

Vienna Village

ASSISTED LIVING

Earning the trust of families since 1965

July 30, 2024

Taylor Corpening
809 Ruggles Drive
2701 Mail Service Center
Raleigh, NC 27699
Email: dhsr.rulescoordinator@dhhs.nc.gov

Re: Vienna Village comments to proposed Medical Care Commission Rules Published June 17, 2024 in the North Carolina Register, Volume 38, Issue 24, pages 1582-1623

Dear Ms. Corpening,

Vienna Village, Inc. is an Adult Care Home located in Forsyth County. We are family owned and operated and are currently in our third generation of family management. We have been in business since 1965, and I have been employed at Vienna Village since 1995. I have served on the Adult Care Home Rules Review Workgroup since it was started almost 10 years ago. I am providing comments to the proposed changes from NC DHSR, Adult Care Licensure Section for rule 10 NCAC 13F .0309 (Fire Safety and Emergency Preparedness Plans).

Proposed rule:

13F .0309

(b) There shall be unannounced rehearsals of the fire evacuation plan quarterly on each shift

There is not clarity in what “rehearsals” mean. I would hope that homes can continue to do a staff walk thru of the evacuation drills (or table top discussion) instead of actually doing a full scale evacuation of the residents. I believe DHSR instituted mandatory evacuation drills in the late 1980s/early 1990s and they had to back off these rules because too many residents were injured during the mandatory drills. You can only imagine the trauma both physical and mental to residents if a facility is multi-story and you are doing a full-scale evacuation rehearsal and you must take residents with mobility issues down stairs in the middle of the night. You can also imagine the mental trauma that would occur on a regular basis of evacuating residents in memory care units whether in the day or the night. See Appendix A for two studies which show the increased hospitalization and morbidity rates of evacuated residents. Although not apples to apples comparison since both studies analyzed evacuations during an actual emergency not a drill.

Vienna Village

ASSISTED LIVING

Earning the trust of families since 1965

Due to lack of clarity on what “rehearsals” mean, some regulators may interpret that a full-scale evacuation must occur and will force homes to do that which has the potential to cause injury and great levels of stress for all residents involved. My strong request is that clarity be added so that evacuation drills can be planned and discussed (which hopefully all facilities currently are doing) but no residents actually have to be moved during the drill.

Proposed rule:

13F .0309 (d) and (e)

(d) Each facility shall develop and implement an emergency preparedness plan.

These changes are so extensive that it is amazing that NC DHR projects minimal costs to both providers and the state. Although DHR does admit in its supporting documents that “*the proposed rule changes may have a bigger impact on smaller facilities.*”

For instance, DHR in 13F .0309 (e) (1) (A) is requiring “*procedures for collaborating with other healthcare facilities and services to include emergency medical services, hospitals, nursing homes, adult care homes when applicable and the community during an emergency or disaster*” coupled with 13F .0309 (e) (1) (K) requiring “*transportation procedures to include prearranged transfer agreements, written agreements, or contracted arrangements with other facilities and other providers to receive residents*” Although larger chains that have facilities clustered within a reasonable distance of each other may be able to more easily meet these requirements, family care homes and single facility providers are going to have great issues in creating contracts with other facilities. And what happens if a “contract” is created and at the time of the needed evacuation, the state declares that the contracted facility cannot accept the residents because they are already at full census.

Also, DHR in 13F .0309 (e) (1) (L) is requiring “*provisions for addressing potential staffing issues and ensuring staffing during an emergency.*” Even if a facility has an agreement with a staffing agency, if a storm such as Katrina or Florence (examples which are listed by DHR in supporting documents) were to hit an area, staffing agencies would have all of the same issues that facilities have in getting staff to work.

Without the assistance from state and local authorities, it appears that these regulations will only create extra burdens of paperwork for facilities to try to create plans that give an impression that providers can “do it on their own without the help of the state.” These plans will just be paper sitting on the shelf in order to meet a state regulation. **If DHR is really interested in addressing their list of concerns, they should be developing inter-government emergency teams that would be available to assist in times of declared emergencies. This process needs to be much more collaborative. When**

Vienna Village

ASSISTED LIVING

Earning the trust of families since 1965

facilities (and frankly the public in general) most need assistance from the state is during times of emergency. Obviously planning at both the government and facility level is important, but these rules give the impression that DHSR wants to say we have addressed the issue through creation of regulations and paperwork for facilities which then gives DHSR the ability to come in after an emergency and cite homes for failure to implement the plans they developed. The approach with these regulations gives the impression DHSR is just trying to shift all blame of failure during an emergency completely on the providers.

I believe a much more robust fiscal note is necessary to project the cost to facilities across the state to implement these proposed regulations which DHSR recognizes above as being new to most facilities. In the “*Summary of Impacts*” (see Appendix B below) that DHSR created, I believe they grossly underestimate the cost to both the state and local governments as well as adult care homes to implement this rule. DHSR only projects \$2,240 cost to the state. This cost only takes into account how much time it would take to develop training for the state to share the new rules with providers (via online training video, etc). It does not take into account creating a program to assist providers in creating agreements with other adult care homes for evacuation and relocation (13F .0309 (e) (1) and other parts of this rule that require coordination among different public and private entities including transportation. Just a few years ago, the state created a template for adult care homes to use for disaster planning. My understanding is that although the template may still be available on the website, this template is no longer supported by the state apparently due to either a lack of funding and/or a lack of continued interdepartmental collaboration.

Although larger chains may have the ability to implement some of these regulations including agreements with other facilities within their own chain concerning evacuation and relocation, one site adult care homes (such as Vienna Village), smaller facilities and family care homes will definitely need some type of assistance and guidance from the state and local authorities to help establish these proposed agreements. DHSR acknowledges that this will create a heavier burden on smaller facilities. I would even contend in order to implement some of these policies without great assistance from the state and local authorities that **a number of one-site and smaller facilities and family care homes will be regulated out of business.**

I would implore that we keep the rules that we currently have on the books unless the state is willing to put significant resources into this effort. As mentioned at the start of my letter, I serve(d) on the Adult Care Home Rules Review Workgroup. We had little to no discussion on these proposed rule changes on Emergency Preparedness with the state before they passed them along to the Medical Care Commission and then disbanded the committee.

Vienna Village

ASSISTED LIVING

Earning the trust of families since 1965

Thank you for your consideration of my comments and if I can be of further assistance in addressing any questions about my comments, please feel free to contact me.

Sincerely,

Chris Parker

Chris Parker
President
Vienna Village, Inc.
Chris@viennavillage.com

Cc: NC Medical Care Commission members

Appendix A:

Below are links to two studies regarding Hospitalization and Mortality rates after evacuation for Hurricanes. The first one is a study from April of 2024 that is focused on Assisted Living in Florida from Hurricane Irma. It states that the mortality rate did not appreciably climb but the ER visits and SNF transfers increased.

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2818100#zoi240316r1>

The second study is on SNF evacuations in four hurricanes in TX. If you scroll down deep in the study, there is graphic data that quickly shows substantial increases in hospitalizations and mortality rates that increased substantially 60-90 days after evacuation.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3264770/>

Obviously these studies are focused on evacuations as a part of a true weather emergency versus just evacuations as part of ongoing drills. But I believe you can extrapolate the potential of continual evacuation rehearsal drills on the physical and mental health of the frail elderly.

Appendix B:

***From NC DSHR Adult Care Licensure Documentation on Rule 10A NCAC .0309
Summary of Impacts***

State and Local Government

To assist facilities with the updated requirements, the agency plans to collaborate with partner agencies to provide guidance and assistance to facilities on the updated rule requirements prior to the proposed effective dates of the rule. The Division of Health

Vienna Village

ASSISTED LIVING

Earning the trust of families since 1965

Service Regulation Adult Care Licensure Section has a training team that provides training to providers, county DSS staff, and DHSR surveyors on approved rules. These trainings are provided virtually in a one-time group session for approximately two hours, and the information is typically available on the Adult Care section website free of charge for future reference.

The agency estimates that the development and implementation of such a training would take approximately 40 hours for an ACLS Training Specialist (Facility Compliance Consultant II) to complete. At a wage of \$56 per hour (trainer salary with benefits), this is estimated to be a one-time cost of \$2,240 to the state. This will be beneficial to facilities and will offer cost savings as facilities will not be required to navigate the new rule requirements on their own.

Most of the proposed changes will have an impact on the Adult Care Licensure Section in the form of minimal time savings associated with improved rule clarity. The Adult Care Licensure Section staff will also have time costs due to providing technical assistance and training on the new rule requirements. These costs will be incurred mainly in the first year of implementation as existing facilities update their EPPs. The agency does not anticipate impacts on local government (i.e. county Departments of Social Services who monitor and conduct complaint investigations in adult care homes and family care homes) beyond their current job requirements to monitor and regulate the proposed amendments. That said, both state and local emergency management agencies will likely experience some unquantifiable costs and benefits in terms of both providing planning assistance to adult care providers and improved collaboration, communication, and ultimate response and execution of the plan when there is an emergency. It can be reasoned that, in addition to improving safety, these improvements will save time, money, and other resources in the long term.

Adult Care Homes & Family Care Homes (“Assisted Living” Facilities)

It is important to note that emergency management, including preparedness and response, is facility-specific and dependent upon support and resources at the local level. As such, adult care homes can be vastly different in their operations, management, staffing, resident population, available resources, and other characteristics. That’s why it is crucial for each facility to develop and implement its own emergency preparedness plan and that the rule requirements allow facilities to have the flexibility to do so. Each facility will have different identified risks depending on the size and location of the facility. For example, facilities located in the mountains typically don’t need to prepare for hurricanes or coastal flooding. The agency anticipates that there will be an impact to adult care home providers in terms of opportunity cost as they complete the following tasks to comply with the proposed rule requirements:

- 1) Review the facility’s current “disaster” plan and compare its contents against the newly defined criteria set forth in the proposed rule.*
- 2) Update the facility’s current EPP to include any new criteria areas not addressed in their current EPP.*

Vienna Village

ASSISTED LIVING

Earning the trust of families since 1965

3) Complete a risk assessment, which would require obtaining information from the local emergency management agency or regional healthcare coalition on the particular risks to the county/region where the facility is located. While some regions have resources readily available online, others may not, and providers would need to call the agency or coalition to obtain this information.

4) Submit updated EPP to the local emergency management agency and agency designated to coordinate and plan for the provision of access to functional needs support services in shelters during disasters (which is typically the local DSS).

5) Complete a drill at least annually to test the facility's emergency plan.

6) Train facility staff, including those who have specific roles and responsibilities as designated in the facility's EPP.

The amount of time required to be spent will vary significantly among facilities. The amount of time spent will be highest for those facilities whose disaster plans have not been recently reviewed and therefore require significant updates. While adult care homes and family care homes are currently required to provide staff training on emergency procedures as required in Rule .1211, the agency anticipates that there will be some additional training time spent by those individuals responsible for the primary procedures on those roles. The agency has reviewed a sample of current disaster plans of adult care homes and family care homes from across the state and have found that there are some facilities that already include many of the components of the proposed rule, therefore, potentially little to no additional training would be required. The agency does not have a way to estimate how many facilities would need to enhance their current training to comply with this requirement, but the agency does not anticipate a significant amount of additional time or costs beyond what is already required for training. It should be noted that this is not a training that the agency can provide. Since EPPs must be specific to the individual facility and its procedures, the facility must conduct this training for its employees. While there are no specific training courses offered by the agency, there are no-cost emergency preparedness planning trainings available through local emergency management agencies and regional healthcare coalitions across the state.

It should be noted that part of the impact on providers would be due to the time involved for the initial overall review and update of the facility's current disaster plan to comply with the newly required EPP components. This would most likely be a one-time initial time cost, however the benefits will be continual for optimal safety and well-being for residents. The estimates in this analysis are based on the best available information available to the agency.