



Government of the District of Columbia

Department of Health



Office of the Director

February 13, 2013

Sandy Douglass, NHA
CEO/ Administrator
The Methodist Home
4901 Connecticut Avenue, N.W.
Washington, D.C. 20008

Dear Ms. Douglass:

This is in response to your request for a waiver of the required staffing ratio for the operation of The Methodist Home. Specifically, you requested a waiver of the required registered nurse (RN) hours per patient day. Your request is made in accordance with 22 DCMR 3211.8.

The required registered nurse hours per patient per day is .6 hours a day in addition to the hours the facility has apportioned to registered nurses in accordance with 22 DCMR 3211.4. The Methodist Home is requesting that the staffing ratio for registered nurses be reduced from the required .6 hours per resident per day as provided by 22 DCMR 3211.5 to .48 hours per resident per day.

Section 3211.9 permits the Director of the Department of Health to waive the .6 hours per resident per day requirement on one or more of the following bases:

- (a) Whether the facility has undergone a system-wide culture change and the impact the facility asserts that such change has had on resident care;

The Methodist Home states that in conjunction with new construction in 2001, the provider integrated culture change into its programs and that the facility confirmed its formal commitment to culture change through participation in the Wellspring Alliance in 2004.

The Department commends the Methodist Home for its commitment to the Wellspring Alliance and for the implementation of a new culture that staff appears to have wholeheartedly embraced for the benefit of residents. However, by the Methodist Home's own account the Wellspring Alliance approach to facility operations was firmly in place when the regulatory requirements became effective in January, 2012. The HRLA provided nursing facilities with an implementation period of six months to become compliant with the new staffing requirements (July 1, 2012). The regulations anticipate that the new staffing requirements are to be followed

by all licensees. Waivers based on culture change are to be granted when the change occurs *after* the regulations became effective.

The waiver is not granted on the basis of culture change since there has been no change since the regulations became effective and the Department cannot gauge what impact such a change may or may not have had on residents.

(b) The acuity levels of residents and how stable those levels are based on the case mix of residents; and

Data that you submitted with regard to case mix and levels of acuity would seem to result in a positive impact on your resident population as a whole. We find particularly important the following:

1. Your overall staffing ratio equaling four and fourteen one hundredths (4.14) hours of direct care per resident per day exceeds, albeit slightly, the required average direct care ratio of four and one tenth (4.1) hours per day per resident; and
2. Of the forty-nine (49) residents now living at your facility at the time of your request, none are bedfast, four receive respiratory treatment and two (2) are receiving hospice care.

We note that the Department informed providers that newly promulgated staffing ratios would be enforced beginning in July, 2012. Your request for waiver from them was made on July 26, 2012. HRLA would like the opportunity to monitor the stability of the residents' acuity levels and case mix to make some determinations about the stability of them and the concomitant impact on residents' welfare before we deem a waiver advisable. We cannot make a reasonable decision as to whether the requested current staffing ratio of less than .6 for a nurse practitioner or registered nurse (as stipulated in 22DCMR 3211.5) is desirable before we observe it in practice for a reasonable amount of time.

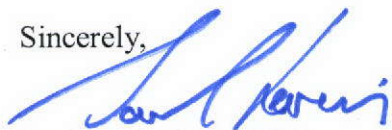
Lastly, the Director can approve a waiver from the required staffing ratio for registered nurses based on the following:

- (b) Any other justification related to the needs of the facility that warrants revising the staffing pattern or ratio because of:
- (1) A change in program or organizational structure; or
 - (2) An environmental or systemic change.

Your request does not disclose any change in organizational structure or environment that warrants a waiver at this time. In addition, your most recent survey report (June 6 – 13, 2012) reflects a deficiency at the scope and severity of "F" that is widespread, with no actual harm and potential for more than minimal harm that is not immediate jeopardy as it pertains to your infection control program. It is noted that activities related to monitoring and surveillance of infection control measures benefit from the coordination of a registered nurse.

The Department of Health appreciates the work you and your facility have done on behalf of the District's residents.

Sincerely,



Saul Levin, MD, MPA
Interim Director