

## **HEALTH CARE ADVISORY BOARD**

Meeting Summary  
September 11, 2017

### **MEMBERS PRESENT**

Marlene Blum, Chairman  
Rose Chu, Vice Chairman  
Rosanne Rodilloso  
Deborah Leser  
Francine Jupiter  
Dr. Michael Trahos, DO  
Tim Yarboro, MD  
Ann Zuvekas  
Ellyn Crawford  
Chafiq Moumami

### **STAFF**

Sherryn Craig

### **MEMBERS ABSENT**

Bill Finerfrock, Vice Chairman

### **GUESTS**

David Carliner, Shelter Development, LLC/Brightview Senior Living  
Lori Greenlief, McGuire Woods  
Dr. John Deeken, Inova Health System  
Dominic Bonaiuto, Inova Health System  
Rosalyn Foroobar, Health Department  
Sheila Dunheimer, Community Member  
Katarina Worosello, Student

### **Call to Order**

The meeting was called to order by Marlene Blum at 7:30 pm.

### **June 12, 2017 Meeting Summary**

The meeting summary from June 12, 2017 was approved as revised.

### **Revised Bed Counts for Kensington Senior Living's Application SE-2016-HM-024 to Develop Kensington Reston at 11501 Sunrise Valley Drive in Reston, Virginia**

A draft memo was distributed for the HCAB's consideration. Michael Rafeedie, Development Officer, Kensington Development, informed the HCAB staff coordinator that the scope of its original project has changed from 91 assisted living (AL) units and 130 beds to 70 AL units and less than 100 beds. The project's footprint will remain unchanged, but the architecture will be different in order to preserve open space and private outdoor spaces. Kensington Reston will provide the same services, including security enhancements, but for fewer AL residents. Given this information, Dr. Trahos, DO moved that the HCAB send a revised memo to the Board of Supervisors (BOS) and Planning Commission that despite the revised the scope, the application is still reasonable in terms of access, need, operations, and financial accessibility (based on the applicant's participation in the Auxiliary Grant program). Elynn Crawford seconded. The motion carried unanimously.

**Public Hearing on Shelter Development, LLC zoning application RZ/FDP  
2017-SP-017 to develop Brightview Fair Oaks**

David Carliner, Executive Development Director, Shelter Development, LLC/Brightview Senior Living and Lori Greenlief, Senior Land Use Planner, McGuireWoods LLP presented a proposal to develop Brightview Fair Oaks, an independent living, assisted living, and dementia care community. The community will have 92 independent living, 54 assisted living, and 26 memory care units. The architectural style will be Craftsman.

Brightview Senior Living is based in Baltimore and operates 35 communities throughout the Mid-Atlantic and Northeast in eight states, including Virginia. Two of those residences are in Fairfax County – Brightview Great Falls, a 90 unit AL residence, and Brightview Woodburn, a 94 unit AL residence. Brightview clusters new development to create upward growth opportunities for the people who live and work in the community. Brightview conducts focus groups with current residents, family members and staff so that future projects can benefit from the experience and knowledge of those who live in the communities.

The Fair Oaks proposal is Brightview's first Fairfax community with IL units. Brightview is finding that couples enter its communities with a variety of needs. Providing a continuum of services at different care levels will allow Brightview to address the unique ways individuals age.

Brightview residents' average age at move in is 82 years while the average age of those living in the community is 84. Residents are expected to live in the community about 18 months.

Brightview finds that the majority of residents are not paying rent from their incomes, but from their assets. The value of their homes, especially in the Fairfax market, is usually enough to pay for services. Brightview's rates will be competitive with other communities.

At the conclusion of the presentation, a letter from the Long Term Care Coordinating Council (LTCCC) was distributed. The LTCCC requested that the HCAB continue its policy of "seeking a commitment of at least 4% of ALF units be reserved for Fairfax County residents with Auxiliary Grants." The LTCCC also recommended that the HCAB "seek assistance from the County's Department of Neighborhood and Community Services Economic, Demographic and Statistical Services in preparing a study on the need and the market for assisted living." Members of the HCAB suggested that the LTCCC request assistance for the study with the HCAB as a key partner. HCAB members agreed to prepare a letter of response to the LTCCC.

Mr. Carliner stated that Brightview's AL units would be available to individuals living outside the community. Residents sign a yearly lease, but in practice, occupancy is month-to-month.

Brightview materials did not include staffing ratios by shift. Mr. Carliner replied that the overnight (11 pm – 7 am) shift would have the least number of resident care assistants. Two-to-three resident care assistants, depending on acuity, are available overnight. A licensed nurse (LPN/RN) is not. Nursing care is available 16 hours-a-day: 7 am – 3 pm and 3 pm – 11 pm. The memory care unit – Wellspring Village – would remain secure inside and outside.

Care rates will begin at \$5,000 a month. As a resident's care needs increase, so too do the rates. Memory care, for example, may cost \$7,000-\$9,000 a month. These rates are comparable to neighboring facilities. Brightview will participate in the state's Auxiliary Grant program and allocate 4% of its units to AG recipients. In the event that an AL resident in the AG program requires memory care services, the resident will be able to transition to a higher level of care at Brightview Fair Oaks.

Brightview residents may retain their own physician. Mr. Carliner could not say if the Medical Director is an administrative or clinical position. Resident care assistants help with activities of daily living.

Brightview has a contracted dietician for each of its communities. Brightview also partners with an agency to provide Medicare-covered PT, OT and speech therapy (i.e.,

homebound rules), although residents may retain their own therapist. The facility's footprint includes space for physical and occupational therapy, but many times, therapy is conducted inside residents' rooms.

Brightview's Alzheimer Director is the corporate director of dementia services. He is a PhD/Gerontologist and is actively involved in the selection of all Wellspring Village Directors. Brightview recruits from a variety of backgrounds – nursing, social work, activities. The Wellspring Village Director is responsible for everything that happens inside the memory care neighborhood, but they are not on site 24 hours-a-day.

HCAB members expressed concern about recent inspection reports. Both Brightview Great Falls and Brightview Woodburn are operating under a one year (i.e., probationary) license. Given Brightview's compliance record, HCAB members felt that adding another community could exert additional strain on its fledgling oversight.

Mr. Carliner replied that not all violations are created equal, and in fact, several were self-reported. Brightview is in full compliance with the state and continues to operate under a full license. Brightview Great Falls has been open for three years and Woodburn for one. It is standard practice to issue one year licenses.

The HCAB staff coordinator will research the different licensing terms (1 vs. 3 years) and the implications for each. It was also suggested that the prevalence of complaints be provided so that members can assess and compare different ALF providers.

Ann Zuvekas moved that the HCAB defer its decision to its October 4 meeting when Brightview can provide detailed answers, in writing, to the HCAB. Francine Jupiter seconded. The motion carried 9 yes and 1 abstention.

The following questions were identified for follow up:

- 1) How many employees do you have that provide direct care to participants?  
Please delineate their roles and responsibilities.  
How many are RNs?  
How many are LPNs?  
How many are Certified Nursing Assistants (CNA)?  
How many Nursing Assistants (NA)?  
Other employees? (e.g., Medical Director, dietician/nutritionist, physical, occupational, speech therapists? Is the Medical Director an administrative or

clinical position? What services does the dietician provide? Describe how and where PT, OT, and speech therapy services are provided?  
How many personnel will be trained and responsible for medication administration?

- 2) What are the ratios of care providers to residents? Day (7am – 3pm), Evening (3 pm – 11 pm), Overnight (11 pm – 7 am)? Are any of these providers on call when they are not physically in the building?
- 3) The HCAB understands that both Brightview facilities are currently operating under one-year licenses. Does Shelter Development have any indication when the license for its Great Falls location will be extended from one year to three?
- 4) Please provide additional details on what security provisions are in place for Wellspring residents? The fencing on the artist renderings was difficult to see. Besides a perimeter fence, are there other policies or capital improvements that will ensure the safety of this neighborhood?

### **Inova Translational Medicine Institute (ITMI)**

Dr. John Deeken provided an update to the HCAB on the Inova Translational Medicine Institute (ITMI). ITMI began operations in 2010 with the goal of conducting research on the integration of genomic information into the practice of medicine. ITMI has 76 staff members with one-third in clinical care/clinical research, one-third in bioinformatics/IT, including epidemiology, and one-third in laboratory. Fairfax County has provided funding for ITMI research efforts.

These efforts include three major studies: (1) Pre-term Birth Study, (2) Childhood Longitudinal Study, and (3) Congenital Abnormality Study. Smaller studies include Heart Failure in adults and Microbiome in pediatric patients. ITMI collects comprehensive clinical data (blood, saliva, buccal mucosa, cord blood, placenta and other tissues) in a unified database.

The Pre-term Birth Study examined molecular associations with preterm birth in 363 preterm and 589 full term infants. Study enrollment ended in 2015 and research results are pending publication.

The Congenital Abnormality Study examines patients with undiagnosed congenital/genetic abnormalities among NICU/newborn and Adolescent/Adult patient groups using a genome sequencing approach. The study has helped 125 families thus

far. Dr. Deeken used Vici Syndrome as an example. Vici Syndrome impacts children early in life and causes a profound developmental delay, progressive microencephaly, neonatal cataracts, progressive cardiomyopathy, and immunodeficiency. The study has discovered the genomic basis for the disease and researchers are working with the NIH, Kansas University, and King's College of London to perform large scale drug screening to identify a medicine that someday may help affected children.

The Fairfax Childhood Longitudinal study was originally designed to examine the first 1,000 days of life, but has since been extended to 18 years of age. The oldest cohort will turn five this year with the youngest being born this week. Parents are surveyed every six months on their child's diet and nutrition, growth and development, and overall health. Specific health issues (e.g., autism risk, asthma, and allergies) are also identified with multiple metrics of familial psychological/psychosocial wellbeing.

The biobank collects pre and post-natal blood, saliva, urine, cord blood, and placenta. Study participants' blood, urine, hair, teeth, and toenails are also collected longitudinally. Data are diverse, representing 110 countries of birth among the participants' parents. The only countries under- or not represented are Greenland and Aboriginal Australia.

The NIH awarded \$9.3 million over seven years to ITMI, along with a team from Harvard University, University of North Carolina, and Mt Sinai Hospital (NYC), to study the impact of nutrition, environmental factors, and genomics on neurocognitive development. ITMI will enroll 3,000 children from the Fairfax Childhood Longitudinal study into the grant-funded research. The impact of NIH funding is that for every \$1 million dollars in NIH funding, 11.1 new jobs are created.

With respect to workforce composition, Dr. Deeken observed that ITMI's research is primarily female; four out of six ITMI division leaders are women. ITMI's clinical focus also emphasizes native Spanish speakers. ITMI recruits college interns, but age requirements (students must be at least 18 years of age) does not allow high school students to intern. Between 12-25 college students apply each February for an ITMI summer internship.

After the meeting, Dr. Deeken followed up with ITMI's exact staffing demographics:

<b>Gender</b>	<b>Count</b>
Female	53
Male	25

<b>Ethnicity</b>	<b>Count</b>
Asian	22
Black or African American	3
Hispanic or Latino (All Other)	3
Hispanic or Latino (White)	4
Two or More Non-Hispanic	1
White	45

ITMI's study participation shows 73% of those families who were approached accepted Medimap testing for their newborn. The gender split for newborns involved in the Longitudinal Study (partially funded with Fairfax and NIH dollars) is 51% male and 49% female.

Inova is beginning to approach parents of newborns seven, as opposed to five days-a-week, and expect study participation to increase to 90%. Parents do not pay anything to participate in the study.

Dr. Deeken said that genetic counseling is one of the fastest growing STEM fields. Inova is working with George Mason University to develop its own genetic counseling program.

### **FY 2017 Carryover**

The Board of Supervisors will vote on the FY 2017 Carryover package on Tuesday, September 12, 2017, following a public hearing. The FY 2017 Carryover package was presented to the BOS at the July 25, 2017 meeting and includes one-time funding of \$150,000 to Insight Memory Care Center (IMCC).

### **Other Business**

A revised 2017-2018 HCAB Work Plan was distributed and includes two assisted living development applications and revisions to the Fairfax County Food Code. At its October meeting, the HCAB will review draft language to amend its bylaws to allow members' remote participation in meetings. Sherryn Craig will follow up with Reston Hospital to invite them to the October 4 discussion of hospital-based infections and injuries.

There being no further business, the meeting adjourned at 9:42 pm.