Issue 32—November 2013

Maryland Board of Examiners of Nursing Home Administrators

The Board:

J. Brian Pabst, Chairman
Nursing Home Administrator

Christine L. Mour
Vice Chairman
Nursing Home Administrator

Timothy J. Berry
Nursing Home Administrator

Thomas Edmondson, M.D.
Geriatric Physician

Jennifer Dutrow
Related Health Professional

Margie Heald
Office of Health Care Quality

Alice H. Hedt
Department of Aging

Michelle F. Kraus
Nursing Home Administrator

Bernardine Lawrence-Gregory
Consumer Member

Jeffery T. Metz
Nursing Home Administrator

Triceia Nurse
Geriatric Social Worker

Belinda B. Strayhorn
Consumer Member

John L. White
Nursing Home Administrator

Vacant
Related Health Professional

New Appointments to the Board

As information, on September 10, 2013, the Honorable Martin O'Malley appointed the following to serve on the Maryland Board of Examiners of Nursing Home Administrators:

- Timothy J. Berry will serve in the Nursing Home Administrator capacity
- Thomas Edmondson, M.D. will serve in the capacity of Geriatric Physician
- Bernardine Lawrence-Gregory will serve as a consumer member

Since its inception in 1972, 88 people have served on the Board of Examiners of Nursing Home Administrators.

Members Leaving the Board

The Board bids a fond farewell to ChanSu Chong who has served eight years on the Board representing consumers.

Also completing two terms is Lisa Stone. During her tenure on the Board, Lisa has served on the Credentials and Disciplinary Committees.

Dr. Susan Levy decided not to seek reappointment, and stepped down after serving one full term on the Board.

All of the above served with distinction, and will be missed.

Wanted: Preceptors for the AIT Program

The Board recognizes the time and effort it takes to precept an Administrator-In-Training, and encourages everyone to consider helping someone who is interested in becoming a Nursing Home Administrator. It's a difficult task, but one that has its own rewards. Please consider taking on this responsibility, and help pave the way for new people entering the field of long term care.

As information, continuing education credits are available for Nursing Home Administrators who precept a trainee. One hour of continuing education is awarded for each month a preceptor serves as an instructor in an AIT program, up to a maximum of 12 credit hours per renewal cycle.

Continuing Education Alert

Please take note that programs offered on-line by **Medline University** are NAB approved, however, when Medline indicates the amount of hours earned on the certificates of attendance, the number of hours earned often differs from the number of hours approved. The NAB approval number contains three sets of numbers divided by a hyphen. The number is the middle is the amount of hours awarded. This is the only amount of credit that can be granted.

Board Vacancy

The Board is seeking an individual who is engaged actively in a profession that is concerned with the care of chronically ill, infirm, or aged individuals. If you are aware of a health occupation professional (e.g., nurse, physical therapist, etc.) that may be interested in serving on the Board, please have him/her contact Pat Hannigan in the Board's office, or Kim Bennardi in the Department of Health and Mental Hygiene's Office of Appointments (kim.bennardi@maryland.gov).

All candidates seeking appointment to the Board must have a written recommendation from the association or society appropriate to the profession representative of the vacancy to be filled.

As information, Board members are expected to attend monthly meetings (usually held the second Wednesday of the designated month, from 9:30 a.m. until approximately noon) and to actively participate on the various committees. The Board meets approximately six times per year. Committee assignments may require additional meetings, tasks, or visiting nursing homes to monitor the progress of training programs. Board members are paid a $75 per diem and are reimbursed for mileage.

By law, each Board member must be a United States citizen or have declared intent to become a citizen, and must have resided in this State for at least one year before appointment to the Board. A Board member may not be a registered lobbyist.

Please keep in mind the Department of Health and Mental Hygiene is committed to attaining a balanced minority, geographic, and gender representation on each of the health occupation boards. This helps ensure that decisions reached more adequately reflect the viewpoints of all populations being served.

Seeking Future Board Members

The Board has one vacancy now, but if you are interested in filling any future Board vacancies, please submit your name to Kim Bennardi, and she will maintain an interest list. The Board is composed of Nursing Home Administrators, related health professionals, a physician or nurse practitioner who specializes in geriatrics, a geriatric social worker, and consumers. There are also positions for representatives from the Office of Health Care Quality and the Office on Aging.

Obituaries

Cynthia Callahan, 48, passed away on May 3, 2012 at Deer's Head State Hospital. Cindy started working at Deer's Head as a typist. She received promotion after promotion and became the Nursing Home Administrator in March of 2006. She retired August 1, 2011 due to health reasons.

Ida M. Campanella, RN, LNHA, 86, passed away on July 3, 2013. Ida was one of the first 100 administrators to become licensed in 1972. She started her career in the long term care industry as a purchasing agent for a chain known as Community Healthcare, ultimately accepting a position as the Administrator at one of their facilities. Several years later, she and the Medical Director bought and operated their co-owned nursing facility for over 10 years. Ida retired her license No. R 0094 in 1992. After "retiring" Ida volunteered for the Red Cross National Disasters, taught classes for CNAs/GNAs at the Red Cross of Maryland, and opened and ran a dessert store with her son-in-law for several years.

Peter A. Costantini passed away on June 18, 2013. Peter built Canton Harbour Nursing Center, where he was the owner and administrator.

Disciplinary Actions

Kenneth A. Shull: Denial of Initial License
Type of Action: Consent Order
Dated: September 11, 2013

By law (Title 1 of the Health Occupations Article, §1-607), all Public Orders must be posted on the Board's website at:
www.dhmh.maryland.gov/bonha under the Consumers tab.

CMS Regulations—Nursing Homes: Notice of Facility Closure

Please note that on August 2, 2013, the Centers for Medicare & Medicaid Services issued a notice that stated the following:

Notification of Facility Closure: Revisions to Tags F203 and F204 and Issuance of New Tags F523 and F524 in the State Operations Manual Appendix PP

SUMMARY OF CHANGES: Revisions to Tags F203 and F204 and Issuance of New Tags F523 and F524 in the State Operations Manual (SOM), Appendix PP. Any individual serving as the administrator of a skilled nursing facility (SNF), nursing facility (NF) or dually participating facility (SNF/NF) must provide written notification of an impending closure of a facility including the plan for relocation of residents at least 60 days prior to the impending closure; or, if the Secretary terminates the facility's participation in Medicare or Medicaid, not later than the date the Secretary determines appropriate. Notice must be provided to CMS, the state long term care ombudsman, all the residents of the facility, and the legal representatives of such residents or other responsible parties. A final rule was published in the Federal Register on March 19, 2013 and became effective on April 18, 2013 (78 FR 16795). New regulations have been added at 42 CFR §§483.75(r) and (s) as well as amendments made to §§483.12(a)(8) and 489.52(a)(2) to reflect this requirement.

Please use this link to view the new regulations in their entirety: http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-13-50.pdf

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Cardiopulmonary Resuscitation (CPR) in Nursing Homes

On October 1, 2013, CMS produced a transmittal regarding CPR in a nursing facility. In the past, some facilities had a facility-wide "no CPR policy." Under this guidance, such policy violates the right of residents to formulate an advance directive.

CMS CPR Memorandum Summary:

Initiation of CPR—Prior to the arrival of emergency medical services (EMS), nursing homes must provide basic life support, including initiation of CPR, to a resident who experiences cardiac arrest (cessation of respirations and/or pulse) in accordance with that resident's advance directives or in the absence of advance directives or a Do Not Resuscitate (DNR) order. CPR-certified staff must be available at all times.

Facility CPR Policy—Some nursing homes have implemented facility-wide no CPR policies. Facilities must not establish and implement facility-wide no CPR policies.

Surveyor Implications—Facility policy should direct staff to initiate CPR when cardiac arrest occurs for residents who have requested CPR in their advance directives, who have not formulated an advance directive, who do not have a valid DNR order, or who do not show American Heart Association (AHA) signs of clinical death as defined in the AHA Guidelines for CPR and Emergency Cardiovascular Care. Additionally, facility policy should not limit staff to only calling 911 when cardiac arrest occurs. Prior to the arrival of EMS, nursing homes must provide basic life support, including initiation of CPR, to a resident who experiences cardiac arrest in accordance with that resident's advance directives or in the absence of advance directives or a DNR order. CPR-certified staff must be available at all times to provide CPR when needed. Facilities must not establish and implement facility-wide no CPR policies for their residents as this does not comply with the resident's right to formulate an advance directive under F155. The right to formulate an advance directive applies to each and every individual resident and facilities must inform residents of their option to formulate advance directives. Therefore, a facility-wide no CPR policy violates the right of residents to formulate an advance directive.