

From: Clark, Charity <Charity.Clark@vermont.gov>
Sent: Wednesday, November 24, 2021 12:07 PM
To: Derek Brouwer <derek@sevendaysvt.com>
Subject: RE: Genesis homes supplemental report

Hi, Derek,

I have attached the report you requested.

Happy Thanksgiving!

Charity



GERALD J. COYNE
E-MAIL: GCOYNE@AFFILIATEDMONITORS.COM

VIA EMAIL

November 17, 2021

Medicaid Fraud and Residential Abuse Unit
Office of the Attorney General
109 State Street
Montpelier, Vermont 05609

Affiliated Monitors, Inc., the Quality of Care Reviewer in this matter, submits this Supplemental Report to First Annual Review of three facilities owned by Genesis HealthCare, Inc., located in Burlington, Berlin and St. Johnsbury, Vermont.

INTRODUCTION

Background of Genesis/Vermont Settlement

On February 20, 2020, Attorney General Donovan announced a settlement agreement with three Genesis HealthCare (“Genesis”) subsidiary-operated nursing homes in Vermont: Burlington Health & Rehab (“Burlington”), Berlin Health & Rehab (“Berlin”), and St. Johnsbury Health & Rehab (“St. Johnsbury”). This settlement agreement resolved allegations of neglect that resulted in serious injury to three residents and the death of a fourth. As the press release announcing this settlement noted, “Each of these incidents was related to inadequate staff training and orientation, the use of visiting or third-party contractors, and the failure to adequately document and monitor the delivery of resident care services.”¹

Among the terms of the settlement, the Genesis centers agreed to engage an independent reviewer to perform annual reviews of the quality of care at each facility. Affiliated Monitors, Inc. (“Affiliated”) was selected to serve as the Quality of Care Reviewer on behalf of the Attorney General.

On August 6, 2021, the Quality Care Reviewer submitted the “First Annual Review of Genesis HealthCare Facilities” to the Attorney General. In that report, we noted that the report was based upon interviews that were conducted remotely, and the review of medical reports and other

¹ Each of the three facilities under review has changed ownership and name since the entry of the Settlement Agreement. For consistency and ease of reference, they will be referred to by the names in the Settlement Agreement.

documentary reports. Due to travel and access restrictions, we were not able to visit any of the facilities under review.

In our Preliminary Report, we stated, “We are satisfied we have developed sufficient information and insight through our remote efforts to offer the observations and recommendations presented in this report. However, a number of the specific review criteria cannot be fully examined or confirmed without a live visit. To complete the annual review process, we will be visiting each facility in order to conduct additional interviews and validate the information we have been provided. Pursuant to the Administrative Agreement, the facilities will be advised of a two week window during which those visits will occur, and a supplemental report will be provided.”

On September 3, 2021, an e-mail was sent to the Executive Director (or acting Executive Director) at each facility, advising that pursuant to Section 9 of the Settlement Agreement, AMI would be conducting on-site visits to each facility between September 13-27, 2021. Under the terms of the Settlement Agreement, the specific dates were not announced in advance. These visits were conducted on September 13-14-15, at the conclusion of which an oral debrief was presented to staff at the Attorney General’s office.

SCOPE AND METHODOLOGY

On September 13, 2021 Anne Peepas and Gerald Coyne made an unannounced visit to the Northeast Health and Rehab facility in St. Johnsbury, Vermont. Both were provided tours of the facility, and were permitted to visit different parts of the facility and interview individuals. Although advance notice of the visit was not provided, this was the only visit that we believe was truly unanticipated. On the following day, we visited the Queen City Health and Rehabilitation facility in Burlington. In addition to staff from the facility, we were joined by staff from the Priority Health Care, the owners of the facility (though not yet the licensee). We were once again provided with a tour of the facility. In addition, we had the opportunity to attend the morning staff meeting and conduct extensive interviews throughout the facility. Similarly, on the following day we visited the Berlin Meadows Nursing and Rehabilitation Facility, where we were provided with similar access.

At each facility we visited, we found the administrators to be professional and accommodating. We found the staff responsive and candid in our discussions, and like the administrators, all were cooperative during our visits. Our interviews naturally included a number of requests. At each facility, for example, a test tray was requested for the noon meal. All of our requests were accommodated.

We also note that in the weeks since our visit, we have experienced significantly improved communication with the Patient Care Coordinator, and with the Executive Director or Administrator of each facility.

This report also includes, as an attachment, the annual report of the Patient Care Coordinator, which is required by the Administrative Agreement.

FINDINGS

A. St. Johnsbury Health and Rehab/Northeast Vermont Nursing and Rehabilitation

As previously noted, the St. Johnsbury facility is located in Vermont's "Northeast Kingdom." Its remote location presents geographic challenges and limits the available workforce. That remoteness, however, also limits the opportunities for staff to find similar work elsewhere, and some persons interviewed expressed the belief that the facility's location actually contributes to a more stable work force.

Ms. Peepas arrived at the facility on September 13th at 7:15 am. The desk at the entrance was not staffed at that time and a passing staff person located one of the nurses to let her enter the facility. It is important to remember that although we had provided a window for our facility visits, we had not advised the St. Johnsbury facility of the date of this visit in advance.

Due to Covid concerns, each facility we visited had entrance protocols in place which appeared to be followed before either member of the review team could enter. One observation we noted was that each facility utilized a slightly different protocol, despite the facilities sharing common ownership and corporate management.

At St. Johnsbury, a nurse took the visitor's temperature, made certain the visitor wore a mask, and had the visitor sign in. The nurse who met Ms. Peepas, Bonnie, an LPN, showed her to a conference room and gave her a tour of the facility. Bonnie said she was a traveler, originally from Kansas, and this was her third time working at this facility. When asked why she kept returning, she stated that she liked the facility and the Vermont area. It was obvious that she knew the residents and staff very well.

Ms. Peepas looked for the facility's staffing summary that should be posted in the lobby. The summary that was posted was outdated and the results of the August survey had not been posted as required. The Center Nursing Executive (CNE) had the current day staffing summary posted and the Administrator later added the August survey results and Plan of Correction.

During the initial tour, the facility appeared generally clean, although in need of a face lift. The furnishings were old, scarred and much of the upholstery was worn. The front porch was cluttered, including a number of wheelchairs that were apparently stored there, and the furnishings were old with sagging seats. In the dining room, the tables were scratched, with mismatched heights, and the dining chairs were mismatched. The resident rooms appeared to be clean considering the hour of the morning but many were cluttered with equipment and supplies. Most of the residents were still in bed at the time of Ms. Peepas's tour and it appeared as though they had not yet been made ready for breakfast or been repositioned. It was apparent that the

night shift was not attempting to get residents out of bed in the early hours to relieve any staff shortages on the day shift. During the tour, Ms. Peepas observed one medication cart unattended (the nurse was in the resident's room) with the computer screen visible and a resident list face up and viewable, although the cart was locked. This was an issue that caused a citation during the August annual survey. Bonnie (who accompanied Ms. Peepas) reminded the nurse about a resident's right to privacy.

The Center Nursing Executive arrived around 8:30 and the Executive Director arrived at the facility a little after 9:30. Although the Executive Director arrived at 9:30 on the date of our visit, in fairness it is important to note that no staff interviewed expressed that he is habitually late or absent from the facility.

Ms. Peepas had the opportunity to sit in on the Morning Meeting which was attended by the DNS, Business Office Manager, Unit Manager, Ward Clerk, Activities Director, Infection Preventionist, Maintenance, Account Manager, Dir of Social Services, Family Nurse Practitioner and Admission/Marketing person (on phone). The first portion of the meeting was devoted to information related to admission, discharge and utilization changes and communications. The clinical portion of the meeting addressed specific resident issues including changes that needed to be addressed by the Nurse Practitioner. The staff appeared engaged and knowledgeable about the residents. Of the three facilities visited, this was the only facility where the Nurse Practitioner attended and actively participated in the meeting (at least on the dates we attended) and this lent an additional level of knowledge and information to the proceedings.

In order to assess the delivery of meals, Ms. Peepas waited for and observed the lunch meal distribution on the B2 unit. The food trucks arrived 20 minutes after the scheduled time. The nursing staff stated that this has been routine due to staff shortages in the kitchen and has a significant impact on their ability to provide care, especially the timing of administering rapid acting insulins and providing treatments. There were only 2 LNA's on the unit that day but other staff did eventually arrive to help distribute trays. During the annual survey on that unit, the staff told surveyors that other staff rarely help to deliver trays. The test tray Ms. Peepas requested, which was presented last, only reached a temp of 133 degrees which is unsatisfactory to prevent the development of bacteria. In addition, Ms. Peepas did not witness any treatments being done during meal time as had been cited during the annual survey.

Review of the infection control logs and antibiotic orders for the month of August showed a variety of infections with Urinary Tract Infections being the most prevalent (6 out of a total of 21). There were also 3 residents listed with Aspiration Pneumonia which was concerning considering the issue at St. Johnsbury that attracted the attention of the Attorney General was a choking incident. Ms. Peepas spoke with the Infection Preventionist about how they were addressing the UTI's. She said that they were re-educating staff to offer fluids every time they were in a resident's room and during hot spells had hydration stations on each unit. She said two of the residents with notations of aspiration pneumonia had been admitted with the diagnosis. Ms. Peepas suggested that the issue still should be investigated closely to determine the cause and possible preventive measures for each resident.

A review of grievance logs showed that a number of grievances were filed in August many of which revolved around food and food service. On July 26, the Resident Council reported that many residents complained of food frequently being cold. Some of the recommended resolutions were to encourage residents to eat in the dining room as the food is served from a steam table and maintains the temp better; that the dietary manager was to get a quote on a “hot box” to keep food warm; and dietary staff could conduct an audit of food temperatures 3 times per week for 1 month. The grievance did not document to whom on the staff the grievance was reported, nor was there any documented resolution as of the date of our visit.

Some grievances documented actions and considered them to be resolutions. For instance, “glasses to be replaced” was documented as a resolution, as was “dietary to discuss how to include a diabetic menu” for a resident. Neither of these actions closed the loop to document that the action actually occurred and was discussed with the complainant, and in our view should not be considered a “resolution.”

Of the ten residents that were reviewed by Dr. Wilner during his medical records review, four still resided at the facility and Ms. Peepas reviewed care plans for two of those residents. While each resident’s care plan contained problems, goals and interventions, Ms. Peepas shared Dr. Wilner’s finding that many of the goals are neither measurable nor specific to the resident. A number of the goals listed, for example, lacked individual specificity and could be transplanted into many other residents’ care plans. Unfortunately, this can be a drawback to an electronic records system with a “drop-down and click” menu. When asked if their system allows for adding to or modifying the drop-down information, staff advised that it is possible but cumbersome.

As an example, a frequently stated goal is, “*Will remain free of complications related to hypertension. Report to MD as necessary.*” There were no parameters to define what “as necessary” means, such as ‘report to MD for BP greater than xx/xx or less than xx/xx.’

Another example is “*Will improve current level of function with help of OT/PT with intent of preventing further decline.*” Based on this note, it is unclear whether the goal is to “improve function” or “prevent decline.” Also, when reviewing records, it was noted that one resident had an evaluation only and refused further treatment, but the goal had not been revised at the time of review. Effort must be made to ensure all relevant entries are made in a timely manner.

When Ms. Peepas asked if she could attend a care plan meeting, she was informed that there is no official interdisciplinary care plan meeting. Each discipline adds their own problems, goals and interventions to the care plan and if there is a concern they discuss it informally with other disciplines.

Another common clinical issue is that there is no set manner for weighing a resident. A specific resident sometimes had weight listed as being done in a wheelchair, sitting, or standing with sometimes marked differences in results. Since the manner by which residents are weighed can affect the result obtained, making care decisions based on fluctuating weight might not be accurate when different methods are used.

Ms. Peepas discussed her findings at an exit conference with the Administrator and Director of Nurses.

Our overall impression of the St. Johnsbury facility was that it is tired and in need of attention to its overall physical appearance. We recognize that the age of the facility and its layout create both opportunities and challenges. As a single level facility, the courtyard area is accessible to residents, and even during times of required isolation “window visits” are possible. The Executive Director expressed his goal of improving the courtyard and exterior areas to provide more activity opportunities for residents, which would be beneficial. And the staff has attempted to create common indoor activity spaces for residents to gather in by converting spaces that were formerly resident rooms. Though these spaces were not being used during our visit, staff reported that they are used regularly. By the same token, storage space within the facility is limited, which no doubt contributes to the facility’s cluttered appearance. The increased need for personal protective equipment due to Covid and the inventory of such equipment that must be maintained has further strained the need for storage space. A number of resident’s rooms contained inventories of equipment and supplies that contributed to a reduced living space. Although storage within each room provides easy access to those supplies when needed, it is not a long-term solution. Commissary facilities in each resident wing are limited, though each contains a refrigerator and microwave. Snack and “always available” food choices were limited, and no posted menus were visible.

Although we caution against making broad findings based upon a single visit, we did not observe large activities or similar engagement for residents during our visit. A large number of residents were in their hallways, or in their rooms.

In many ways, the image of residents sitting idly in hallways typified our findings. The residents were safe, and well cared for by a staff that seemed engaged and hard working. But there is clearly room for improvement. Even considering the challenges of the facility’s location and its physical layout, we are hopeful that those improvements will occur once the ownership of the home stabilizes.

B. Burlington Health/Queen City Nursing and Rehabilitation

Unlike the remote location of the St. Johnsbury facility, the Burlington facility is a five level complex located in a residential section of Vermont’s largest city. Located immediately adjacent to the facility is a building holding several apartments used by transient staff.

Upon arriving at the facility about 8 a.m., we were temp checked, signed in and shown to a conference room. The Executive Director was present and took us on a tour of the facility. We were accompanied by Ryan Wismer, Regional Director of Priority Health Group; Dawn Murphy, President and CEO of Clinical Consulting Services; Shellie Stevens, the Regional Director of Clinical Services for Clinical Consulting Services (and also recently appointed as co-Patient Care

Coordinator) and Shannon Madrigel, RN, Director of Nurses. The Director of Nurses is new to the position, as her predecessor has transferred to the same position in Berlin.

It was noted that the required staffing post and survey results were present in the lobby area.

The facility encompasses five levels. The main level consists of entry area, lobby area, offices, dietary, laundry, and maintenance space. The spaces were clean and uncluttered with the exception of the laundry area which was divided into two spaces with washers in one area and dryers in another. There were racks and bags of clothing scattered about and it was easy to see how lost clothing could occur, resulting in grievances. In particular the dining room was well lit, clean, and filled with matching furniture.

The second, fourth and fifth floors are resident floors. The third floor is presently vacant due to insufficient staff to provide care. The resident floors were generally clean but did have some equipment such as patient lifts in the corridors. Some residents were up in chairs being readied for breakfast while others were still in bed. One medication cart was observed with a resident list face-up with names in view.

One of the most notable features of our tour was the “Café” area located on each residence floor. Each café area included a steam table and dining tables and chairs. Breakfast was served to residents in the café areas (rather than the main dining area), creating a more intimate atmosphere for the residents. Use of the steam table ensured that meals were at a proper temperature. We also observed posted throughout the facility an “Always Available at Breakfast Menu.” This menu includes scrambled or fried eggs, French toast, white or whole wheat toast, cottage cheese, yogurt and seasonal fresh fruit or canned fruit, and is offered in addition to the facility’s daily offering. In addition, there is a separate “Always Available at Lunch and Dinner Menu” which includes grilled cheese, peanut butter and jelly, tuna, chicken salad or roast turkey sandwiches, tossed salad, fruit, yogurt or ice cream. As with the breakfast menu, the items are available in addition to the regular daily menu offering.

We had the opportunity to attend the morning meeting which was attended by the Director of Nurses, Social Services Director, Rehab Director, Dietitian, Dietary Manager, MDS Coordinators, Unit Clerks, Medical Records Clerk, and Maintenance Director. The Nurse Practitioner did not attend the meeting. The morning meeting was run by the Executive Director who was knowledgeable about the process and the residents and made sure that everyone at the meeting had an opportunity to have their input. The clinical staff at the meeting were engaged and also seemed to have good knowledge of the residents that came up for discussion. Care Plans are done by each discipline by entering their problems, goals and interventions into the electronic medical records individually rather than as part of an interdisciplinary group meeting. At this facility, when the staff state that there is a Care Plan meeting for a specific resident, they are referring to a meeting with the resident and family (as appropriate) where the already developed care plan is reviewed with them.

Ms. Peepas also had the opportunity later in the day to attend the Quality of Life Rounds. This is a brief meeting held at one of the nurses’ stations with the nurse, social worker and the MDS coordinator. The meeting seemed to be led by the MDS coordinator and revolved around solutions for issues occurring with specific residents. These appeared to be the types of issues

that would normally be discussed at an interdisciplinary team meeting if the facility had one. The involvement of the MDS coordinator at a clinical level also might help explain the fact that Burlington's Medicaid rate is so much higher than the other two facilities as the coordinator could have a more nuanced approach and wouldn't just be picking information out of medical records for the data submissions. This is a practice other facilities may wish to utilize.

In order to observe food delivery Ms. Peepas observed lunch being served on the fifth floor resident unit and requested a test tray be served to her there after the residents were served. The residents were served meals from the steam tables with those residents in the dining area (11) served first and then the trays were set up from the steam table for residents in their rooms. The LNA's and other staff assisting would read selections from the residents' meal tickets to the servers and the servers would dish out the food and the staff would place it on the tray and add the requested liquids. One staff person was pouring and covering liquids. Several staff were observed changing gloves without sanitizing and the dietary manager stated she would do some re-education. In general, the process went smoothly and residents were served within half an hour. The food on the test tray had temps of 158 and 160, which were satisfactory.

A visit to the kitchen area showed the area to be extremely clean and orderly. When discussing the various roles of the workers present, I learned about a unique voluntary program initiated by the dietary services team. Although there is a set menu at the facility, residents participating in the program are given a menu containing several options that they are allowed to make selections from. In addition, residents can make special requests. All of these requests are submitted by paper, and a member of the dietary staff compiles them into a master document, listing the daily selections for every resident participating in the program. (Approximately 2/3 of the facility's residents participate.) Although the extra work to deliver this program is significant, particularly in terms of paperwork, the program allows residents to have some much appreciated decision making power over their menu choices. By allowing menu choices to be made in advance, food waste is minimized. Considering that the loss of control over their everyday decisions is a frequent complaint of those in long term care, this innovative program has unquestionably made a positive contribution to the quality of life of the facility's residents, and would not occur without the extra-efforts of the dietary service staff.

A review of Infection Control Logs showed UTI's to be the most prevalent issue. This was discussed this with the Director of Nurses and she said they are making efforts to provide more fluids and had done some re-education around Foley catheter care. The Nurse Preventionist does not get a printout of antibiotic orders from the pharmacy, preferring to access the information from medical records and notifications from nursing staff. Ms. Peepas mentioned that the method she is using leaves the potential for missing infections, while all antibiotic orders have to go through the pharmacy, so their records should be most accurate.

A review of one month of grievances did not show any specific patterns other than several complaints about LNA's not doing their job and ignoring residents. Two LNA's were terminated as a result. The grievance did not mention whether they were staff LNA's or travelers. Some grievances did not close the loop by documenting the final results and whether the complainant was satisfied. For example: One resident complained about his TV which he had purchased (his TV didn't work after another resident fiddled with the Roku access).

Maintenance was unable to get it working and the resolution was that the facility would provide him with another TV. As part of the resolution, the maintenance man volunteered to contact Roku to see if they had a solution for the original TV. There is no documentation that this part of the resolution ever occurred or the level of satisfaction from the resident.

Of the ten residents reviewed by Dr. Wilner during his medical records review, four still reside in the facility. Care plans were reviewed for two of those residents. The same issues that Dr. Wilner identified still existed, with goals not being individualized and/or measurable. For example one goal stated “*will achieve an acceptable level of pain control.*” This raises the issue, “What is an acceptable level to the resident?” For example, one resident might say less than 3 on a scale of 1-10, while another might say less than 5. Another resident who is receiving psychotropic medications had a goal of “*will have the smallest most effective dose without side effects.*” This goal does not provide a parameter against which to measure the dose. The care plan goals that were most measurable were those provided by the Activities staff as those lend themselves more easily to individualization and measurement. Example: “*will accept 1 to 1 room visits 2-3 times per week for manicures, music and snacks.*”

When reviewing the care plans in the PCC system, it was noted that no dates were visible for when a problem was initiated, modified or resolved. Upon inquiry, it was explained that in order to see the dates you have to print the care plan as opposed to just viewing it. Unfortunately, because our time did not allow us to accomplish this we were not able to determine if the care plans were done in a timely manner.

As at our visit to St. Johnsbury, Ms. Peepas discussed the above findings at an exit conference with the Administrator and Director of Nurses, as well as representatives from Clinical Consulting Services.

Given the history of the Burlington facility, our previous interviews of staff there, and our review of several previous inspections and surveys, we were pleasantly surprised by what we found during our visit. We have previously noted the impact that strong leadership can have in a facility, and this visit once again confirmed that fact. We found the administrator, Shawn Hallisey, to be highly respected by the facility’s staff. During our tour of the facility he knew most residents and staff by name, and frequently engaged with them. He was candid in his assessment of the facility’s strengths and needs, but most importantly seems to care deeply about the residents entrusted to him.

The management staff that we spoke with were justifiably proud of the improvements made in the operation of this facility. For example, the significant attention that had been given to the dietary services unit clearly resulted in improved services for the facility’s residents. The staff we observed were engaged, and seemed to share a commitment to continued improvement of the facility’s operations. In particular, the Director of Nursing had only recently begun working at the facility, and the combined leadership of the Executive Director and her gives a basis for optimism for continued improvement.

As a multi-story building, the layout of the facility is distinctly different from the facilities in Berlin and St. Johnsbury. This layout made “window visits” during the height of the Covid pandemic impossible. The layout also provides opportunities that do not exist in the other

facilities. For example, the spaces used as “cafés” on residential floors provided an efficient and more personal area to serve meals, while providing residents with more opportunities for engagement and interaction than serving meals in their room. In addition, the rehabilitation area of the Burlington facility is spacious, well equipped and well maintained.

During our visit, we were informed of an incident involving a resident with a history of substance abuse. Subsequent to our visit, surveyors from the Division of Licensing and Protection conducted an on-site visit to the facility on September 22, 2021. As a result of that visit, and issues related to that incident, the surveyors entered a finding of a deficiency which was determined to be “Immediate Jeopardy at an isolated level.” That jeopardy was determined to have been removed the following day, and a plan of correction was accepted on October 18, 2021, which we have been provided a copy of. Having been briefed on the same incident that formed the basis for this finding, we are fully satisfied that it derived from a unique set of circumstances isolated to a single resident. We were fully briefed in a timely manner regarding the issuance of this finding, and the facility’s response to it.

C. Berlin Health and Rehab/Berlin Meadows

We visited the Berlin facility on our third day, so our arrival was not a surprise to the staff there. Upon arrival at the facility at 7:15 am, our temperatures were checked and we were signed in. In addition, we were asked our vaccine status, and given a name tag with a green sticker to indicate we were vaccinated. This seemed to be a “best practice” among the three facilities. We were provided a conference room and requested a tour.

The required staffing notice was in the process of being posted and the most recent survey results had been posted as required.

Until recently, this facility had been operating with an interim Executive Director, and the RN responsible for infection control and staff education had been filling in as the Director of Nursing. Both the new Executive Director, Amanda (Mandy) Moxley, and the new Director of Nursing, Amanda Nagell, had only been at the facility for several days at the time of this review, although they have experience in their roles at other facilities.

The facility is a single floor building best described as being shaped ‘like an H with one arm missing.’ Two of the wings are resident units. During the tour of the facility it was observed that the facility was generally clean, and hallways were uncluttered with the exception of the medication carts. Many resident rooms were cluttered with supplies and equipment, due in part to the fact that, like St. Johnsbury, the facility lacks storage space. On the B unit there was an area where a few residents were congregated in wheelchairs watching a wall mounted TV. A resident list was viewed face up on one of the med carts, and an LNA was observed changing gloves without sanitizing in between. These issues were brought to the Unit Manager’s attention.

We sat in on the morning meeting which was attended by the Executive Director, the Director of Nursing, A and B wing Unit Managers, Social Services Director, Activities Director, Rehab Director, Regional Clinical Reimbursement Director (covering for MDS Coordinator), Business

Office Manager, Admissions Coordinator, HR Director, Scheduler, Housekeeping and Maintenance. There was no representative present from the Dietary Department on the day we attended, and the Nurse Practitioner did not attend. Discussions involved planned admissions, discharges, returns from hospital, and significant clinical/social issues.

Ms. Peepas made another tour of the resident units about half an hour before lunch trays were due to arrive. Some breakfast trays were observed to still be on overbed tables and many of the male residents, especially on unit B, appeared ungroomed and unshaven. Many residents were still in bed. The Unit Manager stated this is the residents' preference. Ms. Peepas suggested that it was easy for "resident preference" to become "staff complacency" especially if there are staff shortages. While on the unit, Ms. Peepas saw 2 residents given a slice of homemade banana bread (a specialty of the Dietary Manager which is reportedly extremely popular with many residents) and wondered if this would affect their appetite for lunch since serving was imminent.

The lunch trays arrived at 12:05 (five minutes later than scheduled) and staff began serving immediately. It was noticed, and commented to the staff persons at the time, that several LNA's did not sanitize before donning gloves and one LNA started pouring and covering coffees and other liquids without wearing gloves. All of them corrected the behaviors immediately. Additional staff arrived to assist with tray distribution and all trays had been distributed by 12:25. The requested test tray served to Ms. Peepas last had temps of 154 and 158 degrees.

Review of the previous month Infection Control logs showed that UTI's were again the most prevalent type of infection. The Infection Preventionist said that she is aware and will be addressing this now that she no longer has to act as interim Director of Nurses. The Infection Preventionist is also responsible for staff education including orientation. Two traveler's records, an LPN and an LNA were reviewed. The travelers' agency had provided a file that consisted of their license authentication, and a check of the appropriate abuse agency records along with their education and history. The remainder of the file consisted of orientation and competency records. When it was noted that all the competency records were signed off on the same date, upon inquiry we were informed that evaluations are done in one day by using the training lab and dummy in multiple hour sessions for all the basic competencies. The remaining competencies are done on the floor using appropriate residents for competencies such as dressing changes under supervision. This process allows them to get the traveler on the floor to provide care while still being certain of their abilities.

As at other facilities, grievances at this facility also showed a tendency to consider actions to correct a grievance as actual resolutions even if no closure with the complainant was documented. Staff re-education is listed as an action on many grievances. For example: A Residents' Council meeting documented several grievances: call lights not being answered in a timely manner, LNA's eating while serving trays in the dining room, and LNA's leaving residents unattended in the dining room. According to the grievance, most of these behaviors occurred on the weekends. The grievance documented that the DON met with LNA's, several were given warnings and they were re-educated. There is no documentation that there was closure with the Residents' Council or indication that the residents were satisfied with the outcome.

Of the ten residents that were reviewed by Dr. Wilner during his medical records review, four remain in the facility, and Ms. Peepas reviewed care plans for two of those residents. As in the two other facilities reviewed, many goals were neither individualized nor measurable. As an example, one notation stated, “*Edema will show signs of improvement*” but included no parameters by which this is measured. In addition, there was also evidence of what appeared to be discrepancies in the level of function, which if unresolved could result in accidents and/or inappropriate care. For example, one resident’s level of function was described on August 12 as stable, and able to dress and toilet self. The care plan, which was completed five days later, indicated the resident needed the assistance of one for all ADL’s but was able to feed self. The LNA’s during this time frame were documenting that the resident was mostly independent but needed occasional an assist of one in the evening. This inconsistency could result in a resident not receiving the level of care needed, potentially leading to an injury. Consistent methods of weighing residents was also an issue at this facility as multiple residents were documented as being weighed sitting or standing or in a wheelchair.

These observations and concerns were raised by Ms. Peepas at an exit conference with the Executive Director, Director of Nurses, Regional Director for Priority Health Group and Regional Director of Clinical Services for Clinical Consulting Services. The Director of Nurses vehemently voiced an objection to the use of measurable goals out of concern that the failure to meet goals would be viewed negatively during assessments of the facility. Ms. Peepas explained her perspective that the point of a goal was to provide a reasonable target which, if not met, you evaluate why and determine if the goal should be reset.

Our Preliminary Report found the Berlin facility had been well managed under the strong leadership of an Executive Director and Director of Nursing who each enjoyed widespread support from the facility’s staff. Since that time, however, both individuals left the facility, clearly creating a leadership void. Although those holding both positions on an interim basis had done their best to provide leadership though difficult challenges, the Center clearly lacked the stability required for long term success.

At the time of our visit, the permanent Executive Director and Director of Nursing had recently begun work at the facility. The Director of Nursing came to Berlin from the Burlington facility. Those managers who had dealt with her there noted her strong administrative skills, which should serve the Berlin facility well. The Executive Director comes to this facility having served as the administrator at another facility operated by Priority Health Care. Although we acknowledge her recent arrival, her level of engagement and her level of knowledge of the facility and its operations demonstrate the strong leadership skills that this facility needs to return to the level of operations noted during our earlier review.

Although the facility was Covid free at the time of our visit, a there was an outbreak among residents shortly after, representing an early challenge for the new management team. In response to an inquiry, the Executive Director stated:

“All I can say is how impressed I am at how quickly my staff reacted to the positive POC test. When I showed up to the building to start working on our checklist of things to do and people to contact, there wasn’t just one or two staff members who showed up to help, it was pretty much

my entire department head team. Overall, I am incredibly impressed and grateful for how all staff: department heads, floor staff, dietary and housekeeping, etc., reacted (and continues to react) to the news. They have been handling this unfortunate situation with such composure. Everyone is working together to keep our residents, and each other, as safe as we possibly can.”

The response of the facility’s leadership to this challenge, as well as the Executive Director’s expression of appreciation for the responsiveness of the staff, are early indicators that the stability this facility needs seems to be returning.

D. The Patient Care Coordinator

The role of the Patient Care Coordinator is an innovative and critical piece to ensuring compliance with Administrative Agreement between Genesis and the Attorney General. As an experienced practitioner with a regular presence in the facilities, the Patient Care Coordinator’s role is not only a resource for the facilities, but a critical “eyes and ears” for both the Attorney General and the Quality of Care Reviewer. Through the first year of the Agreement, the Patient Care Coordinator maintained close contact with the Attorney General’s office, including regular reports regarding her visits to each facility. At our request, those reports are now forwarded to the Quality of Care Reviewer as well.

As previously noted, this report includes, as an attachment, the annual report of the Patient Care Coordinator, which is required by the Administrative Agreement.

More significantly, the Patient Care Coordinator is an employee of Genesis HealthCare. While having a Genesis employee as the PCC made sense when Genesis HealthCare owned and operated these facilities, that unified structure no longer exists. As previously noted, the facilities have been sold to an entity that we will refer to for simplicity’s sake as “Priority Health Care.” But until the State of Vermont approves the transfer of the operating license for each facility from Genesis to Priority, Genesis remains the licensee, with a clear interest in the facilities’ operations. Recently, the Attorney General approved the appointment of Shellie Stevens, the Regional Director of Clinical Services for Clinical Consulting Services as co-Patient Care Coordinator. (Clinical Consulting Services provides clinical expertise to Priority Health Care.) It makes abundant sense for a co-Patient Care Coordinator to be appointed who is directly associated with the owners of the facilities. We have met Ms. Stevens, and are impressed with her clinical knowledge. The combination of Ms. Kerin and Ms. Stevens potentially strengthens the role of the PCC, as well ensuring continuity in the event the transfer of licenses are approved.

RECOMMENDATIONS

Given the numerous layers of oversight these and similar facilities receive, we recognize that most areas that would be subject to a recommendation have been identified by others. There are, however, two areas we feel worthy of mention.

Care Plans: Our visits confirmed the importance of focusing upon the care plans for residents; ensuring that they are individually tailored to the needs of each; and that they are properly documented in residents' medical records. Care plans should identify measurable goals that are tracked and kept current. In addition, the care plan is a dynamic instrument that needs to be discussed, shared, revisited and updated. We recommend a refocusing upon the critical importance of individualized care plans to the quality of care.

Privacy: Visits also confirmed the importance of regular staff training regarding HIPPA and the privacy rights of patients. We recognize in the always demanding and sometimes chaotic environment the facilities' staffs work in, it is easy to overlook the importance of residents' privacy. Allowing personal information to be visible, even on a chart that has not been turned over on a medical cart, or on a visible computer screen, is an example of where improvements can be made. We believe refresher training is the key to improvement in this area.

CONCLUSION AND NEXT STEPS

It is important to remember that any regulatory visit is a snapshot in time, and our visits to these facilities have confirmed that. We appreciate that if we were to have shown up a day earlier, or a week later, some findings may be different. But it is equally true that much of what we found would be similar.

Most importantly, staffing and the stability of leadership remain two critical issues.

Regardless of when we visited, the physical layouts of the facilities would not change, nor would the challenges posed by those layouts. But the staff at each facility would still consist of dedicated health care professionals, augmented by a large number of traveling staff, who work daily and out of the public eye to provide care to the residents, to engage with them and keep them comfortable and happy; as well as dietary, housekeeping and maintenance staffs who continue to engage in their endless routines of feeding residents, and cleaning and repairing the buildings. The hard work of these dedicated individuals should never be taken for granted.

In person visits were intended to give reviewers the opportunity to directly interact with individuals at each facility which occurred. For the most part, the impressions formed during the earlier phases of our review were confirmed. It was critical to physically visit each facility and actually meet the people on the ground there. The management and staff at each facility were supportive of our efforts, and fully cooperative.

Though Covid resulted in a delayed preliminary review, it also resulted in multiple review periods for each facility over several months. Thus, this review is more a series of snapshots than a single photo. Over the course of this review, the utilization of transient staff at facilities has varied, yet the long term problem of staffing remains. We note that in a recent news story announcing a federal grant to educate more nurses at Northern Vermont University's Lyndon

campus, it was reported that the number of new registered nurses in Vermont declined 69% from 2007 to 2014. The staffing of long term care facilities is not a challenge for only these three facilities. These facilities have impressed us with their efforts to locate and retain staff. A long term solution to the statewide medical staffing problem will require the cooperative efforts of many stakeholders.

The management staff from Priority Health have been particularly cooperative. Most importantly, they have helped to facilitate better communication with the individual executive directors. We are now receiving regular reports regarding each facility, as well as copies of all surveys and regulatory notices.

Another significant recent improvement has been the designation of a co-PCC. The PCC is well respected and has been a resource for the facilities, but she is an employee of Genesis HealthCare. As the license approval process has lingered without resolution, it becomes increasingly important to ensure a smooth transition between owners. The Co-PCC is associated with Priority Health Care. Although other personnel from Priority Health Care are actively involved in the facilities providing oversight, the presence of the Co-PCC is an important step to ensuring good quality care, particularly if the transfer of licenses is approved.

More than ever, the critical role of executive leadership has been confirmed. For a variety of reasons, the executive leadership in each facility has completely changed since the Administrative Agreement was signed. Some of that change has been the direct result of the sale of the facilities, and the prolonged uncertainty that has followed that sale. Leadership – and stability in leadership – remains a critical factor to ensure that a well run facility delivers quality care to its residents in a safe, clean and engaging environment. With that in mind, we were particularly impressed by the leadership of Executive Director Shawn Hallisey in Burlington. He came to the facility with years of experience, a calm and approachable demeanor, and a genuine commitment to the residents. Mandy Moxley, recently appointed as Executive Director in Berlin, has less experience than Hallisey, although she served as Executive Director in two other Vermont facilities prior to starting this position in September. Like Hallisey, she has a calm and approachable demeanor, and she shares his commitment to both residents and staff.

We were more impressed by the operation of the Burlington facility than we expected to be, and we are optimistic that a new leadership team in Berlin will infuse a sense of stability to that facility that has been lacking in recent months.

As we noted in our preliminary report:

“It is, however, apparent that each of the three facilities faces certain common challenges, the most significant being the hiring and retention of staff. The comprehensive solution to this problem is elusive, and extends beyond these facilities to the long term care industry as whole. Each administrator recognizes this challenge, and works to address it.

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The second major challenge facing each of these facilities is achieving stability in leadership. It is apparent that strong executive leadership has a direct impact on every aspect of a facility's operations and without it, differences among and between the facilities emerge. Achieving that stability will be assisted by the resolution of the current proceedings regarding the licenses for each facility following the sale of the facilities by Genesis."

Those observations have been confirmed by our in-person visits to the facilities.

We will continue to monitor these facilities until our next on-site review, which we anticipate during early summer. We appreciate the opportunity to assist your office in the very important task.

Very truly yours,

A handwritten signature in blue ink, appearing to read "Gerald J. Coyne", is written over a light gray rectangular background.

Gerald J. Coyne
Managing Director
State Monitoring Services