

ANNUAL REPORT 2010

COMMISSION ON STATE AND VETERANS NURSING HOMES

SUBMITTED TO

THE HONORABLE BILL RITTER, JR., GOVERNOR, STATE OF COLORADO

KAREN L. BYE, EXECUTIVE DIRECTOR, COLORADO DEPARTMENT OF HUMAN SERVICES

MEMBERS OF THE COLORADO SENATE:

COMMITTEE ON STATE, VETERANS AND MILITARY AFFAIRS

COMMITTEE ON HEALTH AND HUMAN SERVICES

MEMBERS OF THE COLORADO HOUSE OF REPRESENTATIVES:

COMMITTEE ON STATE, VETERANS AND MILITARY AFFAIRS

COMMITTEE ON HEALTH AND ENVIRONMENT

DECEMBER 2010

COMMISSION ON STATE AND VETERANS NURSING HOMES

(STATUTORY AREA OF APPOINTMENT LISTED)

ALEXANDRA E. HALL – CHAIR

Director, Labor Market Information/Chief Economist
Colorado Department of Labor and Employment
(Veteran)

JAMES C. 'JAY' BOBICK – VICE CHAIR

(Representative of the State Board of Veterans Affairs)

SHELLEY K. HITT – SECRETARY

State Long-term Care Ombudsman
(Ombudsman)

VIRGINIA A. BEDFORD

Director of Resident Services for a Colorado for-profit nursing home management company and retired Policy Analyst, Medicaid nursing homes (Expertise in nursing home operations, experience in multi-facility management of nursing homes)

LEWIS H. ENTZ

Farmer and retired State Senator
(Veteran)

PATRICIA JO KENDALL

Director of Home Care and Clinical Director, Life Adjustment Program
Hilltop Residential Services, Grand Junction
(Expertise in nursing home operations, practicing clinical experience in nursing homes)

JUSTIN MARTINEZ

Executive Director, Green Mountain Assisted Living and Long term Community
(Expertise in nursing home operations, current nursing home administrator experienced in nursing home financial operations)

COLORADO DEPARTMENT OF HUMAN SERVICES

COMMISSION ON STATE AND VETERANS NURSING HOMES

Created pursuant to Section 26-12-401, et. seq. C.R.S.

OFFICERS

Alexandra E. Hall, Chair
James C. (Jay) Bobick, Vice Chair
Shelly K. Hitt, Secretary

Colorado Human Services Building
1575 Sherman Street, 8th Floor
Denver, CO 80203

MEMBERS

Virginia A. Bedford
Lewis H. Entz
Patricia Jo Kendall
Justin Martinez

December 10, 2010

The Honorable Bill Ritter, Jr., Governor
State of Colorado
State Capitol Building
Denver, CO 80203

Ms. Karen Beye, Executive Director
Colorado Department of Human Services
1575 Sherman Street
Denver, CO 80203

Members of the House of Representatives and Senate State, Veterans and Military Affairs Committees, the Senate Health and Human Services Committee, and the House Health and Environment Committee.

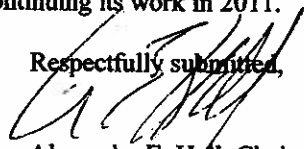
Dear Governor Ritter, Ms. Beye, and Committee Members:

I am pleased to present the 2010 Annual Report of the Commission on State and Veterans Nursing Homes. The Commission is required by statute to submit its annual report to the Governor, the Executive Director of the Colorado Department of Human Services, and to the members of the committees of the General Assembly listed above, who are to receive the report by electronic mail.

It was a distinct honor for me to chair the Commission this year. Our members have diverse backgrounds and exceptional knowledge of nursing homes and their experience and expertise are valuable resources for the deliberations of the Commission. The Commission members have again demonstrated their commitment in enhancing the lives of the veterans and the other residents and in achieving the successful operation of the nursing homes.

The Commission looks forward to continuing its work in 2011.

Respectfully submitted,



Alexandra E. Hall, Chair
Commission on State and Veterans Nursing Homes

Annual Report 2010

Commission on State and Veterans Nursing Homes

This report is the third Annual Report of the Commission on State and Veterans Nursing Homes, a Commission created by legislation of the Colorado General Assembly in 2007. There are five state veterans nursing homes, four of which are state operated (Florence, Fitzsimons, Homelake, and Rifle), one (Walsenburg) operated as part of the local hospital district, and one state nursing home which serves the Trinidad area as a non-veteran facility. The official names of the homes and their locations follow:

Bruce McCandless Colorado State Veterans Nursing Home, Florence
Colorado State Veterans Nursing Home at Fitzsimons, Aurora
Colorado State Veterans Nursing Home at Homelake
Colorado State Veterans Nursing Home, Rifle
Colorado State Veterans Nursing Home, Walsenburg
Trinidad State Nursing Home, Trinidad

Commission Duties

The Commission is charged with the following responsibilities:

- a) Advise the Division of State and Veterans Nursing Homes and each of the individual nursing homes;
- b) Provide continuity, predictability, and stability in the operation of the state and veterans nursing homes; and
- c) Provide guidance to future administrators at the state and veterans nursing homes based on the collective institutional memory of the board of commissioners. (Section 26-12-402 (2), C.R.S.)

The statute creating the Commission requires that an annual report of the issues and recommendations relating to the homes be prepared by the Commission for submission to the Governor, the Executive Director of the Department of Human Services, and to the members serving on the State, Veterans, and Military Services Committees of the Senate and the House on Representatives, of the Health and Human Services Committee of the Senate, and on the Health and Environment Committee of the House. Legislative members are to receive their reports via electronic mail.

The Commission is to obtain information necessary to carry out its responsibilities on several topics sources listed in the statute: (a) information on the financial status of the homes; (b) the progress of capital construction projects; (c) issues of resident care as reported by various surveys; and (d) reports from the

Division of State and Veterans Nursing Homes, Colorado Department of Human Services. As will be shown in this report, these and other sources of information were important to the Commission's considerations in 2010.

The Commission also has direct access to the consulting contractor, Pinon Management, the consulting firm working with the Division and with the nursing homes. The Commission receives oral and written reports from the consulting firm at each of its meetings. Commission members have visited the nursing homes to meet with administrators, staff, residents, members of families of the residents, and people who reside in the communities in which the homes are located.

Commission Activities

All of the statutory duties applicable to the Commission's work this year were fulfilled. The Commission met five times in 2010 and received reports at each meeting from the Division and from Pinon Management. To the great benefit of the Commission, individual Commissioners provided valuable background information in areas of their expertise on the quality of nursing home care and on the economic, demographic, and specialized care relating to nursing homes. In periods when the Commission does not meet, the Division furnishes monthly reports of the financial status, census at the homes, and activities of the Division.

Trinidad State Nursing Home

A long-standing problem of inadequate income for the operation of the Trinidad State Nursing Home is moving close to resolution. As background, this facility has been relying on revenues from the state veterans nursing homes to make up its shortfall in revenues, having lost over one million dollars from 2005 to the present. This drain on the state central fund (the "505" fund) is not sustainable under the rules of the U.S. Department of Veterans Affairs, the primary source of funds for the veterans homes in Colorado.

The two choices for continuing the operation of the Trinidad nursing home, as pointed out in the Commission's 2008 Annual Report, are either to obtain state general fund appropriations or to divest the home by sale of the property to a private nursing home operator. Given the long economic recession and its corresponding deficits that the state has had to deal with in budget cuts, it has been apparent for some time that the transfer of title to another operator is the only viable option for this facility.

Legislation in the 2009 General Assembly granted the Executive Director of the Colorado Department of Human Services, in consultation with the county commission of Las Animas County, authority to transfer title of the Trinidad home. Net proceeds from the transfer are to be deposited in the central fund of the homes and are to be applied to projects and programs to the state nursing homes, namely the veterans nursing homes.

The 2009 legislation required that an independent feasibility study be conducted before a decision to transfer title and that any non-confidential information in the study be made available on request. Another requirement of the legislation is that current employees at the home who are members of the public employees' retirement association may retain their membership under certain circumstances. If the transfer of title is completed, rules of the state personnel system would apply to give the nursing home employees similar employment at another facility if they choose to use their "bumping" rights, depending on their length of employment at Trinidad.

As reported in the 2009 Annual Report of the Commission, that year was a stressful time for the staff, residents, and others in the Trinidad community in contemplating the future of the nursing home. The same can be said for the year 2010 and the Commission notes, in particular, that the uncertainty has been especially worrisome to the residents of the home, the people who are the most vulnerable of all involved. We believe, however, that a satisfactory resolution to the future of the facility will be arrived at soon.

Bids for the transfer of the home were received in March, 2010 but the bid opening was delayed, with the approval of the groups submitting bids, until after this year's November election. The reason for the postponement was that a one-cent sales tax proposal was on the ballot in Las Animas County as a funding source for revenue bonds to be secured for approximately nine million dollars for the local government to be able to participate in the bidding process. This proposal for a sales tax failed to pass, as was also the case with a vote on a property tax increase for the home in a 2009 election.

The bidding process has gone forward on the basis of the bids received prior to the election. The bid was awarded to C&G Health Care Management headquartered in Mancos, Colorado.

Quality of Care

Reports received from Pinon Management at each meeting include comments and recommendations concerning the quality of resident care and indicators of staff stability at each home. The measures of quality that directly affect resident care are the number of residents with pressure ulcers; the frequency of use of catheters; the use of restraints at each home; residents experiencing

weight loss or gain; the number of resident falls; and the frequency of psychoactive medications. The homes have set goals for performance improvement in each of these areas and the dashboard of MyInnerView summarizes the status of the homes in reaching these goals. For example, the use of catheters has been minimized to a significant extent but there is still work to be done in reducing the number of falls by residents. The number of pressure ulcers is quite stable and is close to reaching the state goal of 98 percent ulcer free.

The use of anti-psychotic medications is higher at Trinidad and Homelake than at the other homes, attributable to the fact that these two facilities have higher population with mental health issues, increasing the use of these medications. Use of physical restraints is considered stable. The state goal is set at 98 percent restraint free which has been reached or exceeded at four facilities. Residents without weight loss is reported as improved or stable at four homes, the exception being at Rifle which experienced a Norovirus outbreak in the summer.

Staffing issues of nurse and CNA absenteeism and the rate of turnover of these employees have major implications for the quality of care provided residents. The MyInnerView dashboard shows that nurse absenteeism dipped in March and April, 2010 but regained to an acceptable level since that time. CNA absenteeism has now reached a point consistent with the Division set standards but was something of a chronic problem most of 2010. It is important to note, however, that the averages for all homes in absenteeism can be misinterpreted with just one of two homes bringing down the state average. In the case of nurse and CNA staff stability, Rifle was in a period of transition this year, with new administration coming in, perhaps accounting for issues of greater absenteeism and turnover.

The nurse turnover was remarkably low at all of the homes in 2010. The same can be said of nurse stability, which refers to the nursing staff being present for more than one year. Changes are one of the constant attributes in nursing homes so the general, overall stability of the nursing and CNA staffs in the state and veterans nursing homes is something to be celebrated.

Construction Projects

Sources of funding new construction and renovation of existing facilities are many and vary with each project at the veterans homes. For new construction the homes may receive 65 percent VA funds with a 35 percent as the state match. The state funds could be appropriations from the General Assembly, funds from the department's central ("505") fund, grant funds such as State Historical Society contributions, and grant request opportunities. Another source is known as performance contracts, notably funds that represent energy savings over a period of years, with these funds then leveraged to receive VA construction funds. Each

project may have a unique combination of sources and different percentages of funds from various sources.

The completion of the renovation of the domiciliary cottages at Homelake was the most significant capital improvement project this year. The 48 cottages were reconstructed at a project cost of \$7.0 million. The residents are now enjoying the totally new atmosphere of these units.

The Commission reported last year on the work completed at Florence which includes a new secure special care needs area, complete with a new courtyard and food preparation area. Florence also has a new entry, front plaza, upgraded and more convenient parking, and new service and loading areas. The total cost of the Florence improvements was \$8.5 million. Remodeling of the 100 bed facility to a facility of 60 beds may be a future project for this home.

Rifle is high on the list as the next renovation site. This facility was constructed in 1987 and has not had physical plant improvements since originally constructed. There are many outdated operational systems at Rifle and administrative and professional staffs are working in overcrowded conditions. There is increased need for space for storage and records. Rifle has met all requirements for Priority One funding from the VA for fiscal year 2010-11.

The Colorado Veterans Nursing Home at Walsenburg, a facility part of the Spanish Peaks Regional Health District, has received conditional approval from the VA for construction projects at three areas at the home. One part of the construction is an addition in the dining and living room of its special care unit. The two other areas are outdoor patios that will be converted to other uses: one into a multipurpose room; the second for cooking space and food service to serve residents any time of the day. Bid opening is expected in December and construction is anticipated to start in March or April, 2011.

Culture Change

The idea of culture change has many ramifications for residents, families of residents, staff at the homes, and administrators. Resident centered care requires teamwork by the neighborhood team members in their being able to interact and communicate with each other and to respect other opinions in problem solving. Training in conflict management and mediation are components of culture change because they are important elements in the team building enterprise. Pinon Management has provided the lead in training and encouraging the staff at the homes to develop and atmosphere for culture change.

Goals have been established at each of the homes in working toward culture change. The number of goals range from seven to twenty-one, some being broad in scope (working to become Eden certified), others being more

specific ideas such as including CNAs and elders in the care planning process. A few other examples of what culture change may mean are to ask residents about their preference as to their meals and their mealtimes, to not set times for when residents are to wake up or go to sleep, and to honor the resident preferences in bathing.

Reaching the current goals does not mean that culture change has been achieved. New goals will be established so the homes will find new ways to continue to be resident centered. The process of culture change has best been described as a journey that is constantly undertaken, not a destination that will be achieved. Resistance is sometimes encountered but the Commission wholeheartedly encourages the work of the homes along this journey, even though the path may allow only small steps at a time.

Needs of the Veteran Population

The Commission is mindful of difficulties facing veterans from all wars, not only the veterans residing in the nursing homes who, typically, are from the World War II and Korean Conflict eras. Traumatic brain injury (TBI) and post traumatic stress disorder (PTSD) are conditions experienced by veterans of all conflicts but seemingly are prevalent in soldiers returning from the Iraq and Afghanistan wars. The Commission was told that in these wars, TBI is the signature wound, in large part due to blasts that occur on a daily basis in these countries.

The Commission held informative meetings on TBI and PTSD, the first with a privately funded group, Operation TBI Freedom, a program that is part of Denver Options. Operation TBI Freedom provides care coordination for individuals referred to the program. Clients come to this program from Ft. Carson, from referrals from the Denver VA, and others coming by word of mouth from the program clientele. The program is focused on reintegrating or reestablishing the TBI client into the community with individualized plans of care and connecting these veterans with community resources and support groups.

The second meeting was held with the Veterans Integrated Service Network (VISN) 19 Mental Illness Research, Education, and Clinical Center (MIRECC) located at the Denver VA. This center conducts research and disseminates clinical and educational information regarding veterans with histories of suicidality and mental illness. In particular, studies are being conducted in populations of veterans with histories of TBI, PTSD, executive dysfunction, substance abuse disorders, and/or with homeless veterans. The mission of VISN 19 MIRECC is the prevention of suicide among veterans using evidence based interventions and assessment.

Much more can be reported about the efforts of the two groups in providing assistance to veterans and in the research being conducted, with their emphasis on veterans of Iraq and Afghanistan. The point of the Commission's interest is whether there is a role that could be taken at the state veterans nursing homes in assisting veterans with the disorders listed above. Any residential care or programs would necessarily be modest and would depend on outside funding, such as grants for pilot programs. The Commission does not want to detract from its core mission of nursing home care but we remain open to looking at the opportunity to serve younger veterans who have significant injuries, whether physical, emotional, or cognitive.

As a final comment, the Commission is aware of the discussion concerning the best use of vacant land on the Fitzsimons campus. A variety of ideas have been advanced for meeting the needs of veterans at this location. The selection of the best ideas will determine the type of facility to be constructed, even though this construction is probably still years in the future. Whether the focus will be on traumatic brain injuries, post traumatic stress disorder, homeless veterans, substance abuse, or other conditions, the Commission believes that the expertise of Commission members, plus the information received from specialized sources at our meetings, will make a difference in developing a well-planned use of this property.