

**STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH
AND HUMAN SERVICES
HEALTH FACILITY LICENSING UNIT**

**PERFORMANCE AUDIT REPORT
JUNE 2014**



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To The Fiscal Committee Of The General Court:

We conducted a performance audit of the Department of Health and Human Services, Health Facility Licensing Unit (HFLU), to address the recommendation made to you by the joint Legislative Performance Audit and Oversight Committee. We conducted the audit in accordance with generally accepted government auditing standards. Those standards require we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions. The evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

The purpose of the audit was to determine if the HFLU efficiently and effectively conducted inspections of, and investigated complaints against, assisted living facilities and noncertified nursing facilities during State fiscal years 2012 and 2013.

Office of Legislative Budget Assistant

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June 2014

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ABBREVIATIONS	
ALF	Assisted Living Facility
CMS	Centers For Medicare And Medicaid Services
DHHS	Department Of Health And Human Services
HFCU	Health Facility Certification Unit
HFLU	Health Facility Licensing Unit
NF	Nursing Facility
SFY	State Fiscal Year

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EXECUTIVE SUMMARY

We found the Department of Health and Human Services' Health Facility Licensing Unit (HFLU) was generally efficient and effective when performing its primary functions. However, the HFLU did not regularly conduct life safety inspections, thereby reducing its effectiveness, during State fiscal years 2012 and 2013. Life safety inspections review the condition of a facility's buildings, potential fire hazards, and the facility's ability to evacuate and protect residents during a fire or other emergency. The HFLU must annually conduct both clinical and life safety inspections before renewing a facility license, yet life safety inspections were not always performed.

Our review of HFLU files, physical observation of facility inspections, and interviews with HFLU personnel identified other weaknesses which indicate improved oversight and management controls for the Unit would help ensure nursing and assisted living facility residents receive the proper care in a safe environment. The HFLU needs to strengthen management controls over its program by:

- revising rules and related forms;
- establishing written policies and procedures;
- improving its handling of various applications and complaints to ensure deadlines are consistently met;
- retaining consistent inspections information;
- notifying complainants; and
- collecting the data necessary to fully measure its overall performance and efficiency.

Additionally, the HFLU's practice of conducting the clinical inspection near to a facility's license expiration date could be improved. That schedule does not provide the Unit with adequate leeway when significant unexpected events occur, and increases the predictability of when inspections will occur; potentially decreasing its effectiveness.

Our survey of assisted living and nursing facility administrators revealed no systemic criticism of the HFLU. Most facility administrators indicated the HFLU is doing a good job issuing licenses, inspecting facilities, and investigating complaints. HFLU inspectors were generally perceived to be knowledgeable and fair in their enforcement of regulations. Department of Health and Human Services personnel and facility administrators we spoke with commented positively on the change in approach the HFLU has adopted in an effort to work more collaboratively with the industry.

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RECOMMENDATION SUMMARY

Observation Number	Page	Legislative Action Required?	Recommendation	Agency Response
1	11	No	Ensure facilities receive required Life Safety Code inspections prior to license renewal.	Concur
2	12	No	Formalize authorization from the State Fire Marshal's Office to conduct life safety inspections.	Concur
3	13	No	Complete inspections before licenses expire, reduce the predictability and uneven workload of inspections, timely act on applications, and collect data to measure the performance of the plan review process.	Concur
4	15	No	Incorporate within administrative rules the resident assessment tool, monitoring fire drills, complaint investigations, and annual inspections; and ensure forms are consistent with rules.	Concur
5	17	No	Review information collected during the complaint investigation process and ensure the information is consistently collected; record information necessary for performance analysis; and ensure required notification is transmitted to licensees and documented in the files.	Concur
6	19	No	Develop and codify policies and procedures for inspections, including record retention, investigations, complaint severity determinations, and interactions with complainants.	Concur

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BACKGROUND

Nursing And Assisted Living Facilities

The demand for long-term care facilities has been growing substantially as the population ages. According to a 2012 American Association of Retired Persons report entitled *Across The States: Profiles Of Long-Term Services And Supports*:

- In the United States, the age 85 and older population, the age group most likely to need long-term services and supports, is expected to increase by 69 percent between 2012 and 2032. In New Hampshire, the increase is expected to be 77 percent, from 28,000 in 2012 to 50,000 in 2032.
- In 2010, the national average was 31 assisted living units per 1,000 people age 65 or older; in New Hampshire it was 27 units, with a total of 4,899 units.
- In 2010, there were 7,742 nursing facility (NF) units, or 43 units per 1,000 people age 65 or older in New Hampshire, which is comparable to 42 units nationwide.

In order to provide adequate treatment in a safe facility, the State created a licensing program for nursing and assisted living facilities in 1992 that establishes a basic standard of care and treatment of residents and ensures the construction, maintenance, and operations of such facilities provides a safe environment. The State has established long-term care facility classifications which require different levels and types of service. There are three levels of facilities, including two types of assisted living facilities (ALF) and one type of NF, which, when taken together, offer a continuum of care to individuals who are unable to live independently.

1. ALFs which are residential care facilities may provide assistance to residents with their activities of daily living, such as bathing, personal hygiene, dressing, eating, and walking. Other services which can be provided include preparation of special diets, supervision of medication consumption, and observation of physical and emotional health. In addition to residential care, these facilities may also provide social, occupational, and recreational services. To reside in these facilities, residents must be capable of self-evacuation.
2. ALFs which are supported residential health care facilities provide more services than residential care facilities in order to serve residents with greater medical needs. They provide nursing services, but less than the 24-hour nursing supervision offered by a NF. These ALFs may also include short-term medical care for residents who are recovering from an illness, but these residents must still be capable of self-evacuation in the event of an emergency.
3. NFs provide custodial care, skilled nursing and rehabilitative care, medical services, and protective supervision to eligible individuals who are ill, frail, and need 24-hour nursing care and supervision.

Regulations become increasingly stringent as the acuity of residents increase. However, State law provides facilities some flexibility in meeting the needs of their current or potential

residents, which can sometimes blur the distinction between these classifications. Prior to accepting a new resident, and every six months thereafter, facilities must assess whether their buildings, services, and programs can meet the needs of each resident. This assessment is critical because a facility must be able to meet the day-to-day needs of each resident individually as well as the needs of all residents in an emergency situation. For example, if ten residents need one-on-one assistance moving and there are only two staff members on an overnight shift, conducting an efficient and effective evacuation of the building may be problematic, requiring a facility to re-evaluate its staffing levels and the fire protection provided by the building. Some supported residential health care ALFs are built to the Health Care Chapter of the life safety code, which is in the State Fire Code for nursing facilities. These facilities are designed to more safely care for a population with a higher level of acuity than ALFs which do not meet the same safety standards.¹

As shown in Figure 1, ALFs in the State which are classified as residential care facilities tend to be smaller than their supported residential health care facility counterparts, with 86 percent having 25 beds or fewer. Supported residential health care ALFs tend to be larger, and only 37 percent house 25 beds or fewer. The number of beds a facility is allowed to have must be approved by the Health Facilities Licensing Unit (HFLU) and is part of its license.

State And Federal Oversight

The Department of Health and Human Services (DHHS) Office of Operations Support is tasked with the oversight and enforcement of basic standards designed to promote safe and appropriate treatment for persons receiving care in various types of health facilities, including NFs and ALFs. All facilities must be licensed by the Office of Operations Support's HFLU. If a licensed health facility becomes certified by the federal Centers for Medicare and Medicaid Services (CMS), the Office of Operations Support Health Facility Certification Unit (HFCU) becomes responsible for inspecting (or "surveying") these facilities based on CMS's timelines, priorities, and requirements. Under an agreement between the DHHS and the CMS, the federal government funds the HFCU, oversees its performance, and provides the regulatory structure for HFCU surveys of certified health facilities. These surveys determine the facilities' compliance with federal standards. The scope of our audit did not include these certified health facilities.

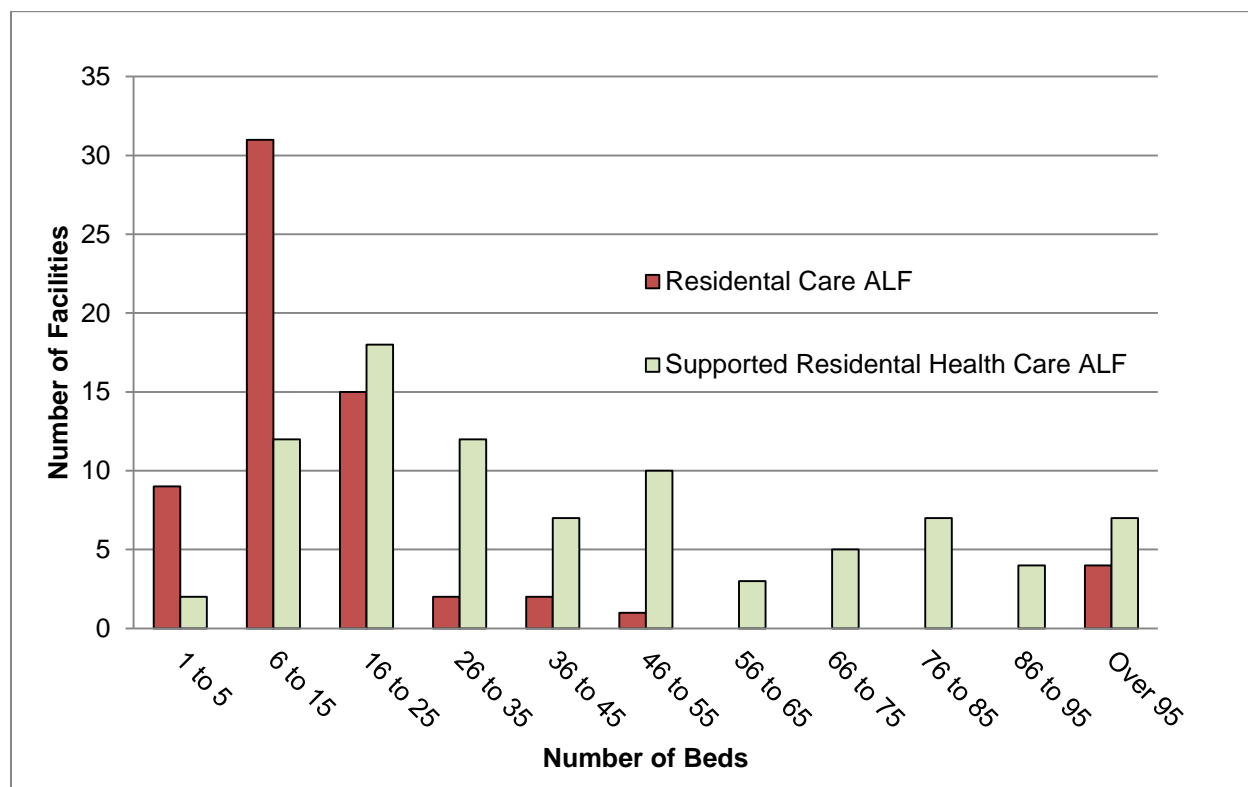
Health Facility Licensing Unit

As shown in Table 1, the HFLU is responsible for licensing all new health facilities and periodically inspecting facilities which are not certified by the CMS, including all the ALFs and six noncertified NFs. The HFLU uses State law, administrative rules, and a national life safety code as inspection criteria. The HFLU records all of the bed counts and levies fees based on the number of beds in each facility.

¹ For example, facilities built to the Health Care Chapter are required to have sprinkler systems to provide residents with more time for evacuation or sheltering in place in the event of a fire.

Figure 1

Number And Type Of ALFs By Size



Source: LBA analysis of unaudited HFLU data as of December 2013.

Table 1

Assisted Living And Nursing Facilities
Oversight By DHHS

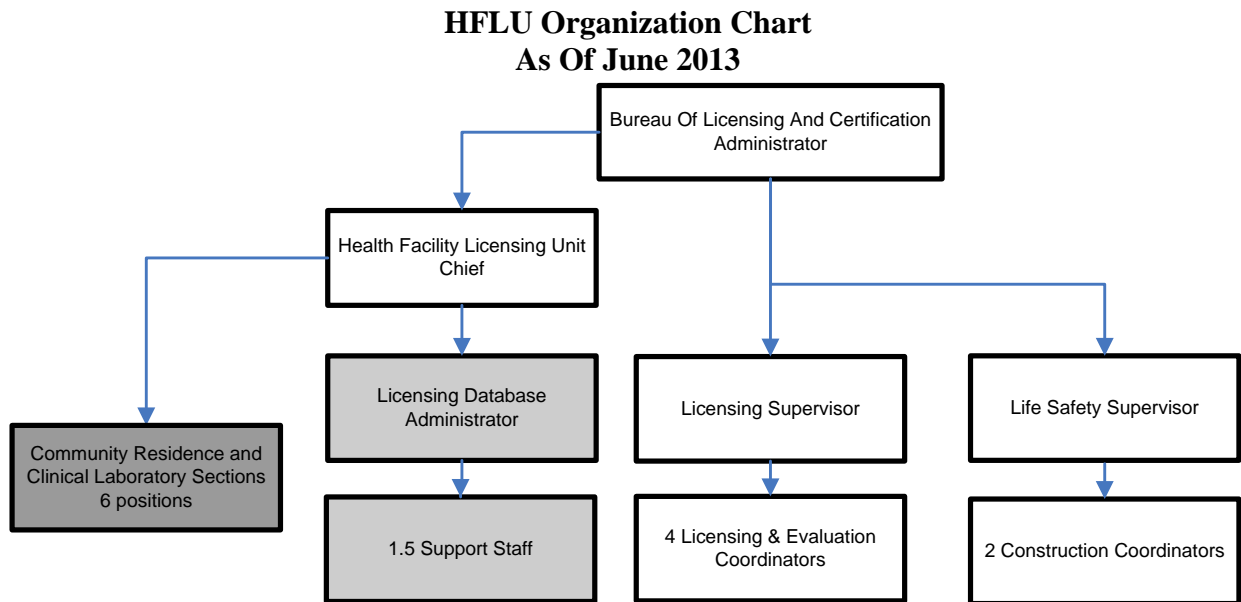
	DHHS Unit	
	HFLU	HFCU
ALFs	151 Facilities (5,329 Beds)	N/A
NFs	6 Noncertified NFs (178 Beds)	82 Certified NFs (7,344 Beds)
Inspection Criteria	State laws and regulations	Federal laws and regulations
Inspection Cycle	Annually, unless facility qualified for skipping a year ¹	Between 9 and 15 months with a statewide average of 12 months

Notes: ¹ Skip-year permitted only for ALF clinical inspections.
Source: LBA analysis of DHHS interviews, documents, and unaudited December 2013 data.

The organization chart in Figure 2 shows all 18.5 HFLU positions, including six which have no responsibility for NF and ALF inspections (dark gray box) and four others which provide clerical and data support to the entire unit (light grey boxes). According to HFLU officials, they have

experienced difficulties in filling vacancies despite a 30 percent temporary pay increase (consistently approved by Governor and Council since 2007) for the licensing and evaluation coordinators (i.e., clinical inspectors) and their immediate supervisors to allow the HFLU to recruit and retain registered nurses. Even with this increase, the clinical supervisor’s position within the HFLU remained vacant for approximately 11 months which affected managerial oversight of the program. In March of 2014, Office of Operational Supports stopped trying to fill the position and put the HFCU supervisor in charge of the HFLU clinical inspectors.

Figure 2



Source: LBA analysis of HFLU documentation and interviews.

Inspections

The HFLU conducts two types of inspections, clinical and life safety, required for licensing and relicensing. The HFLU clinical inspections of ALFs and noncertified NFs are usually done by one inspector. Clinical inspections are designed to ensure the services provided are appropriate to meet residents’ needs. Clinical inspectors focus on practices at the facility, treatment of the residents relative to their medical histories, the background of staff at the facilities, and compliance with orders for patient treatment from doctors, among other things.

The life safety inspections include: 1) physical inspections of facilities for compliance with the State Fire Code, State Building Code, the underpinning national and international codes, and other guidelines required by DHHS rules, and 2) reviews and approvals of plans for new construction and renovations. The HFLU is concerned with whether a facility is properly designed to adequately protect residents and if all residents can be evacuated from the facility timely. Life safety inspectors consider if residents are able to self-evacuate or if the facility is sufficiently staffed to assist those residents with limited mobility.

Complaints Investigations

The HFLU also investigates complaints which would constitute a violation of the laws and rules enforced by the HFLU if the allegations were true. Generally, complaints are logged and then reviewed by a licensing and evaluation coordinator to determine if the HFLU has jurisdiction. If not, the complaint may be sent to the appropriate oversight agency. If the complaint comes under the purview of the HFLU, the coordinator triages it into one of three categories for investigation requiring: 1) immediate attention, 2) action within three months, or 3) review during the next annual inspection.

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MANAGEMENT CONTROLS

The Department of Health and Human Services (DHHS) Health Facility Licensing Unit (HFLU) regulates and licenses noncertified nursing facilities (NF) and all assisted living facilities (ALF). The State's responsibility to ensure these facilities are safe for the public hinges largely on approving construction plans, conducting inspections intended to detect problems, and investigating complaints. We found the HFLU did not complete all of the required inspections in a timely fashion, particularly life safety inspections. The HFLU also, given current law, does not have explicit authority to conduct life safety inspections. The HFLU should update and clarify its rules governing nursing and assisted living facilities and its own operations, including those concerning agency forms, the delineation of regulations between inspection types, and fire drill operations. The management and recording of the complaint process could be improved, and the policies and procedures governing the HFLU should be strengthened with regard to document standardization, document retention, complaint prioritization, and external communications.

Observation No. 1

Ensure Facilities Receive Life Safety Inspections Before Relicensing

State law required the DHHS to issue licenses to facilities which comply with the provisions of RSA 151 and the Department's Administrative Rules. To assess compliance, the DHHS was required to make at least one annual, unannounced clinical inspection² and at least one annual, unannounced life safety inspection of every assisted living and nursing facility. DHHS Administrative Rules further emphasized both a clinical and life safety inspection must be completed to determine full compliance with law, rule, and codes, and before issuing a renewal license.

The HFLU inconsistently complied with the life safety inspection requirements and often issued renewals without determining whether a facility fully complied with law and rule. For facility licenses which expired during State fiscal year (SFY) 2013, we found ten of the 26 assisted living and nursing facilities files (38 percent) lacked documentation of a life safety inspection at any point in the 365 days prior to the expiration of the license. For licenses which expired during SFY 2012, nine of the 25 facilities (36 percent) in our file review which were due for a life safety inspection did not receive one in the 365 days prior to license expiration. We also found evidence in multiple files where the DHHS informed the licensee it may be subject to a life safety inspection after the DHHS issued the license renewal.

Our file review found several examples of facilities continuing to operate without life safety inspections. Five of the 25 facilities (20 percent) whose files we reviewed, and were due for life safety inspections during both the SFYs 2012 and 2013 relicensing cycles, did not receive life

² State law allowed clinical inspections to be skipped for a year for assisted living facilities if they were found to be deficiency-free for two consecutive years, there was no change in administrator, and there were no founded complaints within that two-year period.

safety inspections during either cycle. In one instance, the last recorded life safety inspection in a facility's file was in July 2009.

One of the life safety inspectors described being over one month behind schedule on regular inspections, and attributed the scheduling difficulties on a lack of staffing. A former HFLU employee interviewed described the life safety inspections as often behind schedule, which would considerably slow the relicensing process. The former employee reported the HFLU decided to proceed with relicensing without completing life safety inspections.

Recommendation:

We recommend HFLU management ensure required Life Safety Code inspections are conducted before issuing renewal licenses.

Auditee Response:

We concur.

It has been and continues to be the goal of the Health Facility Licensing Unit to conduct timely annual Life Safety Code inspections of all facilities licensed under RSA 151 that are required to have Life Safety inspections. This goal has been undermined by a lack of personnel with Life Safety Code expertise to conduct these inspections. There had been four Life Safety Code positions in the licensing unit, the Life Safety Coordinator and three Life Safety Inspectors. The Life Safety Coordinator is responsible for conducting construction plan review and approval and conducting on-site inspections of newly constructed facilities and those that have undergone renovations. She also supervises the Life Safety Inspectors, which includes reviewing and approving Notices to Correct. She also conducts Life Safety trainings around the State. She does not have the time to conduct annual Life Safety inspections. Although there were three Life Safety Inspector positions, there has never been a time when all three positions were filled at the same time. One of these positions, Position 42859, became vacant on October 12, 2009. The position was subsequently unfunded and could not be filled. In 2013 the position was removed from the licensing unit to another unit within the Department. In addition, Position 18991 was vacant for a considerable period of time. During that time period there was only one Life Safety Inspector in the licensing unit. In an effort to utilize her in the most effective manner possible, the decision was made to limit her inspections to those facilities with beds with a priority being the non-certified Nursing Homes, Residential Care Facilities and Supported Residential Health Care Facilities. On January 3, 2013, a second Life Safety Inspector was hired. This has helped significantly; however given the number of licensed facilities, the unit would likely need 1-2 additional Life Safety Inspectors in order to complete timely annual Life Safety Code inspections. We concur with the recommendation. We will explore with senior management in the Department the hiring of additional Life Safety personnel.

Observation No. 2

Formalize State Fire Marshal's Authorization To Conduct Life Safety Inspections

Since 2012, State law has required the DHHS to make at least one annual, unannounced life safety inspection of licensed facilities if the State Fire Marshal so authorizes. DHHS authority to conduct life safety inspections rested on a 1994 memorandum by the State Fire Marshal to the DHHS Division of Public Health Services. The memorandum recorded the substance of a meeting which occurred between the two agencies and summarized the then-current inspection practices. Until 2012, the DHHS did not need the Fire Marshal's authorization to determine if a health facility was in compliance with applicable codes, so the 1994 memorandum does not state the Fire Marshal authorized DHHS to conduct life safety code inspections. Reportedly, the need for an updated memorandum of agreement between the two agencies has been discussed, but has not yet been finalized.

Recommendation:

We recommend DHHS management update and formalize authorization to conduct life safety inspections from the State Fire Marshal.

Auditee Response:

We concur.

It would be appropriate to update and formalize the Department's agreement with the State Fire Marshal. To this end the licensing unit has updated and formalized its authorization to conduct Life Safety inspections in the context of a comprehensive Memorandum of Understanding. That MOU has been reviewed and revised by management and will shortly be sent to the State Fire Marshal for his review and approval.

Observation No. 3

Improve Timeliness And Scheduling

We found the HFLU was not ensuring completion of required tasks by deadlines and inconsistently complied with notification requirements.

Inspections Not Always Completed By License Expiration Dates

While we found the HFLU generally met clinical inspection deadlines, our review of 26 facility files found the HFLU missed four inspections prior to license expiration dates. State law requires the HFLU to complete at least one annual, unannounced clinical inspection, with an exception for facilities qualifying for the skip-a-year provision. Administrative Rules also require inspections to be conducted prior to license renewal. However, these facilities were inspected within the 15 days following their expiration dates, suggesting the inspectors were behind on their inspection schedules. Inspection schedules were set by the HFLU based on the expiration

date of facility licenses. Some staff members reported uneven workloads throughout the year due to busier inspection months and being behind schedule due to personnel shortages in some instances.

Inspection Predictability

Facilities might be able to predict the timing of inspections, as scheduling usually placed inspections within the month of license expiration. Unannounced inspections are designed to confirm a facility complies with law and rules at all times. Industry standards recommend varying the time of day and day of the week during which inspections of a facility occur to ensure compliance. The predictability of inspection timing may incentivize facilities to alter their practices during their inspection months relative to other times of the year to ensure relicensing.

Adhere To Statutory Deadline And Capture Performance Measurement Data

We found the HFLU did not consistently approve or deny the application using non-adjudicative processes or commence an adjudicative proceeding under RSA 541-A within 120 days of the receipt of a completed application. We also found the HFLU did not capture data to measure the Unit's performance. Based on our review of license application files and new construction and renovation files from SFYs 2012-2013, we found:

- incomplete information in the license files to consistently test the timeliness of HFLU actions;
- evidence of complete license applications being processed after the 120-day deadline; and
- incomplete information in the construction and renovation review files to test the timeliness of HFLU actions.

Recommendations:

We recommend HFLU management:

- **develop alternative strategies for scheduling clinical inspection timing to distribute inspector workload, avoid predictability, and ensure deadlines are met;**
- **timely approve or deny license renewal applications; and**
- **capture data related to processing facility construction and renovation plan requests, assess timeliness of request processing, and ensure processing times comply with statute.**

Auditee Response:

We concur.

Overall, we believe that the licensing unit is doing an excellent job with respect to the clinical inspections it conducts, and we believe that the unit is meeting timelines with respect to clinical inspections to a very high degree. While the auditors did find four instances where clinical

inspections were conducted after the expiration of the license the delay ranged from one day to up to two weeks following the expiration of the license. In one case the delay resulted in part by the fact that the application was submitted significantly late. It is the recollection of one of the clinical inspectors that in another of the four cases the Administrator requested a delay in the inspection due to personal reasons on her part. In addition, the licensees in these cases were not in any way impacted by the fact that the clinical inspections were conducted after the expiration of the license. In accordance with RSA 541-A:30, I, if a complete application is submitted prior to the expiration of a license, the existing license will continue to be valid until such time as the licensing unit makes a decision to grant or deny the application for a renewal license.

With respect to the predictability of clinical inspections, we agree that the licensing unit could be doing a better job of spreading out the inspections. We will make it a point going forward to ensure that some clinical inspections are scheduled upon receiving complete applications as opposed to waiting until the month prior to the expiration of the license such that inspections are staggered. In addition, to the extent resources allow, we will conduct monitoring visits throughout the year as opposed to relying largely on relicensing inspections.

We will explore with senior management in the Department, to the extent the budget allows, the hiring of additional Life Safety personnel qualified to conduct construction plan review and approval and to capture data related to processing facility construction and renovation plan requests, assess timeliness of request processing, and ensure processing times comply with statute.

Observation No. 4

Improve And Expand Administrative Rules

The HFLU has not defined certain procedures and items in Administrative Rules and has published some guidance which conflicts with its Rules. Forms and certain requirements binding on the public must be adopted in Administrative Rule to have effect. Incomplete or improper promulgation of Rules can lead to ad hoc rulemaking and requirements not properly in Rule may be unenforceable. In addition, the Administrative Rule process provides for public and legislative oversight of agency rules.

The Resident Assessment Tool

Since at least 1991, statute has required residential care facilities to determine if the needs of a resident or prospective resident were compatible with the services and programs the facility offered. The determination must conform to HFLU Rules and be recorded on a HFLU-provided form called the *Resident Assessment Tool*. The HFLU has neither promulgated Administrative Rules detailing the *Resident Assessment Tool* nor adopted the form in Rules.

The *Resident Assessment Tool* developed and required by the HFLU has been revised several times. The requirements in the *Resident Assessment Tool* were substantive, affecting every facility's decisions on potential residents' applications and existing residents' continued

residency. Changes were reported to be inconsistently adopted by the industry, yet failure to use the “current tool” could lead to a deficiency citation by licensing inspectors.

Licensing And Renewal Forms

The HFLU provides the same form for licensing and relicensing nursing homes and assisted living facilities, however:

- the form was incorporated by reference in NF Administrative Rules, but the form made available by the HFLU was not the same edition incorporated in Rule;
- the form was referenced in ALF Rules without establishing a specific edition; and
- discrepancies between the form and corresponding Administrative Rules existed, and included differing requirements for notifying the HFLU of a change in address, and any changes in the number of beds, capacity, or residents.

Change Of Ownership

The HFLU provides a change in ownership document for public use. There were at least two substantive differences between this document, which may misinform a user of this document regarding HFLU Rule requirements:

- The document provided that change in ownership documents be dated 30 days before submission to the HFLU, while rules provided these documents be dated 90 days before submission.
- The document substituted the term “good standing” as a condition for approval of the change, in place of the term “no outstanding administrative actions in process,” which is specified in Rule. Good standing was neither defined nor used in Rule.

Performing Fire Drills

The HFLU lacks specific Rules for monitoring fire drills conducted at assisted living and nursing facilities. These drills directly affect facilities and their residents and should likely be explicitly regulated.

Lack Of Investigation-Related And Clinical Rules

Statute provides the DHHS may investigate facilities alleged to have violated law or related administrative rules. These investigations must be conducted in accordance with Administrative Rules adopted by the Commissioner, but the HFLU lacks Administrative Rules for its investigations.

HFLU annual clinical inspections were designed to determine if a facility complied with law and applicable clinical Rules. The HFLU maintained separate chapters of Administrative Rules for nursing homes, residential care facilities, and supported residential health care facilities. Although statute now differentiates between clinical and life safety inspections, existing rules do

not define clinical and do not reflect the new distinction made in statute. The HFLU reported being in the process of updating the affected rules.

Recommendations:

We recommend HFLU management:

- **incorporate within Administrative Rules the resident assessment tool, monitoring fire drills, and conducting complaint investigations;**
- **revise Rules to reflect there will be annual life safety and clinical inspections;**
- **ensure licensing and relicensing form requirements are consistent with corresponding provisions of Rules;**
- **ensure the edition of forms required by Rules is the edition of the forms made available by the HFLU; and**
- **ensure the elements of the change in ownership form are supported in Rules.**

Auditee Response:

We concur.

We concur with the observation that the Resident Assessment Tool (RAT) has not been incorporated by reference in the applicable rules. We will do this beginning with He-P 805, which is currently in the process of being revised. The RAT last underwent a substantive change in 2009. No substantive changes were made to the RAT during the timeframe subject to this audit; however one section was recently reworded for the purposes of clarity not substance.

We will review the requirements in the forms utilized by the licensing unit to ensure that those requirements are consistent with requirements set forth in the rules.

We will review both the rules and the forms utilized by the licensing unit to ensure that the forms made available to providers are the correct edition.

We will review the rules and the change in ownership forms to ensure consistency.

Observation No. 5

Strengthen Management Of Complaints

The HFLU maintained a database to log complaints made against facilities needing investigation, and created the *Complaint Information Flow Sheet* form to collect pertinent information on each complaint the HFLU investigated. We found these to be practical tools for documenting investigations by capturing important information, but their use could be improved. For example, we found:

- Timeline goals for completion of the complaint process were not always defined.

- The “issue” category identified as the reason for the complaint was not always recorded.
- The inspection method (phone or on-site visit) was rarely recorded on the flow sheet.
- The distinction between allegation and incident was not always recorded.
- There was no indication whether or not follow-up inspections were considered or conducted.
- The rationale for opting to send, or not to send, thank you letters to ALFs or letters of disposition to complainants were inconsistently recorded.
- The database did not identify one deficiency we found in the sample of complaint files we reviewed.

According to its Administrative Rules, the HFLU must provide written notification to assisted living facility licensees if the complaint was unfounded or did not violate any statutes or rules (notification to nursing facilities were not required to be in writing). We found nine of the 21 unfounded complaint files (43 percent) we reviewed lacked evidence of proper notification. There was no evidence in the files that one of two nursing facilities were notified by any means, and eight of 19 ALFs were not notified in writing; however, three did receive a verbal notification.

Recommendations:

We recommend the HFLU management:

- **review its Complaint Information Flow Sheet to determine which information it wants to collect for every investigation,**
- **ensure required information is consistently collected,**
- **include any data from the flow sheet to the spreadsheet that will assist measuring the Unit’s performance in handling complaints, and**
- **ensure the required notifications of completed investigations are sent to the licensees and documented in the complaint files.**

Auditee Response:

We concur.

We believe that the licensing unit has an effective complaint process. Complaints are being triaged and investigated, and deficiency reports are being issued in a very timely and efficient manner. Nonetheless, we agree that we need to strengthen the documentation processes relative to complaints.

We will review and revise the flow sheet as needed. In addition, as resources allow we will revise the internal policy and procedure manual to provide additional guidance to surveyors relative to the conducting of complaints.

We believe the licensing unit is currently and consistently collecting required information. However, as part of our review of this area we will review the processes for complaint investigation to ensure consistency.

Observation No. 6

Formalize Policy And Procedure And Improve Records Management

The HFLU lacked policies and procedures for several key functions and inconsistently complied with statutory record management requirements. Management is responsible for developing policies, procedures, and practices as part of a comprehensive system of controls over agency operations. State law requires the DHHS to make and maintain records containing adequate and proper documentation of its organization, functions, decisions, policies, procedures, and essential transactions in order to protect the legal and financial rights of the State and of persons affected by Department activities. Records are State property and must not be destroyed except as provided by State law. Those not having a permanent or historical value may be destroyed after four years.

Relicensing Inspection Documentation

The HFLU did not have written policy and procedure regarding relicensing inspections. HFLU inspectors used different methods to collect facility compliance data to inform relicensing decisions, inconsistently created a record of each inspection they conducted, and did not retain documentation of verbal guidance provided to facilities under circumstances where a deficiency was not cited.

Complaints

The HFLU had a system to identify and subsequently investigate complaints, but its policies and procedures were not documented, risking inconsistent handling of complaints. For example, the HFLU did not define in policy a timeframe for handling serious complaints determined to be “immediate” priority. One staff member reported immediate priority complaints should be handled within 48 hours, however, three of the 28 “immediate” priority complaints we reviewed were handled 13, 15, and 27 days after the HFLU received the complaints.

Policies Governing Contact With Complainants

Although communications between facilities and the HFLU regarding complaints appear documented in complaint files, the HFLU did not appear to regularly contact complainants to notify them the complaint had been received or resolved. There was no specific requirement in law or Rule to notify the complainant; however, our review of 28 complaint files indicated one case (four percent) with a letter to the original complainant indicating the request was received and acted upon. Six of 28 files (21 percent) included rationale for choosing not to send a disposition letter. Some complainants made anonymous submissions, making contact difficult, and some made contact over the phone, assuring immediate acknowledgement of receipt but not necessarily notification of resolution. Complaints received through the Office of the Long-Term Care Ombudsman or the Bureau of Elderly and Adult Services were also handled with different procedures. One HFLU staff member familiar with complaints indicated the Unit only informed

complainants of the receipt and resolution of complaints if such notification was specifically requested. Our file review found this request, or lack thereof, may be inconsistently recorded.

Recommendations:

We recommend HFLU management:

- **develop policies and procedures for clinical and life safety inspections;**
- **retain documentation of verbal guidance provided to facilities where no deficiency was issued;**
- **develop policies and procedures for investigations, including categories of severity which dictate how many days an investigator has to initiate the investigation; and**
- **develop policies and procedures to interact with complainants.**

Auditee Response:

We concur.

We will update and revise the internal policy and procedure manual for clinical and life safety inspections as resources allow.

**STATE OF NEW HAMPSHIRE
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HEALTH FACILITY LICENSING UNIT**

OTHER ISSUES AND CONCERNS

In this section, we present issues and concerns we consider noteworthy but not developed into formal observations. The Department of Health and Human Services (DHHS) and the Legislature may wish to consider whether these issues and concerns deserve further study or action.

Worsening Acuity Levels Can Pose Greater Safety Risks

Increased acuity levels in many assisted living facilities (ALF) may present additional risks to resident safety. Acuity refers to the severity of illness of residents at these facilities. Health Facility Licensing Unit (HFLU) staff, DHHS officials, and 43 of 69 (62 percent) ALF administrator survey respondents reported increased resident acuity levels in recent years. These higher acuity levels were attributed to more adults remaining in their homes until reaching advanced age; increasing incidence of dementia; and resistance from residents, their families, and the host facilities to move a resident to a facility offering a higher level of care, in favor of allowing them to “age in place.”

The health condition of residents dictates the life safety features needed in facilities for safe and compliant operation. Increased acuity levels are usually associated with decreased mobility and situational awareness, and can negatively affect resident ability to evacuate and respond to an emergency. Life safety inspections conducted by the HFLU consider the timely evacuation in the event of a fire, and the ability of a building’s structure to withstand active fires for certain periods of time. Although the HFLU has the authority to do so, the Unit generally does not compel facilities to change their licenses to offer a higher level of care, reportedly because of likely construction costs to the facilities. Instead, the HFLU encouraged facilities to reduce acuity, either through moving certain residents, adding staff, or otherwise coming into compliance.

Changes in acuity levels at ALFs, and the increasing number of New Hampshire residents who may require residential care in the future, may present greater challenges to HFLU oversight of ALFs. We suggest the HFLU use all the tools at its disposal to help ensure resident safety at ALFs.

Plan Of Correction Procedure Compliance

Administrative rules governing ALFs require a facility with a deficiency to provide a plan of correction to the HFLU for review and approval. If the plan is not acceptable to the HFLU, the facility is given the opportunity to submit a revised plan for acceptance or rejection. Administrative Rules state if the second plan of correction is not acceptable, the licensee shall be subject to a DHHS directed plan and a fine. However, during our review of 20 ALF relicensing files, we found two instances in which facilities were given the opportunity to submit a third plan after two had already been submitted and found inadequate. These instances appeared to arise

from the “partial acceptance” of plans, rather than a full rejection or acceptance of every component of the plans.

We suggest the HFLU determine whether this partial acceptance complies with existing administrative rules in order to ensure consistent and correct enforcement. The HFLU may also wish to change its rules in order to clearly inform facilities as to the procedures regarding the partial acceptance of plans of correction.

Clarify Organizational Structure

The organizational structure above the HFLU can be confusing because of the different names used in the Unit’s letterheads, organization charts, and on the DHHS webpages. The organizational layer above the HFLU is alternatively presented as:

- the Bureau of Licensing and Certification,
- Licensing and Regulatory Services,
- the Bureau of Health Facilities Licensure, and
- the Health Facilities Administration.

According to the Bureau Administrator, the Bureau of Licensing and Certification used to be called Licensing and Regulatory Services, and the two units (i.e., HFLU and the Health Facility Certification Unit) were called Bureaus. We suggest the Office of Operations Support review how it identifies the organization to the public and ensure all documents and communications are consistent with its most current structure.

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APPENDIX A

OBJECTIVE, SCOPE AND METHODOLOGY

Objective And Scope

In March 2013, the Fiscal Committee of the General Court approved a joint Legislative Performance Audit and Oversight Committee recommendation to conduct a performance audit of the Department of Health and Human Services (DHHS) Health Facility Licensing Unit (HFLU) inspections of nursing and assisted living facilities. We held an entrance conference with the DHHS in December 2013, and the Oversight Committee approved our scope statement in February 2014. Our audit sought to answer the following question:

Did the HFLU efficiently and effectively conduct inspections of, and investigate complaints against, assisted living facilities and noncertified nursing facilities during State fiscal years 2012 and 2013?

Specifically, our audit sought to determine the following:

1. Do the HFLU licensing procedures, inspections, plan reviews, and investigations conform to legal requirements, industry standards, and general management controls?
2. Do facility administrators find the HFLU inspections, investigations, and plan reviews to be adequate, fair, and timely?

This audit focused on the HFLU activities regulating noncertified (a.k.a. private-pay) nursing facility (NF) and assisted living facility (ALF) operations in the State.

Methodology

To gain an understanding of the HFLU's operations and requirements, the DHHS management and control environment, and the practices used to regulate NFs and ALFs, we performed the following audit steps:

- Reviewed relevant State laws and administrative rules, the HFLU's organization chart, policy documents, data, job descriptions, and forms.
- Reviewed similar audits from the federal government and other states and a national review of state assisted living facility regulations.
- Reviewed industry standards, interstate reports on assisted living and nursing facilities, and information on federal regulations for nursing homes.
- Interviewed DHHS management, current and former HFLU personnel, the Health Facility Certification Unit personnel, the Long-Term Care Ombudsman, Office of the State Fire Marshal personnel, and members of an industry association.
- Observed clinical and life safety inspections conducted by all of the HFLU inspectors.

- Collected opinions from members of three professional associations who are knowledgeable about the State's fire code.

Data Reliability

We assessed the reliability of HFLU licensing data and determined we could rely on the information for audit purposes. We did not assess the reliability of the database which the Unit stopped using in December 2013, nor did we review the general controls over the HFLU computer system or inspectors' laptops.

Survey Of NF And ALF Administrators

To determine the efficiency and effectiveness of the HFLU's operations regarding inspections and enforcement of regulations, we surveyed assisted living facility and nursing home administrators regulated by the HFLU. We used an online survey program to collect feedback from administrators regarding clinical and life safety inspections, investigations, and plan reviews. We distributed the survey by sending 143 letters with instructions to all of the administrators' mailing addresses provided by the HFLU. We also sent a reminder letter to all facilities, and we telephoned the six license-only nursing homes to boost their participation rate. Seventy-one respondents filled out at least part of the survey, with 70 respondents completing the survey, resulting in a response rate of approximately 49 percent.

Review Of Complaint Files

To evaluate the effectiveness of the complaint receipt and investigation process, we analyzed the complaint database maintained by the HFLU and conducted a file review of a sample of the complaint files. The complaint database included 220 complaints concerning all facilities regulated by the HFLU received during State fiscal years (SFYs) 2012 and 2013; we removed the complaints for facilities other than ALFs and noncertified NFs, and we separated the three life safety code complaints from the 136 clinical complaints. We analyzed the clinical complaints by facility, tested for timeliness, and produced descriptive statistics.

We reviewed a judgmental sample of 28 clinical complaint files. The complaints were separated into license-only nursing home complaints, assisted living facility complaints resulting in deficiencies, and ALF complaints without deficiencies. The sample included both of the nursing home complaints, all six of the ALF complaints identified as resulting in deficiencies in the provided database, and 20 complaints randomly selected from the deficiency-free assisted living group. The complaints were checked for internal control completeness, the documents included in the file, the source of the complaint, and the log of important dates in the complaint. Because we used a nonstatistical sample, results cannot be projected to the entire population of complaint files.

Review Of Relicensing And Annual Inspection Files

To evaluate the timeliness of the annual relicensing process, we randomly selected 20 ALFs for a file review. We also examined all of the files from the six noncertified nursing facilities. We observed and collected information from the files regarding the types of relicensing processes,

important dates in the relicensing processes, notifications and paperwork sent between the facilities and the HFLU, waiver submissions and responses, organizational changes at the facilities, facility deficiencies or issues, the frequency and timeliness of plans of correction, and incidents of fines. Based on the sample, we calculated descriptive statistics for key measures of timeliness in the relicensing processes, measured the timing of inspections relative to license expiration dates and regulatory deadlines, the timeliness of waiver and organizational change responses, and the use of skip-a-year³ processes. Because we used a nonstatistical sample, results cannot be projected to the entire population of relicensing and inspection files.

Review Of Construction Plan Files

To evaluate the timeliness of the plan reviews, we obtained a copy of the plan review submission log for SFYs 2012 and 2013. We performed analysis on these files, but the plan review submission forms were not reliably dated to allow a timeliness evaluation. We selected a random sample of 14 out of the 24 construction plans to review and found the files too incomplete to consistently measure the timeliness of the HFLU evaluations; therefore, results cannot be projected to the entire population of plans.

³ State law allowed clinical inspections to be skipped for a year for assisted living facilities if they were found to be deficiency-free for two consecutive years.

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**STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH FACILITY LICENSING UNIT**

APPENDIX B

**ASSISTED LIVING AND NURSING FACILITY ADMINISTRATORS
SURVEY RESULTS**

We surveyed assisted living and nursing facilities administrators regulated by the Health Facility Licensing Unit (HFLU). Using mailing addresses maintained by the HFLU, we sent initial and follow-up letters to 143 facility administrators asking them to complete an online survey (or to request a paper copy). The survey had a 49 percent response rate. Most questions sought standardized responses and then allowed the administrators to comment on their response in an open-end follow-up question. We combined and simplified similar answers to the open-ended questions. Some totals in the following tables may not add up to 100 percent due to rounding.

Q1. Which type of facility do you currently administer? (Check all that apply.)		
Answer Options	Response Percent	Response Count
License-only nursing home, regulated under He-P 803	6	5
Supported residential health care-assisted living facility, regulated under He-P 805	57	43
Residential care-assisted living facility, regulated under He-P 804	37	28
None of the above	0	0
	<i>answered question</i>	76
	<i>skipped question</i>	0

Q1C. If you have made multiple selections, please describe the situation:	
Continuing Care Retirement Community	4
Facility split between different licenses	2
Total	6

Q2. How many years have you administered assisted living facilities or license-only nursing homes in New Hampshire? Please round to the nearest year.			
Answer Options	Response Average	Response Total	Response Count
Enter number of years:	8.30	589	71
		<i>answered question</i>	71
		<i>skipped question</i>	0

Q3. During clinical inspections of your facility, how often do you personally interact with the Health Facility Licensing Unit's clinical inspectors?		
Answer Options	Response Percent	Response Count
Every or nearly every inspection	94	66
Most inspections	4	3
About half of all inspections	0	0
Less than half of all inspections	0	0
None or very few of the inspections	1	1
Don't know	0	0
Not applicable	0	0

answered question **70**

skipped question **1**

Q3C. Please provide any clarification for your response above:	
High involvement in inspections	1
Anticipation of being involved	1
Missed prior opportunity to be involved	1
Total	3

Q4. Please rate the extent to which you agree or disagree with these statements regarding clinical inspections.								
Answer Options	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know	Not applicable	Response Count
The inspectors are knowledgeable regarding relevant laws and regulations.	39 (57%)	28 (41%)	0 (0%)	1 (1%)	1 (1%)	0 (0%)	0 (0%)	69
The inspectors are fair in their application of regulations.	32 (46%)	27 (39%)	6 (9%)	3 (4%)	1 (1%)	0 (0%)	0 (0%)	69
The inspectors are knowledgeable regarding resident care.	37 (54%)	29 (42%)	0 (0%)	3 (4%)	0 (0%)	0 (0%)	0 (0%)	69
The inspections provide reasonable assurance the clinical care provided is meeting your residents' needs.	35 (51%)	30 (44%)	4 (6%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	69
The timing of the inspections is difficult to predict.	18 (26%)	28 (41%)	13 (19%)	8 (12%)	1 (1%)	0 (0%)	1 (1%)	69
DHHS clinical inspections unnecessarily duplicate local inspections.	1 (1%)	1 (1%)	13 (19%)	35 (51%)	9 (13%)	3 (4%)	7 (10%)	69

answered question **69**

skipped question **2**

Q4C. Please provide any clarification for your responses above:	
Inspections vary based on the inspector	4
Inspection timing is generally predictable	3
No local inspections received	2
Positive impression of inspectors	1
Positive trend in inspection professionalism	1
Negative trend in inspection helpfulness	1
Inspection timing is unpredictable but happens annually	1
Other	1
Total	14

Q5. Please rate the frequency of each one of these events during clinical inspections.							
Answer Options	Always or almost always	Usually	Infrequently	Never or almost never	Don't know	Not applicable	Response Count
The inspectors provide you with an opportunity to speak to them during the inspection process.	59 (86%)	9 (13%)	0 (0%)	1 (1%)	0 (0%)	0 (0%)	69
The inspectors discuss concerns or potential deficiencies with you or your staff while still on site.	56 (81%)	12 (17%)	1 (1%)	0 (0%)	0 (0%)	0 (0%)	69
The inspectors offer guidance and recommendations for corrective actions relative to any deficiencies.	50 (72%)	12 (17%)	2 (3%)	1 (1%)	2 (3%)	2 (3%)	69

answered question 69
skipped question 2

Q5C. Please provide any clarification for your responses above:	
Variation depending on inspector	3
No deficiencies at the facility	2
Deficiency not discussed during visit creates a surprise	1
Positive impression of inspectors	1
Positive trend in inspections	1
Negative trend in inspections	1

Total 9

Q6. Please rate the frequency of each one of these events following clinical inspections.							
Answer Options	Always or almost always	Usually	Infrequently	Never or almost never	Don't know	Not applicable	Response Count
The inspection reports are provided to your facility in a timely manner.	44 (64%)	24 (35%)	1 (1%)	0 (0%)	0 (0%)	0 (0%)	69
DHHS clinical personnel are helpful when you ask for advice to interpret regulations.	46 (67%)	17 (25%)	1 (1%)	2 (3%)	1 (1%)	2 (3%)	69
Your plans of correction are evaluated by inspectors in a timely manner.	38 (55%)	16 (23%)	2 (3%)	0 (0%)	2 (3%)	11 (16%)	69
You understand the rationale for the DHHS rejections of your plans of correction.	20 (29%)	14 (20%)	0 (0%)	1 (1%)	4 (6%)	30 (44%)	69
The appeals process is fair.	11 (16%)	11 (16%)	0 (0%)	1 (1%)	15 (22%)	31 (45%)	69

answered question **69**

skipped question **2**

Q6C. Please provide any clarification for your responses above:	
Lack of experience with deficiencies, Plan Of Correction rejection, or appeals process	8
Issues primarily with the life safety inspection process	3
Getting the words "correct" for a Plan Of Correction is a puzzle, requiring guessing	1
Inspections have improved in recent years	1
Most recent inspection experience was negative	1
Total	14

Q7. How often do clinical inspections occur?		
Answer Options	Response Percent	Response Count
Inspections are more frequent than annually	1%	1
Inspections occur approximately annually (plus or minus one month)	89%	62
Inspections are less frequent than annually	6%	4
Don't know	1%	1
Not applicable	3%	2

answered question **70**

skipped question **1**

Q7C. Please provide any clarification for your response above:	
Consideration of the skip-a-year process or “waivered” years	6
Clinical inspections are annual, but life safety inspections are “very sporadic”	1
One year, the facility went without an inspection	1
Inspections have occurred approximately every two years	1
Life safety inspections produce a new list of issues with each visit	1
Other	2
Total	12

Q8. During clinical complaint investigations at your facility, how often do you personally interact with the Health Facility Licensing Unit's clinical inspectors, either in person or over the phone?		
Answer Options	Response Percent	Response Count
Every or nearly every investigation	34%	24
Most investigations	6%	4
About half of all investigations	0%	0
Less than half of all investigations	0%	0
None or very few of the investigations	4%	3
Don't know	9%	6
Not applicable	47%	33
	<i>answered question</i>	70
	<i>skipped question</i>	1

Q8C. Please provide any clarification for your response above:	
Lack of experience with complaint investigations	8
Not enough aid from inspections	1
Other	2
Total	11

Q9. Please rate the frequency of each one of these events relative to clinical complaint investigations.							
Answer Options	Always or almost always	Usually	Infrequently	Never or almost never	Don't know	Not applicable	Response Count
Investigations adequately address the complaints.	15 (52%)	8 (28%)	0 (0%)	0 (0%)	2 (7%)	4 (14%)	29
The results of an investigation are provided in a timely manner.	13 (45%)	8 (28%)	2 (7%)	0 (0%)	2 (7%)	4 (14%)	29
Investigations are performed on site by inspectors.	15 (52%)	11 (38%)	0 (0%)	0 (0%)	1 (3%)	2 (7%)	29
Investigations result in deficiencies.	0 (0%)	0 (0%)	12 (41%)	8 (28%)	4 (14%)	5 (17%)	29
DHHS clinical investigations unnecessarily duplicate local investigations.	0 (0%)	1 (1%)	5 (17%)	16 (55%)	3 (10%)	4 (14%)	29

answered question **29**

skipped question **42**

Q9C. Please provide any clarification for your responses above:	
No deficiencies resulting from investigations	3
Complaint investigations done over the phone, felt they were appropriate	1
Documentation on file displayed deficiency was not warranted	1
Deficiencies result from inspections if warranted	1
Never received official results from a complaint, only verbal	1
Total	7

Q10. During life safety inspections of your facility, how often do you personally interact with the DHHS Health Facilities Licensing Unit's life safety inspectors?		
Answer Options	Response Percent	Response Count
Every or nearly every inspection	83%	58
Most inspections	7%	5
About half of all inspections	0%	0
Less than half of all inspections	1%	1
None or very few of the inspections	6%	4
Don't know	3%	2
Not applicable	0%	0

answered question **70**

skipped question **1**

Q10C. Please provide any clarification for your response above:	
Lack of experience with life safety inspections	4
Total	4

Q11. Please rate the extent to which you agree or disagree with these statements regarding life safety inspections.								
Answer Options	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know	Not applicable	Response Count
The inspectors are knowledgeable regarding relevant laws and regulations.	30 (47%)	28 (44%)	4 (6%)	2 (3%)	0 (0%)	0 (0%)	0 (0%)	64
The inspectors are fair in their application of regulations.	16 (25%)	28 (44%)	14 (22%)	5 (8%)	1 (2%)	0 (0%)	0 (0%)	64
The inspectors are knowledgeable regarding facility operations.	24 (38%)	26 (41%)	9 (14%)	5 (8%)	0 (0%)	0 (0%)	0 (0%)	64
The inspections provide reasonable assurance the facility meets relevant code requirements.	29 (45%)	29 (45%)	3 (5%)	3 (5%)	0 (0%)	0 (0%)	0 (0%)	64
The timing of the inspections is difficult to predict.	24 (38%)	26 (41%)	9 (14%)	4 (6%)	1 (2%)	0 (0%)	0 (0%)	64
DHHS life safety inspections unnecessarily duplicate other inspections.	1 (2%)	10 (16%)	11 (17%)	27 (42%)	5 (8%)	4 (6%)	6 (9%)	64

answered question **64**

skipped question **7**

Q11C. Please provide any clarification for your responses above:	
Recent confusion at inspection regarding which regulations applied to facility	2
Work with local officials or inspectors	2
Encountered difficulty with most recent inspections or inspector	2
Inspections are duplicative and disagree with local inspections	1
Life safety inspections should be bi-annual for facilities with few issues	1
Interpretations have varied	1
Facilities should not be cited for problems fixed while inspector is present	1
Total	10

Q12. Please rate the frequency of each one of these events during life safety inspections.							
Answer Options	Always or almost always	Usually	Infrequently	Never or almost never	Don't know	Not applicable	Response Count
The inspectors provide you with an opportunity to speak to them during the inspection process.	51 (80%)	11 (17%)	2 (3%)	0 (0%)	0 (0%)	0 (0%)	64
The inspectors discuss concerns or potential problems with you or your staff while still on site.	41 (64%)	19 (30%)	3 (5%)	1 (2%)	0 (0%)	0 (0%)	64
The inspectors offer guidance and recommendations for corrective actions relative to any problems.	36 (56%)	19 (30%)	7 (11%)	1 (2%)	1 (2%)	0 (0%)	64

answered question **64**

skipped question **7**

Q12C. Please provide any clarification for your responses above:	
Differences between deficiencies discussed on site and later reports	2
Other	1
Total	3

Q13. Please rate the frequency of each one of these events following life safety inspections.							
Answer Options	Always or almost always	Usually	Infrequently	Never or almost never	Don't know	Not applicable	Response Count
The inspection reports are provided to your facility in a timely manner.	29 (45%)	26 (41%)	7 (11%)	2 (3%)	0 (0%)	0 (0%)	64
Life safety inspectors are helpful when you ask for advice to interpret regulations.	34 (53%)	23 (36%)	6 (9%)	0 (0%)	1 (2%)	0 (0%)	64
Your plans of correction are evaluated by inspectors in a timely manner.	28 (44%)	23 (36%)	6 (9%)	1 (2%)	3 (5%)	3 (5%)	64
You understand the rationale for DHHS rejections of your plans of correction.	19 (30%)	16 (25%)	2 (3%)	1 (2%)	5 (8%)	21 (33%)	64
The appeals process is fair.	11 (17%)	10 (16%)	0 (0%)	2 (3%)	16 (25%)	25 (39%)	64

answered question **64**

skipped question **7**

Q13C. Please provide any clarification for your responses above:	
Lack of experience with rejections of Plans Of Correction or appeals process	6
Variance held up by life safety not responding to local fire department	1
Life safety issuing deficiencies for problems already fixed is a waste of time and manpower for the State and for facilities	1
Some things noted as deficiencies were never asked for in physical inspection	1
Total	9

Q14. How often do life safety inspections occur?		
Answer Options	Response Percent	Response Count
Inspections are more frequent than annually	7%	5
Inspections occur approximately annually (plus or minus one month)	76%	53
Inspections are less frequent than annually	14%	10
Don't know	3%	2
Not applicable	0%	0
<i>answered question</i>		70
<i>skipped question</i>		1

Q14C. Please provide any clarification for your response above:	
Annual for the past four years, but less often before	1
Life safety inspections occur in "a haphazard manner," usually not timely	1
May occur more often if needed due to an overt problem	1
Life safety should be more consultative, less focused on finding problems	1
Other	1
Total	5

Q15. During life safety complaint investigations at your facility, how often do you personally interact with the Health Facility Licensing Unit's life safety inspectors, either in person or over the phone?		
Answer Options	Response Percent	Response Count
Every or nearly every investigation	36%	25
Most investigations	4%	3
About half of all investigations	0%	0
Less than half of all investigations	0%	0
None or very few of the investigations	4%	3
Don't know	9%	6
Not applicable	47%	33

answered question **70**

skipped question **1**

Q15C. Please provide any clarification for your response above:	
No experience with life safety complaint investigations	13
Total	13

Q16. Please rate the frequency of each one of these events relative to life safety investigations.							
Answer Options	Always or almost always	Usually	Infrequently	Never or almost never	Don't know	Not applicable	Response Count
Investigations adequately address the complaints.	11 (38%)	4 (14%)	0 (0%)	0 (0%)	4 (14%)	10 (35%)	29
The results of an investigation are provided in a timely manner.	10 (35%)	5 (17%)	1 (3%)	0 (0%)	3 (10%)	10 (35%)	29
Investigations are performed on site by inspectors.	12 (41%)	4 (14%)	0 (0%)	0 (0%)	3 (10%)	10 (35%)	29
Investigations result in deficiencies.	2 (7%)	1 (3%)	9 (31%)	4 (14%)	4 (14%)	9 (31%)	29
DHHS life safety investigations unnecessarily duplicate other investigations.	0 (0%)	1 (3%)	1 (3%)	9 (31%)	6 (21%)	12 (41%)	29

answered question **29**

skipped question **42**

Q16C. Please provide any clarification for your responses above:	
No experience with life safety complaint investigations	3
Total	3

Q17. How many DHHS plan reviews and approvals related to your facility have you been involved in during the last three years?		
Answer Options	Response Percent	Response Count
More than five	0%	0
Three to five	11%	8
One or two	26%	18
None	43%	30
Don't know	9%	6
Not applicable	11%	8
	<i>answered question</i>	70
	<i>skipped question</i>	1

Q17C. Please provide any clarification for your responses above:	
No experience with plan reviews and approvals	4
Total	4

Q18. Please rate the extent to which you agree or disagree with these statements related to the plan review and approval process.								
Answer Options	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know	Not applicable	Response Count
DHHS plan reviews and approvals are completed in a timely manner.	6 (22%)	12 (44%)	3 (11%)	2 (7%)	0 (0%)	3 (11%)	1 (4%)	27
DHHS personnel are helpful during the plan review and approval process.	8 (30%)	10 (37%)	5 (19%)	1 (4%)	0 (0%)	2 (7%)	1 (4%)	27
The DHHS plan review and approval process is unnecessarily burdensome.	2 (7%)	4 (15%)	3 (11%)	14 (52%)	0 (0%)	3 (11%)	1 (4%)	27
DHHS plan review and approval code compliance requirements are unnecessarily burdensome.	2 (7%)	3 (11%)	7 (26%)	11 (41%)	0 (0%)	3 (11%)	1 (4%)	27
DHHS plan reviews and approvals unnecessarily duplicate plan reviews and approvals by other agencies.	1 (4%)	3 (11%)	6 (22%)	12 (44%)	0 (0%)	4 (15%)	1 (4%)	27
DHHS plan review and approval conclusions conflict with those of other agencies.	2 (7%)	4 (15%)	5 (19%)	11 (41%)	0 (0%)	4 (15%)	1 (4%)	27

answered question **27**

skipped question **44**

Q18C. Please provide any clarification for your responses above:	
Conflicting conclusions between DHHS and local entities	2
No changes to facility	1

Total **3**

Q19. Has the level of acuity among residents at your facility (or facilities) noticeably increased in the last seven years?		
Answer Options	Response Percent	Response Count
Yes, to a great extent	24%	17
Yes, to a limited extent	39%	27
No, the acuity levels remain roughly the same	20%	14
No, the residents are generally healthier than they were seven years ago	1%	1
Don't know	7%	5
Not applicable	9%	6

answered question **70**

skipped question **1**

Q20. Please comment on the challenges you have faced resulting from rising acuity levels at your facility:	
Increasing staffing	17
Later arrivals to facilities, harder to care for more acute entering population	7
Aging-in-place is positive, should be allowed and is attempted	6
No challenges/case-by-case basis	6
More equipment needed	5
Aging-in-place is a challenge	4
More dementia, psychological challenges	4
Assisting in daily living activities, agility	3
Compliance with evacuation requirements, life safety code	3
Cost of medical supplies	2
Participation in facility activities	2
More education for staff	2
More contracts with outside providers	2
Shorter length of stay	2
Family wishes, communication	2
Wandering, GPS devices required	1
More medication administration	1
Few residents with long-term care insurance, ability to pay	1
Waiting period for residents who need more care to move to another facility	1
Danger from doors closing automatically	1
Other	1
Total	73

Q21. Please rate the extent to which you agree or disagree with these statements regarding State administrative rules (He-P 803, He-P 804, and He-P 805).								
Answer Options	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know	Not applicable	Response Count
The rules are adequate to protect residents.	22 (31%)	37 (53%)	10 (14%)	1 (1%)	0 (0%)	0 (0%)	0 (0%)	70
The rules are excessive and create inefficiencies for little or no benefit.	4 (6%)	12 (17%)	19 (27%)	31 (44%)	2 (3%)	0 (0%)	2 (3%)	70
The rules are out-of-date and need revision.	3 (4%)	25 (36%)	20 (29%)	18 (26%)	1 (1%)	1 (1%)	2 (3%)	70

answered question **70**

skipped question **1**

Q21C. Please provide any clarification for your responses above:	
Coming new and tweaked rules will be appreciated	6
The present rules do well overall	6
More paperwork leads to less time with the residents	1
Increasing acuity, rules should reflect the increased need for resident safety	1
Fire safety rules require too many drills, cause disruptions	1
Some rules far too specific, requiring large efforts without clear benefit	1
Some rules do not apply to every facility, waive and “personalize” rules more	1
Hospitalizations, transfers, and deaths are not tracked	1
Too few inspectors to adequately follow up on cases	1
Other	3

Total **22**