

**Call to Order – Mitchell P. Davis, NHA, Board Chair**

- Welcome and Introductions
  - Emergency Egress Procedures
  - Mission of the Board
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**Approval of Minutes**

- Board Meeting – December 13, 2018
  - Telephonic Conference – November 19, 2018
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**Ordering of Agenda**

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**Public Comment**

*The Board will receive public comment related to agenda items at this time. The Board will not receive comment on any pending regulation process for which a public comment period has closed or any pending or closed complaint or disciplinary matter.*

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**Agency Report**

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**Staff Reports**

- Executive Director’s Report – **Corie E. Tillman Wolf, Executive Director**
  - Discipline Report – **Lynne Helmick, Deputy Executive Director**
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**Board Counsel Report – Erin Barrett, Assistant Attorney General**

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**Committee and Board Member Reports**

- Board of Health Professions Report – **Derrick Kendall, NHA**
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**Legislative and Regulatory Report**

- Regulatory Report – **Elaine Yeatts, Sr. Policy Analyst**
  - Legislative Report – 2019 General Assembly Session – **Elaine Yeatts, Sr. Policy Analyst**
  - Regulatory Advisory Panel (RAP) on Administrator-in-Training Issues – **Corie Tillman Wolf, Executive Director**
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## **Guidance Documents – Corie Tillman Wolf, Executive Director**

- Repeal of Guidance Document
    - 95-5: Document of Department of Health; Common understanding of definitions and terms used to identify resident mistreatment
  - Status of Updates to Guidance Documents
    - 95-1: Memorandum of Understanding with the Virginia Department of Health, Division of Licensure and Certification
    - 95-10: Memorandum of Understanding with the Virginia Department of Social Services, Division of Licensing Programs on Assisted Living Facilities
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## **Presentations**

- Dementia Friends and Grants for Advanced Practice CNAs- **Dana Parsons, LeadingAge Virginia**
  - Disrupt Ageism – **Jennifer Pryor, MA, MS, ALFA and Jenny Inker, MBA, MS, PhD, ALFA, Department of Gerontology, Virginia Commonwealth University**
  - Training - Using the Revised Sanctioning Reference Points Worksheets – **Kim Small, VisualResearch, Inc.**
  - Training - The Disciplinary Process – Jurisdiction, Procedures and Options – **Erin L. Barrett, Assistant Attorney General**
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## **Lunch Discussion with Students**

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**Next Meeting** – June 18, 2019

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## **Meeting Adjournment**

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This information is in **DRAFT** form and is subject to change. The official agenda and packet will be approved by the public body at the meeting and will be available to the public pursuant to Virginia Code Section 2.2-3707(F).

# Approval of Minutes

**December 13, 2018**

The Virginia Board of Long-Term Care Administrators convened for a board meeting on Thursday, December 13, 2018 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2<sup>nd</sup> Floor, Board Room #1, Henrico, Virginia.

**BOARD MEMBERS PRESENT:**

Derrick Kendall, NHA, Chair  
Martha H. Hunt, ALFA, Vice-Chair  
Mary B. Brydon, Citizen Member  
Mitchell P. Davis, NHA  
Karen Hopkins Stanfield, NHA  
Marj Pantone, ALFA

**BOARD MEMBERS ABSENT:**

Basil Acey, Citizen Member  
Shervonne Banks, Citizen Member

**DHP STAFF PRESENT FOR ALL OR PART OF THE MEETING:**

David E. Brown, D.C., Agency Director  
Elizabeth Carter, Ph.D., Healthcare Workforce Data Center  
Sarah Georgen, Licensing and Operations Manager  
Lynne Helmick, Deputy Executive Director, Discipline  
Angela Pearson, Senior Discipline Operations Manager  
Corie Tillman Wolf, J.D., Executive Director  
Elaine Yeatts, Senior Policy Analyst  
Heather Wright, Program Manager

**BOARD COUNSEL PRESENT:**

Erin Barrett, Assistant Attorney General

**OTHERS PRESENT:**

Judy Hackler, Virginia Assisted Living Association  
Dana Parsons, Leading Age Virginia

**QUORUM:**

With six members present at the beginning of the meeting, a quorum was established.

**CALL TO ORDER**

Mr. Kendall called the meeting to order at 9:39 a.m. and asked the Board members and staff to introduce themselves.

Mr. Kendall read the mission of the Board and reminders for the meeting.

Ms. Tillman Wolf read the Emergency Egress Procedures.

### **APPROVAL OF MINUTES**

Upon a **MOTION** by Ms. Stanfield, and properly seconded by Ms. Brydon, the Board voted to accept the following meeting minutes:

- Board Meeting – June 28, 2018

The motion passed unanimously.

### **ORDERING OF THE AGENDA**

No changes were made to the agenda.

### **PUBLIC COMMENT**

There was no public comment.

### **AGENCY DIRECTOR'S REPORT – Dr. David Brown, D.C.**

Dr. Brown reported that DHP has hired a contractor to assist with the creation of a new agency website. This new website will be user friendly for both internal staff as well as the public. The website will make it possible for boards to enter their own information on the agency's website.

Dr. Brown reported on the security updates for the DHP building, noting that the security desk on the first floor would be moved to the center of the hall to allow for visitors to check in with the security desk. Additionally, he requested that all Board members submit their entry badges to Board staff to be deactivated. He announced that temporary badges would be provided to Board members at each meeting to ensure proper entry to the building.

Dr. Brown summarized and provided a handout regarding the Joint Legislative Audit and Review Commission (JLARC) Recommendations: Operations and Performance of the Department of Professional and Occupational Regulation. He asked for Board member input regarding the recommendations and how they may impact DHP.

With no further questions, Dr. Brown concluded his report.

### **EXECUTIVE DIRECTOR'S REPORT – Corie Tillman Wolf, J.D.**

Ms. Tillman Wolf welcomed Angela Pearson to DHP. Ms. Pearson will be working with discipline cases as the Senior Discipline Operations Manager.

Ms. Tillman Wolf provided the following report:

*Expenditure and Revenue Summary*

Cash Balance as of June 30, 2018	\$(1,418)
YTD FY19 Revenue	46,245
Less: YTD Direct and In-Direct Expenditures	<u>190,032</u>
Cash Balance as of October 31, 2018	<b>\$ (145,205)</b>

*NAB Updates*

Ms. Tillman Wolf provided a brief review of the topics discussed during the National Association of Long Term Care Administrator Boards (NAB) Mid-Year Meeting held from November 8-10, 2018.

Ms. Tillman Wolf provided the Licensing Report.

Assisted Living Facility Administrators - Current License Count

	December 2018	June 2018	+/-
<b>ALFA's</b>	<b>660</b>	<b>628</b>	<b>32</b>
<b>AIT's</b>	<b>102</b>	<b>94</b>	<b>8</b>
<b>Acting AIT</b>	<b>4</b>	<b>4</b>	<b>0</b>
<b>Total ALFA</b>	<b>766</b>	<b>726</b>	<b>40</b>
<b>Preceptors</b>	<b>215</b>	<b>199</b>	<b>16</b>

Nursing Home Administrators - Current License Count

	December 2018	June 2018	+/-
<b>NHA's</b>	<b>931</b>	<b>877</b>	<b>54</b>
<b>AIT's</b>	<b>88</b>	<b>77</b>	<b>11</b>
<b>Total NHA</b>	<b>1,019</b>	<b>954</b>	<b>65</b>
<b>Preceptors</b>	<b>238</b>	<b>227</b>	<b>11</b>
<b>NHA and ALFA Combined</b>	<b>1,785</b>	<b>1,680</b>	<b>105</b>

Ms. Tillman Wolf reported on the trends in license count, which showed relatively flat growth from December 2013 to December 2018. She noted that during the five year period, there had been a 7% increase in licensed ALFAs and a 10% increase in licensed NHA's. There was a 19.4% increase in registered ALFA Preceptors; however, no change (0%) in the number of registered NHA preceptors.

Licenses and Registrations – Number Issued YTD 2018

License Type	Number Issued
ALFA	74
ALFA – AIT	56
ALFA – Acting AIT	10
ALFA – Preceptor	24
NHA	84
NHA – AIT	50
NHA – Preceptor	24
<b>TOTAL</b>	<b>322</b>

Exam Scores – Overall Pass/Fail Rates – July 2017 through September 2018

Exam	Pass %
CORE	88.8%
NHA	59.8%
RC/AL	76.6%

Exam Scores – Virginia Candidates – July 2017 through June 13, 2018

Exam	# Taken	# Pass	# Fail	Pass/Fail %
CORE	138	116	22	84.1% / 15.9%
NHA	78	35	43	44.9% / 55.1%
RC/AL	87	63	24	72.4% / 27.6%

Virginia Performs – Customer Service Satisfaction

- FY17 – 100% overall
- FY18 (1<sup>st</sup> Qtr.) – 100%

- FY18 (2<sup>nd</sup> Qtr.) – 100%
- FY18 (3<sup>rd</sup> Qtr.) – 100%
- FY18 (4<sup>th</sup> Qtr.) – 100%
- FY19 (1<sup>st</sup> Qtr.) – 100%

Ms. Tillman Wolf reported the agency average for FY18 (4<sup>th</sup> Qtr.) was 91.2% and FY19 (1<sup>st</sup> Qtr.) was 89.4%.

Heather Wright is the front line for the Long-Term Care Administrators Board and she is extremely knowledgeable and helpful. Laura Mueller is cross-trained and able to step in whenever necessary.

### **Licensing Updates**

Ms. Tillman Wolf reported that the draft AIT reporting forms will be provided when the Periodic Review Regulations are finalized. She reviewed the forms with the Board which included expanding upon some of the current questions and provided examples to assist AITs in completing the form; updating the Domains of Practice to parallel NAB and incorporate the AIT manual; and updated the requirements based upon changes from the Periodic Review (e.g. face-to-face hours for Acting AIT).

### **Notes**

Ms. Tillman Wolf provided reminders to the Board members regarding any updated contact information. Ms. Tillman Wolf requested that Board members return their badges to staff at the conclusion of the meeting.

Ms. Tillman Wolf reviewed the 2019 Board meeting schedule with the Board members:

- Tuesday, March 12, 2019 at 10:00 a.m. in Board Room 3
- Tuesday, June 18, 2019 at 10:00 a.m. in Board Room 4
- Thursday, September 12, 2019 at 10:00 a.m. in Board Room 2
- Tuesday, December 17, 2019 at 10:00 a.m. in Board Room 4

With no further questions, Ms. Tillman Wolf concluded her report.

### **BREAK**

The Board recessed at 10:51 a.m. The Board reconvened at 11:03 a.m.

### **DISCIPLINE REPORT – Lynne Helmick – Deputy Executive Director, Discipline**

Ms. Helmick reported there are currently 97 open cases. Additionally, 61 of the cases are in the probable cause stage, one is in the Administrative Proceedings Division (APD), 3 are at the formal stage, and 32 are in investigation stage. There are 8 open compliance cases.

Ms. Helmick reviewed discipline statistics and Key Performance Measure slides with the Board for Q3 2018:



- The Board’s clearance rate is currently 45%; the Board has received 11 cases and closed 5 cases
- The pending caseload over 250 days is at 30%
- The percentage of cases closed within 250 days was at 20%

Ms. Helmick reviewed discipline statistics and Key Performance Measure slides with the Board for Q4 2018:

- The Board’s clearance rate is currently 220%; the Board has received 10 cases and closed 22 cases
- The pending caseload over 250 days is at 31%
- The percentage of cases closed within 250 days was at 18%

Ms. Helmick reviewed discipline statistics and Key Performance Measure slides with the Board for Q1 2019:

- The Board’s clearance rate is currently 41%; the Board has received 17 cases and closed 7 cases
- The pending caseload over 250 days is at 31%
- The percentage of cases closed within 250 days was at 100%

Ms. Helmick reviewed data regarding the total numbers of cases received and closed, clearance rates for all cases, and the average days to close a case since the fourth quarter of FY 2016:

<b>Cases received/closed</b>		Q1 2018	15/5
Q4 2016	19/7	Q2 2018	24/8
Q1 2017	16/12	Q3 2018	13/8
Q2 2017	12/11	Q4 2018	16/31
Q3 2017	9/13	Q1 2019	31/14
Q4 2017	18/20		

**Percentage of all cases closed in 250 days**

	Q4-2017	Q1-2018	Q2-2018	Q3-2018	Q4-2018	Q1-2019
LTCA	55%	80%	50%	25%	29%	64.3%
Agency	86.7%	82.2%	86.7%	87.6%	80.6%	85.5%

**Average days to close a case**

	Q4-2017	Q1-2018	Q2-2018	Q3-2018	Q4-2018	Q1-2019
LTCA	395	171.2	350.6	424.1	395.5	253
Agency	194.1	255.7	186.5	196.4	201.1	173.8

Ms. Helmick reported on the Case Categories for those cases in which disciplinary action was taken:

FY2017

- 14 cases total
  - 8 standard of care
  - 1 criminal conviction
  - 1 drug storage
  - 3 failure to report
  - 1 CE

- 4 deficiencies with other regulations (DSS, OLC)
- 1 work environment
- 1 impairment

FY2018

- 10 cases total
  - 8 Standard of care
  - 1 CE
  - 1 criminal conviction
  - 1 compliance
  - 1 failure to report
  - 1 unlicensed activity

With no additional questions, Ms. Helmick concluded the report.

### **BOARD COUNSEL REPORT**

Ms. Barrett reminded Board members that electronic material on personal devices, such as phones, home computers, and work computers, are subject to Freedom of Information Act (FOIA) requests.

With no questions, Ms. Barrett concluded the report.

### **COMMITTEE AND BOARD MEMBER REPORTS**

#### *Board of Health Professions Report*

Mr. Kendall noted that the Board of Health Professions report was included in the agenda packet.

### **LEGISLATIVE AND REGULATORY ACTIONS – Elaine Yeatts, Senior Policy Analyst**

#### *Regulatory Report – Status of Periodic Review*

Ms. Yeatts noted that the proposed revisions to the Regulations Governing the Practice of Nursing Home and Assisted Living Facility Administrators resulting from the Periodic Review were in the final stages at the Governor's Office.

#### *Legislative Report*

Ms. Yeatts provided the Board with information regarding a bill to be introduced in the 2019 Session of the General Assembly to rebalance the terms of members on several health regulatory boards, including the Board of Long-Term Care Administrators. Ms. Yeatts noted that no board action is required and that it was for informational purposes only.

#### *Petition for Rulemaking (Cassiere)*

Ms. Yeatts presented the Petition for Rulemaking submitted by Daniel Cassiere relating to preceptorships, as well as documentation related to the petition's public comment.

Board members discussed the requirement of one-year of full-time employment as an administrator as the minimal amount of experience necessary to adequately serve as a preceptor for an AIT. Additionally, the Board members discussed the means of verification of employment from facilities, and because the Board does not license or regulate the facilities, the Board cannot require the facilities/employers to provide employment verifications. Acceptance of pay stubs may not adequately provide evidence of full-time employment.

Upon a **MOTION** by Ms. Stanfield, and properly seconded by Ms. Hunt, the Board voted to deny the petition for rulemaking for the reasons discussed by the Board and to retain the current requirements. The motion passed unanimously.

## **NEW BUSINESS**

### *Virginia's Administrator Workforce: 2018 – Dr. Elizabeth Carter, Ph.D., Health Workforce Data Center*

Dr. Carter presented the 2018 reports from the Healthcare Workforce Data Center for Assisted Living Facility Administrators and Nursing Home Administrators.

Upon a **MOTION** by Ms. Hunt, and properly seconded by Ms. Brydon, the Board voted to accept the reports as presented. The motion passed unanimously.

### *Cognitive Care Education Training Proposal – Corie Tillman Wolf, Executive Director*

Ms. Tillman Wolf presented information regarding a recent proposal received regarding Cognitive Care Education Training. She presented a handout regarding cognitive care education research and requested the Board to discuss the proposal for Nursing Home Administrators. Ms. Tillman Wolf advised Board members that their options included a presentation from Dr. Russell Porter, NHA, Ed.D regarding the research and proposal; additional research and information; or deferral of the proposal for consideration at a later date.

Upon a **MOTION** by Ms. Stanfield, and properly seconded by Ms. Pantone, the Board voted to defer the training proposal for consideration at a later date. The motion passed unanimously.

### *Update on AIT/Preceptor Efforts – Corie Tillman Wolf, Executive Director*

Ms. Tillman Wolf stated that she will continue to notify the public and applicants of the voluntary preceptor registry information that is available on the Board's website. She noted that the Board had previously discussed other relevant points regarding the AIT/Preceptor efforts during her report.

### *Emergency Preparedness – Lessons from Hurricane Florence – Karen Stanfield/Corie Tillman Wolf*

Ms. Stanfield provided a summary of the issues she encountered during Hurricane Florence with the nursing home facilities she oversees and the measures she took to ensure the safety of patients and staff. She discussed the lessons learned from several items that were not considered prior to the storm, including adequate fuel for and continued operation of generators for many days, trash pickup, laundry appliances connected to generators, adequate emergency lighting, and transportation for bed-bound patients. She also

noted the unexpected necessity of preparing for family members of patients and staff staying at the facility for an extended amount of time.

Ms. Stanfield and Ms. Tillman Wolf discussed the importance of Executive Orders allowing licensees from other jurisdictions to practice during emergencies without licensure in that state. Ms. Tillman Wolf also reviewed the form to be submitted by facilities with out-of-state licensees practicing in Virginia.

*Elections*

The Board did not receive nomination forms from Board members in advance of the meeting for the position of Board Chair or for the position of Vice-Chair.

Upon a **MOTION** by Ms. Stanfield, and properly seconded by Ms. Pantone, the Board voted to elect Mr. Davis as Chair for the Board. The vote was unanimous.

Upon a **MOTION** by Ms. Stanfield, and properly seconded by Ms. Hunt, the Board voted to elect Ms. Pantone as Vice-Chair for the Board. The vote was unanimous.

**BREAK**

The Board recessed at 12:27 p.m. The Board reconvened at 12:40 p.m.

Mr. Davis left the meeting at 12:35 p.m.

**BOARD TRAINING**

Ms. Tillman Wolf presented a training video created by the Department of Health Professions on Probable Cause.

**NEXT MEETING**

Mr. Kendall announced the next full Board meeting will be held on March 12, 2019.

**ADJOURNMENT**

With all business concluded, the meeting adjourned at 12:51 p.m.

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Derrick Kendall, NHA, Chair

\_\_\_\_\_  
Corie Tillman Wolf, J.D., Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**UNAPPROVED  
VIRGINIA BOARD OF LONG-TERM CARE ADMINISTRATORS  
MINUTES**

Monday, November 19, 2018  
2:00 p.m.

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Department of Health Professions  
9960 Mayland Drive, Suite #300  
Henrico, Virginia 23233

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**DATE, TIME & PLACE:** On November 19, 2018, at 2:02 p.m., the Board of Long-Term Care Administrators convened by telephone conference call to consider whether a practitioner's ability to practice as an assisted living facility administrator constituted a substantial danger to public health and safety pursuant to Va. Code §54.1-2408.1. A. quorum of the Board was present, with Derrick Kendall, Board Chair, presiding.

**MEMBERS PRESENT:** Derrick Kendall, NHA, Chair  
Martha Hunt, ALFA, Vice Chair  
Mitchell Davis, NHA  
Basil Acey, Citizen Member  
Marj Pantone, ALFA

**MEMBERS ABSENT:** Shervonne Banks, Citizen Member  
Doug Nevitt, ALFA  
Mary Brydon, Citizen Member  
Karen Stanfield, NHA

**BOARD COUNSEL:** Erin Barrett, Assistant Attorney General,

**DHP STAFF PRESENT:** Corie Tillman Wolf, Executive Director  
Angela Pearson, Senior Discipline Operations Manager

**PARTIES ON BEHALF OF COMMONWEALTH:** Julia Bennett, Assistant Attorney General  
Claire Foley, Adjudication Specialist

**MATTER CONSIDERED:** **Destiny White, ALFA**  
**License No.: 1706-000781**  
**Case No.: 182663, 185221**

The Board received information from Assistant Attorney General, Julia Bennett in order to determine whether Ms. White's ability to practice as an assisted living facility administrator constituted a substantial danger to public health and safety. Ms. Bennett provided details of the case to the Board for its consideration.

**CLOSED SESSION:**

Upon a motion by Martha Hunt, and duly seconded by Marj Pantone, the Board voted to convene a closed meeting at 2:24 p.m., pursuant to §2.2-3711.A(27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Destiny White, ALFA. Additionally Ms. Hunt moved that Ms. Tillman Wolf, Ms. Pearson, and Ms. Barrett attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations.

**RECONVENE:**

Upon a motion by Ms. Hunt, the committee reconvened at 2:30 p.m.

**CERTIFICATION:**

Ms. Hunt certified the matters discussed in the closed session met the requirements of §2.2-3712 of the code of Virginia and the Board reconvened in open session.

**DECISION:**

Upon a motion by Marj Pantone, and duly seconded by Martha Hunt, the Board determined that Ms. White’s ability to practice constituted a substantial danger to the public health and safety. The board voted to summarily suspend her license to practice as an assisted living facility administrator, simultaneous with the institution of proceedings for a formal administrative hearing pursuant to §54.1-2408.1 of the Code of Virginia. The Board voted to offer Ms. White a consent order for revocation of her license to practice as an assisted living facility administrator, in lieu of a formal administrative hearing.

**VOTE:**

The vote was unanimous.

**ADJOURNMENT:**

The board adjourned at 2:32 p.m.

\_\_\_\_\_  
Derrick Kendall, NHA, Chair

\_\_\_\_\_  
Corie Tillman Wolf, J.D., Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# Staff Reports

Virginia Department of Health Professions  
Cash Balance  
As of December 31, 2018

	<b>114- Long Term Care Administrators</b>
<b>Board Cash Balance as June 30, 2018</b>	\$ (1,418)
<b>YTD FY19 Revenue</b>	67,245
<b>Less: YTD FY19 Direct and Allocated Expenditures</b>	<u>269,704</u>
<b>Board Cash Balance as December 31, 2018</b>	<u><u>\$ (203,877)</u></u>



Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 11400 - Long-Term Care Administrators  
For the Period Beginning July 1, 2018 and Ending December 31, 2018

Account Number	Account Description	Amount	Budget	Amount	% of Budget
				Under/(Over) Budget	
<b>4002400 Fee Revenue</b>					
4002401	Application Fee	51,390.00	86,355.00	34,965.00	59.51%
4002406	License & Renewal Fee	13,055.00	461,560.00	448,505.00	2.83%
4002407	Dup. License Certificate Fee	100.00	175.00	75.00	57.14%
4002409	Board Endorsement - Out	805.00	1,925.00	1,120.00	41.82%
4002421	Monetary Penalty & Late Fees	1,860.00	11,030.00	9,170.00	16.86%
4002432	Misc. Fee (Bad Check Fee)	35.00	-	(35.00)	0.00%
	<b>Total Fee Revenue</b>	<u>67,245.00</u>	<u>561,045.00</u>	<u>493,800.00</u>	<u>11.99%</u>
	<b>Total Revenue</b>	<u>67,245.00</u>	<u>561,045.00</u>	<u>493,800.00</u>	<u>11.99%</u>
<b>5011110 Employer Retirement Contrib.</b>					
5011110	Employer Retirement Contrib.	3,913.13	10,256.00	6,342.87	38.15%
<b>5011120 Fed Old-Age Ins- Sal St Emp</b>					
5011120	Fed Old-Age Ins- Sal St Emp	2,191.17	5,803.00	3,611.83	37.76%
<b>5011130 Fed Old-Age Ins- Wage Earners</b>					
5011130	Fed Old-Age Ins- Wage Earners	-	513.00	513.00	0.00%
<b>5011140 Group Insurance</b>					
5011140	Group Insurance	379.35	994.00	614.65	38.16%
<b>5011150 Medical/Hospitalization Ins.</b>					
5011150	Medical/Hospitalization Ins.	7,612.12	28,998.00	21,385.88	26.25%
<b>5011160 Retiree Medical/Hospitalizatn</b>					
5011160	Retiree Medical/Hospitalizatn	338.87	888.00	549.13	38.16%
<b>5011170 Long term Disability Ins</b>					
5011170	Long term Disability Ins	180.41	471.00	290.59	38.30%
	<b>Total Employee Benefits</b>	<u>14,615.05</u>	<u>47,923.00</u>	<u>33,307.95</u>	<u>30.50%</u>
<b>5011200 Salaries</b>					
<b>5011230 Salaries, Classified</b>					
5011230	Salaries, Classified	29,441.37	75,852.00	46,410.63	38.81%
<b>5011250 Salaries, Overtime</b>					
5011250	Salaries, Overtime	650.87	-	(650.87)	0.00%
	<b>Total Salaries</b>	<u>30,092.24</u>	<u>75,852.00</u>	<u>45,759.76</u>	<u>39.67%</u>
<b>5011300 Special Payments</b>					
<b>5011340 Specified Per Diem Payment</b>					
5011340	Specified Per Diem Payment	750.00	2,650.00	1,900.00	28.30%
<b>5011380 Deferred Compnstn Match Pmts</b>					
5011380	Deferred Compnstn Match Pmts	80.75	720.00	639.25	11.22%
	<b>Total Special Payments</b>	<u>830.75</u>	<u>3,370.00</u>	<u>2,539.25</u>	<u>24.65%</u>
<b>5011400 Wages</b>					
<b>5011410 Wages, General</b>					
5011410	Wages, General	-	6,699.00	6,699.00	0.00%
	<b>Total Wages</b>	<u>-</u>	<u>6,699.00</u>	<u>6,699.00</u>	<u>0.00%</u>
<b>5011600 Terminatn Personal Svce Costs</b>					
<b>5011620 Salaries, Annual Leave Balanc</b>					
5011620	Salaries, Annual Leave Balanc	224.45	-	(224.45)	0.00%
<b>5011640 Salaries, Cmp Leave Balances</b>					
5011640	Salaries, Cmp Leave Balances	101.64	-	(101.64)	0.00%
	<b>Total Terminatn Personal Svce Costs</b>	<u>326.09</u>	<u>-</u>	<u>(326.09)</u>	<u>0.00%</u>
<b>5011930 Turnover/Vacancy Benefits</b>					
5011930	Turnover/Vacancy Benefits	-	-	-	0.00%
	<b>Total Personal Services</b>	<u>45,864.13</u>	<u>133,844.00</u>	<u>87,979.87</u>	<u>34.27%</u>
<b>5012000 Contractual Svs</b>					
<b>5012100 Communication Services</b>					
<b>5012110 Express Services</b>					
5012110	Express Services	18.75	142.00	123.25	13.20%
<b>5012130 Messenger Services</b>					
5012130	Messenger Services	10.13	-	(10.13)	0.00%
<b>5012140 Postal Services</b>					
5012140	Postal Services	672.85	1,500.00	827.15	44.86%
<b>5012150 Printing Services</b>					
5012150	Printing Services	95.11	500.00	404.89	19.02%
<b>5012160 Telecommunications Svcs (VITA)</b>					
5012160	Telecommunications Svcs (VITA)	283.47	1,320.00	1,036.53	21.48%
<b>5012190 Inbound Freight Services</b>					
5012190	Inbound Freight Services	1.61	-	(1.61)	0.00%

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 11400 - Long-Term Care Administrators  
For the Period Beginning July 1, 2018 and Ending December 31, 2018

Account Number	Account Description	Amount			
		Amount	Budget	Under/(Over) Budget	% of Budget
	<b>Total Communication Services</b>	1,081.92	3,462.00	2,380.08	31.25%
5012200	Employee Development Services				
5012210	Organization Memberships	-	1,500.00	1,500.00	0.00%
5012240	Employee Training/Workshop/Conf	-	450.00	450.00	0.00%
	<b>Total Employee Development Services</b>	-	1,950.00	1,950.00	0.00%
5012300	Health Services				
5012360	X-ray and Laboratory Services	-	110.00	110.00	0.00%
	<b>Total Health Services</b>	-	110.00	110.00	0.00%
5012400	Mgmnt and Informational Svcs				
5012420	Fiscal Services	604.34	7,990.00	7,385.66	7.56%
5012440	Management Services	73.14	6.00	(67.14)	1219.00%
5012470	Legal Services	150.00	500.00	350.00	30.00%
	<b>Total Mgmnt and Informational Svcs</b>	827.48	8,496.00	7,668.52	9.74%
5012500	Repair and Maintenance Svcs				
5012520	Electrical Repair & Maint Srvc	-	17.00	17.00	0.00%
5012530	Equipment Repair & Maint Srvc	887.09	500.00	(387.09)	177.42%
	<b>Total Repair and Maintenance Svcs</b>	887.09	517.00	(370.09)	171.58%
5012600	Support Services				
5012630	Clerical Services	215.10	27.00	(188.10)	796.67%
5012640	Food & Dietary Services	206.16	783.00	576.84	26.33%
5012660	Manual Labor Services	336.54	1,182.00	845.46	28.47%
5012670	Production Services	1,664.40	2,960.00	1,295.60	56.23%
5012680	Skilled Services	0.23	1,408.00	1,407.77	0.02%
	<b>Total Support Services</b>	2,422.43	6,360.00	3,937.57	38.09%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	1,296.02	2,680.00	1,383.98	48.36%
5012830	Travel, Public Carriers	-	300.00	300.00	0.00%
5012850	Travel, Subsistence & Lodging	-	800.00	800.00	0.00%
5012880	Trvl, Meal Reimb- Not Rprtble	-	400.00	400.00	0.00%
	<b>Total Transportation Services</b>	1,296.02	4,180.00	2,883.98	31.01%
	<b>Total Contractual Svcs</b>	6,514.94	25,075.00	18,560.06	25.98%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	665.60	400.00	(265.60)	166.40%
5013130	Stationery and Forms	-	100.00	100.00	0.00%
	<b>Total Administrative Supplies</b>	665.60	500.00	(165.60)	133.12%
5013500	Repair and Maint. Supplies				
5013530	Electrcal Repair & Maint Matr	-	2.00	2.00	0.00%
	<b>Total Repair and Maint. Supplies</b>	-	2.00	2.00	0.00%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	6.22	81.00	74.78	7.68%
5013630	Food Service Supplies	41.94	-	(41.94)	0.00%
	<b>Total Residential Supplies</b>	48.16	81.00	32.84	59.46%

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 11400 - Long-Term Care Administrators  
For the Period Beginning July 1, 2018 and Ending December 31, 2018

Account Number	Account Description	Amount			
		Amount	Budget	Under/(Over) Budget	% of Budget
	<b>Total Supplies And Materials</b>	713.76	583.00	(130.76)	122.43%
<b>5014000</b>	<b>Transfer Payments</b>				
<b>5014100</b>	<b>Awards, Contrib., and Claims</b>				
<b>5014130</b>	<b>Premiums</b>	-	300.00	300.00	0.00%
	<b>Total Awards, Contrib., and Claims</b>	-	300.00	300.00	0.00%
	<b>Total Transfer Payments</b>	-	300.00	300.00	0.00%
<b>5015000</b>	<b>Continuous Charges</b>				
<b>5015100</b>	<b>Insurance-Fixed Assets</b>				
<b>5015160</b>	<b>Property Insurance</b>	28.96	25.00	(3.96)	115.84%
	<b>Total Insurance-Fixed Assets</b>	28.96	25.00	(3.96)	115.84%
<b>5015300</b>	<b>Operating Lease Payments</b>				
<b>5015340</b>	<b>Equipment Rentals</b>	3.40	-	(3.40)	0.00%
<b>5015350</b>	<b>Building Rentals</b>	2.40	-	(2.40)	0.00%
<b>5015390</b>	<b>Building Rentals - Non State</b>	2,311.63	4,569.00	2,257.37	50.59%
	<b>Total Operating Lease Payments</b>	2,317.43	4,569.00	2,251.57	50.72%
<b>5015500</b>	<b>Insurance-Operations</b>				
<b>5015510</b>	<b>General Liability Insurance</b>	103.96	91.00	(12.96)	114.24%
<b>5015540</b>	<b>Surety Bonds</b>	6.13	6.00	(0.13)	102.17%
	<b>Total Insurance-Operations</b>	110.09	97.00	(13.09)	113.49%
	<b>Total Continuous Charges</b>	2,456.48	4,691.00	2,234.52	52.37%
<b>5022000</b>	<b>Equipment</b>				
<b>5022200</b>	<b>Educational &amp; Cultural Equip</b>				
<b>5022240</b>	<b>Reference Equipment</b>	-	36.00	36.00	0.00%
	<b>Total Educational &amp; Cultural Equip</b>	-	36.00	36.00	0.00%
<b>5022600</b>	<b>Office Equipment</b>				
<b>5022610</b>	<b>Office Appurtenances</b>	-	17.00	17.00	0.00%
<b>5022640</b>	<b>Office Machines</b>	-	100.00	100.00	0.00%
	<b>Total Office Equipment</b>	-	117.00	117.00	0.00%
	<b>Total Equipment</b>	-	153.00	153.00	0.00%
	<b>Total Expenditures</b>	55,549.31	164,646.00	109,096.69	33.74%
	<b>Allocated Expenditures</b>				
<b>20600</b>	<b>Funeral\LTCA\IPT</b>	47,392.90	89,237.70	41,844.80	53.11%
<b>30100</b>	<b>Data Center</b>	46,876.61	91,923.26	45,046.65	51.00%
<b>30200</b>	<b>Human Resources</b>	3,925.29	10,637.47	6,712.17	36.90%
<b>30300</b>	<b>Finance</b>	9,420.99	23,762.37	14,341.39	39.65%
<b>30400</b>	<b>Director's Office</b>	4,458.15	9,121.10	4,662.95	48.88%
<b>30500</b>	<b>Enforcement</b>	67,482.01	151,329.88	83,847.87	44.59%
<b>30600</b>	<b>Administrative Proceedings</b>	19,798.80	52,083.07	32,284.27	38.01%
<b>30800</b>	<b>Attorney General</b>	8,535.93	18,177.64	9,641.71	46.96%
<b>30900</b>	<b>Board of Health Professions</b>	3,209.28	7,585.34	4,376.05	42.31%
<b>31100</b>	<b>Maintenance and Repairs</b>	-	1,669.24	1,669.24	0.00%

Virginia Department of Health Professions  
 Revenue and Expenditures Summary  
 Department 11400 - Long-Term Care Administrators  
 For the Period Beginning July 1, 2018 and Ending December 31, 2018

Account Number	Account Description	Amount	Budget	Amount Under/(Over)	
				Budget	% of Budget
31300	Emp. Recognition Program	33.28	236.01	202.73	14.10%
31400	Conference Center	50.83	146.04	95.21	34.81%
31500	Pgm Devlpmnt & Implmentn	2,970.75	5,507.01	2,536.25	53.94%
<b>Total Allocated Expenditures</b>		<u>214,154.83</u>	<u>461,416.14</u>	<u>247,261.31</u>	<u>46.41%</u>
<b>Net Revenue in Excess (Shortfall) of Expenditures</b>		<u>\$ (202,459.14)</u>	<u>\$ (65,017.14)</u>	<u>\$ 137,442.00</u>	<u>311.39%</u>

# Committee and Board Member Reports

**In Attendance**

Helene D. Clayton-Jeter, OD, Board of Optometry  
Mark Johnson, DVM, Board of Veterinary Medicine  
Allen R. Jones, Jr., DPT, PT, Board of Physical Therapy  
Trula E. Minton, MS, RN, Board of Nursing  
Herb Stewart, PhD, Board of Psychology  
James D. Watkins, DDS, Board of Dentistry  
James Wells, RPh, Citizen Member

**Absent**

Lisette P. Carbajal, MPA, Citizen Member  
Kevin Doyle, EdD, LPC, LSATP, Board of Counseling  
Louis R. Jones, FSL, Board of Funeral Directors and Embalmers  
Derrick Kendall, NHA, Board of Long-Term Care Administrators  
Alison R. King, PhD, CCC-SLP, Board of Audiology & Speech-Language Pathology  
Ryan Logan, RPh, Board of Pharmacy  
Kevin O'Connor, MD, Board of Medicine  
Martha S. Rackets, PhD, Citizen Member  
Maribel Ramos, Citizen Member  
John M. Salay, MSW, Board of Social Work

**DHP Staff**

David Brown, DC, Director DHP  
Elizabeth A. Carter, Ph.D., Executive Director BHP  
Laura L. Jackson, MSHSA, Operations Manager BHP  
Charise Mitchel, OAG  
Yetty Shobo, PhD, Deputy Executive Director BHP  
Elaine Yeatts, Senior Policy Analyst DHP

**Presenters**

Charles Giles, Budget Manager DHP  
Yetty Shobo, PhD, Deputy Executive Direct BHP

**Speakers**

No speakers signed-in

**Observers**

No observers signed-in

**Emergency Egress**

Dr. Carter

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### Call to Order

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**Chair:** Dr. Clayton-Jeter      **Time** 10:07 a.m.  
**Quorum** Not established      7 members in attendance, 9 needed for quorum

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### Public Comment

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#### Discussion

There was no public comment

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### Welcome of New Board Members

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#### Discussion

Dr. Clayton Jeter welcomed three new board members:

- Louis R. Jones, Board of Funeral Directors & Embalmers
- Alison R. King, PhD, CCC-SLP, Board of Audiology & Speech Language Pathology
- John M. Salay, MSW, board of Social Work

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### Legislative and Regulatory Report

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**Presenter** Ms. Yeatts

#### Discussion

Ms. Yeatts advised the Board of updates to the laws and regulations that affect DHP currently in the General Assembly. There are currently 59 actions with 21 at the Governor's office.

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### Directors Report

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**Presenter** Dr. Brown

#### Discussion

Dr. Brown reported that DHP has hired a contractor to assist with the creation of a new agency website. This new website will be user friendly for both internal staff as well as the public. IT has made it possible for boards to enter their own information on the agencies webpage.

Dr. Brown provided two handouts that included the Summary and Recommendations made by JLARC in the findings from the DPOR review. He stated that there were several comparisons in the report to DHP and how DHP can use the report findings as a blueprint for the future.

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### **Approval of Minutes**

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**Presenter** Dr. Clayton-Jeter

#### **Discussion**

Approval of minutes was carried over to February 25, 2019 due to lack of quorum.

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### **Board Chair Report**

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**Presenter** Dr. Clayton-Jeter

#### **Discussion**

Dr. Clayton-Jeter read the agencies Mission statement and stressed that it is each board members job to serve and protect the public.

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### **Budget Report**

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**Presenter** Mr. Giles

#### **Discussion**

Mr. Giles reviewed the agencies FY20 Budget.

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### **Executive Directors Report**

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**Presenter** Dr. Carter

#### **Board Budget**

Dr. Carter stated that the Board is operating under budget.

#### **Agency Performance**

Dr. Carter provided a review of the agencies current license count, applicant satisfaction survey results and cases received, open & closed.

#### **Up for Review – Board Bylaws and Mission Statement**

Dr. Carter stated that the Board will be reviewing its Bylaws and Mission statement. This discussion served as the start of the 30-day review period. A vote will be taken at the February 25, 2019 meeting.

#### **Sanction Reference Points (SRP) - Update**

SRP work for the boards is ongoing.



## **Policies & Procedures**

Due to lack of quorum, this vote has been carried over to the February 25, 2019 meeting.

## **Lunch break - 12:05 p.m.**

## **Healthcare Workforce Data Center (DHP HWDC)**

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**Presenter** Dr. Shobo

### **Discussion**

Dr. Shobo provided a PowerPoint presentation that she presented at the annual Southern Demographics Association meeting that utilized DHP licensure data. She also advised the Board that DHP HWDC is up to date on all survey reports and posting of the workforce briefs and is in the process of collecting the survey data from December license renewals.

## **Board Reports**

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**Presenter** Dr. Clayton-Jeter

### **Board of Audiology & Speech Language Pathology**

Dr. King was not present. There was no report for this Board.

### **Board of Counseling**

Dr. Doyle was not present. There was no report for this Board.

### **Board of Dentistry**

Dr. Watkins provided an overview of the Boards activities since its last meeting. He stated that since July 2018 they have received one new board member appointment and that the September 14, 2018 Board meeting was cancelled due to the hurricane. The Boards Regulatory and Legislative Review Committee met in October and SRP interviews are ongoing. The next board meeting is scheduled for December 14, 2018.

### **Board of Funeral Directors & Embalmers**

Mr. Jones was not present. There was not report for this Board.

### **Board of Long Term Care Administrators**

Mr. Kendall was not present. Dr. Carter provided his written update. The LTCA Board items of interest were that final regulations from its periodic review of regulations for both Assisted Living Facility

Administrators and Nursing Home Administrators are pending review in the Governor's Office. Additionally, one item of special interest on the Board's November agenda is Emergency Preparedness and the lessons learned from Hurricane Florence for LTC facilities. Board member Karen Stanfield, who oversees a number of nursing home facilities in the region, including in the Wilmington area of North Carolina, will share her insights about what went well and did not go well. This will likely stimulate discussion about the regulatory implications when there are emergencies of this magnitude.

### **Board of Medicine**

Dr. O'Connor was not present. There was no report for this Board.

### **Board of Nursing**

Ms. Minton stated that the Board last met November 13, 2018. She was happy to report that all Board staff vacancies within the department have been filled, and that Dr. Paula Saxby will be retiring in June 2019. She noted that Executive Director Jay Douglas has been appointed to the NCSBN Board of Directors. The Board is currently reviewing 14 guidance documents, including the prescribing of bupropion by licensed NPs. The Board had extensive turnover and is in the beginning phase of strategic planning for new board member training. Ms. Minton also stated that probable cause acceptance of recommendation was at 88%.

### **Board of Optometry**

Dr. Clayton-Jeter provided an overview of the Boards activities since its last meeting. (Attachment 1)

### **Board of Pharmacy**

Mr. Logan was not present. There was no report for this Board.

### **Board of Physical Therapy**

Dr. Jones, Jr. provided an overview of the Boards activities since its last meeting. (Attachment 2)

### **Board of Psychology**

Dr. Stewart provided an overview of the Boards activities since its last meeting. He stated that he and Ms. Hoyle attended the ASPPB annual meeting in Utah. The meeting focused on the roll-out of the Enhanced Examination for Professional practice in Psychology (EPPP), which would add a competency component to the current EPPP. Future meetings of the board will include discussion of the development of the competency part and its impact on Virginia.

### **Board of Social Work**

Mr. Salay was not present. There was no report for this Board.

### **Board of Veterinary Medicine**

Dr. Johnson provided an overview of the Boards activities since its last meeting. (Attachment 3)

**DRAFT**

**Election of Officers - Nominating Committee**

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**Presenter** Ms. Haynes, Chair

**Discussion**

The Nominating Committee met prior to the Full Board meeting to organize a slate of officers for today's Chair and Vice Chair elections. Dr. Johnson stated that Dr. Allen Jones, Jr., submitted interest in the Chair position and James Wells, RPh, submitted interest in the Vice Chair position. Due to lack of quorum this vote will be carried over to the February 25, 2019 Full Board meeting.

**New Business**

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**Presenter** Dr. Clayton-Jeter

No new business was discussed.

**February 25, 2019 Full Board Meeting**

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**Presenter** Dr. Clayton-Jeter

Dr. Clayton-Jeter announced the next Full Board meeting date as February 25, 2019.

**Adjourned**

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**Adjourned** 1:16 p.m.

**Chair** Helene Clayton-Jeter, OD

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Board Executive Director** Elizabeth A. Carter, Ph.D.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Virginia Board of Optometry  
Board of Health Professions Meeting  
December 4, 2018**

**Statistics**

**January 1 – December 4, 2018**

Board - 3	Committee - 0	Disciplinary - 5
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**Complaints (no further update)**

FY2016 Received - 13	FY2017 Received - 36	FY2018 Received - 42	Y-T-D FY2019 Received - 7
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**Licenses (in state/out of state based on address of record provided by licensee)**

Licensure renewal is currently underway. There was a fee reduction with this renewal and a change in expiration date. The expiration date is moved to March 31. This year’s renewal will result in a license that is valid for 15 months.

**FY2017**

Total - 1,921	TPA - 1,148/390	DPA - 27/90	Professional Designations - 266
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**Y-T-D as of 11/30/19**

Total - 1,948	TPA - 1,178/407	DPA - 21/84	Professional Designations - 258
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**Continuing Education**

Audit underway.

**Regulatory Changes**

The Board is promulgating regulations for and inactive optometry license.

**Board of Physical Therapy**

**Last Meeting:** November 13, 2018

**Current Items of Interest:**

- **PT Licensure Compact** - In May, the Board voted to pursue legislation to enact the Physical Therapy Licensure Compact. This legislation would allow agreement between member states to improve access to physical therapy services for the public by increasing the mobility of eligible physical therapy providers to work in multiple states. The Board has received word that this legislation will be in the Governor's Legislative Package for 2019.
- In October, the Board received the 2018 Excellence in Regulation Award from the Federation of State Boards of Physical Therapy (FSBPT). The Board was one of two states chosen for the award.
- In November, the Board received training from Kim Small and Neal Kauder from Visual Research, Inc., regarding the Board's updated Sanctioning Reference Points (SRP) worksheets. The Board voted to make slight changes to the manual, which is being updated for use.
- The Board has initiated the periodic review process for its regulations related to the practice of physical therapy, as well as the Board's public participation guidelines.

**Virginia Board of Veterinary Medicine  
Board of Health Professions Meeting  
December 4, 2018**

**Statistics**

Next scheduled meeting is November 6, 2018.

**Complaints (62 additional cases equates to a 31.5% increase; complexity of cases have also increased)**

FY2016 Received – 197	FY2017 Received - 259	FY2018 Received - 217	Y-T-D FY2019 Received - 76
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**Licenses (in state/out of state based on address of record provided by licensee)**

Renewal currently underway.

Type of Licensee	Total # of Licensees	In-State Address Active/Inactive	Out-of-State Address Active/Inactive
Veterinarian	4,458	3234/56	946/222
Veterinary Technician	2,318	1,986/43	253/28
Equine Dental Technician	26	17/0	9/0
Veterinary Establishment Stationary & Ambulatory	1156		

**Continuing Education**

Continuing education (CE) audit is complete.

**Inspection Update**

Starting in January, the routine inspection process will focus on the most frequent types of violations, which are related to drug stocks and surgical suites. Focused inspection will be a better utilization of resources and improve efficiency of the inspection process. A focused inspection will not preclude and inspection from citing a violation related to other areas.

**Legislation of Interest**

The Board continues to oversee the new PMP reporting requirements for veterinarians. There are 1,163 veterinarians with a current, active license that have not completed a waiver or registered to report to the PMP. The Board is working with the PMP to resolved this issue.

**Staffing Update**

A Veterinary Review Coordinator has been added to board staff to help with the disciplinary caseload. The VRC has been delegated authority by the Board to make probable cause decisions for cases involving impairment, facility inspections violations, non-compliance with a board order and PMP reporting.

The next board meeting is scheduled for March 7, 2017.

# Legislative and Regulatory Report

**Report on Regulatory Actions  
Board of Long-Term Care Administrators  
(as of February 20, 2019)**

<b>Board</b>	<b>Board of Long-Term Care Administrators</b>	
Chapter	Action / Stage Information	
18 VAC 95 - 20	Regulations Governing the Practice of Nursing Home Administrators	Periodic review [Action 4723]
18VAC95-30	Regulations Governing the Practice of Assisted Living Facility Administrators	Final - Register Date: 2/4/19 Effective: 3/6/19



**Report of the 2019 General Assembly**  
**Board of Long-Term Care Administrators**

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**HB 1815 Assisted living facilities; emergency electrical power source, disclosure to prospective residents.**

*Chief patron:* Hope

*Summary as passed:*

**Assisted living facilities; emergency electrical power source; disclosure to prospective residents.** Directs the State Board of Social Services to adopt regulations that require assisted living facilities to disclose to each prospective resident, or his legal representative, in writing in a document provided to the prospective resident or his legal representative and as evidenced by the written acknowledgement of the resident or his legal representative, whether the facility has an on-site emergency electrical power source for the provision of electricity during an interruption of the normal electric power supply and, if the assisted living facility does have an on-site emergency electrical power source, (i) the items for which such on-site emergency electrical power source will supply power in the event of an interruption of the normal electric power supply and (ii) whether staff of the assisted living facility have been trained to maintain and operate such on-site emergency electrical power source to ensure the provision of electricity during an interruption of the normal electrical power supply. The bill also provides that an on-site emergency electrical power source shall include both permanent on-site emergency electrical power sources and portable on-site emergency electrical power sources, provided such portable on-site emergency electrical power source remains on the premises of the assisted living facility at all times.

02/19/19 House: Enrolled

02/19/19 House: Bill text as passed House and Senate (HB1815ER)

02/19/19 House: Impact statement from DPB (HB1815ER)

02/19/19 House: Signed by Speaker

02/20/19 Senate: Signed by President

**HB 1828 Sale of caskets; preneed arrangements for funeral services.**

*Chief patron:* Orrock

*Summary as passed House:*

**Funeral services; sale of caskets.** Prohibits any person except a licensed funeral service establishment or funeral service licensee from offering for sale or selling a casket when preneed arrangements for funeral services are being made, including preneed funeral contracts and

preneed funeral planning. The bill provides that the requirement that a funeral service licensee accept a casket provided by a third party applies only in cases in which funeral arrangements are made at-need. This bill is identical to SB 1247.

02/19/19 House: Enrolled

02/19/19 House: Bill text as passed House and Senate (HB1828ER)

02/19/19 House: Impact statement from DPB (HB1828ER)

02/19/19 House: Signed by Speaker

02/20/19 Senate: Signed by President

### **HB 1952 Patient care team; podiatrists and physician assistants.**

*Chief patron:* Campbell, J.L.

*Summary as passed House:*

#### **Patient care team podiatrist definition; physician assistant supervision requirements.**

Establishes the role of "patient care team podiatrist" as a provider of management and leadership to physician assistants in the care of patients as part of a patient care team. The bill modifies the supervision requirements for physician assistants by establishing a patient care team model. The bill directs the Board of Medicine to adopt emergency regulations to implement the provisions of the bill and is identical to SB 1209.

02/13/19 House: Impact statement from DPB (HB1952ER)

02/13/19 House: Signed by Speaker

02/14/19 Senate: Signed by President

02/15/19 House: Enrolled Bill communicated to Governor on February 15, 2019

02/15/19 Governor: Governor's Action Deadline Midnight, February 22, 2019

### **HB 1970 Telemedicine services; payment and coverage of services.**

*Chief patron:* Kilgore

*Summary as passed House:*

**Telemedicine services; coverage.** Requires insurers, corporations, or health maintenance organizations to cover medically necessary remote patient monitoring services as part of their coverage of telemedicine services to the full extent that these services are available. The bill defines remote patient monitoring services as the delivery of home health services using telecommunications technology to enhance the delivery of home health care, including monitoring of clinical patient data such as weight, blood pressure, pulse, pulse oximetry, blood glucose, and other condition-specific data; medication adherence monitoring; and interactive video conferencing with or without digital image upload. The bill requires the Board of Medical Assistance Services to include in the state plan for medical assistance services a provision for the payment of medical assistance for medically necessary health care services provided through telemedicine services.

02/15/19 House: Impact statement from DPB (HB1970ER)  
02/15/19 House: Signed by Speaker  
02/15/19 Senate: Signed by President  
02/19/19 House: Enrolled Bill communicated to Governor on February 19, 2019  
02/19/19 Governor: Governor's Action Deadline Midnight, March 25, 2019

**HB 1971 Health professions and facilities; adverse action in another jurisdiction.**

*Chief patron:* Stolle

*Summary as introduced:*

**Health professions and facilities; adverse action in another jurisdiction.** Provides that the mandatory suspension of a license, certificate, or registration of a health professional by the Director of the Department of Health Professions is not required when the license, certificate, or registration of a health professional is revoked, suspended, or surrendered in another jurisdiction based on disciplinary action or mandatory suspension in the Commonwealth. The bill extends the time by which the Board of Pharmacy (Board) is required to hold a hearing after receiving an application for reinstatement from a nonresident pharmacy whose registration has been suspended by the Board based on revocation or suspension in another jurisdiction from not later than its next regular meeting after the expiration of 30 days from receipt of the reinstatement application to not later than its next regular meeting after the expiration of 60 days from receipt of the reinstatement application.

02/13/19 House: Impact statement from DPB (HB1971ER)  
02/13/19 House: Signed by Speaker  
02/14/19 Senate: Signed by President  
02/15/19 House: Enrolled Bill communicated to Governor on February 15, 2019  
02/15/19 Governor: Governor's Action Deadline Midnight, February 22, 2019

**HB 2035 Criminal history record information; screening individuals.**

*Chief patron:* Price

*Summary as passed House:*

**Dissemination of criminal history record information; Department of Medical Assistance Services; screening individuals.** Provides that home care organizations, hospices, behavioral health care providers, and community services boards may disclose to the Department of Medical Assistance Services information regarding (i) whether a criminal history background check has been performed on an employee or other person for whom a background check is required and (ii) whether the person is eligible for employment or to provide services.

02/13/19 House: Impact statement from DPB (HB2035ER)  
02/13/19 House: Signed by Speaker  
02/14/19 Senate: Signed by President

02/15/19 House: Enrolled Bill communicated to Governor on February 15, 2019  
02/15/19 Governor: Governor's Action Deadline Midnight, February 22, 2019

**HB 2228 Nursing and Psychology, Boards of; health regulatory boards, staggered terms.**

*Chief patron:* Bagby

*Summary as introduced:*

**Composition of the Boards of Nursing and Psychology; health regulatory boards; staggered terms.** Alters the composition of the Board of Nursing and replaces the requirement that the Board of Nursing meet each January with the requirement that it meet at least annually. The bill also removes specific officer titles from the requirement that the Board of Nursing elect officers from its membership. The bill replaces the requirement that a member of the Board of Psychology be licensed as an applied psychologist with the requirement that that position be filled by a member who is licensed in any category of psychology. The bill also provides a mechanism for evenly staggering the terms of members of the following health regulatory boards, without affecting the terms of current members: Board of Nursing, Board of Psychology, Board of Dentistry, Board of Long-Term Care Administrators, Board of Medicine, Board of Veterinary Medicine, Board of Audiology and Speech-Language Pathology, Board of Pharmacy, and Board of Counseling.

02/14/19 House: Impact statement from DPB (HB2228ER)  
02/14/19 House: Signed by Speaker  
02/14/19 Senate: Signed by President  
02/18/19 House: Enrolled Bill communicated to Governor on February 18, 2019  
02/18/19 Governor: Governor's Action Deadline Midnight, March 25, 2019

**HB 2457 Medicine, osteopathy, podiatry, or chiropractic, practitioners of; inactive license, charity care.**

*Chief patron:* Landes

*Summary as passed House:*

**Practitioners of medicine, osteopathy, podiatry, or chiropractic; retiree license.** Provides that the Board of Medicine may issue a retiree license to any doctor of medicine, osteopathy, podiatry, or chiropractic who holds a valid unrestricted license to practice in the Commonwealth upon receipt of a request and submission of the required fee. The bill provides that a person to whom a retiree license has been issued shall not be required to meet continuing competency requirements for the first biennial renewal of such license. The bill also provides that a person to whom a retiree license has been issued may only engage in the practice of medicine, osteopathy, podiatry or chiropractic for the purpose of providing charity care or in-home health care services to patients for whom travel is a barrier to receiving health care.

02/18/19 Senate: Engrossed by Senate as amended  
02/18/19 Senate: Passed Senate with amendments (40-Y 0-N)

02/19/19 House: Placed on Calendar  
02/19/19 House: Senate amendments agreed to by House (99-Y 0-N)  
02/19/19 House: VOTE: ADOPTION (99-Y 0-N)

**HB 2493 Topical drugs; administration by dental hygienists, physician assistants, and nurses.**

*Chief patron:* Tran

*Summary as introduced:*

**Administration of topical drugs; dental hygienists, physician assistants, and nurses.**

Authorizes a dental hygienist practicing under remote supervision to administer topical oral anesthetics, topical and directly applied antimicrobial agents for treatment of periodontal pocket lesions, and any other Schedule VI topical drug approved by the Board of Dentistry. Under current law, a dental hygienist must be practicing under general supervision to do so. Additionally, the bill authorizes a physician assistant, nurse, or dental hygienist to possess and administer topical fluoride varnish pursuant to an oral or written order or a standing protocol. Under current law, such possession and administration is limited to administration to children aged six months to three years and is required to conform to standards adopted by the Department of Health.

02/15/19 Senate: Constitutional reading dispensed (37-Y 0-N)  
02/18/19 Senate: Read third time  
02/18/19 Senate: Passed Senate (40-Y 0-N)  
02/21/19 House: Bill text as passed House and Senate (HB2493ER)  
02/21/19 House: Impact statement from DPB (HB2493ER)

**HB 2521 Assisted living facilities; staffing during overnight hours.**

*Chief patron:* Rasoul

*Summary as passed House:*

**Board of Social Services; regulations governing assisted living facilities; staffing during overnight hours.** Directs the Board of Social Services to amend regulations governing staffing of assisted living facility units with residents who have serious cognitive impairment due to a primary psychiatric diagnosis of dementia and are unable to recognize danger or protect their own safety and welfare to require that the following number of direct care staff members be awake and on duty during overnight hours: (i) when 22 or fewer residents are present, at least two direct care staff members; (ii) when 23 to 32 residents are present, at least three direct care staff members; (iii) when 33 to 40 residents are present, at least four direct care staff members; and (iv) when more than 40 residents are present, at least four direct care staff members plus at least one additional direct care staff member for every 10 residents or portion thereof in excess of 40 residents. This bill is identical to SB 1410.

02/19/19 House: Enrolled  
02/19/19 House: Bill text as passed House and Senate (HB2521ER)  
02/19/19 House: Impact statement from DPB (HB2521ER)  
02/19/19 House: Signed by Speaker  
02/20/19 Senate: Signed by President

**HB 2557 Drug Control Act; classifies gabapentin as a Schedule V controlled substance.**

*Chief patron:* Pillion

*Summary as passed:*

**Drug Control Act; Schedule V; gabapentin.** Classifies gabapentin as a Schedule V controlled substance. Current law lists gabapentin as a drug of concern. The bill also removes the list of drugs of concern from the Code of Virginia and provides that any wholesale drug distributor licensed and regulated by the Board of Pharmacy and registered with and regulated by the U.S. Drug Enforcement Administration shall have until July 1, 2020, or within 6 months of final approval of compliance from the Board of Pharmacy and the U.S. Drug Enforcement Administration, whichever is earlier, to comply with storage requirements for Schedule V controlled substances containing gabapentin.

02/15/19 House: Impact statement from DPB (HB2557ER)  
02/15/19 House: Signed by Speaker  
02/15/19 Senate: Signed by President  
02/19/19 House: Enrolled Bill communicated to Governor on February 19, 2019  
02/19/19 Governor: Governor's Action Deadline Midnight, March 25, 2019

**HB 2559 Electronic transmission of certain prescriptions; exceptions.**

*Chief patron:* Pillion

*Summary as passed House:*

**Electronic transmission of certain prescriptions; exceptions.** Provides certain exceptions, effective July 1, 2020, to the requirement that any prescription for a controlled substance that contains an opioid be issued as an electronic prescription. The bill requires the licensing health regulatory boards of a prescriber to grant such prescriber a waiver of the electronic prescription requirement for a period not to exceed one year due to demonstrated economic hardship, technological limitations that are not reasonably within the control of the prescriber, or other exceptional circumstances demonstrated by the prescriber. The bill provides that a dispenser is not required to determine whether one of the exceptions applies when he receives a non-electronic prescription for a controlled substances containing opioids. The bill requires the Boards of Medicine, Nursing, Dentistry, and Optometry to promulgate regulations to implement the prescriber waivers. Finally, the bill requires the Secretary of Health and Human Resources to convene a work group to identify successes and challenges of the electronic prescription requirement and offer possible recommendations for increasing the electronic prescribing of

controlled substances and to report to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health by November 1, 2022.

02/15/19 Senate: Constitutional reading dispensed (37-Y 0-N)

02/18/19 Senate: Read third time

02/18/19 Senate: Passed Senate (40-Y 0-N)

02/21/19 House: Bill text as passed House and Senate (HB2559ER)

02/21/19 House: Impact statement from DPB (HB2559ER)

### **HB 2693 Qualified mental health professionals; regulations for registration.**

*Chief patron:* Price

*Summary as introduced:*

**Qualified mental health professionals.** Requires the Board of Counseling to promulgate regulations for the registration of persons receiving supervised training in order to qualify as a qualified mental health professional. The bill defines the terms "qualified mental health professional-adult," "qualified mental health professional-child," and "qualified mental health professional-trainee." This bill is identical to SB 1694.

02/14/19 House: Impact statement from DPB (HB2693ER)

02/14/19 House: Signed by Speaker

02/15/19 Senate: Signed by President

02/18/19 House: Enrolled Bill communicated to Governor on February 18, 2019

02/18/19 Governor: Governor's Action Deadline Midnight, March 25, 2019

### **SB 1077 Assisted living facility; Board of Social Service to amend certain regulations.**

*Chief patron:* Howell

*Summary as passed Senate:*

**Assisted living facility; temporary emergency electrical power source.** Requires the State Board of Social Services to amend its regulations governing emergency preparedness and response plans and temporary emergency electrical power sources of assisted living facilities to require the following: (i) any assisted living facility that is equipped with an on-site emergency generator shall (a) include in its emergency preparedness and response plan a description of the emergency generator's capacity to provide sufficient power for certain functions and (b) test such emergency generator monthly and (ii) any assisted living facility that is not equipped with an on-site emergency generator shall (a) enter into an agreement with a vendor capable of providing the assisted living facility with an emergency generator, (b) enter into at least one agreement with a backup vendor, and (c) have its temporary emergency electrical power source connection tested at the time of installation and every two years thereafter.

02/12/19 Senate: Impact statement from DPB (SB1077ER)  
02/12/19 House: Signed by Speaker  
02/13/19 Senate: Signed by President  
02/14/19 Senate: Enrolled Bill Communicated to Governor on February 14, 2019  
02/14/19 Governor: Governor's Action Deadline Midnight, February 21, 2019

**SB 1106 Physical therapists & physical therapist assistants; licensure, Physical Therapy Licensure Compact.**

*Chief patron:* Peake

*Summary as introduced:*

**Licensure of physical therapists and physical therapist assistants; Physical Therapy Licensure Compact.** Authorizes Virginia to become a signatory to the Physical Therapy Licensure Compact. The Compact permits eligible licensed physical therapists and physical therapist assistants to practice in Compact member states, provided they are licensed in at least one member state. In addition, the bill requires each applicant for licensure in the Commonwealth as a physical therapist or physical therapist assistant to submit fingerprints and provide personal descriptive information in order for the Board to receive a state and federal criminal history record report for each applicant. The bill has a delayed effective date of January 1, 2020, and directs the Board of Physical Therapy to adopt emergency regulations to implement the provisions of the bill.

02/18/19 Senate: Impact statement from DPB (SB1106ER)  
02/18/19 House: Signed by Speaker  
02/19/19 Senate: Signed by President  
02/20/19 Senate: Enrolled Bill Communicated to Governor on February 20, 2019  
02/20/19 Governor: Governor's Action Deadline Midnight, March 25, 2019

**SB 1167 Medicaid recipients; treatment involving opioids or opioid replacements, payment.**

*Chief patron:* Chafin

*Summary as passed Senate:*

**Medicaid recipients; treatment involving opioids or opioid replacements; payment.**

Prohibits health care providers licensed by the Board of Medicine from requesting or requiring a patient who is a recipient of medical assistance services pursuant to the state plan for medical assistance to whom health care services involving (i) the prescription of an opioid for the management of pain or (ii) the prescription of buprenorphine-containing products, methadone, or other opioid replacements approved for the treatment of opioid addiction by the U.S. Food and Drug Administration for medication-assisted treatment of opioid addiction are provided to pay costs associated with the provision of such service out-of-pocket, unless such provider has received (a) a rejection of prior authorization, (b) a rejection of a submitted claim, or (c) a written denial of reimbursement for such service from the Department of Medical Assistance Services (DMAS). The bill also requires every provider who does not accept payment



from DMAS for health care services and provides certain health care services to a patient who is a recipient of medical assistance services to provide notice to the patient that (1) the Commonwealth's program of medical assistance services covers the health care services and DMAS will pay for the health care services and (2) the provider does not participate in the Commonwealth's program of medical assistance and will not accept payment from DMAS for the health care services.

02/18/19 Senate: Impact statement from DPB (SB1167ER)

02/18/19 House: Signed by Speaker

02/19/19 Senate: Signed by President

02/20/19 Senate: Enrolled Bill Communicated to Governor on February 20, 2019

02/20/19 Governor: Governor's Action Deadline Midnight, March 25, 2019

### **SB 1409 Assisted living facilities; requirement for licensed administrator.**

*Chief patron:* Mason

*Summary as passed Senate:*

**Assisted living facilities; requirement for licensed administrator.** Increases from one to two the amount of times a licensed assisted living facility may operate under the supervision of an acting administrator during any two-year period.

02/18/19 Senate: Impact statement from DPB (SB1409ER)

02/18/19 House: Signed by Speaker

02/19/19 Senate: Signed by President

02/20/19 Senate: Enrolled Bill Communicated to Governor on February 20, 2019

02/20/19 Governor: Governor's Action Deadline Midnight, March 25, 2019

### **SB 1439 Death certificates; medical certification, electronic filing.**

*Chief patron:* McClellan

*Summary as passed Senate:*

**Death certificates; medical certification; electronic filing.** Requires the completed medical certification portion of a death certificate to be filed electronically with the State Registrar of Vital Records through the Electronic Death Registration System and provides that, except for under certain circumstances, failure to file a medical certification of death electronically through the Electronic Death Registration System shall constitute grounds for disciplinary action by the Board of Medicine. The bill includes a delayed effective date of January 1, 2020, and a phased-in requirement for registration with the Electronic Death Registration System and electronic filing of medical certifications of death for various categories of health care providers. The bill directs the Department of Health to work with stakeholders to educate and encourage physicians, physician assistants, and nurse practitioners to timely register with and utilize the Electronic Death Registration System.

02/18/19 Senate: Impact statement from DPB (SB1439ER)  
02/18/19 House: Signed by Speaker  
02/19/19 Senate: Signed by President  
02/20/19 Senate: Enrolled Bill Communicated to Governor on February 20, 2019  
02/20/19 Governor: Governor's Action Deadline Midnight, March 25, 2019

**SB 1719 Cannabidiol oil and THC-A oil; registered agents and pharmaceutical processors.**

*Chief patron:* Marsden

*Summary as passed Senate:*

**Cannabidiol oil and THC-A oil; registered agents and pharmaceutical processors.**

Authorizes a patient or, if such patient is a minor or an incapacitated adult, such patient's parent or legal guardian to designate an individual to act as his registered agent for the purposes of receiving cannabidiol oil or THC-A oil pursuant to a valid written certification. Such designated individual is required register with the Board of Pharmacy (Board). The bill authorizes the Board to set a limit on the number patients for whom any individual is authorized to act as a registered agent. The bill authorizes a pharmaceutical processor to dispense cannabidiol oil or THC-A oil to such registered agent and provides such registered agent an affirmative defense for possession of cannabidiol oil or THC-A oil.

The bill authorizes a pharmaceutical processor, in addition to other employees authorized by the Board, to employ individuals (i) to perform cultivation-related duties under the supervision of an individual who has received a degree in horticulture or a certification recognized by the Board or who has at least two years of experience cultivating plants and (ii) to perform extraction-related duties under the supervision of an individual who has a degree in chemistry or pharmacology or at least two years of experience extracting chemicals from plants.

The bill directs the Board to promulgate regulations regarding the wholesale distribution of and transfer of cannabidiol oil or THC-A oil between pharmaceutical processors and removes a requirement that a pharmaceutical processor only dispense cannabidiol oil or THC-A oil cultivated and produced on-site. The bill provides that a pharmaceutical processor may begin cultivation upon being issued a permit by the Board.

The bill provides that the concentration of tetrahydrocannabinol in any THC-A oil on site at a pharmaceutical processor may be up to 10 percent greater than or less than the level of tetrahydrocannabinol measured for labeling. Finally, the bill requires the Board of Pharmacy to promulgate regulation to implement the provisions of the bill within 280 of its enactment.

02/18/19 Senate: Impact statement from DPB (SB1719ER)  
02/18/19 House: Signed by Speaker  
02/19/19 Senate: Signed by President  
02/20/19 Senate: Enrolled Bill Communicated to Governor on February 20, 2019  
02/20/19 Governor: Governor's Action Deadline Midnight, March 25, 2019

# Guidance Documents



# COMMONWEALTH of VIRGINIA

*Department of Health*

E. Anne Peterson, M.D., M.P.H.  
State Health Commissioner

Center for  
Quality Health Care Services and  
Consumer Protection

For The Hearing Impaired  
TDD 1-800-828-1120

Suite 216, 3600 W. Broad St.  
Richmond, Virginia 23230-4920  
FAX 1-804-367-2149

April 17, 2000

## MEMORANDUM

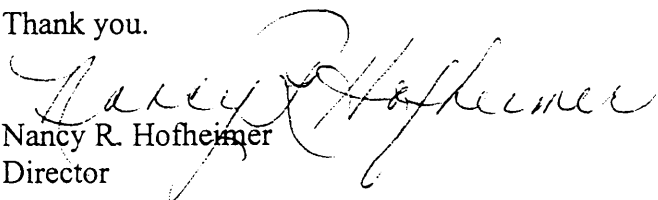
Dear Colleague:

Not long ago, we had occasion to remind our federally certified licensed nursing facilities of their obligation to report, to this office, incidences of resident mistreatment, neglect, abuse, and/or misappropriation of personal property occurring on their premises. This is one of the requirements for receiving federal reimbursement. Along with the requirements for reporting these incidences, the mailing also contained attachments describing other reportable categories and definitions.

During a recent meeting with a constituent group, we were requested to also provide this information to our sister agencies so there would be common understanding of definitions and terms used to identify resident mistreatment episodes in long-term care facilities. A copy of the memorandum has been enclosed. I am requesting its distribution to your staff.

If there are questions or concerns related to the memorandum or a facility's responsibility to report resident mistreatment, please feel free to contact the Center's Complaint Unit at (804) 367-2122.

Thank you.

  
Nancy R. Hofheimer  
Director

NRH/CCE

xc: Connie Kane, Director – Long Term Care  
Long-term Care and Complaint Supervisors

DIRECTOR  
(804) 367-2102

ACUTE CARE  
(804) 367-2104

COPN  
(804) 367-2126



COMPLAINTS  
1-800-955-1819

LONG TERM CARE  
(804) 367-2100

## BASIC DEFINITIONS

**ABUSE** includes, but is not limited to, the following:

### A. Physical Abuse

- 1) Striking the resident with a part of the body or with an object; nontherapeutic shoving, pushing, pulling, or twisting any part of the resident's body; burning; or sticking a resident with an object.
- 2) Physical contact intentionally or through carelessness that results in or is likely to result in death, physical injury, pain or psychological harm to the resident. Indications of psychological harm include a noticeable level of fear, anxiety, agitation or emotional distress in the resident.
- 3) Use of any restraints, involuntary seclusion, or isolation of a resident as a method of punishing a resident.
- 4) Use of any restraints in an unreasonable manner, such as tying the hands or legs together.
- 5) Use of physical restraints for prolonged periods of time.
- 6) Acts of physical retaliation, even in response to a physical attack.

**NOTE:** Accidental injury due to self-defense or to prevent injury to another resident would not normally be considered abuse. An example would be a skin tear occurring when a staff member grabbed a resident's wrist to prevent the resident from striking the staff member or another resident.

### B. Verbal Abuse

- 1) Statements made to a resident which result in ridicule or humiliation of the resident. Inappropriate verbal reaction to a resident's attack would not necessarily be considered abuse unless the staff member had a pattern of responding this way. Non-malicious teasing does not constitute verbal abuse unless it causes the resident to feel degraded.
- 2) Any use of oral, written or gestured language that includes cursing, disparaging and derogatory terms to other residents or visitors within hearing range, to describe residents, regardless of their age, ability to comprehend, or disability.

Basic Definitions, con't.

**C. Sexual Abuse**

- 1) Sexual harassment.
- 2) Sexual coercion.
- 3) Sexual assault or allowing a resident to be sexually abused by another.
- 4) Inciting any of the above.

**D. Psychological/Emotional Abuse**

- 1) Humiliation, harassment, malicious teasing, threats of punishment or deprivation.
- 2) Not giving reasonable consideration to a resident's wishes; unreasonably restricting contact with family, friends or other residents; or ignoring resident needs for verbal and emotional contact.
- 3) Violation of a resident's right to confidentiality by discussing a resident's condition, treatment or personal affairs with anyone who does not have a right to such information.

**E. Neglect**

- 1) Failure to provide adequate nutrition and fluids.
- 2) Failure to take precautionary measures to protect the health and safety of the resident.
- 3) Intentional lack of attention to physical needs including, but not limited to, toileting and bathing.
- 4) Failure to provide services that result in harm to the resident, such as not turning a bedfast resident or leaving a resident in a soiled bed.
- 5) Failure or refusal to provide a service for the purpose of punishing or disciplining a resident, unless withholding of a service is being used as part of a documented integrated behavioral management program.
- 6) Failure to notify a resident's legal representative in the event of a significant change in the resident's physical, mental or emotional condition that a prudent person would recognize.

Basic Definitions, con't.

- 7) Failure to notify a resident's legal representative in the event of an incident involving the resident, such as failure to report a fall or a conflict between residents that result in injury or possible injury.
- 8) Failure to report observed or suspected abuse, neglect or misappropriation of resident property to the proper authorities.
- 9) Failure to adequately supervise a resident known to wander from the facility without staff knowledge.

NOTE: Such things as failure to comb a resident's hair on occasion would not necessarily constitute a **reportable** incidence of neglect. However, continued omission in providing daily care and/or failure to address and resolve the omission could constitute neglect.

**F. Misappropriation of Personal Property**

- 1) Theft or attempted theft of a resident's money or personal property.
- 2) Theft of a resident's medication.
- 3) Inappropriate use of resident funds or property.
- 4) Use of a resident's telephone without their expressed permission.



# COMMONWEALTH of VIRGINIA

Department of Health

E. Anne Peterson, M.D., M.P.H.  
State Health Commissioner

Center for  
Quality Health Care Services and  
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For The Hearing Impaired  
TDD 1-800-828-1120

Suite 216, 3600 W. Broad St.  
Richmond, Virginia 23230-4920  
FAX 1-804-367-2149

April 5, 2000

## MEMORANDUM

TO: Federally Certified Nursing Facilities

FROM: Nancy R. Hofheimer  
Director

SUBJECT: Facility Reported Incidences

As you know, in order for a facility to receive federal reimbursement from Medicare and/or Medicaid, the facility is expected to follow certain criteria established by the Health Care Financing Administration (HCFA). One of those criteria is known as the Facility Reported Incident or FRI (42 CFR 483.13(c) and Tag 226 of Appendix P). It is apparent, however, that facilities are not fully complying with HCFA's criteria.

We recommend that each facility review and revise, where appropriate, their policies, protocols and practices to ensure compliance with federal requirements. In addition, survey staff have been instructed to carefully adhere to Survey Protocol 5G, "Abuse Prohibition Review," of Appendix P to assure that facilities are in compliance with the requirements.

A facility is expected to implement written policies and procedures that prohibit resident mistreatment, neglect, abuse, and/or misappropriation of personal property. When alleged violations involving resident mistreatment, neglect, abuse, and/or misappropriation of personal property occur, a facility is required to self report those incidences immediately to the Center and to any other state officials as required by state law<sup>1</sup>. Reports are to be faxed (804/367-2804) to the Complaint Unit of the Center.

<sup>1</sup> In addition to the Center, facilities are required to file reports with: i) the Department of Health Professions (DHP) for incidences involving nurse aides, RNs, LPNs, physicians, or other persons licensed or certified by DHP, ii) Adult Protective Services of the Department of Social Services for any suspicions of resident abuse, mistreatment or neglect; and iii) the appropriate local law enforcement authorities (i.e., police or sheriff's office) for any incident of resident abuse, mistreatment, neglect or misappropriation of personal property. For questions regarding reporting criteria of other state agencies or local jurisdictions, the facility should contact that particular agency or jurisdiction.

DIRECTOR  
(804) 367-2102

ACUTE CARE  
(804) 367-2104

COPN  
(804) 367-2126

**VDH** VIRGINIA  
DEPARTMENT  
OF HEALTH  
Protecting You and Your Environment

COMPLAINTS  
1-800-955-1819

LONG TERM CARE  
(804) 367-2100



After an initial report of the incident, the facility must investigate the incident, implement corrective action, and file a written report of the completed investigation to the *Center within 5 working days of the incident*. These reports are reviewed by Center staff to verify that appropriate corrective action was taken to guard against the incident happening again. Decisions about further investigation by the Center, either administrative review or onsite survey, vary according to several factors, including, but not limited to: i) the nature and severity of the incident, ii) the facility's response, and iii) the frequency of such reports from a facility.

Included in this mailing are "Other Reportable Categories;" definitions for abuse, neglect and misappropriation of property; and "Reporting of Abuse and Injuries of Unknown Origin," a chart that summarizes the reporting criteria. This information is intended as additional reference that may be helpful in determining whether a *reportable event* has occurred. This material is not all-inclusive. We expect facilities to follow best practices and good clinical protocols in determining whether to report an incident.

For questions regarding material contained herein, the facility should contact the Complaint Unit at (804) 367-2122.

Thank you.

NRH/CCE

xc: M. Melton, Vice President, Virginia Association of Nonprofit Homes for the Aging  
B. Soble, Vice President, Virginia Health Care Association  
S. Ward, Vice President, Virginia Hospital & Healthcare Association  
C. Kane, Director – Long-Term Care  
C. Eddy, Policy Analyst  
C. McLennan, Training Coordinator  
LTC and Complaint Supervisors  
LTC and Complaint Inspectors

## Other Reportable Categories

### **Allegations of Resident Neglect, Abuse, or Misappropriation of Property by Staff Providing Services to a Resident.**

Facilities must report all alleged or suspected instances of mistreatment when facility staff is suspected of mistreatment, neglect, abuse (including injuries of unknown origin), or misappropriation of resident property. Facility staff includes any employee, volunteer, or contractor of the facility such as facility administrators, administrative staff, physicians, RNs, LPNs, nurse aides, podiatrists, dentists, beauticians, housekeepers, dietary, laundry, maintenance staff, and laboratory personnel.

### **Injuries of Unknown Origin**

Injuries of unknown origin should be handled the same as an allegation of mistreatment, neglect or abuse and must be reported to the Center if there is reasonable cause to believe or suspect that an injury has been inflicted upon a resident by a nurse aide or other facility staff. If there is no reasonable cause to believe or suspect that an injury has been inflicted upon a resident or that the resident has been neglected, then the facility does not have to report the incident. The facility must establish a protocol or procedure for determining whether injuries such as skin tears, bruises, abrasions and other events occurring in the facility are abusive or neglectful or whether these occurrences are unavoidable.

NOTE: The facility is not relieved of its responsibility to investigate the incident, regardless of the circumstances, and complete a report. Facility documentation should support the decision not to report a specific incident or accident to the Center. If, in the course of an investigation, the facility determines that the incident is reportable, the facility is expected to file a report with the Center.

### **Resident to Resident**

Resident to resident altercations do not have to be reported *if the facility takes immediate and appropriate actions* to intervene in the situation and provides sufficient supervision and monitoring to limit the probability of recurrence. Residents who are abusive to other residents must be monitored and must have a care plan that addresses the abusive behavior. Those who are victims of abuse must be protected from further injury or mental anguish.

NOTE: Resident to resident altercations in which a resident is injured and requires physician intervention and/or transfer or discharge to a hospital must be reported to the Center.

### **Facility Visitor to Resident Abuse**

Individuals visiting the facility and who are abusive to, or mistreat, residents must be monitored and the resident or residents must be protected to assure that further abuse or mistreatment does not occur. In all cases of visitor to resident abuse, mistreatment, or misappropriation of property, the appropriate law enforcement agency must be notified.

Other Reportable Categories, con't.

### **Unusual Occurrences**

CQHCCP recommends facilities add unusual incidents or occurrences to their reporting criteria and report any such occurrences *immediately*. Examples of unusual occurrences include:

- Any event involving a resident that is likely to result in legal action;
- Medication errors that result in the resident being hospitalized or dying;
- Suicides - attempted or successful;
- Death or serious injury associated with the use of restraints;
- Ingestion of toxic substances requiring medical intervention;
- Accidents or injuries of known origin that are unusual, such as a resident falling out of a window, a resident exiting the nursing home and sustaining an injury on facility property, or a resident being burned;
- A resident procuring and ingesting enough medication to result in an overdose; and
- Any unusual event involving a resident or residents that may result in media coverage.

**REPORTING OF ABUSE AND INJURIES OF UNKNOWN ORIGIN**

<b>INCIDENT:</b>	<b>REPORT TO CQHCCP:</b>
INJURY OF UNKNOWN SOURCE	Yes
MISAPPROPRIATION OF RESIDENT PROPERTY	Yes
NEGLECT	Yes
MISTREATMENT	Yes
<b>ABUSE:</b>	
Resident-Resident (no physician contact/intervention)	Varies by situation
Resident-Resident (physician contact/intervention)	Yes
Nurse Aide-Resident	Yes
Other persons on the facility's staff	Yes
Family/Visitor to Resident (no physician contact/intervention)	Varies by situation
Family/Visitor to Resident (physician contact/intervention)	Yes
UNUSUAL EVENTS	Yes

<b>REPORTING TO CQHCCP/VDH:</b>	<b>HOW:</b>	<b>WHEN:</b>
Initial Report of Incident	Faxed to 804/367-2804	Immediately
Results of Investigation	Written	5 Working Days

**Reports to VDH/CQHCCP**  
 Fax: 804/367-2804  
**Virginia Department of Health**  
 Center for Quality Health Care Services and Consumer Protection  
 3600 Centre - Suite 216, 3600 West Broad Street  
 Richmond, Virginia 23230

**Memorandum of Understanding**  
between  
**The Virginia Department of Health  
Office of Licensure and Certification**  
and  
**The Virginia Department of Health Professions  
The Board of Long-Term Care Administrators**

This is a general memorandum of understanding between the Virginia Department of Health, Office of Licensure and Certification and the Virginia Department of Health Professions, Board of Long-Term Care Administrators.

**PURPOSE**

The purpose of the memorandum is to establish methods for exchange of information that will maximize cooperation between two regulatory authorities in promoting the delivery of quality care and effectively ensuring protection of the health, safety and welfare of residents of nursing homes and other long term care facilities.

**AUTHORITY**

The statutory authority for the Virginia Department of Health, Office of Licensure and Certification is found in Articles 1 and 2, Chapter 5, Title 32.1 of the Code of Virginia.

The statutory authority for the Virginia Department of Health Professions is found in Chapters 1, 24 and 25 of Title 54.1 of the Code of Virginia.

The statutory authority for the Virginia Board of Long-Term Care Administrators is found in Chapter 31 of Title 54.1 of the Code of Virginia.

**UNDERSTANDING**

The Director, Office of Licensure and Certification agrees to provide the Executive Director, Board of Long-Term Care Administrators with the following information:

1. A copy of any written notification from the State Health Commissioner to any licensed nursing home of the Department's intent to take adverse action that will limit, restrict or prohibit nursing home operations, including but not limited to, actions to restrict new admissions or to suspend or revoke a license. The information transmitted will include documentation that caused action by the Commissioner.

2. A copy of any written notification from the Director of the Office of Licensure and Certification to any licensed nursing home of the intent of the Centers for Medicare & Medicaid Services (CMS) or the Department of Medical Assistance Services (DMAS) to take adverse action that will limit or prohibit certification under the Medicare and/or Medicaid program, including but not limited to substandard quality of care, restriction on new admissions, or involuntary termination. The information transmitted will include a copy of the survey findings that caused such action.
3. All pertinent information pertaining to the long term care facility during the administrator's tenure at the facility, upon receipt of a complaint or upon initiation of an investigation by the Department of Health Professions.
4. Any information and documentation the Director deems necessary to refer to the Board of Long-Term Care Administrators for review on any specific licensed nursing home or Medicare/Medicaid certified long-term care facility that has a history of recurring violations or confirmed complaints.
5. Technical assistance and consultation when requested, on matters of mutual interest and concern to both agencies.

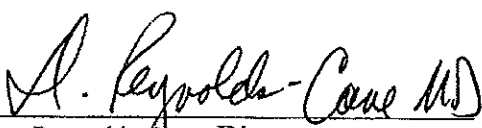
The Executive Director of the Board of Long-Term Care Administrators (Department of Health Professions) will provide the Office of Licensure and Certification (Department of Health) with the following:

1. Written notification of suspension, revocation or voluntary surrender of an individual's Nursing Home Administrator license.
2. Documentation of findings of any complaint or other investigation of a Long Term Care Administrator conducted by the Department of Health Professions that affects the delivery of patient care in a specific nursing home.
3. Technical assistance and consultation when requested, on matters of mutual interest and concern to both agencies.

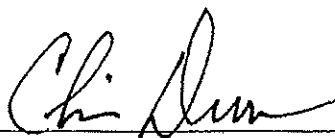
Both agencies further agree to periodically review the contents of this memorandum at least every four years and reserve the right to request revisions. The memorandum shall take effect on the latest date it is signed by designated representatives of both agencies. Both agencies reserve the right to cancel the memorandum after giving 60 days written notice to the other agency.

  
\_\_\_\_\_  
Dr. Karen Remley  
State Health Commissioner

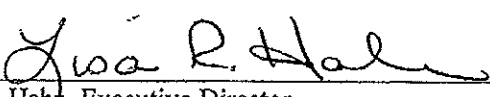
7/29/11  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Dr. Dianne Reynolds-Cane, Director  
Department of Health Professions

7-6-11  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Chris Durrer, Director  
Office of Licensure & Certification  
Virginia Department of Health

July 8, 2011  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Lisa R. Hahn, Executive Director  
Board of Long-Term Care Administrators

7.6.11  
\_\_\_\_\_  
Date

**Memorandum of Understanding  
Between  
The Virginia Department of Health Professions  
Board of Long Term Care Administrators  
And  
The Virginia Department of Social Services  
Division of Licensing Programs**

This is a general memorandum of understanding between the Virginia Department of Health Professions, Board of Long Term Care Administrators and The Virginia Department of Social Services, Division of Licensing Programs.

**PURPOSE**

The purpose of this memorandum is to establish methods for exchange of information that will maximize cooperation between two regulatory authorities in promoting the delivery of quality care and effectively ensuring protection of the health, safety and welfare of residents of assisted living facilities.

**PERIOD**

This agreement shall become effective upon final execution and will expire in five years from the effective date. We will review the agreement at that time and make any changes necessary. Both agencies reserve the right to cancel the memorandum after giving 60 days written notice to the other agency.

**AUTHORITY**

The Statutory authority for the Virginia Department of Social Services Division of Licensing Programs is found in Chapters 17 & 18, Title 63.2 of the Code of Virginia.

The Statutory authority for the Virginia Department of Health Professions is found in Chapters 1, 24 & 25 of Title 54.1 of the Code of Virginia.

The Statutory authority for the Virginia Board of Long Term Care Administrators is found in Chapter 31 of title 54.1 of the Code of Virginia.

**UNDERSTANDING**

The Director of the Department of Social Services, Division of Licensing Programs, agrees to provide the Executive Director of the Board of Long Term Care Administrators with the following information:

- 1) A copy of any Department of Social Services notification to any Assisted Living Facility of their intent to take adverse action that will limit, restrict or prohibit facilities operations, including but not limited to, actions to restrict new admissions or



to suspend or revoke a license. The information transmitted will include documentation that caused action by the Department.

- 2) A copy of any written notifications that an Assisted Living Facility is being operated by an unlicensed administrator.
- 3) A copy of any written notification that a sanction is being imposed for egregious conduct on part of an administrator.
- 4) Upon receipt of a complaint or upon initiation of an investigation by the Department of Social Services, Division of Licensing Programs shall provide, promptly upon request, all available information as to the history of the assisted living facility where the administrator is employed.
- 5) The Director agrees to provide technical assistance and consultation when requested, on matters of mutual interest and concern to both agencies.

The Board of Long Term Care Administrators (Department of Health Professions) will provide the Division of Licensing Programs (Department of Social Services) with the following:

- 1) Written notification of revocation of an individual's Assisted Living Facility Administrators license.
- 2) Report all actions taken by the Board of Long Term Care Administrators involving disciplinary action to the Division of Licensing Programs.
- 3) Documentation of findings of any complaint or other investigations conducted by the Board of Long Term Care Administrators that affects the delivery of resident care in a specific assisted living facility.
- 4) The Director agrees to provide technical assistance and consultation when requested, on matters of mutual interest and concern to both agencies.

Both agencies further agree to periodically review the content of this memorandum and reserve the right to request revisions. The memorandum shall take effect on the latest date it is signed by designated representatives of both agencies. Both agencies reserve the right to cancel the memorandum after giving 60 days written notice to the other agency.

*Robert Earley*

Robert Earley, Contracts Officer  
Department of Social Services

*September 14, 2011*

Date

*D. Reynolds-Cane MD*

Dr. Dianne Reynolds-Cane, Director  
Department of Health Professions

*9-27-11*

Date

*Lisa R. Hahn*

Lisa R. Hahn, Executive Director  
Board of Long Term Care Administrators

*September 21, 2011*

Date

# **Sanctioning** **Reference Points** **Instruction Manual**

## **Board of Long-Term Care Administrators**

Adopted March 8, 2010  
(Revised June 2018)  
Guidance Document 95-3

Prepared for  
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# COMMONWEALTH of VIRGINIA

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June 2018

Dear Interested Parties:

In the spring of 2001, the Virginia Department of Health Professions approved a workplan to study sanctioning in disciplinary cases for Virginia’s 13 health regulatory boards. The purpose of the study was to “...provide an empirical, systematic analysis of board sanctions for offenses and, based on this analysis, to derive reference points for board members...” The purposes and goals of the study were consistent with state statutes which specify that the Board of Health Professions (BHP) periodically review the investigatory and disciplinary processes to ensure the protection of the public and the fair and equitable treatment of health professionals.

After interviewing the Board of Long-Term Care Administrators members and staff, a committee of board members, staff, and research consultants assembled a research agenda involving the most exhaustive statistical study of sanctioned Long-Term Care Administrators ever conducted in the United States. The analysis included collecting over 100 factors on all Board of Long-Term Care Administrators sanctioned cases in Virginia between 1999 and 2008. These factors measured case seriousness, respondent characteristics, and prior disciplinary history. After identifying the factors that were consistently associated with sanctioning, it was decided that the results provided a solid foundation for the creation of sanctioning reference points (SRP). Using both the data and collective input from the Board of Long-Term Care Administrators and staff, analysts developed a usable sanctioning worksheet as a way to implement the reference system.

More recently, BHP recommended that the SRPs be evaluated to determine if the program had met the objectives set forth in 2001. After conducting board member and staff interviews and an updated analysis to assess worksheet factors, scores, and sanctioning recommendations, the Board of Long-Term Care Administrators made a number of revisions to its Sanctioning Reference Points worksheet. This manual reflects those adopted revisions and provides the Board with a new SRP worksheet representing the most current sanctioning data available.

Sincerely yours,

David E. Brown, D.C.  
Director  
Virginia Department of Health Professions

Cordially,

Elizabeth A. Carter, Ph.D.  
Executive Director  
Virginia Board of Health Professions

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# GENERAL INFORMATION

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## Overview

The Virginia Board of Health Professions has spent the last 16 years studying sanctioning in disciplinary cases. The study is examining all 13 health regulatory boards. Focusing on the Board of Long-Term Care Administrators (LTC), this manual contains background on the project, the goals and purposes of the Sanctioning Reference Points (SRP) system, and a revised worksheet with case type, offense and respondent factors that are scored in order to help Board members determine how similarly situated respondents have been treated in the past.

This SRP system is based on a specific sample of cases, and thus only applies to those persons sanctioned by the Virginia Board of Long-Term Care Administrators. Moreover, the worksheet and sanctioning thresholds have not been tested or validated on any other groups of persons. Therefore, they should not be used to sanction respondents coming before other health regulatory boards, other states, or other disciplinary bodies.

The current SRP system is comprised of a single worksheet which scores a number of offense and respondent factors identified using quantitative and qualitative analyses and built upon the Department's effort to maintain consistency in sanctioning over time. The original LTC SRP Manual was adopted in March 2010, and has been applied to cases closed in violation for the past 8 years.

These instructions and the use of the SRP system fall within current DHP and LTC policies and procedures. Furthermore, all sanctioning recommendations are those currently available to and used by the Board and are specified within existing Virginia statutes. If an SRP worksheet recommendation is more or less severe than a Virginia statute or DHP regulation, the existing laws or policy supersedes the worksheet recommendation.

## Background

In 2010, the Board of Health Professions (BHP) recommended that the SRPs be evaluated to determine if the program had met the objectives set forth in 2001. The purpose of this study was to evaluate the SRP system against its own unique set of objectives. The SRPs were designed to aid board members, staff and the public in a variety of ways. This Effectiveness Study sought to examine whether or not the SRPs were successful, and if not, which areas required improvement. The study resulted in changes to the manual for the Board of Long-Term Care Administrators. This manual is the result of those adopted changes.

## Goals

The Board of Health Professions and the Board of Long-Term Care Administrators cite the following purposes and goals for establishing Sanctioning Reference Points:

- Making sanctioning decisions more predictable
- Providing an education tool for new Board members
- Adding an empirical element to a process/system that is inherently subjective
- Providing a resource for the Board and those involved in proceedings.
- “Neutralizing” sanctioning inconsistencies
- Validating Board member or staff recall of past cases
- Constraining the influence of undesirable factors— e.g., Board member ID, overall Board makeup, race or ethnic origin, etc.
- Helping predict future caseloads and need for probation services and terms

## Methodology

The fundamental question when developing a sanctioning reference system is deciding whether the supporting analysis should be grounded in historical data (a descriptive approach) or whether it should be developed normatively (a prescriptive approach). A normative approach reflects what policymakers feel sanction recommendations should be, as opposed to what they have been. SRPs can also be developed using historical data analysis with normative adjustments. This approach combines information from past practice with policy adjustments, in order to ensure and maintain a system that better reflects current sanctioning practice. The SRP manual adopted in 2010 was based on a descriptive approach with a limited number of normative adjustments. This study was conducted in a similar manner; however, it draws on data covering a more recent historical time period (January 2013-May 2018) and relies on the full LTC Board's input to inform SRP system modifications.

## Qualitative Analysis

Researchers conducted in-depth personal interviews with board members and staff. Researchers also had informal conversations with representatives from the Attorney General's office and the Executive Director of BHP. The interview results were used to build consensus regarding the purpose and utility of SRPs and to further guide this study's analysis. Additionally, interviews helped ensure the factors that board members consider when sanctioning continued to be included during the quantitative phase of the study. Previous scoring factors were examined for their continued relevance and sanctioning influence.

## Quantitative Analysis

In 2010, researchers collected detailed information on all LTC disciplinary cases ending in a violation between 1999 and 2008; ten years of sanctioning data. Over 100 different factors were collected on each case in order to describe the case attributes board members identified as potentially impacting sanction decisions. Researchers used data available through the DHP's case management system combined with primary data collected from hard copy files. The hard copy files contained investigative reports, board notices, board orders, and all other documentation that is made available to board members when deciding a case sanction.

A comprehensive database was created to analyze the factors that were identified as potentially influencing sanctioning decisions. Using statistical analysis to construct a "historical portrait" of past sanctioning decisions, the relevant factors along with their relative weights were derived. Those factors and weights were formulated into a sanctioning worksheet, which became the SRPs. The current worksheet represents a revised analysis to update the worksheet factors and scores in order to represent the most current practice.

Offense factors such as financial or material gain were examined along with such factors as prior board or criminal history and past substance abuse. Some factors were deemed inappropriate for use in a structured sanctioning reference system. Although many factors, both "legal" and "extra-legal," can help explain sanction variation, only those "legal" factors the Boards felt should consistently play a role in a sanction decision were included on the final worksheet. By using this method, the hope is to achieve more neutrality in sanctioning by making sure the same set of "legal" factors are considered in every case.

## Wide Sanctioning Ranges

The SRPs consider and weigh the circumstances of an offense and the relevant characteristics of the respondent, providing the Boards with a sanctioning model that encompasses roughly 83% of historical practice. This means that approximately 17% of past cases receive sanctions either higher or lower than what the reference points indicate, recognizing that aggravating and mitigating factors play a legitimate role in sanctioning. The wide sanctioning ranges allow the Board to individualize sanctions within the broader SRP recommended range to fit the circumstances of each case.

## Voluntary Nature

The SRP system should be viewed as a decision-aid to be used by the Board of Long-Term Care Administrators. Sanctioning within the SRP ranges is totally voluntary, meaning that the system is viewed strictly as a tool and the Board may choose any sanction outside the recommendation. The Board maintains complete discretion in determining the sanction handed down. However, a structured sanctioning system is of little value if the Board is not provided with the appropriate coversheet and worksheet in every case eligible for scoring. A coversheet and worksheet should be completed in cases resolved by Informal Conferences and Pre-Hearing Consent Orders. The coversheet and worksheet will be referenced by Board members during Closed Session after a violation has been determined.

## Worksheets Not Used in Certain Cases

The SRPs will not be applied in any of the following circumstances:

**Formal Hearings** — SRPs will not be used in cases that reach a Formal Hearing level.

**Mandatory Suspensions** – Virginia law requires that under certain circumstances (conviction of a felony, declaration of legal incompetence or incapacitation, license revocation in another jurisdiction) the licensee must be suspended. The sanction is defined by law and is therefore excluded from the SRP system.

**Compliance/Reinstatements** – The SRPs should be applied to new cases only.

**Action by another Board** – When a case which has already been adjudicated by a Board from another state appears before the Virginia Board of Long-Term Care Administrators, the Board often attempts to mirror the sanction handed down by the other Board. The

Virginia Board of Long-Term Care Administrators usually requires that all conditions set by the other Board are completed or complied with in Virginia. The SRPs do not apply as the case has already been heard and adjudicated by another Board.

**Confidential Consent Agreements (CCAs)** – SRPs will not be used in cases settled by CCA.

**Certain Pre-Defined Sanctions** – The Sanctioning Reference Points system does not apply to certain cases that have already been assigned pre-determined actions as set by the health regulatory board. The Board of Long-Term Care Administrators has adopted Guidance Documents in the areas of Practicing on an Expired License (Guidance document 95-11) and Continuing Education Deficiencies (Guidance document 95-2) as follows:

<b>Practicing on an Expired License, Guidance document 95-11</b>	<b>Possible Action</b>
First offense; 90 days or less	Confidential Consent Agreement
First offense; 91 days to one year	Consent Order; Monetary Penalty of \$500
First offense; one to two years	Consent Order; Monetary Penalty of \$1000

<b>Continuing Education Deficiencies, Guidance document 95-2</b>	<b>Possible Action</b>
If the licensee: a) was truthful in responding to the CE attestation on renewal; b) has not previously been found in violation of CE requirements; and c) is missing 10 hours or less of the 20 hours required for renewal.	Issue a CCA that may require the licensee to submit proof of completion of the missing contact hours(s) within 90 days of the effective date of the CCA. Such contact hours cannot be used toward fulfillment of the next annual CE requirement for renewal.
If the licensee: a) was not truthful in responding to the CE attestation on renewal b) has previously been found in violation of CE requirements; or c) is missing more than 10 hours of the 20 hours required for renewal.	Issue a pre-hearing consent order (“PHCO”) The following sanctions may apply: (a) Monetary penalty of \$100 per missing contact hour, up to a maximum of \$1,000. (b) Monetary penalty of \$300 for a fraudulent renewal attestation. The PHCO may require submission of proof of completion of the missing contact hours within 90 days of entry of the order. Such contact hours cannot be used toward fulfillment of the next annual CE requirement for renewal.
If the licensee: 1. Fails to respond to the audit or does not sign the CCA or PHCO that is offered; or 2. Has previously been disciplined pursuant to a Board Order for not meeting the CE requirements.	The case will be referred to an informal fact-finding conference (SRP worksheet is used in these cases).



### Case Selection When Multiple Cases Exist

When multiple cases have been combined into one “event” (one order) for disposition by the Board, only one coversheet and worksheet should be completed and it should encompass the entire event. If a case (or set of cases) has more than one offense type, one case type is selected for scoring according to the offense group which appears highest on the following table. For example, a respondent found in violation for Practicing Beyond the Scope and Impairment Due to Alcohol would receive 50 points, since Inability to Safely Practice is above Unlicensed Activity in the Case Type Group column and receives more points. If an offense type is not listed, the most analogous offense type is used.

### Sanctioning Reference Points Case Type Table

Case Type Group	Included Case Categories	Applicable Points
Inability to Safely Practice	<ul style="list-style-type: none"> <li>• Impairment due to use of alcohol, illegal substances, or prescription drugs</li> <li>• Incapacitation due to mental, physical or medical conditions</li> </ul>	50
Fraud - Non-Patient Care	<ul style="list-style-type: none"> <li>• Improper patient billing, mishandling of facility funds, and falsification of licensing/renewal documents</li> </ul>	40
Abuse/Neglect	<ul style="list-style-type: none"> <li>• Any sexual assault, mistreatment of a patient, inappropriate termination of provider/patient relationship, leaving a patient unattended in a health-care environment, failure to do what a reasonable person would do in a similar situation</li> <li>• Instances in which the diagnosis/treatment was improper, delayed, or unsatisfactory. Also includes failure to diagnose/treat &amp; other diagnosis/treatment issues.</li> </ul>	30
Unlicensed Activity	<ul style="list-style-type: none"> <li>• Practicing a profession or occupation without holding a valid license as required by statute or regulation to include: practicing on a revoked, suspended, lapsed, non-existent or expired license, as well as aiding and abetting the practice of unlicensed activity</li> </ul>	20
Business Practice Issues	<ul style="list-style-type: none"> <li>• Records, inspections, audits, required report not filed, or disclosure</li> </ul>	10

## Completing the Coversheet and Worksheet

Ultimately, it is the responsibility of the Board to complete the SRP coversheet and worksheet in all applicable cases. The information relied upon to complete a coversheet and worksheet is derived from the case packet provided to the board and the respondent. It is also possible that information discovered at the time of the informal conference may impact worksheet scoring. The SRP coversheet and worksheet, once completed, are confidential under the Code of Virginia. Additionally, the manual, including blank coversheets and worksheets, can be found on the Department of Health Professions web site: [www.dhp.virginia.gov](http://www.dhp.virginia.gov) (paper copy also available on request).

## Scoring Factor Instructions

To ensure accurate scoring, instructions are provided for scoring each factor on the SRP worksheet. When scoring a worksheet, the numeric values assigned to a

factor on the worksheet *cannot be adjusted*. The scores can only be applied as ‘yes or no’- with all or none of the points applied. In instances where a scoring factor is difficult to interpret, the Board members have final say in how a case is scored.

## Using Sanctioning Thresholds to Determine a Specific Sanction

The Physical Therapy worksheet has four scoring thresholds with increasing point values and respectively increasing sanction severities. The table here shows the historically used sanctions for each threshold. The column to the left, “Worksheet Score,” contains the threshold scores located at the bottom of the worksheet. The column to the right, “Available Sanctions,” shows the specific sanction types that each threshold level covers. After considering the sanction recommendation, the Board may fashion a more detailed sanction(s) based on individual case circumstances.

**Sanctioning Reference Points Threshold Table**

Worksheet Score	Available Sanctions
0 - 49	<ul style="list-style-type: none"> <li>• No Sanction</li> <li>• Reprimand</li> <li>• Monetary Penalty</li> </ul>
50 - 100	<ul style="list-style-type: none"> <li>• Continuing Education (CE)</li> <li>• Corrective Action includes the following: <ul style="list-style-type: none"> <li>• Administrator in training with preceptor</li> <li>• Board approved management consultant</li> <li>• Inform current and future employers of license status</li> <li>• Inform the board of any changes in employment</li> <li>• May only be an assistant administrator</li> <li>• May not be administrator of record</li> <li>• Probation</li> <li>• Quarterly self reports</li> <li>• Shall complete an Administrator in Training program</li> <li>• Shall not personally provide any staff training required by DSS</li> <li>• Shall read regulations regarding ALFAs and DSS standards</li> <li>• Stayed Suspension</li> <li>• Submit copies of survey/inspections to board</li> <li>• Submit copy of order to employer</li> <li>• Submit copy of order to any licensing board in any state in which a license is held</li> <li>• Submit verification of employment</li> <li>• UAI Training, ISP Training, DSS ALFA Training CE</li> <li>• Place license on inactive status</li> </ul> </li> </ul>
101 or more	<ul style="list-style-type: none"> <li>• Revocation</li> <li>• Suspension</li> <li>• Surrender</li> <li>• Refer to Formal Hearing</li> </ul>

**Sanctioning Reference Points  
Coversheet, Instructions, & Worksheet**



Case Number(s): [Grid of 15 boxes]

Respondent Name: \_\_\_\_\_  
First Last

License Number(s): \_\_\_\_\_

- Case Type: \_\_\_ Inability to Safely Practice
\_\_\_ Fraud - Non-Patient Care
\_\_\_ Abuse/Neglect
\_\_\_ Unlicensed Activity
\_\_\_ Business Practice Issues

- Sanctioning Recommendation: \_\_\_ Reprimand/Monetary Penalty (0 - 49)
\_\_\_ Corrective Action/CE (50-100)
\_\_\_ Recommend Formal or Accept Surrender (101 or more)

- Imposed Sanction(s): \_\_\_ No Sanction
\_\_\_ Reprimand
\_\_\_ Monetary Penalty: \$\_\_\_\_\_ enter amount
\_\_\_ Probation: \_\_\_\_\_ duration in months
\_\_\_ Stayed Suspension: \_\_\_\_\_ duration in months
\_\_\_ Refer to Formal
\_\_\_ Accept Surrender
\_\_\_ Revocation
\_\_\_ Suspension
\_\_\_ Other sanction: \_\_\_\_\_
\_\_\_ Terms: \_\_\_\_\_

Was imposed sanction a departure from the recommendation? \_\_\_No \_\_\_Yes, give reason below

Reasons for Departure from Sanction Grid Result (if applicable): \_\_\_\_\_

Worksheet Preparer's Name: \_\_\_\_\_

Date Worksheet Completed: \_\_\_\_\_

Confidential pursuant to § 54.1-2400.2 of the Code of Virginia



Step 1: Case Type – Select the case type from the list and score accordingly. If a case has multiple aspects, enter the point value for the one most serious case type that is highest on the list. (score only one)

### Inability to Safely Practice – 50 Points

- Impairment due to use of alcohol, illegal substances, or prescription drugs
- Incapacitation due to mental, physical or medical conditions

### Fraud - Non-Patient Care – 40 Points

- Improper patient billing, mishandling of facility funds, and falsification of licensing/renewal documents

### Abuse/Neglect– 30 Points

- Any sexual assault, mistreatment of a patient, inappropriate termination of provider/patient relationship, leaving a patient unattended in a health-care environment, failure to do what a reasonable person would do in a similar situation
- Instances in which the diagnosis/treatment was improper, delayed, or unsatisfactory. Also includes failure to diagnose/treat & other diagnosis/treatment issues

### Unlicensed Activity – 20 Points

- Practicing a profession or occupation without holding a valid license as required by statute or regulation to include: practicing on a revoked, suspended, lapsed, non-existent or expired license, as well as aiding and abetting the practice of unlicensed activity

### Business Practice Issues – 10 Points

- Records, inspections, audits, required report not filed, or disclosure

Step 2: Offense and Respondent Factors – Score all factors relative to the totality of the case presented. (score all that apply)

Enter “50” if there was financial or material gain by the respondent. This factor includes but is not limited to stealing of money or property (from a patient, coworker or employer), medication mismanagement for personal use/gain, falsifying time sheets, maintaining residents for monetary purposes when they would be better served elsewhere.

Enter “40” if there was a concurrent civil or criminal action related to this case. Criminal action can include arrests that have not been resolved in court or by plea at the time of the hearing, active investigations and convictions (including guilty with first time offender status). Criminal action scoring excludes dismissals, exonerations and not guilty verdicts. If the Commonwealth’s Attorney declines to prosecute for any reason, this factor is not scored.

Enter “30” if there were violations at multiple locations. This factor is scored if the respondent has committed violations at more than one physical location and those violations are being considered on the same day.

Enter “30” if the respondent has had any past difficulties in the following areas: drugs, alcohol, mental or physical capabilities. Examples include: prior convictions for DUI/DWI, inpatient/outpatient treatment, and bona fide mental health care for a condition affecting his/her abilities to function safely or properly.

Enter “25” if the respondent was impaired at the time of the offense due to substance abuse (alcohol or drugs) or mental/physical incapacitation.

Enter “25” if the respondent has any prior violations. Prior violations may have been decided by any board under the Virginia Department of Health Professions or another state Board. DOH/DSS Survey/Inspection violations are not scored here.

Enter “20” if this was an act of commission. An act of commission is interpreted as purposeful or with knowledge.

Enter “10” if the offense involves three or more patients. Patient involvement does not require direct contact with a patient. Examples of situations that would be eligible for scoring include but are not limited to: untreated/poorly treated, insect infestation, no heat/hot water for a period of time, improper/inadequate medication supply or improper/inadequate food supply.

Enter “10” if a patient suffered any mental or physical injury. Injury can include deprivation, neglect, or when a minimum of first aid was administered. Mental injury is indicated when the resident, relative, or subsequent provider reports symptoms of depression, PTSD, or difficulty functioning due to the incident. This factor can be scored regardless of a respondent’s lack of intent to harm (i.e. neglect or accidental injury).

Enter “10” if there are more than 10 founded survey/inspection violations.

Enter “10” if the case involved a Department of Health or Department of Social Services survey/inspection violation.

Enter "10" if the respondent received a sanction from his/her employer in response to the current violation. A sanction from an employer may include: suspension, review, or termination.

Enter "10" if the respondent failed to take corrective action prior to the time at which the SRP worksheet is being considered.

Step 3: Add Case Type and Offense and Respondent Factor Scores for a Total Worksheet Score

Step 4: Determining the Sanction Recommendation

The Total Worksheet Score corresponds to the sanctioning recommendations located at the bottom of the worksheet. To determine the appropriate recommended sanction, find the range on the left that contains the Total Worksheet Score. These points correspond to the recommended sanction in the right column. For instance, a Total Worksheet Score of 40 is recommended for "Reprimand/Monetary Penalty."

Step 5: Coversheet

Complete the coversheet including the SRP sanction result, the imposed sanction, and the reasons for departure if applicable.

<b>Case Type</b> (score only one)	<b>Points</b>	<b>Score</b>
Inability to Safely Practice	50	_____
Fraud - Non-Patient Care	40	_____
Abuse/Neglect	30	_____
Unlicensed Activity	20	_____
Business Practice Issues	10	_____

**Offense and Respondent Factors** (score all that apply)

Financial/Material gain by the respondent	50	_____
Concurrent criminal or civil action	40	_____
Violations at multiple locations	30	_____
Past difficulties (drugs, alcohol, mental, physical)	30	_____
Respondent impaired during the incident (drugs, alcohol, mental, physical)	25	_____
Any prior violation	25	_____
Act of commission	20	_____
Three or more patients involved	10	_____
Any patient injury	10	_____
More than 10 survey/inspection violations cited	10	_____
Case involved a Dept. of Health/DSS survey/inspection	10	_____
Sanctioned by employer due to incident	10	_____
Respondent failed to take corrective action	10	_____

Total Respondent Score

<u>Score</u>	<u>Sanctioning Recommendations</u>
0 - 49	Reprimand/Monetary Penalty
50 -100	Corrective Action/CE
101 or more	Recommend Formal or Accept Surrender

Respondent Name: \_\_\_\_\_

Date: \_\_\_\_\_

Confidential pursuant to § 54.1-2400.2 of the Code of Virginia