

HEALTH CARE ADVISORY BOARD

Meeting Summary

April 3, 2017

MEMBERS PRESENT

Marlene Blum, Chairman
Bill Finerfrock, Vice Chairman
Rose Chu, Vice Chairman
Ellyn Crawford
Francine Jupiter
Deborah Leser
Chafiq Moumami
Tim Yarboro, MD
Ann Zuvekas

STAFF

Sherryn Craig

MEMBERS ABSENT

Rosanne Rodilloso
Dr. Michael Trahos, DO

GUESTS

Rosalyn Foroobar, Health Department
Dominic Bonaiuto, Inova Health System
Michael Rafeedie, Kensington Development
Tanya Walker, Kensington Park Senior Living
Alice Katz, Vinca Group LLC

Call to Order

The meeting was called to order by Marlene Blum at 7:32 pm.

March 6, 2017 Meeting Summary

The meeting summary from March 6, 2017 was accepted as submitted.

Public Hearing on Kensington Senior Development's Application (SE-2016-HM-024) to Develop an Assisted Living Facility

Michael Rafeedie, Development Officer, Kensington Development; Tanya Walker, Vice President of Operations, Kensington Park Senior Living; and Alice Katz, Chief Operating Officer, Vinca Group LLC presented Kensington Senior Development's proposal to build

an assisted living community, "The Kensington Reston" at 11501 Sunrise Valley Drive in Reston, Virginia. Kensington Senior Development is a locally owned and operated company headquartered in Reston, Virginia with 5 senior living communities in California, New York, Maryland, and Virginia. The Kensington Reston will be the company's second venture in Virginia with the opening of the Kensington Falls Church. Marlene Blum and Elyn Crawford had an opportunity to tour the Kensington Falls Church.

The Kensington Reston would be developed on 1.789 acres located south of and adjacent to Sunrise Valley Drive between Wiehle Avenue and Soapstone Drive. The Kensington Reston is planning to allocate half its units to assisted living (AL) and half to memory care (MC). The current site plan shows 52 AL and 39 MC units, but final unit counts, mix, and elevations may change pending the Reston Architectural Design Review Board's approval. Kensington Senior Development will appear before the review board on April 18.

The Kensington Reston will offer assisted living units and two levels of memory care: Connections is designed for residents with moderate cognitive impairment and Haven is designed for residents with advanced cognitive impairment. Regardless of care level, all Kensington Residents will enjoy the same basic services.

Kensington Reston will charge market rates for assisted living and memory care units. Michael Rafeedie stated that the Kensington Reston will make 4% of its beds available to residents who are eligible for Virginia's Auxiliary Grant program. Michael Rafeedie stated that AG recipients whose care needs change from AL to MC will remain in the community. Kensington Senior Living is committed to providing an environment where residents can age in place.

Kensington Senior Development concluded its presentation. The HCAB staff coordinator did not receive any public comments on the application, and there were no statements from the public during the meeting.

The Kensington Reston will have a Registered Nurse (RN) on site during the day, evening, and on call 24-hours. The Director of Clinical Services and the Director of Wellness are RNs. A Licensed Practical Nurse (LPN) will be on site 7 days a week, 24 hours a day. LPNs will administer all medications in all neighborhoods. All nursing staff will be local (i.e., not contract).

Alice Katz briefly summarized Kensington Senior Development's contracted marketing analysis. The occupancy levels for nearby ALF providers are included in the analysis. Tanya Walker clarified that the census count documented by the State of Maryland's Office of Health Care Quality is by building. Maryland's Kensington Park Retirement Community includes several buildings and runs close to 100% occupancy with a waiting list.

With respect to the inspection summary for Kensington's Maryland community, Ms. Walker stated that the facility's nurse receives a plan of correction, which is evaluated on a weekly and monthly basis by the Director of Nursing. She shared that weekly health maintenance meetings ensure staff are meeting the protocols while quarterly meetings are held to address deficiencies, quality improvement, and share best practices across the company's five portfolios. Additionally, Ms. Walker said the company partners meet with the Executive Directors several times a month, visiting communities on the west and east coast, to ensure the "best in case service model."

According to Ms. Walker, Virginia requires each ALF resident to have his/her care plan reviewed by his/her primary care physician along with an assessment completed by the Director of Clinical Services. The latter will coordinate with the resident's primary care provider to make decisions on care levels and neighborhood placement. The recommendations from both care teams tends to be the same.

In response to how Kensington prevents any conflict of interest, Ms. Walker shared that the only contracted provider is the company's Medical Director and the position's primary function is not primary medical care, but quality assurance.

Kensington's relationship with community physicians is a partnership. Using Kensington Falls Church as an example, Ms. Walker explained that the community has relationships with six physicians. The residents are encouraged to retain their own physician, or Kensington staff can provide referrals the six partnering physicians.

Ms. Walker also expanded on Kensington's medical supervision. She stated that the company promotes "best in case clinical support" that allows residents to successfully age in place. In addition to the RN and LPN's clinical support, Kensington partners with local physicians and family members to ensure each resident has the required clinical care. Kensington also works with hospice to facilitate end of life care.

In addition to a base rate charged to all residents, Kensington uses a graduated fee schedule. Residents pay an additional charge for a room accessed at a certain level of

care (e.g., AL, Connection, Haven) and medication level (e.g., Level 1 and Level 2). Ms. Walker explained that there are two levels of medication service. Level 1 is for residents with three or fewer medication passes. Level 2 is for residents with four or more medication passes or parameters that require monitoring or multiple administrations.

Several HCAB members expressed concern about Kensington's poor inspection history for its Maryland community, which included repeated falls, elopements, bed sores, and improper medication administration and/or documentation.

Ms. Walker said Kensington's security measures vary depending on the neighborhood/care level of the residents. In Maryland, its independent living neighborhood is not secured; residents sign out when they exit and sign in when they reenter. The assisted living neighborhood is secured at night. The memory care neighborhood is secured around the clock. Regarding the elopement, Ms. Walker said that the resident was assigned to the assisted living neighborhood and a wander guard was provided. After a second elopement by the same resident, facility staff performed weekly wander guard checks.

With respect to bed sores, Ms. Walker said that this condition can develop during the late stages of dementia or during end of life care. She stated that Kensington staff implemented a skin treatment plan.

Ms. Walker also said that despite preventive measures, falls do occur and for residents with an undiagnosed medical condition can happen frequently in a short time period, as was the case in Maryland. However, Ms. Blum reviewed the inspection survey and listed the dates of the falls, which spanned over several months, not a few days.

Ms. Walker said that Kensington staff worked with the residents' family to bring in a private duty for additional clinical care, but several HCAB members felt such measures should have been implemented earlier, long before the resident reached 12 falls, of which some resulted in injury and transport to the emergency room. Ms. Walker said that the Falls Church and Kensington Park communities do not use bed alarms. Kensington staff work with residents' families to increase their care levels to make sure there are more checks in place to prevent future falls.

Ms. Walker said that staffing is based on the residents' acuity. For assisted living, the ratio is one staff person to 10 residents. For residents with early-to-middle-stage dementia, the ratio is one to seven. And for residents with middle-to-late-stage

dementia, the ratio is one to five. Residents are also given a pendant to wear that they can activate in case of an emergency. There are also emergency pull cords in residents' common areas and bathrooms.

The nurses monitor residents' vitals only if a doctor's order is in place for that specific parameter. However, HCAB members noted that in the inspection reports for the Maryland property, staff failed to document such orders in residents' individual service plans.

The Kensington Reston will have both single and companion units. Room assignments are based on residents' needs, likes, and dislikes. It is possible to have two residents, unrelated, in one room to reduce costs. For residents' safety, individual beds are provided.

Ms. Walker acknowledged the Maryland community's deficiencies, but argued that the 2016 inspection surveys showed an improvement over 2015, and likewise, the 2017 surveys would show improvement over 2016. She said that she took pride in Kensington's service levels and care plans. In order to ensure quality, she said active leadership is required. As an administrator, she invests time in professionally developing her frontline staff (e.g., weekly trainings, monthly workshops, etc.). Furthermore, she is passionate and committed to caring for the senior population.

Prior to opening a community, the Virginia Department of Social Services (DSS) will schedule an initial inspection of the facility with a subsequent and unannounced inspection within 60 days of the state's first visit.

Ellyn Crawford moved that the HCAB defer its recommendation on the Kensington Reston until DSS conducts its second inspection of the Kensington Falls Church community and the HCAB reviews any remediation reports that are submitted. Francine Jupiter seconded. The HCAB approved the motion 9-0.

Kensington Senior Development representatives said that the state's second inspection will occur sometime in April and they will forward the remediation report to the HCAB prior to its next meeting, May 8. Kensington's Planning Commission hearing is scheduled for September.

Other Business

Inova Translational Medicine Institute (ITMI)

In an e-mail to the HCAB, Dominic Bonaiuto shared reports that were submitted to the Department of Management and Budget (DMB). The reports provide a more detailed explanation of the ITMI's research and include some of the metrics referenced during the HCAB's budget discussion. That work includes studying the underlying genetic causes of preterm births and congenital disorders and using that data to inform how Inova's doctors detect and treat patients across its hospitals. Representatives from ITMI are scheduled to come to an upcoming HCAB meeting.

There being no further business, the meeting adjourned at 8:44 pm.