
*Delaware Nursing Home Residents
Quality Assurance Commission*

DNHRQAC Meeting of July 19, 2022

9:30 a.m.

Virtually via Cisco Webex

FINAL

Commission member(s) present: Lisa Furber, DNHRQAC Chair; Cheryl Heiks; Norma Jones; Jennifer McLaughlin, OT; Justin Richards (Representative Kim Williams designee); Dr. Melissa Winters, PsyD; Senator Spiros Mantzavinos; Amy Milligan; Christopher Marques, Esquire; Hooshang Shanehsaz, RPH; Kyle Hodges; and Karen Gallagher.

Commission members not in attendance: Tonya Burton.

Patrick J. Smith, Esquire was present from Attorney General's Office (new DAG recently assigned to represent the Commission).

Others Present: Margaret Bailey, DNHRQAC Executive Director; Barbara Bass, staff for Karen Gallagher; Corinna Getchell, DHCQ; Mark Brainard, JLOSC; Steven LePage, Consumer; Meredith Newman, News Journal; Kevin Andrews, Consumer; Saundra Hale, State LTC Ombudsman; Katie Macklin, DE Valley Chpt Alz Association; Jim McCracken, LeadingAge; and DHSS Cabinet Secretary Molly Magarik. There was one other individual that joined the meeting by phone and not identified.

1. Call to order

Lisa Furber, DNHRQAC Chair, called virtual meeting to order at 9:32 am. Due to time constraints, "new" and "current" commission members will be introduced during Old Business/New Business and have an opportunity to share their activities related to DNHRQAC.

2. Approval of the meeting minutes:

Meeting minutes draft of March 15, 2022 & May 17, 2022 were approved as written.

3. Approval of modified DNHRQAC Bylaws:

As a result of HB 438, Joint Legislative Oversight & Sunset Committee (JLOSC) recommendations, commission members reviewed and approved modified by-laws as written. The by-laws will be updated and available on DNHRQAC's webpage, too.

4. Discussion of:

DHCQ Updates, COVID-19 Guidance

Corinna Getchell, DHCQ Director, provided updates regarding activities within the Division during May 15, 2022 – July 15, 2022 as follows:

Nursing Home Annual/Recertification Surveys - During this time frame, DHCQ completed 2 nursing home facility annual inspections/recertifications.

of Nursing Home Complaint Surveys: May - July 2022, DHCQ conducted 3 complaint surveys that turned into DHCQ looking into 15 additional complaints.

Assisted Living Facility Annual Surveys - During this time frame, DHCQ completed 2 assisted living annual surveys.

of Assisted Living Complaint Surveys: May - July 2022, DHCQ conducted 1 complaint survey which turned into 9 complaints that were investigated by DHCQ.

The Incident Response Team (IRT) continues to go in and work with facilities when an outbreak occurs.

Ask Item: Ms. Bailey asked Ms. Getchell if DHCQ can please notify DNHRQAC about facility closures. There have been facilities that have closed during pandemic or at other times and if families need guidance, the Commission would like to guide appropriately. Ms. Getchell made a note of the request. An example provided was Weston Senior Living, which will be closing August 2022.

2nd Qtr 2022 QART Report

Members of the Commission reviewed the QART Report with Corinna Getchell, DHCQ Director. This report was sent to commission members in advance of the meeting.

In this quarter of 2022, the QART reviewed 2 surveys involving 4 “G” level deficiencies recommended by the survey team.

Two factors are considered when a deficient practice is being reviewed:

1. Severity of the injury, or risk of injury
2. Scope of the deficient practice based on number of Residents affected

After QART Team review, it was determined the deficiencies cited by survey team were appropriate and remain at “G” level.

F678 Cardio-Pulmonary Resuscitation - The facility failed to ensure that Nursing personnel provided basic life support (CPR) to a resident who was a Full Code. On 4/3/22 at 11 PM, R1 was found unresponsive in their room and nursing personnel failed to check R1's code status, failed to call a Code Blue, failed to initiate CPR and failed to activate the Emergency Response System (EMS) by calling 911. R1 expired and the RN pronounced R1 as deceased.

F678 Cardio-Pulmonary Resuscitation - The facility failed to ensure that code status' were accurate and congruent in all facility documents. For R37, their electronic medical records (EMR) failed to match the Resident Healthcare Instructions Checklist filed in the advance directive tab of the paper chart located in the Memory Care nurse station. For two residents (R89 and R105), their EMRs failed to match the staff generated shift report that R89's staff nurse in the Memory Care unit and R105's staff nurse in the East unit use as reference in determining the code status. Furthermore, interviews with multiple staff revealed inconsistencies regarding where to find the back-up information on each resident's code status in the event of an EMR system failure. The discrepancy put these

three (R37, R89 and R105) residents at immediate jeopardy (IJ) of a serious adverse outcome by not having a confirmed, accurate code status in the event of a medical emergency. These inaccuracies could result in CPR being administered to a resident requesting to not be resuscitated (DNR) or CPR not be performed on a resident requesting that all life sustaining measures be performed (Full Code).

F686 Treatment/Services to Prevent/Heal Pressure Ulcers -The facility failed to ensure that the residents received the necessary treatment and services, consistent with professional standards of practice, to prevent new pressure ulcers (PU's) from developing. R87 was admitted to the facility with no PU, was assessed as being at risk for the development of PU's, yet the facility failed to develop and implement preventative measures, including an individualized turning and repositioning (T & R) program that resulted in R87 acquiring an avoidable unstageable PU of the sacrum on 6/1/22.

F695 Respiratory/Tracheostomy Care and Suctioning - The facility failed to ensure that emergency equipment was available for potential accidental dislodgement for two (R7 and R67) out of two active residents in the facility reviewed for tracheostomy (trach) related care. The lack of available emergency equipment, in addition to the lack of competent trained staff in tracheostomy care posed an immediate jeopardy (IJ) situation to the residents with tracheotomies. Additionally, the facility failed to ensure tracheostomy supplies were available for ordered treatments for R67. Lastly, during random trach care observation of R7, the facility failed to ensure auscultation of R7's breath sounds at the conclusion of trach care.

Staffing Report

Members of the Commission reviewed the Staffing Report with Corinna Getchell, DHCQ Director. This report was sent to commission members in advance of the meeting. It was noted that during this period of review, there were a few instances where staff was not meeting required staffing levels (Eagles Law). DHCQ currently requires direct care staff to be calculated by the daily number of hours of care per Resident/day (ppd) = 3.28 ppd.

Ms. Getchell mentioned facilities that are not in compliance with Eagles Law are contacted by DHCQ via deficiency report. Facilities are given an opportunity to implement a plan of correction. The Division then revisits facility to make sure they are in compliance. If they are not in compliance at that time, DHCQ issues a CMP. There was one instance during this period of review that DHCQ imposed a Civil Monetary Penalty (CMP) due to “repeat staffing deficiency.”

Staffing is reviewed when DHCQ conducts annual or complaint survey.

During 2nd Qtr 2022, it appears 3 Delaware Nursing Homes were not in compliance with Eagles Law (Staffing Ratio for nursing homes = at least 3.28). The average Delaware nursing home staffing ratios (hours per Resident) during this time frame:

Private facilities - 4.03

State Operated - 7.32

Regardless of staffing ratio requirements, Ms. Getchell shared stated all facilities must meet the needs of all Residents (if they have a higher acuity). As a result, facilities may have to staff higher than the minimum requirements.

CY21/CY22 Civil Monetary Penalties (CMPs)

Members of the Commission reviewed the CY21 & CY22 CMP Reports with Corinna Getchell, DHCQ Director. The reports were sent to commission members in advance of the meeting.

A CMP is a monetary penalty the Centers for Medicare & Medicaid Services (CMS) or State of Delaware (DHCQ) may impose against a nursing home for either the number of days or for each instance a nursing home is not in compliance with regulatory standards. CMPs most often are imposed regarding health or safety standards not being met.

Ms. Getchell mentioned that there is a law where facilities cannot be double fined; meaning CMS and State cannot impose a fine for same deficient practice.

CMS has a tool they use to determine dollar amount they will impose to a nursing home facility. The amount is determined based on deficiencies cited.

State CMPs are determined based on law in DE Code as to how much can be imposed. Other factors include: facilities history, severity & scope of issue, etc.

During CY 2021, \$392,128 CMPs were imposed to 20 Delaware nursing homes. It appears a majority of the CMPs imposed in 2021 were due to noncompliance with infection control. The State of Delaware did not impose any CMPs during 2021.

During CY 2022 (thus far), \$206,745 in CMPs have been imposed upon 6 Delaware nursing homes. The CMPs imposed so far: 4 Federal and 2 State. The CMPs imposed thus far are a result of several different issues: CPR, Accidents/Hazards, Respiratory/Tracheostomy, Bowel/Bladder Care, REPEAT staffing deficiency and infection control.

Ms. Furber asked if DHCQ plans to provide training using CMP funds to address infection control due to high number of deficient practices noted in CY21 and thus far in CY22. Ms. Getchell shared that DHCQ held an Infection Control & Prevention Training in beginning of COVID-19 Pandemic. The Division is looking to host another Infection Control & Prevention Training in the future, using CMP funds.

Senator Mantzavinos asked if all of the CMPs have been collected and where do the funds go - General Funds? Ms. Getchell shared that CMP funds are collected in a special pot. The money can be used to educate, implement a project to improve quality of life for Residents living in facilities, etc. The funds are only available for specific reasons and facilities need to submit an application if they would like to be considered for the funds.

Ms. Bailey mentioned Center for Medicare & Medicaid Services (CMS) Nursing Home Compare shows an additional facility that was Federally imposed a CMPs during 2022

that does not appear on DHCQs report. Ms. Bailey will forward information so the Division can check into this discrepancy further.

Action Item: Ms. Bailey will forward discrepancy information to DHCQ for review.

“New” Background Check Center (BCC)

Corinna Getchell, DHCQ Director mentioned the Division has been working on updating the Background Check Center.

Unfortunately, DHCQ has run into a few obstacles in developing the new BCC. Some DHCQ staff member responsibilities have been moved around to have more help with implementing this project. The payment system for BCC was changed to another vendor and requirement was not in the original project scope. There have also been issues with interacting with State Bureau of Investigation (SBI) and Delaware Criminal Justice Information System (DELJIS) as both are implementing new systems, too.

Additional testing and training will need to occur for end users before this project can be rolled out in Delaware. A “key” DHCQ staff member that was helping to guide development of this new system retired & therefore this position has been vacant for a while. This position was posted on State of Delaware’s employment webpage and DHCQ is in the process of interviewing potential candidates.

DHCQ had hoped to roll out the “new” BCC this summer, but it appears this project has been delayed until 1st Qtr 2023.

Assisted Living Facility Construction Projects

DHCQ forwarded this report to DNHRQAC in advance of the meeting. Due to time constraints, there wasn’t a lot of discussion regarding this report.

DHCQ reported there are 6 assisted living facilities who anticipate opening their doors within the next 2 years in Delaware. All of the facilities will be offering memory care services, too.

Harmony @ Kent
Harmony @ Glasgow
Harmony 2 Hockessin

Vantage Point Lewis
Vero @ Newark
Spring Arbor of Rehoboth Beach

Harmony at Kent opened their assisted living area 6/23/2022. The opening of their memory care unit is pending.

Ask Item: Ms. Bailey asked DHCQ to provide DNHRQAC future notice regarding any approved blue prints or other information about “new” LTC facilities that will be conducting business in Delaware.

DNHRQAC Member Updates

Ms. Furber asked commission members to introduce themselves and share any updates they may have regarding their membership position as it relates to DNHRQAC's work. She pointed out there have been a few membership changes recently. In addition, Ms. Furber, provided a special thank you to Lt. Gov Hall-Long and Ed Black, Esquire for their service on the Commission and wished them well on their new endeavors.

Lisa Furber - Ms. Furber is a patient advocate for Community Legal Aide Society, Inc. She has been a member of the Commission since 2008 and currently serves as DNHRQAC Chair. In her free time, Ms. Furber is a certified nursing assistant for a home healthcare company. Additionally, Ms. Furber's mom is a Resident of a nursing home in another State.

Hooshang Shanehsaz, RPH - Mr. Shanehsaz serves as Delaware's State Pharmacy Director. He has served for almost 3 years on the Commission. Prior to serving on the Commission, Mr. Shanehsaz attended DNHRQAC as a member of the public.

Kyle Hodges - State Council for Persons with Disabilities - Mr. Hodges retired from the State of Delaware in 2016 to assist with aging parents. Since 2018, he works part-time for State Council for Persons with Disabilities as Policy Director. Mr. Hodges has served on DNHRQAC for several years and plans to resume his retirement status and therefore terminate his membership seat in the future (possibly Sept 2022).

Amy Milligan - Ms. Milligan is Executive Director for St Francis Life Center, Programs All-Inclusive Care for the Elderly (PACE). A second site opened in Newark, DE last year, during the middle of pandemic. This program provides care to individuals that need nursing home level of care but live in the community. There are a number of St Francis Life Center clients that are residing in Delaware licensed nursing homes.

Margaret Bailey - Ms. Bailey has been Executive Director of DNHRQAC for 15 years. She had been primary caregiver to both of her parents and passionate about the delivery of long-term care services and supports in Delaware.

Cheryl Heiks - Ms. Heiks is Executive Director of Delaware Healthcare Facilities Association (DHCFA). Prior to her current position, she served in Government relations work representing non-profits and healthcare related clients. Ms. Heiks was drawn to the Commission after being primary caregiver for her mom.

Jennifer McLaughlin, OT - Ms. McLaughlin has served on DNHRQAC for approximately one year. She currently provides occupational therapy services in the community. Previously, Ms. McLaughlin provided adult senior care services in a long-term care facility setting and has personal experience with a loved one receiving LTC services and supports. Ms. McLaughlin is a certified Dementia Care Specialist.

Chris Marques, Esquire - Recently appointed to serve as designee for the Delaware Attorney General's Office. Mr. Marques is the Deputy Director of Medicaid Fraud Control Unit (MFCU) within the Delaware Department of Justice (DOJ). MFCU focuses

on Medicaid fraud as well as Resident abuse, neglect or mistreatment within LTC facilities.

Dr. Melissa Winters, PsyD - Dr. Winters is the psychologist at Delaware Hospital for Chronically Ill (DHCI). Although new to the Commission, she has been attending commission meetings for several years. As a psychologist at DHCI, she spends lots of time focusing on training and staff development. Her passion is making sure facilities are applying a continuous quality improvement model to develop workforce and make sure they are equip with skills and knowledge to meet neurobehavioral health needs of the Residents.

Senator Spiros Mantzavinos - Elected in 2020 to represent the 7th Senate District which includes Elsmere/Newport area. The senator's has particular interest around elder care issues. He was recently appointed by Senate Pro Tempore to serve on this commission. This membership seat was previously held by Lt Gov Hall-Long. Sen. Mantzavinos was involved with creating Aging in Place Taskforce. In addition, he co-sponsored legislation regarding education for medical professionals (SB 283) that work with individuals living with dementia and long term-care task force (HCR 110) that will be revisiting Eagles Law, etc.

Norma Jones - Ms. Jones has served on the Commission for 1 ½ years. She is currently a Resident of a long-term care facility. At this time, the facility is experiencing a COVID-19 outbreak (22 individuals - mostly staff). Ms. Jones encourages Residents and families to speak up regarding any concerns they may have within a long-term care facility.

Karen Gallagher - Ms. Gallagher has been residing in the community with services and supports for 19 years. Previously, she was a Resident of a licensed Delaware long-term care facility for 25+ years. Ms. Gallagher is DNHRQAC's longest serving commission member.

Patrick Smith, Esquire - Mr. Smith, Delaware Deputy Attorney General (DAG), was recently assigned to represent DNHRQAC.

5. Old Business/New Business

DNHRQAC Sub Committees

As partially related to JLOSC review, Ms. Furber asked commission members whether subcommittees would be helpful to consider at this point in time. Although JLOSC did not recommend developing subcommittee structure, some of the things JLOSC asked during review process seemed to lend themselves and therefore encourage members to discuss this topic further. The commission had subcommittees established a while back that were eventually disbanded.

One subcommittee in particular that Ms. Furber would like to discuss as a group is related to advocacy efforts. JLOSC recommended the Commission have a more formalized approach to legislative advocacy.

Mr. Hodges shared how State Council for Persons with Disabilities addresses policy, legislative and regulatory issues. He mentioned SCPD is mandated in DE Code with certain responsibilities and memberships to advocate for better programs for people with disabilities. They propose and promote legislation, regulations and policies to improve the well being of individuals with disabilities in Delaware. As a result, SCPD has a policy and law subcommittee. It's a collaborate effort between the Disabilities Law Program (DLP – unit within CLASI) and Governor's Advisory Council for Exceptional Citizens, Developmental Disabilities Council (DDC). This group addresses issues related to individuals with disabilities or for example, students with disabilities, but also looks at things from a broader angle, too.

As a result, this policy and law subcommittee discusses items such as proposed or final regulations (Register of Regulations) or newly introduced legislation that will impact Delawarean's living with a disability.

DLP provides analysis for this policy and law subcommittee. The subcommittee meets monthly to go over analysis and recommendations. It is at this time the subcommittee decides whether to comment, oppose or endorse proposed legislation or regulation.

If timing is a critical issue, the policy and law subcommittee members will attend legislative committee hearings and/or introduce their own legislation, if needed.

Ms. Furber shared DNHRQAC meets every other month and often proposed regulations or legislation occurs in between. Additionally, Ms. Furber found it interesting that SCPD's policy & law subcommittee has the authority to take an advocacy position without going to the full council, as long as the subcommittee is in agreement. Mr. Hodges suggested Ms. Furber to contact Laura Waterland, Esquire (DLP @ CLASI) should DNHRQAC have additional questions about DLP's analysis, etc.

Ms. Gallagher offered to be a member of DNHRQAC policy & law subcommittee, if established.

Ms. Heiks mentioned some other groups meet more frequently during legislative session but not as often at other times as a way of balancing peoples time commitments.

Mr. Marques wondered what membership size DNHRQAC is looking for regarding a policy and law subcommittee. Ms. Furber mentioned the Commission may want to consider an uneven number of members to serve and therefore avoid a potential tie, particularly for advocacy decisions.

Ms. Furber further added that should DNHRQAC move forward with a policy or legislative subcommittee, the group should probably meet monthly. As a volunteer, this would equate to an additional (monthly) commitment of an hour or so for commission members who are interested. The reason for this discussion is to formulate a path going forward regarding policy and law subcommittee.

Ms. Heiks stated she is unaware about any subcommittee taking a policy position, instead of whole board/commission voting on specific items.

Patrick Smith, Esquire, DAG for DNHRQAC, offered to look at this specific concern and get back to the group. He did mention there could be a potential for conflict as Ms. Heiks touched upon tangentially. As a result, Mr. Smith will connect with the Public Integrity Commission to see if they may be able to address this particular concern.

Mr. Hodges shared that SCPD has not had any issues regarding any potential conflicts during the past 20+ years they've had their policy and law subcommittee. He further added that members of their policy & law subcommittee are aware of the councils' overall goals and would not go against those goals when deciding whether to support or oppose any legislation or changes to regulations. There are at times, a difference of opinion or controversial topics arises and therefore SCPD's Executive Committee is responsible for working through activities of the Council. Finally, Mr. Hodges added DNHRQAC hired an Executive Director and appointed a Chair to implement the values of the Commission in a responsible way.

Mr. Shanehsaz, agreed with Mr. Hodges and mentioned that other boards/commissions he has served on have created a similar type subcommittee. It reduces time spent discussing policy and regulatory review during a full commission meeting and provides opportunity for commission members to bring other ideas into the discussion. He further added that the mission of the commission is what should be followed rather than individual members bringing forward their own interests. Further, the subcommittees described by Mr. Shanehsaz brought their position back to the full board/commission for a vote to make sure all members agreed with the group's decision/position. Anyone opposed of the recommendations of the subcommittee, had an opportunity to not vote or abstain from voting.

Ms. McLaughlin asked Mr. Hodges whether SCPD's policy and law subcommittee reports back to full council about what's new or being considered for action so all members have an opportunity to ask questions, express thoughts, etc?

Ms. Bailey asked whether SCPD comments on DHSS Emergency or Departmental Orders effecting regulations, Governor State of Emergency Orders, pandemic guidance, etc? She mentioned the timeliness of a response, whether from DNHRQAC or others, on these proposed items impacting Residents of Delaware long term care facilities is critical.

Mr. Hodges offered to share SCPD's by-laws with DNHRQAC members and DNHRQAC Deputy Attorney General. Ms. Heiks asked for a copy of SCPD membership composition (full council and policy/law subcommittee), stating DNHRQACs memberships might be a little more diverse than SCPD.

Ms. Furber suggested some possible paths forward:

1. DNHRQAC will continue with every other month full commission meetings and have subcommittee's structured more like Mr. Hodges described works well for SCPD where subcommittee have independence in moving legislative or policy advocacy items forward without a full commission.
2. DNHRQAC will change current meeting pattern so full commission will meet "now" on a monthly basis, in addition to subcommittee meetings (once

established). This will provide full commission approval for legislative or policy advocacy efforts.

3. DNHRQAC to consider creating an Executive Subcommittee as part of its feedback structure. This would assist with policy or law changes that are time sensitive and ensure consistency with DNHRQAC's goals & mission.

Action items:

Forward SCPD Delaware Code citation, By-Laws and membership composition to DNHRQAC members & DAG.

DNHRQAC members agreed that Ms. Furber & Ms. Bailey should circulate "pathway forward" for considerations to the group. Commission members were encouraged to send additional feedback before Sept 20, 2022 meeting. The hope is to be able to vote on this during the next scheduled meeting.

Patrick Smith, Esquire will check with Public Integrity Commission regarding conflict of interests.

DNHRQAC Member Survey Monkey

Chair Furber emailed a survey poll to commission members a few minutes before this meeting. The purpose was to ask & receive input from commission members as to which days of week & time of day that would be the most suitable preferences of the group (to conduct business). Currently, the Commission meets on the 3rd Tuesday every other month 9:30 am - 11:30 am.

Action Item: Commission members were encouraged to provide feedback to Ms. Furber and cc Ms. Bailey regarding meeting dates/times.

FY21 and FY22 DNHRQAC Annual Report

Commission members discussed & agreed to combine FY21 & FY22 annual report to include JLOSC's recent recommendations (HB 438). Ms. Furber and Ms. Bailey will begin working on annual report updates. A draft will be forwarded to commission members for review & comments.

Action Item: FY 21/22 DNHRQAC Annual Report draft will be sent to commission members for review.

FY 23/24 Budget

Ms. Bailey provided commission members with a copy of DNHRQAC's FY23 budget (\$89.9). This budget includes personnel, contractual, supplies or travel expenses. She mentioned Administrative Office of the Courts are asking for FY 24 budget requests to be forwarded by July 25, 2022. Ms. Bailey will be attending the Judicial Branch Retreat on August 9, 2022.

JLOSC Recommendations

Ms. Furber mentioned HB 438 was passed during the end of the FY22 legislative session. This bill includes a majority of JLOSC recommendations. It appears future legislation will be spearheaded by JLOSC regarding a name change and definitions in Delaware Code.

Action Item: It is DNHRQAC's understanding that JLOSC staff will work with the commission to develop legislation regarding name change.

Residents Rights (RR) Month – October

Ms. Bailey mentioned Residents Rights month is in October. Annually, Ms. Bailey and Ms. Furber write news commentaries, attend RR events, work on concurrent resolutions or tributes to honor, promote and encourage Residents Rights month activities in Delaware.

After recent discussion with LTCOP, it appears there will not be a larger group event held this year. There will be, however, individual facility-based events throughout the State. If any commission members would like details about a particular facilities RR event, please reach out to Ms. Bailey.

In addition, Ms. Bailey asked commission members what they would like to do to promote Residents Rights month in Delaware. Ms. McLaughlin and Ms. Jones agreed the commission should consider doing something for Residents Rights month. Ms. Furber encouraged commission members to be prepared to bring forth RR month ideas during September 20, 2022 DNHRQAC Meeting.

Action Item: Resident Rights month will be a focal point during September 20, 2022 DNHRQAC Meeting.

Workforce Advocacy Collaboration - DNHRQAC Members

Ms. Furber and Ms. Bailey will be meeting with SCPD soon to discuss workforce advocacy efforts. SCPD will be hosting a meeting in September to discuss workforce. Cheryl Heiks, DHCFA, will be joining SCPD in a discussion around workforce issues in Delaware.

Action Items: Mr. Hodges will forward SCPD (virtual) Meeting of September 20, 2022 link and login information to Ms. Bailey. In return, Ms. Bailey will forward the information to all commission members should they be interested in attending this meeting.

6. Public Comment

No public comment was provided during this meeting.

7. Next DNHRQAC Meeting - Tuesday September 20, 2022 @ 9:30 AM. The location: TBD.

8. Adjournment

The meeting was adjourned at 11:13 am by Lisa Furber.

Attachments: DNHRQAC Meeting of July 19, 2022 agenda
DNHRQAC Meeting of March 15, 2022 draft
DNHRQAC Meeting of May 17, 2022 draft
DNHRQAC By-Laws draft (due to HB 438 - JLOSC Review)
DNHRQAC FY 23 Budget (to prep for FY 24 Budget)
2nd Qtr 2022 QART Report
Staffing Report
CY 21 Civil Monetary Penalty Report
CY 22 Civil Monetary Penalty Report (thus far)
Top Deficiencies Cited (as of July 15, 2022)
Assisted Living Construction Projects (Approved to open within 2 years)