

September 14, 2023

# Echoes from Administrators

ACHCA MA Chapter welcomed practicing administrators to another live gathering of our virtual community of peers leading facilities across the Commonwealth.

**Registrant Facilities Included:**

ACHCA  
Adviniacare  
Alliance Health and Human Services  
Benchmark Senior Living  
Bethany Health Care  
Blackstone valley health  
Broad Reach / Liberty Commons  
Campion Health & Wellness INC  
Chelsea Jewish Lifecare  
Christopher House  
Clifton Assisted Living  
Emerson Rehab & TCU my  
H&R Healthcare  
Hathorne Hill  
Innovations Healthcare  
JML Care Center  
John Scott House  
Legacy Lifecare  
Life Care Centers of America  
Madonna Manor  
Maine Veterans Homes  
Marian Manor of Taunton  
Neville Center  
Overlook Masonic Health Center  
Palmer Healthcare Center  
Pointe Group Care  
Rehabilitation Associates  
Royal Health Group  
Salter Healthcare  
Sarah Brayton Nursing Center  
Seven Hills Pediatric Center  
Sevita  
St. Mary Health Care Center  
Stackpole & Associates, Inc.  
Sterling Village  
The Boston Home  
The Carmelite System  
THE OVERLOOK  
The Pavilion Rehabilitation and Nursing Center  
Watertown Rehab and Nursing Center  
Westfield Gardens

With registrants from 41 organizations, our pilot time shift to mid-day did bring fewer administrators to the virtual table for our check-in and update, still affording another informal opportunity to convene and hear what colleagues had happening in their buildings. Representation continues to span a cross-section of corporate/multi-facility, non-profit, and freestanding organizations from across the state.



We were also honored to have Bob Lane, ACHCA National's president, kick us off with words of welcome and news of the College.



**Our Survey & Regulatory Experiences Included:** anecdotal



reports on survey experiences in various regions of the state.

**Surveyor “experience”** discussion was largely favorable in terms demeanor of survey team to facility staff. Surveys mentioned were typically expedient, e.g. starting on a Tuesday and ending on a Thursday, no big gaps, etc. Discussion seemed specific to standard surveys, with no comments on those from complaints or facility – reported. There were no comments or concerns expressed about turnaround of 2567’s, etc.

Questions and challenges raised were focused more on when it seems like “surveyor judgement supercedes facts”. Two examples were of surveyor conclusions on scope of practice in

discipline-specific circumstances (e.g. therapy) that are more rooted in surveyor perception, or wound citations concluding that a wound was caused by facility deficient practice (and thus assigning “avoidability”) that seem to come from surveyor hypothesis than being evidence-based.

Further discussion was in terms of how facilities could present alternative “conclusions” to surveyors less defensively, and the desirability of surveyors approaching potential concerns in ways that framed it in more of a question than a foregone conclusion from which the facility had to scramble in a recovery effort. Most certainly, the opportunity to have dialogue before the exit conference was noted to be paramount.

Another area of question about survey teams was some sense that the surveyor groups are not always working “as a team”, referencing occasions where one surveyor might be intensely focused on a negative determination, but the team leader does not seem to be on the same page, or perhaps not informed by the individual surveyor until late in the process.

Finally, in the realm of survey, there was discussion of the concerning practice of “stacking”, especially with tags at G level or greater. Most notably, a tag for an occurrence, with another tag, text cut and pasted word-for-word, for care planning, or for the some aspect of process failure. It was noted that multiple tags do not seem to break out the differences between these areas, when the “facility failed to” statement would seem much more meaningful if it specified that the identified breakdown (process, etc.) rather than just a regurgitation of the individual occurrence.

Some who were familiar with recent MSCA compilations noted comparative deficiency data, specifically identifying MA outliers:

- ➔ MA leads CMS region 1 in G level tags on complaint surveys, with 31%, while the other five NE states range from 2.6% (NH) to 13.5% (RI).
- ➔ MA is not quite as much an outlier in G+ tags on standard surveys (2.9%), with the span of region 1 states @ 0.6% (ME) to 3.5% (RI).
- ➔ MA’s average # deficiencies per standard survey (11.25) is close to the highest in the region, second only to CT (13.34).

Participant discussion was largely around why there would be such variation.

**IDR?** ACHCA and MSCA have been sharing the link in advance of the meeting with their memberships each month. [This link](#) will take you to the Sept 27th meeting – 1 PM. Attendees are reminded to remain muted, noting that there have been some “hot mic” moments.

## Our Workforce Experiences have included:

The workforce themes this time were “not worse...not spectacular”, with participants noting some staff who had left now returning.

Word of mouth was noted more than any one particular approach, though emphasis on:

- “Hyper vigilant focus”,
- “Very close tracking”.
- “Campaign and strategy”, and
- “Deliberate management of process”

all noted as differentiators of success versus struggle.



## Other Business:



Before wrapping up, there was dialogue about the new VAX protocols. Concerns for “how to do it right” with regard to required mitigation when decline or exemption requests are granted, with facilities not wanted to feel like compliance will be too subjectively determined by individual surveyors, in particular if facilities are just left with “consult with HR” or “consult with legal counsel”.

Best practices, balancing practicality and effectiveness, for mitigation in different types of positions –  
“Could they be set forth?”  
“What will surveyors/DPH want?”

CEU Certificates for today’s meeting have been sent (separately) to all participants, with plans for another ECHO group in December.



[Follow the ACHCA MA Chapter on LinkedIn](#) so you don’t miss the notice on the next ECHO in your email!

**Stay up-to-date on future events** at <https://achca-machapter.org/upcoming-events/> with some opportunity to still register for the October 11<sup>th</sup> golf tournament.

**Information on previous events** (including handouts when available) are posted at <https://achca-machapter.org/previous-events/>.

**Not yet an ACHCA member?** Join <https://www.achca.org/membership> . Is your company like [Advinia Care](#), [Alliance Health and Human Services](#), [Bane Care](#), [Legacy Lifecare](#) and [Life Care Centers of America](#) all of whom either reimburse or prepay ACHCA dues for their MA administrators?