FLORIDA
OMBUDSMAN PROGRAM
ADVOCATING FOR QUALITY LONG-TERM CARE

DISTRICT #12
BROWARD MEETING MINUTES
8/13/2024

OMBUDSMAN PROGRAM REPRESENTATIVES			
Shazad Kashar, ombudsman	Present ☒	Gloria Freyre, Regional Ombudsman Mgr.	Present ☒
D'Andra Grant, QC Analyst	Present ☒	Elizabeth Cole, District Ombudsman Mgr.	Present ☒
Paul Wilson, ombudsman	Present ☐	Scott Colton, ombudsman	Present ☐
Fred Narayanan, ombudsman	Present ☒	Carol Pagones, ombudsman	Present ☒
Blanca Merchan, ombudsman	Present ☐	Ann, Garfinkel, ombudsman	Present ☒
Ifthekar Rafiq, ombudsman	Present ☐	Diana Gonzalez, ombudsman	Present ☒
Ronna Brown, ombudsman	Present ☒	Sundara Sridhar, ombudsman	Present ☐
Noel Giannone, ombudsman	Present ☐	Dennis Michael Stroud, ombudsman	Present ☐
Stephan Adelson, ombudsman	Present ☐	Deborah Marshall	Present ☐
Monique Farquharson, ombudsman	Present ☐	Barbara Jolliff, ombudsman	Present ☐
Ram Tawari, OMB Trainee	Present ☐	Trudy Bell, ombudsman	Present ☒
Terressea A. Smith, ombudsman	Present ☐	Maggie Zalamea, OMB Trainee	Present ☐

GUEST(S)
Winsome Bruce-Edwards, trainee; Roberta and Larry Insel, trainees
Robert Bruce, admin, Avon Manor ALF
Denise Simmons and Kierique Francois, Wisdom Senior Care

OPEN SESSION

- Called to order at 01:05 PM — Quorum Established: ☐ Yes ☒ No
- Open Session Statement — Minutes Approved: ☐ Yes ☒ No **05/14/2024.**

UPDATES/REPORTS

- D'Andra Grant, QC Analyst, read the Open Session Statement. Roll was taken and quorum was not established.
- Presentation of all attendees around the table.
- Elizabeth Cole, District Ombudsman Manager presented newly certified Ombudsman Maggie Zalamea, not present, who received her official certification. Also ready to be certified: Roberta and Larry Insel. On field training now is Kristen Johnson-Jordan with Diana Gonzalez and we have 4 new recruits in training: Erick Montealegre; Esther Schumann, Winsome Bruce-Edwards and Pearl McKenzie. We will need to match these recruits with Ombudsman for field training.
- Elizabeth Cole announced that we have completed 280 visits and need to complete 18 more by mid-September; but there are a few Nursing homes not visited in the last quarter.
- Regional Manager, Gloria Freyre mentioned there were a few State Council meeting updates:
  a. Regarding photograph rules: There are to be no photos taken or submitted by ombudsman at any time for any reason. B. Volunteers will be training on the new database in the next few weeks.

- Elizabeth Cole reminded the volunteers to complete their outstanding routine visits by mid-September and that there were a few nursing homes that needed to be visited this quarter. We have approximately 18 RAV's to complete

TRAINING

- Denise Simmons and Kenrique Francois of Wisdom Senior Care, a home-health agency providing nursing, CNA or HHA services for people living at home.
- Presentation by DOM, Elizabeth Cole regarding OMB participating in Care Plan meetings, initially prepared by Dennis Stroud. As requested, copies of the presentation will be sent to the volunteers.
- Review of LTCOP policy: 'When a resident threatens suicide or serious harm to others'.
- Distributed copies of the new Routine Access Visit form which mirrors the RTZ database.

ANNOUNCEMENTS

- Next Open Council meeting is scheduled for November 12, 2024, at 1:00 PM at the Tamarac office, located at: 8333 W McNab Rd, Tamarac FL 33321.

PUBLIC COMMENTS

- Ram Tewari spoke about the crisis help line and how to contact them and the type of questions that they ask and promised to do a summary at the next council meeting. He also inquired about the nature of services provided by the presenters: Wisdom Senior Home Care.
- Winsome Bruce Edwards inquired about the times she could do Routine Access Visits after certification and was told it would be covered during the classroom training.
- Ronna Brown shared her experience meeting with AHCA surveyor during their exit interview with the facility and was able to compare notes who ended up citing the facility for some deficiencies.

ADJOURNMENT

- Open Session adjourned at 1:40 PM

CLOSED SESSION:

- Closed Session called to order at 01:45 PM
- Materials (posters, forms) were distributed.
- Closed Session adjourned at 2:15 PM

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Terri Cantrell
State Ombudsman

AGENDA

BROWAR DISTRICT 12
1:00 PM
8/13/2024
TAMARAC OFFICE

OPEN SESSION

- Updates/Reports
- Announcements
- Training
- New Business
- Public Comments (limited to 5 minutes each)

CLOSED SESSION

This portion of the meeting is confidential and closed to the public. *See* § 400.0077(2), F.S.

NEXT MEETING

The next open quarterly council meeting is scheduled as follows:

Date: 11/12/2024 Time: 1:00 PM

Specific information about a noticed meeting may change. To confirm the meeting information prior to attending, please check the Long-Term Care Ombudsman Program (LTCOP) website at: https://ombudsman.elderaffairs.org/ or contact the LTCOP district office.

CARE PLAN PRESENTATION

I. Objectives:

. Acquaint you with what Care Plans ("CP") are;

. Explain why they are created;

. Describe when and how they are created;

, Show you some illustrative CP pages

. Explain how CP can help the Ombudsman resolve complaints.

II. What is a CP:

. It is as the name implies: a plan for the care of a nursing home resident;

. The objective of a CP is to enable the resident to achieve the highest level of health and well being;

The approach to care can not be random or ad hoc. Florida has standardized and systematized the approach to determining the care needs of nursing home residents. As a result, The Florida Agency For Health Care Administration (AHCA) regulates care planing and imposes the following requirements on nursing homes in the state of Florida:

Components of Care Plan
Type Rule
ST - N0071 - Components of Care Plan

(1) Each resident admitted to the nursing home facility must have a plan of care. The plan of care must consist of:
(a) Physician's orders, diagnosis, medical history, physical exam and rehabilitative or restorative potential.

(b) A preliminary nursing evaluation with physician's orders for immediate care, completed upon admission;

. As interpreted, ACHA mandates that resident's CP must address not only physical health, but mental and emotional health as well.

Thus the CP is the "game plan" for restoring the resident to an achieveable level of health. In a word, "this how we will get there."

III. Why are CP produced at all?

An immediate answer is that care should and must not be random or hit or miss if the resident is to obtain maximum benefit from therapies.

Another important reason is that they are mandated by statute and regulation, so nursing homes have to do it.

IV When and How are CP created.

CP creation is a two Step process: Step 1 is a comprehensive assessment; Step 2 is the actual creation of the CP.

Step 1. ACHA regulates the comprehensive Assessment and requires:

A complete, comprehensive, accurate and reproducible assessment of each resident's functional capacity which is standardized in the facility, and is completed within 14 days of admission.

During this initial 14 day period the resident is subjected to intense interdisciplinary scrutiny by nursing home professionals. In addition to ADLs (eating, drinking, ability to dress and shower oneself, etc) the resident is monitored for habits and activities, relationships, communication skills, psycho-social well being, cognitive patterns, discharge potential, etc. These assessments must be completed within the 14 day window.

STEP 2:

Now that the comprehensive assessment has be made, step 2 is a CP Meeting, were actual interventions are implemented into a plan of care for the resident.

Present at the CP Meeting will be the attending physician and representatives from nursing, nursing assistants, social services, activities staff, dietary staff and physical therapy.

The resident, and his designees should invited to attend this CP Meeting.

Ordinarily, the Ombudsman will NOT be involved at this stage, as the new resident will probably not yet be our client.

In this meeting, the plan of care for the resident is hammered out, with very specific focuses on specific issues, achievable goals, specific interventions, and position responsibility for implementing the interventions.

Once established, the CP are reviewed every 90 days, or sooner if the plan needs to be modified.

V. Illustrative Pages:

Please turn to Attachment 1. What's important here is the attending physician's name, and his diagnosis of the resident's condition.

Attachment 2 is very important because the ombudsman will find a complete list of all prescription orders the physician has made.

Attachment 3 is an illustrative page showing focus, goals, interventions and staff responsibilities.

IMPORTANT. The plan must be clear, concise, written and available to all staff members. When the CNA on the night shift comes in, he or she can simply look at the computer at the nursing station and determine what services he should provide to each resident.

VI. Use of CP by the Ombudsman to resolve complaints.

Often CP complaints will come from family members, but also from residents.

The complaints are typically like these:

"I come after work and there's nobody here to talk with about my loved one."

"I only talk with CNA's and they tell me inconsistent things."

"I think that they are loading her up with medicine that she doesn't need, and no one will ever tell her what she's taking or why."

"We have no idea who the doctor is, or what's on his mind."

"Why can't somebody just lay it all out in a coherent fashion so we know where we stand?"

Once the ombudsman has the resident's consent to look at the CP, he or she can begin to answer some of these questions.

For example, you will immediately know the physician's name.

One can read and discuss with family the diagnosis of the resident's illnesses in in the CP.

You can identify all medications prescribed and the reason for the prescription. (If questions remain, you can have the RN assist with answers.)

Perhaps most important is the fact that the ombudsman can assure that the resident's designees are invited to the next quarterly review of the care plan.

The ombudsman should make every effort to attend the CP meeting. At the meeting close attention should be paid to clients and there apparent understanding of what the medical people are saying. If there is too much medical or insider terminology being tossed around, the ombudsman should intervene, inquire if clients understand what is being said, and if not, insist on different language from the medical personnel.

CONCLUSION:

Now you have some idea of what CP are ; why they are created; how and when they are created and how you can use them to help resolve complaints.

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ity #: ---

[redacted]

: 14:00:54 ET

[redacted]

Order Summary Report

Facility Code: [redacted]

User: [redacted]

dent: [redacted] **Active Orders As Of:** [redacted]

lent:	[redacted]	Location:	[redacted]	Admission:	[redacted]
t Id Number:	[redacted]	Gender:	M	Date of Birth:	[redacted]
cian:	[redacted]	Pharmacy:	Specialty Rx FLL		
ies:	Iodine I 131 Tositumomab, Penicillins, Seafood				

ioses: HYPERLIPIDEMIA, UNSPECIFIED(E78.5), DIETARY COUNSELING AND SURVEILLANCE(Z71.3), DEPENDENCE ON WHEELCHAIR(Z99.3), OTHER CHEST PAIN(R07.89), EPIGASTRIC PAIN(R10.13), OTHER REDUCED MOBILITY(Z74.09), EDEMA, UNSPECIFIED(R60.9), LOCALIZED SWELLING, MASS AND LUMP, LOWER LIMB, BILATERAL(R22.43), ACUTE SYSTOLIC (CONGESTIVE) HEART FAILURE(I50.21), MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES(E66.01), NEED FOR ASSISTANCE WITH PERSONAL CARE(Z74.1), VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)(I87.2), ESSENTIAL (PRIMARY) HYPERTENSION(I10), PRESSURE ULCER OF SACRAL REGION, UNSPECIFIED STAGE(L89.159), IMMUNIZATION NOT CARRIED OUT BECAUSE OF PATIENT REFUSAL(Z28.21), PERSISTENT MOOD [AFFECTIVE] DISORDER, UNSPECIFIED(F34.9), MUSCLE WEAKNESS (GENERALIZED)(M62.81), TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION(E11.69)

ry - Diet

ıary	Communication Method	Order Status	Order Date	Start Date	End Date
NAS diet Regular texture, Regular/Thin Liquids ıtency	Verbal	Active	08/25/2023	08/25/2023	

ratory

ıary	Communication Method	Order Status	Order Date	Start Date	End Date
ɔnia every night shift every 6 month(s) starting 13th for 1 day(s) related to PERSISTENT) [AFFECTIVE] DISORDER, UNSPECIFIED)	Phone	Active	10/03/2023	10/13/2023	

ıary	Communication Method	Order Status	Order Date	Start Date	End Date
y: Moderate	Verbal	Active	08/25/2023		
to Facility Skilled Nursing Facility	Verbal	Active	08/24/2023		

Attachment 1

8.8 When a Resident Threatens Suicide or Serious Harm to Others

A. If the LTCOP receives information from a person, other than a resident, that a resident is threatening to harm themself, or another resident in a facility:
   1. determine if the complainant is a mandatory reporter and advise them to follow such requirements;
   2. determine whether the complainant has contacted the facility or any other entity and if not, encourage the complainant to contact:
      i. the facility administrator or manager on duty; or
      ii. 911 if anyone is in immediate harm; and
   3. immediately consult with the ROM, DOM, and/or the State Ombudsman to determine if/when a visit should be conducted to speak with respective resident(s) and seek technical assistance for further steps.

B. If a resident communicates to an ombudsman their intention to harm themself, the ombudsman shall request the following information from the resident:
   1. whether the resident consents to the ombudsman taking action, such as reporting the threat to the facility, calling 911, and/or the 988 Suicide and Crisis Lifeline;
   2. why the resident is threatening harm;
   3. when and how the resident intends to carry out the threat of harm; and
   4. whether the resident has the means and ability to carry out the threat of harm.

C. The ombudsman shall request the resident not act on the threat and:
   1. discuss the need for additional assistance;
   2. ask if the resident is currently working with a doctor or counselor;
   2. advise the resident to talk to someone in the long-term care facility (facility staff, doctor, nurse) about their feelings now. If agreeable, assist in arranging the discussion and offer to sit with the resident for support;
   3. if the resident is unwilling to speak directly to anyone at the time of the visit, seek permission to talk with facility staff, doctor, nurse, representative, family member, or friend; and
   4. advise the resident of the need to share their concern with someone who can help.

D. If the resident consents to the ombudsman taking action:
   1. follow complaint procedures as directed in Section 8.3 (C);
   2. provide the resident with names and contact information of resources that can assist them, such as a mental health crisis center, and/or the 988 Suicide and Crisis Lifeline and, with their permission, assist them with making the call;
   3. provide the resident with LTCOP contact information; and