



26 July 2012

Dr. Saul Levin  
Interim Director  
Department of Health  
899 North Capitol Street, NE – 5th floor  
Washington, DC 20002

Dear Dr. Levin:

As you are aware, amendments by the DC Council to Chapter 32 (Nursing Facilities) of the Health-Care and Community Residence Facility, Hospice, and Home Care Licensure Act of 1983 have been incorporated as the Health Care Facilities Improvement Amendment Act into Title 22 of the DC Municipal Regulations (DCMR). Requirements under this Act were effective December 16, 2011, with the exception of the staffing requirements that were effective January 1, 2012.

Subsection 3211.8 of this Act states that, “in order to have staffing requirements adjusted to require less than the stated hours of care per resident as set out in subsections 3211.4 and 3211.5, a nursing facility shall submit to the Director a written request based on the particular needs of the facility.” The Methodist Home is hereby submitting this formal request for a waiver of the required RN staffing hours per patient day for our facility.

We believe we have strong justifications on which this request is based and present these following.

**1. Culture Change Initiatives.**

With the construction of our nursing facility in 2001, the Methodist Home purposely incorporated structural and environmental adaptations that supported culture change (e.g., separate dining space, majority private rooms, etc.). In 2004, through participation in the Wellspring Alliance, we made a formal commitment to integrate culture change into our day-to-day service delivery. The Wellspring Alliance comprises a national coalition of nursing homes committed to culture change. Wellspring facilities participate in regional monthly education programs designed to assist staff develop a philosophical framework through which resident preferences are always viewed as priority. Using a national network of peer facilities, staff are also able to communicate culture change strategies and exchange successes as well as barriers to implementation.

From 2004 to 2010, Methodist Home staff at all levels and across all disciplines attended these education sessions and participated in the Wellspring network. Consequently, we were able to expand exponentially a breadth of new ideas to implement and/or maximize the following culture change initiatives in our facility:



- Consistent staff (RN, LPN, and CNA) assignments
- Flexible meal, bathing, and showering schedules
- Intergenerational programming and a wide variety of cultural, arts, history, drama, dance, and recreation programs
- Individualized room décor (including choice of family-provided furniture, art work, linens, and even mattresses, where feasible)
- Walking paths, courtyards, gardens
- Accommodations for indoor/outdoor celebrations and other special dining requests for families and friends of residents
- Refrigerators available in resident rooms
- All rooms with direct view to outside areas
- Cable TV connections in all bedrooms
- Wireless computer/internet adaptations in common areas, and computer connections available in all bedrooms
- Individual temperature controls in all bedrooms
- Visiting Pet Programs
- Accommodations for community groups to meet in the facility

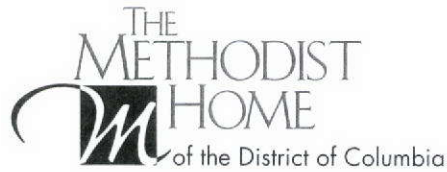
The outgrowth of the culture change environment at the Methodist Home has resulted in these and other programs that have proven to unquestionably benefit our residents, families, and staff.

**2. Resident Acuity.**

The resident population at the Methodist Home primarily comprises the old-old who need care and services designed to maintain their baseline health status and, to the extent possible, improve their quality of life. Attached as Appendix A is the Resident Census and Conditions Report generated in June 2012. This report derives from information submitted to CMS by means of the Minimum Data Set (MDS) and presents current resident acuity data. The low acuity of our residents with respect to acute disease states is most evident in the section of the Report entitled "Special Care." Upon review of this section, it becomes obvious that a major portion of residents' care needs center around assistance with Activities of Daily Living (ADLs). Certified Nursing Assistants (CNAs) provide many of these services under the direction and supervision of the licensed nurses and RN supervisors, using the existing staffing complement we currently have. Services of the Nursing staff are more than adequately supplemented by Activities personnel and Social Workers, as appropriate.

**3. Survey History and Quality of Care.**

The survey history for the Methodist Home has consistently been good. The Provider History Profile, available as part of the CASPER Report and attached as Appendix B, depicts findings from surveys conducted by the Department of Health for the years 2008, 2009, 2010, and 2011.



The most serious deficiency during this period occurred only 3 times and reflected no actual harm with potential for more than minimal harm that is not immediate jeopardy (i.e., Level E). All other citations were rated as Level D or less.

In addition, the Methodist Home has maintained a 5-star rating for quality since 2008. This rating, defined by CMS as representing "much above average" quality of care, was assigned to the Methodist Home by CMS the first year the rating system was released and has been re-assigned each year since. There is no indication that the quality of the services we provide has eroded in any way over the years. We believe this is because of the stability of our Nursing staff, the appropriate allocation of existing Nursing staff resources, and the on-going training programs we provide to enhance staff skills.

In summary, we believe the Methodist Home's proven track record demonstrates an extraordinary capacity to provide high quality care and services to the elderly. We have done so successfully and in a cost effective manner over the years within the current staffing pattern of **4.14** direct care hours per resident day. This exceeds the daily average requirement of 4.1 direct nursing care hours per resident day, as stipulated by the Health Care Facilities Improvement Amendment Act.

Within our current pattern, the direct care hours provided by Registered Nurses per resident day is **0.48**. Although the Act requires 0.6 direct care hours per resident day by RN personnel, we are confident the deficit of **0.12** hours per resident day represented by our current staffing pattern in no way adversely affects the quality of care and services we provide.

We appreciate your consideration of our request for waiver. We believe the unique needs of the resident population at the Methodist Home support our request. I will be happy to respond to any questions or need for further clarification you may have.

Sincerely,

A handwritten signature in black ink, appearing to read "Sandy Douglass".

Sandy Douglass, NHA  
CEO/Administrator

A handwritten signature in black ink, appearing to read "Mary Savoy".

Mary Savoy, RN  
Director of Health Services

cc: Dr. Feseha Woldu , Senior Deputy Director HRA, DOH  
Dr. Sharon Lewis, Program Manager, DOH