

**Long Term Care Facility Access Policy Workgroup
July 12, 2023, Chat Transcript**

12:10:00 LTCFA Policy Workgroup Panelist to Hosts and panelists:

<https://pollev.com/ltcfaaccesspolicyworkgroup253>

12:20:24 Caroline Servat to Hosts and panelists:

Welcome everyone! Please change your display name by clicking "Participants" and hovering over your name

12:27:34 Meredith Chillemi LeadingAge CA to Hosts and panelists:

Good afternoon - my internet has been unstable all day, so I will mostly be off camera.

12:34:08 Caroline Servat | Manatt to Hosts and panelists:

https://aging.ca.gov/Long-Term_Care_Facility_Access_Policy_Workgroup/

12:40:06 Caroline Servat | Manatt to Everyone:

https://aging.ca.gov/Long-Term_Care_Facility_Access_Policy_Workgroup/

12:40:35 Ellen Schmeding - CCoA to Everyone:

Ellen Schmeding, CA Commission on Aging, Commissioner

12:40:37 Eric Dowdy, Alzheimer's Association to Everyone:

Eric Dowdy, VP of Public Policy, Alzheimer's Association

12:40:39 Maitely Weismann to Everyone:

Hi everyone, good afternoon. Maitely Weismann family caregiver RCFE.

12:40:49 Darrick Lam, CA Alzheimer's Advisory Committee to Everyone:

Darrick Lam, Vice-Chair of the CA Alzheimer's Disease & Related Dementia Committee

12:40:51 Meredith Chillemi LeadingAge CA to Everyone:

Meredith Chillemi, Director of Regulatory Affairs, at LeadingAge California.

12:40:51 Melody Taylor Stark to Everyone:

Hi! Melody Taylor Stark: Bio/Chosen Family

12:40:53 Leza Coleman CCoA to Everyone:

Leza Coleman -Legislative Director, California Commission on Aging

12:40:59 Caroline Servat I Manatt to Everyone:

Link to member bios:

<https://aging.ca.gov/download.ashx?!E0rcNUV0zatb%2b8NV9%2fpeA%3d%3d>

12:41:01 KJ Page CalTCM to Hosts and panelists:

KJ Page RN-BC, LNHA representing Ca Association of Long Term Care Medicine (CalTCM)

12:41:03 LTCFA Policy Workgroup Panelist to Hosts and panelists:

Eric Carlson, Directing Attorney, LTSS, for Justice in Aging

12:41:03 Norka Quillatupa MD, Director Geriatrics. Kern Medical to Everyone:

Norka Quillatupa MD, Division chief Geriatrics at Kern Medical

12:41:07 LTCFA Policy Workgroup Panelist to Everyone:

Ana Acton, Deputy Director for Independent Living and Community Access Division, Department of Rehabilitation

12:41:09 Tony Chicotel, CANHR to Everyone:

Hello, this is Tony Chicotel, Senior Staff Attorney for Calif. Advocates for Nursing Home Reform.

12:41:09 Sally Michael, CALA to Everyone:

Sally Michael, President & CEO, CA Assisted Living Assn

12:41:11 LTCFA Policy Workgroup Panelist to Hosts and panelists:

Wynn Canio, ADRD Advisory Committee member

12:41:12 Sofia Cervantes| SCDD LA to Everyone:

Sofia Cervantes, Advocate with the State Council on Developmental Disabilities, Los Angeles Office

12:41:15 Betsy Armstrong - CHEAC to Everyone:

Betsy Armstrong, Senior Policy Analyst, County Health Executives Association of California (CHEAC)

12:41:17 Jayleen Richards, Solano Public Health, CHEAC to Hosts and panelists:

Jayleen Richards, Public Health Director, Solano County and CHEAC representative

12:41:18 Amber King, LeadingAge California to Hosts and panelists:

Amber King, Vice President, Legislative Affairs, LeadingAge California

12:41:19 Ken DaRosa, SCDD to Everyone:

Good afternoon. Ken DaRosa, Chief Deputy Director with the State Council on Developmental Disabilities.

12:41:26 Catherine Blakemore to Hosts and panelists:

Hello! Catherine Blakemore, Chair Alzheimer's Disease and Related Disorders Advisory Committee.

12:41:26 Nancy Stevens Resident to Everyone:

Hello! Nancy Stevens LTC SNF Resident

12:41:32 LTCFA Policy Workgroup Panelist to Everyone:

Amy Westling, Executive Director, Association of Regional Center Agencies

12:41:34 DeAnn Walters, CAHF to Everyone:

Hi! DeAnn Walters, LNHA, California Association of Health Facilities (CAHF)

12:41:36 LTCFA Policy Workgroup Panelist to Hosts and panelists:

Jason Sullivan-Halpern, Director, CA Long Term Care Ombudsman Association (CLTCOA)

12:41:43 LTCFA Policy Workgroup Panelist to Everyone:

Crista Barnett Nelson, Executive Director Senior Advocacy Services & Board President California Long Term Care Ombudsman Association

12:41:44 LTCFA Policy Workgroup Panelist to Hosts and panelists:

Chelsea Driscoll, Public Policy and Prevention Chief, CDPH

12:51:22 Melody Taylor Stark to Everyone:

Principle 3 "Timely" should be clarified

12:51:51 Nancy Stevens Resident to Everyone:

Yes, thank you Melody!

12:53:14 Catherine Blakemore to Hosts and panelists:

Isn't there already a right to have visitors that is based in law/regulation?
So perhaps connect this "right" to those that already exist.

12:53:35 Caroline Servat I Manatt to Hosts and panelists:

Workgroup members: Please change your display name so we can identify you. Thank you!

12:54:59 Jayleen Richards, Solano Public Health, CHEAC to Everyone:

Re: 5b and 6b: Define "direct"

12:56:28 Dan Okenfuss (CFILC) to Everyone:

Dan Okenfuss, California Foundation for Independent Living Centers (CFILC)

12:56:35 Melody Taylor Stark to Everyone:

6(a) - "Hours of Visitation" needs to be defined. Facilities could make decisions that are damaging to resident contact with family

12:59:59 Melody Taylor Stark to Everyone:

Compassionate Care - who defines "Compassionate Care"? For those who are RDSP it is included - would this be for those who are not RDSP - and it should be determined by the resident/resident rep

13:04:01 Nancy Stevens Resident to Everyone:

Yes Melody. Hours of operation...I'm having a friend come during late night hours this week. We have a major cockroach problem but no one sees them because they run around room to room mostly only at night. Dept of health and ombudsman do not come at night. I need someone to witness or capture on camera this infestation.

13:14:25 Karen Jones CLTCOA to Hosts and panelists:

Ombudsman would be subject to visitation parameters set by the State Ombudsman.

13:15:10 Darrick Lam, CA Alzheimer's Advisory Committee to Hosts and panelists:

Thanks, Catherine. That's an excellent comment.

13:16:42 DeAnn Walters, CAHF to Everyone:

If there is no limit to the number of individuals that may be designated, then why create a designation and just state that all visitors the resident wants to see would be allowed. Which is the requirement in times of non-emergency. Then all visitors would be subject to visiting parameters/safety.

13:19:37 Jason Sullivan-Halpern (CLTCOA) to Everyone:

I agree with Tony

13:22:04 Anissa Davis to Hosts and panelists:

I agree with the necessity to define what a state of emergency is. Is this a Governor declared state of emergency? Is it any state of emergency, such as local, county or state declared state of emergency?

13:26:40 Caroline Servat I Manatt to Hosts and panelists:

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13:27:56 Ken DaRosa, SCDD to Hosts and panelists:

To Anissa and Tony's point, "state of emergency" can involve conditions under which access to the facility itself is extremely limited (e.g., fire or earthquake), and in that context a resident's representative may be unable to visit the resident --does this principle allow for a real-time change to who may represent the resident?

13:28:41 Catherine Blakemore to Everyone:

My comment is about ensuring that when we say someone is unable to speak that we consider how we support that decision. that was not reflected in the report back comments

13:31:38 Nancy Stevens Resident to Everyone:

I'd like to see the word essential used alongside support person/visitor

13:35:44 Nancy Stevens Resident to Everyone:

30 days is far too dangerous

13:36:15 Nancy Stevens Resident to Everyone:

ESSENTIAL

13:41:00 Maitely Weismann to Everyone:

Yes, I often was asked to take off my brand new Niosh approved and fit-tested N95 and put on a surgical mask. There is no logic in that request. It happened at both LTC facility and hospital. Thank you for bringing that up, Melody.

13:44:56 Meredith Chillemi LeadingAge CA to Everyone:

Great points, agree with Catherine

13:47:25 Melody Taylor Stark to Everyone:

Is 14 days even too long? for some it could be detrimental

13:48:39 Catherine Blakemore to Everyone:

thank you @maitley, excellent points

13:50:57 Sofia Cervantes | SCDD LA to Everyone:

For instances when visitation is not possible for prolonged periods of times, perhaps encouraging consideration of planning for variations of contact based on conditions and resident needs.

13:56:40 Maitely Weismann to Everyone:

Often those situations - when residents are not eating or drinking - do not get reported!

13:57:14 Caroline Servat I Manatt to Hosts and panelists:

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13:57:35 DeAnn Walters, CAHF to Everyone:

Instead of cannot impose different safety protocols, how about the facility may not impose a higher level of safety protocol than that of staff. That way a visitor could use a higher level of PPE if they choose.

13:59:06 Maitely Weismann to Everyone:

Exactly what Teresa said.

14:01:10 Nancy Stevens Resident to Everyone:

Yes, Teresa and Maitely. I watched my neighbors die after no ltc staff were available to feed them, staff literally said "we don't have enough people to feed everyone."

14:01:20 Maitely Weismann to Everyone:

I second DeAnn.

14:03:15 Catherine Blakemore to Everyone:

we may want to move away from resident visitors as was previously suggested. because there is the right to visitors and that has a meaning for facility staff, it may be important to distinguish what we are talking about here. Tony Chicotel had some good recommendations regarding re-naming.

14:04:43 Nancy Stevens Resident to Everyone:

*at least one per resident

14:06:47 Jason Sullivan-Halpern (CLTCOA) to Everyone:

I would add "establish and EQUALLY ENFORCE visiting parameters" because the policy might differ from the actual practice...

14:06:52 Maitely Weismann to Everyone:

Thanks Nancy!

14:07:44 Nancy Stevens Resident to Everyone:

No more loopholes

14:07:44 Maitely Weismann to Everyone:

I second Catherine's callback to Tony. Resident-Designated Support Person.

14:07:53 Jason Sullivan-Halpern (CLTCOA) to Everyone:

I agree with Ellen there needs to be a relevancy requirement to the parameters too.

14:07:56 LTCFA Policy Workgroup Panelist to Hosts and panelists:

General question and comment here, per CDC, CDPH and local DPH, no other communicable diseases single out "visitors" or made them distinct from any one, is just a matter of following the approp

14:08:12 LTCFA Policy Workgroup Panelist to Hosts and panelists:

Appropriate precaution.

14:12:00 Melody Taylor Stark to Everyone:

Agreed! Thank you, Eric!

14:12:01 Maitely Weismann to Everyone:

Thank you Eric, yes.

14:12:24 Nancy Stevens Resident to Everyone:

“Do you a favor and allow a Sunday visit”

14:12:50 LTCFA Policy Workgroup Panelist to Hosts and panelists:

I agree with Eric, he’s absolutely right.

14:14:03 Caroline Servat I Manatt to Hosts and panelists:

A reminder to all workgroup members to please adjust your display name by clicking on "Participants", hovering over your current display name at the top, and inputting your first and last name. Thank you!

14:19:00 Maitely Weismann to Everyone:

If staff can enter, support persons can enter. With appropriate PPE.

14:19:28 LTCFA Policy Workgroup Panelist to Hosts and panelists:

I agree some facilities allowed in person visits with a plexiglass and 6 feet apart, no physical contact, even though no cases, no outbreak, so then they got away with it because it was technically an “in person” visit.

14:19:32 Melody Taylor Stark to Everyone:

Thanks, Karen!

14:19:33 Catherine Blakemore to Hosts and panelists:

yes@maitely!

14:21:40 From Melody Taylor Stark to Everyone:

In addition to me being shut out, my husband's palliative care doctor and his dentist (even though he needed urgent care) were not allowed in during lockdown

14:22:33 Maitely Weismann to Everyone:

Getting someone necessary support, or failing to do so, is the underlying equity issue

14:22:41 Nancy Stevens Resident to Everyone:

Hmmm...I thought it was clarified that facilities are to follow the least restrictive. It is my belief that an AFL bulletin should go out to all facilities.

14:22:54 Eric Carlson to Hosts and panelists:

"person-centered" does not necessarily fix the "reasonableness" problem. A facility might make resident-specific distinctions that hurt the resident. as discussed, any resident-specific distinctions should be a way to expand visitation rather than to limit it.

14:22:59 Melody Taylor Stark to Everyone:

With CARES funding, staff who had hours cut could have been brought in to help with monitoring "visits"

14:24:15 Maitely Weismann to Everyone:

Oh yes. Retaliation is so real.

14:25:30 DeAnn Walters, CAHF to Everyone:

Especially when changes may have to be made regularly (website updates)

14:25:34 Anissa Davis to Everyone:

@Nancy Stevens, if there's different fed, state, and local policies, the facilities have to follow the most restrictive policy. So, if the feds have a strict policy, and the locals have a less restrictive policy, the facility has to follow the more restrictive feds. And vice versa, if the locals are stricter.

14:25:38 Jason Sullivan-Halpern (CLTCOA) to Everyone:

I like that wording, Sally: "active communication between facilities and residents"

14:25:57 Meredith Chillemi LeadingAge CA to Everyone:

Yes, agree with Sally on active communication

14:26:40 Ken DaRosa, SCDD to Hosts and panelists:

As we consider communication protocols, please remember language, literacy, and other differences that, if not addressed, will usher in confusion, frustration, and compromise to resident needs.

14:29:04 KJ Page CalTCM to Everyone:

At this point facilities are Required to follow the MOST restrictive when ever there is a conflict in authorities with jurisdiction

14:29:43 Nancy Stevens Resident to Everyone:

@Anissa Davis I was informed otherwise

14:29:49 Catherine Blakemore to Everyone:

Apologies, I have another call at 2:30 and need to leave. Great discussion!

14:31:16 Jason Sullivan-Halpern (CLTCOA) to Everyone:

Thanks, Mark! I would summarize it as "Least restrictive visiting parameters in accordance with state, federal, and local law" if that helps at all. But we can follow-up via email too.

14:33:15 Anissa Davis to Everyone:

To answer what happens if there's an outbreak of covid (or any communicable disease, like flu, etc.) in a facility—the local public Health Dept will make decisions about isolation and quarantine of residents and staff. Visitation is not restricted during an outbreak.

14:33:27 Nancy Stevens Resident to Everyone:

As an advocate/resident I would not feel comfortable leaving it up to individual facility

14:33:31 Jason Sullivan-Halpern (CLTCOA) to Everyone:

Facilities follow the strictest guidelines under those laws, but they shouldn't depart any farther from the baseline resident right to visitation than absolutely necessary due to the nature of the emergency and facility

14:33:32 Maitely Weismann to Everyone:

Around the clock access is important.

14:33:52 Melody Taylor Stark to Everyone:

Around the clock access is paramount

14:34:55 Jayleen Richards, Solano Public Health, CHEAC to Everyone:

A facility in outbreak status may not be able to meet "reasonably allow" visitation due to reduced staffing and demands during a state of emergency. At outbreak status, visitation may need to be questioned to reduce spread and save lives.

14:34:55 Maitely Weismann to Everyone:

Irma put it well in the Q&A

14:34:58 Mark Beckley, CDA to Everyone:

Thanks Jason, that is helpful. I can't recall specific federal, state and local policies during the pandemic but I seem to recall they were fairly general so it may help to put a little more definition here.

14:36:18 Maitely Weismann to Everyone:

Jayleen - how do you support the people who are not getting fed, hydrated, and bathed, etc.? Especially when no staff will report that.

14:36:34 Melody Taylor Stark to Everyone:

@anissadavis - prior to "Covid" when in the hospital in a negative pressure room while being assessed for suspected tuberculosis, I was allowed 24/7 as long as I used the appropriate PPE - staff welcomed me being there

14:41:05 Melody Taylor Stark to Everyone:

@jayleenrichards a resident I know of had c-diff during lockdown. Even Staff were reluctant to enter the room at times to take care of them - however, they are alive today because their Support Person learned how to care for them.

14:41:11 Cassie Dunham- Dept of Public Health, CHCQ to Everyone:

Perhaps we can have future conversation about most stringent but least restrictive. I think that may be a point of disconnect in these situations and minimum standards that facilities must meet in general.

14:41:22 Ellen Schmeding - CCoA to Everyone:

Recommend keeping the parameters broad for compassionate care (like CMS definition). Licensing (during pandemic) saw this as an end of life situation.

14:41:27 DeAnn Walters, CAHF to Everyone:

Not just physical health decline but cognition/mood changes are equally important

14:41:38 LTCFA Policy Workgroup Panelist to Hosts and panelists:

For residents, who are not expressive and non-verbal, but are severely disabled, this kind of language often doesn't include them. Facilities that have these type of residents, even though its obvious, will not consider this as something that applies to their residents

14:41:39 Darrick Lam, CA Alzheimer's Advisory Committee to Hosts and panelists:

I agree that we need to keep the parameters broad.

14:41:59 Maitely Weismann to Everyone:

The reporting of those issues is a major problem.

14:42:59 Maitely Weismann to Everyone:

Overwhelmed staff does not recognize the warning signs.

14:44:56 Nancy Stevens to Everyone:

Yes Maitely!

14:45:52 Melody Taylor Stark to Everyone:

Several times I recognized Sx my husband was having that were not recognized by staff - and I was on target each time - one of those times it was during lockdown and it was while on a phone call with him and he was using a bad cheap SNF issued landline. Me Following up with the nurse supervisor on staff got the attention he needed for treatment

14:45:55 LTCFA Policy Workgroup Panelist to Hosts and panelists:

Can we please also add residents who rely on their families to interpret their wellbeing?

14:46:07 Caroline Servat I Manatt to Hosts and panelists:

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14:46:17 Maitely Weismann to Everyone:

Hi, can we please make visible the questions in the Q&A to the public?
They are not seeing each other's Qs

14:47:54 Maitely Weismann to Everyone:

I think everyone would benefit from seeing Irma's comments in the Q&A.

14:48:44 Nancy Stevens to Everyone:

Irma Rappaport, CT: Staff often told family members during the pandemic that their loved one was "fine" when it was not the case.

14:50:15 Nancy Stevens to Everyone:

I fell victim to that exact situation numerous times. I had to have depression added to my dx list in order to get necessary help

14:50:19 Maitely Weismann to Everyone:

Reshaped from Irma: People who come in every day or so and help feed, toilet, keep the resident calm are not "visitors", they are family caregivers who supplement the care of the paid caregivers. If someone is not capable of advocating for themselves, such as having dementia, we are not visitors, we are their voice.

14:50:31 Maitely Weismann to Everyone:

Reshared* (not reshaped)

14:53:38 Nancy Stevens to Everyone:

Yes, thank you! And if you've tried to get help via DPH or ombudsman, you run the risk of not having the facility be agreeable to allowing compassionate care.

14:54:02 Maitely Weismann to Everyone:

Mercedes put it well too.

14:54:25 Melody Taylor Stark to Everyone:

The weeks before my husband passed, one staff in particular was giving me a daily status update and we knew he didn't have many days left. I begged daily for over two weeks compassionate care visits and was told it was being denied by LADPH - I finally got ONE 15 minute visit using the same PPE as staff - a positive change in his mood was noticeable even though I had to stay 6 ' away - I was not allowed to even hug him! However as I was leaving I saw staff come in to give support with feeding, bathing, etc. - he passed the next day

14:57:16 Melody Taylor Stark to Everyone:

Thank you, Juliette -excellent job facilitating

14:57:58 Nancy Stevens Everyone:

Thank you Susan!

14:58:14 Darrick Lam, CA Alzheimer's Advisory Committee to Hosts and panelists:

Thanks, Susan, for being here.

14:58:39 Jason Sullivan-Halpern (CLTCOA) to Everyone:

Thank you!!!!

14:58:44 Maitely Weismann to Everyone:

Yes, thank you all.

14:59:54 Melody Taylor Stark to Everyone:

What are plans in case the policy is not finalized by the end of the Aug 22 meeting?

15:00:40 Caroline Servat I Manatt to Hosts and panelists:

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15:00:47 Caroline Servat I Manatt to Everyone:

https://aging.ca.gov/Long-Term_Care_Facility_Access_Policy_Workgroup/

15:01:06 Melody Taylor Stark to Everyone:

Thanks Everyone - excellent session! Be well and be kind to you

15:01:11 Maitely Weismann to Everyone:

Thank you!