



**NEVADA LEGISLATURE**  
**LEGISLATIVE COMMITTEE ON SENIOR CITIZENS,**  
**VETERANS AND ADULTS WITH SPECIAL NEEDS**  
(Assembly Bill [A.B.] 9, Chapter 430, *Statutes of Nevada 2009*)

**SUMMARY MINUTES AND ACTION REPORT**

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The first meeting of the Nevada Legislature's Legislative Committee on Senior Citizens, Veterans and Adults With Special Needs (A.B. 9) was held on January 20, 2010, at 9 a.m. in Room 4401 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. The meeting was videoconferenced to Room 2135 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. A copy of this set of "Summary Minutes and Action Report," including the "Meeting Notice and Agenda" ([Exhibit A](#)) and other substantive exhibits, are available on the Nevada Legislature's website at <http://www.leg.state.nv.us/interim/75th2009/committee/>. In addition, copies of the audio record may be purchased through the Legislative Counsel Bureau's Publications Office (e-mail: [publications@lcb.state.nv.us](mailto:publications@lcb.state.nv.us); telephone: 775/684-6835).

**COMMITTEE MEMBERS PRESENT IN LAS VEGAS:**

Assemblywoman Kathy McClain, Chair  
Senator Shirley A. Breeden, Vice Chair  
Senator Joyce Woodhouse  
Assemblywoman Ellen B. Spiegel  
Assemblyman Lynn D. Stewart

**COMMITTEE MEMBER ABSENT:**

Senator Dennis Nolan

**LEGISLATIVE COUNSEL BUREAU (LCB) STAFF PRESENT:**

Amber J. Joiner, Senior Research Analyst, Research Division  
Risa B. Lang, Chief Deputy Legislative Counsel, Legal Division  
Natalee M. Binkholder, Deputy Legislative Counsel, Legal Division  
Ricka Benum, Senior Research Secretary, Research Division

## OPENING REMARKS

- Chair McClain called the meeting to order, welcomed everyone in attendance, and requested the members to introduce themselves and comment on their reasons for serving on the Legislative Committee on Senior Citizens, Veterans and Adults With Special Needs.
- Assemblyman Stewart indicated his interest comes from his status as a senior citizen and stated he is also a veteran.
- Assemblywoman Spiegel stated her Assembly district includes a large number of senior citizens, veterans, and persons with special needs. She views the measure of a society as the care shown to those in need, the elderly, and to veterans for their service.
- Senator Woodhouse commented that during the 2007-2009 Interim, she served on the interim study that initiated the standing Committee and requested to return. She sponsored several bills that have had an effect on senior issues, and agreed with Assemblywoman Spiegel's comment on the importance of caring for the senior population and veterans.
- Vice Chair Breeden stated her interest in serving on the Committee stems from being the caregiver for two elderly family members and learning firsthand the hardships they endured during their illnesses. She commented that there are many services which seniors need, and she anticipates helping to provide those services.
- Chair McClain expressed her pleasure with the makeup of the Committee and the willingness of the members to examine issues to improve the care and services of the senior population. She reported that budget constraints have limited the Committee to four interim meetings and mentioned the issues that would be reviewed. She commented on the recent news reports of instances of elderly patient's medication being withheld, or improperly administered, and noted that the timeliness of the meeting's subject matter, to improve facilities for long-term care, is appropriate. Future topics the Committee will look at include: elder abuse, guardianship, and veterans' issues. As the Chair of the Nevada Veterans' Services Commission (*Nevada Revised Statutes* [NRS] 417.150) she is aware of the problems encountered by Nevada's veterans. Chair McClain noted that in general, the public is not well-informed on the difference between nursing homes and assisted living facilities, and that later testimony would serve to clarify the issue.

## **OVERVIEW OF THE COMMITTEE'S RESPONSIBILITIES AND ACTIVITIES**

- Amber J. Joiner, Senior Research Analyst, Research Division, LCB, outlined the statutory responsibilities as stated in A.B. 9. Ms. Joiner directed the members to the handout she provided and summarized the duties of the Committee and the issues it would review, study, and comment on. (Please refer to [Exhibit B-1](#) and [Exhibit B-2](#).)

Referring to the primary subject of this meeting, Ms. Joiner pointed out that A.B. 9 authorized the Committee to study issues associated with the improvement of facilities for long-term care in Nevada, such as: reducing the number of out-of-state placements; creating units for acute care and long-term care for dementia patients and those with behavioral problems; developing alternatives to placement in facilities for long-term care; and possibly creating a program to provide follow-up care and track the ongoing progress of residents ([Exhibit B-1](#)).

## **PRESENTATION RELATING TO THE WORK OF THE STRATEGIC PLANNING ACCOUNTABILITY COMMITTEE FOR SENIORS (SPAC)**

- Connie McMullen, Chair, SPAC, presented an update on the State's waiver programs and the long-term care concerns identified by SPAC. As a result of SPAC's December 15, 2009, meeting six priorities were adopted staying in line with its long-term goal to keep the aging in their homes by utilizing community-based services and avoiding premature institutionalization. Ms. McMullen submitted her testimony ([Exhibit C](#)), and provided the Committee with the recent reports released by the Community Options Program for the Elderly (CLEO) ([Exhibit D](#)).

Ms. McMullen outlined SPAC's priorities as: (1) community-based care/long-term care; (2) mental health issues; (3) ensuring continued funding for critical services; (4) guardianship concerns; (5) elder abuse; and (6) care facilities throughout the State.

She emphasized SPAC's concerns with the current caseloads, social worker vacancies, the wait lists, and barriers in connecting services to persons most in need. Ms. McMullen briefed the Committee on the data contained in the CLEO reports ([Exhibit D](#)), listed the number of beds budgeted for each program, the number of persons being served, and the number of vacancies. She noted that if the beds are not filled and the wait lists continue to grow, funding might be diverted to fill shortages in other areas leaving persons in need without critical services.

Ms. McMullen spoke on the concern of long-term care facility providers to address the range of services necessary to care for persons with mental health issues and seniors with dementia, Alzheimer's, or Parkinson's disease. Many long-term and acute care facilities will not accept those cases with dementia or other challenging behavioral issues, and a significant number of patients are transferred out-of-state.

- Assemblyman Stewart referred to the patient wait times and asked Ms. McMullen for recommendations to resolve the problems of ineffective administrative processes.
- Ms. McMullen theorized the breakdown occurs between the Aging and Disability Services Division (ADSD), Department of Health and Human Services (DHHS), and the Division of Welfare and Supportive Services (DWSS), DHHS, and the timing involved in the application process. She added that if the budgeted funds are not utilized, they might be eliminated in the next budget cycle.

Further responding to Assemblyman Stewart, Ms. McMullen estimated that annually 67 to 70 senior citizens are sent to out-of-state facilities and historically to states in close proximity, such as Arizona or Utah. More recently, as the population has aged and increased in number, patients are sent as far away as Massachusetts and Texas. Care in out-of-state facilities is a tremendous expense paid by Nevada Medicaid, and is an extreme hardship for family members who need to visit loved ones.

- Assemblywoman Spiegel referred to the inability to hire and retain social workers and asked whether all vacant positions can be filled.

Carol Sala, Administrator, ADSD, DHHS, responded to Assemblywoman Spiegel by stating there is no hiring freeze in effect, and that currently the ADSD has five vacancies. Applicants are interviewed continually and hired if qualified, but noted that the Division has a high turnover rate. Also, the employee regulations that apply guidelines for probationary periods are strictly adhered to, and employees who cannot perform the duties of the position, are released from service.

In response to Assemblyman Stewart's earlier question regarding technology and the time that clients are on waiting lists, Ms. Sala said that changes have been implemented during the past year. She explained that there are DWSS employees allocated to processing client referrals; a staff member personally visits with the client within 15 days to ensure they are on the list for the appropriate program. She noted one problem is the "lag time" from when the Medicaid application is completed and sent to the DWSS, until the applicant is determined to be eligible; until such time, the ADSD cannot begin services.

- Assemblywoman Spiegel asked if the ADSD employees are subject to the mandated furlough days, and whether employees are eligible for overtime to handle the workload from the open positions. Ms. Sala responded that all DHHS staff must take the mandated furlough days and that employees may not work overtime.

Discussion ensued between Chair McClain and Ms. Sala regarding the average waiting time for approval once the Medicaid application is sent to the DWSS. Ms. Sala agreed to forward that information to the Committee. She added that she is unfamiliar with the process used by the DWSS and could not address the timelines, but noted that the caseloads have seen substantial increases since the downturn of the economy. Ms. Sala suggested that inquiries be posed to Romaine Gilliland, Administrator, DWSS.

- Vice Chair Breeden requested the number of Medicaid applications that the ADSD is currently awaiting approval.
- Ms. Sala did not have that data with her, but explained that cases are categorized as ongoing Medicaid and pending Medicaid, and the information is readily available and she would also provide that data to staff.
- Chair McClain and Ms. Sala discussed the outreach methods in place when beds are available. Ms Sala explained that there is communication with the discharge planners of local hospitals, nursing homes, ombudsmen, and with staff that provide client referrals. The waiting list numbers have been reduced by changes made in the contact and priority list processes.

## **PUBLIC COMMENT**

**(As directed by Chair McClain, this agenda item was taken out of order.)**

- Barry Gold, Director of Government Relations, AARP Nevada, commented that he has read data which states that agencies are not meeting the performance related to client processing times. In the climate of proposed budget reductions, whenever there is a status of “unfilled or unused” it is thought to be unneeded, and frustration grows when waiting lists indicate the opposite.

Mr. Gold commended the work of the DWSS’s Energy Assistance Program, which provides financial help with energy bills. In the past five years the processing time was 10 to 20 weeks for energy assistance, and the current time is less than five weeks. He emphasized the importance of helping seniors to remain at home and noted the cost effectiveness of waiver programs. He further explained the in-home cost of senior care is approximately one-quarter of the cost of nursing home care.

## PRESENTATIONS CONCERNING LONG-TERM CARE IN NEVADA

(As directed by Chair McClain, this agenda item was taken out of order.)

### *Presentation of Issues Relating to the Licensing of Long-Term Care Facilities and Administrators*

- Marla L. McDade Williams, MPA, Bureau Chief, Bureau of Health Care Quality and Compliance, Health Division, DHHS, outlined the different types of facilities the Bureau licenses and oversees. Ms. Williams listed ways that license violations surface and the Bureau's procedures to resolve complaints; reported how the appropriate level of care and a suitable type of facility is determined; and outlined the licensing requirements for persons employed by various types of facilities. To facilitate her testimony, Ms. Williams provided the Committee with discussion points ([Exhibit E](#)), and additional documentation ([Exhibit F](#) and [Exhibit G](#)). She pointed out that not all facility types have beds, but all the facilities she referenced are subject to the Bureau's overall regulations and to rules specific to their own facility type.
- Referring to the timeline of violations that occurred in the Chancellor Gardens of the Lakes in Las Vegas case, Assemblywoman Spiegel asked whether medication problems at the facility could have been discovered during an earlier inspection. Ms. Williams explained that when a facility is resurveyed following noted violations, only the specific deficiencies are reexamined, the inspection is not another complete annual survey. Specific to the Chancellor Gardens case, after additional complaints from individuals, the Bureau deemed another full inspection survey was warranted.

Responding to Vice Chair Breeden, Ms. Williams stated the Bureau's main concern with the Chancellor Gardens case was three primary medication administration errors.

- Chair McClain commented that she considers withholding medication or over medicating senior patients as "full blown elder abuse," and she will remain focused on finding a resolution for prescription related problems. Ms. Williams stated that it is her understanding that the case has been forwarded to the Office of the Attorney General for review.
- Continuing, Ms. Williams outlined the trends evident by the recent inspection surveys contained in [Exhibit G](#), which specify the different types of violations during past years. She reported the methods in which license violations come to light and clarified that all inspections are unannounced; the criteria for substantiated and unsubstantiated complaints; and the process of interviewing staff, other residents, and the examination of resident files. The timeline for resolving a complaint depends on the severity of the problem, and she relayed to the Committee that the concerns of loved ones and family members are oftentimes very hard and very personal issues to resolve. Ms. Williams discussed situations in which violations were established and sanctions issued, and she explained the system whereby appeal cases may be reconciled rather than advancing to a

hearing officer. She added these types of appeal cases are resource intensive and considered high stress circumstances by staff.

Referring again to [Exhibit E](#), Ms. Williams reviewed the criteria used to establish the appropriate level of care to determine the proper type facility. She clarified that some homes are only independent living facilities and are not licensed, but they may contract with personal care providers or home health agencies that are licensed by the Bureau. There are facilities that have independent living beds within an assisted living home, in which case the Bureau only has authority over the licensed areas. Any assisted living services a facility provides, must be licensed for that specific number of beds. A group home licensed under the residential facility for groups, which includes assisted living beds, is regulated the same whether it has three residents or up to 150 residents.

Ms. Williams explained that Nevada does allow nonmedical personnel to administer medications in licensed facilities. Caregivers are trained, tested, and receive a certificate authorizing them to administer medicine without oversight from medical personnel.

## **THE ECONOMIC AND FISCAL IMPACT OF NEVADA'S SENIOR POPULATION**

**(As directed by Chair McClain, this agenda item was taken out of order.)**

- Jeremy Aguero, Principal Analyst, Applied Analysis, discussed the misconception that the State's senior population is a drain on society, rather than a contributor. Mr. Aguero presented economic information that concludes the senior population contributes a disproportionate amount to sales, property, and gaming taxes, the three largest sources of revenue in Nevada. Mr. Aguero offered a Microsoft PowerPoint presentation ([Exhibit H](#)) that focused on key points such as: senior population growth and migration patterns; historic and projected population patterns by county; Nevada senior salaries and wages; drivers' license surrender statistics; senior labor force participation data; and benefits and services required by senior citizens.

Mr. Aguero emphasized that seniors are good for Nevada and are a key future source of growth. The "baby boomer" demographic tidal wave is inevitable and can represent a strong economic profile with little demand on services and without a negative effect on the employment sector. Nevada is a desirable location for seniors to move to and it is important to maintain the sought-after qualities such as the relatively low cost of housing and access to medical care. He emphasized that retirees are net job creators and stimulate the economy, and in the future, more cities and communities will compete to be the location of choice for seniors.

During a brief discussion with Chair McClain, Mr. Aguero commented that senior populations have been undervalued economically and misunderstood fiscally and he would like to see these concepts remedied. He stated that more information on senior citizens is needed to fully understand the migration trends, likes, and dislikes of living in Nevada. Nevada could benefit by a thorough understanding of the senior population and finding ways to better serve them and maintain their residency.

## PRESENTATIONS CONCERNING LONG-TERM CARE IN NEVADA

(As directed by Chair McClain, this agenda item was taken out of order.)

### *Presentation of Issues Relating to the Licensing of Long-Term Care Facilities and Administrators*

- Carol Sala, identified earlier, provided written testimony ([Exhibit I](#)) that focused on the meaning of long-term care, which can include a variety of care and services over an extended period of time and be provided in a number of different settings. Ms. Sala identified the programs the ADSD oversees, which serve both seniors and persons with disabilities. She provided hyperlinks to extensive resource information and reports referenced during her presentation ([Exhibit I](#)); summarized the findings of the reports documenting the economic challenges faced by the National Association of State Units on Aging that serves in most every state; and clarified that less funding will mean service reductions and possibly longer waiting lists.

At the request of Chair McClain, Ms. Sala provided an update on A.B. 263 (Chapter 294, *Statutes of Nevada 2009*), which allowed the ADSD to establish the All Inclusive Care for the Elderly program (PACE), a benefit program that provides for a comprehensive service delivery system and integrated Medicare and Medicaid financing. The program allows most participants to continue living at home while receiving services rather than being institutionalized. She explained that the special type of financing allows providers to deliver all services needed, rather than being limited to the reimbursable services of Medicare and Medicaid. Ms. Sala said that although she views it as an important program, it has not advanced. She is managing the PACE program herself, since the workloads of staff are at a maximum level; her time has been limited with budget issues being the priority.

A discussion ensued regarding cost-saving methods and the actual budget process whereby ADSD must apply for a certain number of beds and then must adhere to the approved amount. Ms. Sala outlined a varied process put in place in Oregon that does not require agencies to adhere to a line-by-line budget. She outlined the procedures for developing individual waivers and noted that the ADSD budgets are built in line with Medicaid. In response to an earlier question, she reported that there are 97 cases pending approval by the DWSS.

- RoseMary Womack, Commissioner, Nevada Commission on Aging, ADSD, DHHS, discussed the differences in care and services that are provided in eldercare facilities, which are all termed to be “assisted living facilities.” She submitted written testimony ([Exhibit J](#)); provided an overview of information on the types of facilities in Nevada ([Exhibit K](#)); and a guideline which describes the degree and progression of the types of care available ([Exhibit L](#)). Mrs. Womack reviewed the distinction between the kinds of care provided in: (1) an independent community setting; (2) a minimum assisted care



facility; (3) a facility offering stand-by assistance; (4) a hands-on assisted living setting; and (5) a skilled nursing facility.

She described the differences in the nature of care associated with residents who have the mental capacity for effective decision making; residents with a declining capacity for self care versus a definite decline in self care with the understanding of consequences of their actions; and finally patients with a limited capacity or inability to understand consequences of their actions. Regarding care facilities the description, degree, or types of assistance are not spelled out in the NRS, and there are necessary instances of crossover care depending on the need of each resident. (Please refer to [Exhibit M](#).) Mrs. Womack recommended educating the general public to become aware and research the care available from one facility to another, the use of the term “group home,” and the qualifications for a person to be licensed in the State.

- Wendy Simons, Assisted Living Consultant, Reno, stated she was hired as a consultant for the Bureau of Health Care Quality and Compliance, Health Division, DHHS, to provide training to the dependent care community. Ms. Simons commended the work of the Ms. Williams and her efforts to make the industry regulation compliant through education.

Ms. Simons submitted her prepared comments ([Exhibit N-1](#)) along with additional informative documents ([Exhibit N-2](#) and [Exhibit N-3](#)) which focused on the following items:

1. There is a misconception among industry administrators that the fines and sanctions issued by the Bureau go into its operating budget, which is not the case; the Bureau receives only the licensure fees;
2. The changes made in the Bureau’s policies and procedures have enhanced the mission of protecting senior citizens by creating a culture of improvement within the industry;
3. The Bureau is reassessing its working relationship with industry providers in an effort to alter poor practices in the facilities;
4. An updated report card system enacted by the Bureau for administrators in the various facilities has had a positive affect on regulators and industry providers, and has created a shift toward improvement; and
5. Violations for medication administration should remain the Bureau’s priority, and focus should be placed on clarifying misunderstandings of violations between Nevada’s regulatory climate and the laws in place in neighboring states.

Ms. Simons reported that the Bureau has taken the position of reporting every instance of medication violation to the licensing authority: The Board of Examiners for Long Term Care Administrators (BELTCA) (NRS 654.050). In the recent past, there was a maximum of six facility administrators reported for violations. Due to the conscientious

reporting of the Bureau, the number has increased to 50 administrators with reported violations in the past year. Ms. Simons stated that with its limited resources, the Governor-appointed BELTCA, only meets on a quarterly basis and has difficulty obtaining prosecutions. She praised the workshops offered by the Bureau which teach industry providers effective ways to prepare for the inspection surveys with the end result of better facilities.

Concluding, she emphasized that facility administrators must remain aware of their responsibilities and liabilities, and that regulations need to continually be examined and expanded to reflect challenges and trends in long-term care services.

- Ms. Williams responded to an inquiry from Assemblywoman Spiegel regarding the process in place to correct problems in a facility that continually scores low grades. Ms. Williams explained there is a requirement that the survey inspection grades must be posted in a conspicuous place. The facility must submit a resurvey application for a D Grade, and the Bureau may proceed for revocation of the license for noncompliance of the requirements to correct any stated violations. However, if a facility submits the application for a resurvey and continually scores low grades, there is no current regulation which spells out the procedure the Bureau should take. Ms. Williams stated the grading system has only been in use since January 2009, and as the system evolves and is reevaluated, the process should work out to resolve such questions.

## **PUBLIC COMMENT**

**(As directed by Chair McClain, this agenda item was taken out of order.)**

- Carl Martinez, former member on the Commission on Aging, North Las Vegas, submitted his written testimony ([Exhibit O](#)), which detailed the following suggestions:
  1. Adopt mandatory bed-hold regulations that require long-term care facilities to hold a bed for reasonable amount of time when a patient is hospitalized, to avoid “patient dumping;”
  2. Mandate increased training for medication technicians in group home facilities, require a training period for new technicians to work with a licensed medication technician, and require continual education;
  3. Extend the federal guidelines of the Nursing Home Transparency Act to Nevada;
  4. Develop uniform assessment tools so each resident could be admitted to the appropriate type of facility necessary for their current condition; and
  5. Implement regulations to address the issue of under-staffing in care facilities by defining the appropriate levels of staffing in each type of care facility.

***Presentation Relating to the Work of the Nevada Long-Term Care Ombudsman***

**(As directed by Chair McClain, this agenda item was taken out of order.)**

- Teresa L. Stricker, State Ombudsman, Office of the State Long-Term Care Ombudsman, ADSD, DHHS, discussed the duties and responsibilities of State Ombudsman with the aid of a Microsoft PowerPoint presentation ([Exhibit P-1](#)). Ms. Stricker outlined the history of the program as prescribed under the Federal Older Americans Act of 1978. Ms. Stricker noted that as the State Ombudsman she is the advocate for seniors over 60 years of age who reside in long-term care facilities. Please refer to [Exhibit P-1](#) for her complete presentation.

Ms. Stricker reported that the responsibility of investigating elder abuse cases was transferred from her office to the Office of Specialist for the Rights of Elderly Persons, ADSD, DHHS, (NRS 427A.123). She explained that during each quarterly period she makes at least one routine, unannounced visit to skilled nursing and long-term care facilities to observe the residents and activities. Family members, staff, and residents are also interviewed. The goal of the visits is to advocate on behalf of residents and resolve issues that may arise. Ms. Stricker discussed the newly implemented Ombudsman certification program, and noted the staff must be recertified annually. She also provided the Committee with a brochure on the Long-Term Care Ombudsman Program ([Exhibit P-2](#)).

Ms. Stricker outlined a pilot program titled Project RAIN started by the Medicaid Fraud Control Unit of the Office of the Attorney General, modeled after a program implemented in Florida. The program includes representatives from aging services divisions, law enforcement personnel, and others, who visit randomly selected facilities twice monthly and conduct unannounced visits. Nevada's Project RAIN (Resident Abuse Isolation and Neglect) consists of a representative from BELTCA, an investigator from the Medicaid Fraud Control Unit, and the State Ombudsman of the Office of the State Long-Term Care Ombudsman. The team randomly selects a licensed facility, makes unannounced visits, and scrutinizes every aspect of the care facility.

- Chair McClain stated she would like to implement a method of discovering the unlicensed facilities.

#### ***Presentation Relating to Long-Term Care for Veterans in Nevada***

- Gary Bermeosolo, NFA, Administrator, Nevada State Veterans Home, offered a brief history of the State Veterans Home Program which began in 1868 to care for disabled veterans. The program has grown to 137 state veterans homes, located in 50 states and Puerto Rico. In 1993, Nevada enacted legislation to create the Nevada State Veterans Home, which opened in August 2002. Mr. Bermeosolo provided his prepared testimony ([Exhibit Q](#)), in which he outlined the occupancy rates, available on-site services, per diem rate arrangements, and the funding structure. He reported that due to the Veterans Administration assistance, the residents pay approximately one-half of the area average charge for a skilled nursing, or an assisted living facility. Mr. Bermeosolo

submitted a brochure for the Committee ([Exhibit R](#)) providing further information pertaining to the Nevada State Veterans' Home.

In response to Assemblywoman Spiegel, Mr. Bermeosolo said the average age of the residents is 82 years of age, typically a veteran of World War II, and the average stay in veterans' homes is 3½ years.

***Presentation Relating to the Work of the Nevada Health Care Association (NHCA)***

- Charles Perry, President and Chief Executive Officer, NHCA, Las Vegas, provided written testimony ([Exhibit S](#)) with information on the role of the NHCA. Mr. Perry described the organization as a statewide trade association primarily representing Nevada's skilled, intermediate care, and rehabilitation nursing facilities. He focused on the following issues:
  1. The importance of understanding the difference in terminology and public perception between long-term care and skilled nursing facilities also referred to as nursing homes.
  2. The significance of distinct licensing classifications that differentiate between skilled nursing/rehabilitation facilities, and offer post acute medical care which require the services of a physician directed professional.
  3. An assisted living or residential care facility that is designed to offer a safe and secure atmosphere for persons not needing medical services, but can no longer live independently.
  4. Current workforce and training issues associated with hiring and maintaining qualified, well-trained personnel in the industry are the largest obstacles facing administrators and providers of long-term care facilities. Additional challenges include revenue concerns to effectively care for residents while providing benefits and ongoing training to staff.

Mr. Perry recounted that during prior sessions the NHCA supported legislation that would create a classification for Certified Medication Assistants (CMAs) in Nevada. He noted that CMAs are recognized in at least 36 states and reported that incidents of medication errors have not increased.

- Chair McClain and Mr. Perry discussed clients considered to be nonpaying residents until such time as Medicaid or Medicare is approved and the work required by the social services agencies and the facilities.
- Chair McClain stated that the prepared comments of Margaret McConnell, Chair, BELTCA ([Exhibit T](#)), be entered into the record.

***Presentation Relating to the Care Provided to Patients with Alzheimer's Disease Residing in Long-Term Care Facilities***

- Christine N. Terry, Program Manager, Desert Southwest Chapter, Southern Nevada Region, Alzheimer's Association, spoke as a health care professional who has cared for individuals with cognitive difficulties and diminished abilities. She addressed issues related to Alzheimer's disease and long-term care facilities. With the use of a Microsoft PowerPoint presentation ([Exhibit U](#)), Ms. Terry provided statistics on the disease; the impact the illness has on the health care system; and projection data that indicates a steady growth of Alzheimer's disease in the older population. She testified that Nevada will experience a maximum increase in the prevalence of Alzheimer's disease and that it is expected to increase by 100 percent, between 2000 and 2025. A summary of the additional items outlined by Ms. Terry included:
  1. The disparity in services primarily throughout Nevada's rural areas, the devastating effects, and overwhelming challenges of caring for persons with Alzheimer's disease or other dementia related ailments;
  2. A majority of all Alzheimer's patients live at home with family members as primary caretakers, which constitutes approximately \$94 billion of unpaid long-term care; long-term care facilities are typically not affordable to individuals and families dealing with Alzheimer's and dementia related illnesses;
  3. The health care system is overburdened by the high cost of Alzheimer's disease; data indicates that per-person payments from all sources for health and long-term care were three times higher for Medicare patients. The average Medicaid payments per person for Medicare beneficiaries aged 65 and older with Alzheimer's or other dementias were more than nine times higher than the average Medicaid payments; and
  4. Family members have difficulty placing Alzheimer's patients in care facilities due to the constant shortage of nursing home beds, which are designed to accommodate the special care that dementia related or Alzheimer's patients require.

Concluding, Ms. Terry recommended that the Committee develop mechanisms to implement a State task force on Alzheimer's disease; develop a State plan for Alzheimer's disease; support community efforts such as nonprofit organizations and Lifespan Respite Coalition; expand education; become involved in public policy; and form a direct care worker coalition. In addition, she provided links to websites which focus on Alzheimer's disease and information ([Exhibit U](#)).

***Presentation Relating to Rape in Long-Term Care Facilities***

- Lu Torres, Executive Director, The Rape Crisis Center (RCC), explained a function of her role involves tracking the increase in rapes and sexual assaults in the care facilities. Ms. Torres became involved when she was contacted by administrators of long-term care

facilities concerned with sexual assaults occurring in their facilities. She determined that the commonality of each case began with the patient's primary care provider, and statistics indicate that the primary caregivers are responsible for 71 percent of the sexual assaults of the senior population. Ms. Torres found there was no program to address the issue of elder abuse sexual assault, so she created a plan within the Rape Crisis Center.

- Elena Espinoza, Director of Client Services, RCC, stated that the RCC offers victim services to persons who have suffered sexual violence. Ms. Espinoza reported that the RCC has implemented educational programs to the community-at-large which work in conjunction with three sexual assault prevention programs. She provided several statistics and noted that the RCC has identified long-term care facilities as a necessary first step in addressing the topic of elder abuse and elder sexual assault. She provided major statistics of elder abuse:
  1. One out of every six women in the United States has been a victim of an attempted or completed rape in her lifetime;
  2. Every 2.5 minutes someone in the U.S. is sexually assaulted;
  3. More than 50 percent of all rape/sexual assault incidents were reported to have occurred with one mile of home;
  4. It is estimated that for every one case of elder abuse, neglect, exploitation, or self-neglect reported to authorities, about five cases go unreported; and
  5. Between one and two million Americans age 65 or older have been injured, exploited, or otherwise mistreated by someone on whom they depended for care or protection.

To summarize, Ms. Espinoza suggested requiring that caregivers of elder persons must receive not less than 8 hours of educational training annually. The training topics should include issues specific to elder abuse and sexual violence that encompass negligence, mental, and verbal abuse. In addition, staff and personnel of long-term care facilities need to be properly trained and have a basic knowledge of sexual assaults and acquire the ability to clearly and diligently follow-up on cases of reported sexual abuse. She proposed a multi-pronged approach to the education of providers, caretakers, and involvement of the community on the topic of elder sexual assault. (Please refer to [Exhibit V.](#))

## **PUBLIC COMMENT**

- LynnAnn Homnick, Facility Administrator, Silver Sky Assisted Living Facility, Las Vegas, explained that the administrators of care facilities that are well maintained, and receive good ratings would like to see stricter sanctions placed on facilities with poor ratings and consistent violations. Ms. Homnick proposed that the facilities which are deficient be required to pay for the investigative salaries and man power. She emphasized it is an injustice that the entire administrative community should have to

assume the costs of the negligent operators. Ms. Homnick stated that administrators should not be allowed to reside out-of-state, and the operators that cause problems should pay for the problems.

- Chair McClain agreed and stated that the “bad players” should be paying for their bad actions. Currently, it does not appear that there are effective consequences. She requested Ms. Homnick submit proposals to the Committee prior to its June meeting.

## ADJOURNMENT

There being no further business to come before the Committee, the meeting was adjourned at 4:06 p.m.

Respectfully submitted,

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Ricka Benum  
Senior Research Secretary

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Amber J. Joiner  
Senior Research Analyst

APPROVED BY:

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Assemblywoman Kathy McClain, Chair

Date: \_\_\_\_\_



## LIST OF EXHIBITS

[Exhibit A](#) is the “Meeting Notice and Agenda” provided by Amber J. Joiner, Senior Research Analyst, Research Division, Legislative Counsel Bureau (LCB).

[Exhibit B-1](#) is a document providing an overview of the responsibilities of the Legislative Committee on Senior Citizens, Veterans and Adults With Special Needs (A.B. 9) prepared by Amber J. Joiner, Senior Research Analyst, Research Division, LCB.

[Exhibit B-2](#) is a copy of Assembly Bill 9, Chapter 430, *Statutes of Nevada 2009*.

[Exhibit C](#) is the written testimony of Connie McMullen, Chair, Strategic Plan Accountability Committee for Seniors (SPAC), Reno.

[Exhibit D](#) is a copy of the Caseload Evaluation Organization Reports updated December 2009, submitted by Connie McMullen, Chair, SPAC.

[Exhibit E](#) is a document titled “Discussion Points for Members of the Legislative Committee on Senior Citizens, Veterans and Adults With Special Needs” dated January 20, 2010, provided by Marla L. McDade Williams, MPA, Bureau Chief, Bureau of Health Care Quality and Compliance, Health Division, Department of Health and Human Services (DHHS).

[Exhibit F](#) is a table which lists the “Facility Types” overseen by the Bureau of Health Care Quality and Compliance, Health Division, DHHS, submitted by Marla L. McDade Williams, MPA, Bureau Chief, Bureau of Health Care Quality and Compliance, Health Division, DHHS.

[Exhibit G](#) is a document titled “Residential Facility for Groups, Adult Group Care” dated December 15, 2009, presented by Marla L. McDade Williams, MPA, Bureau Chief, Bureau of Health Care Quality and Compliance, Health Division, DHHS.

[Exhibit H](#) is a Microsoft PowerPoint presentation titled “The Economic and Fiscal Impact of Nevada’s Senior Population” prepared by Jeremy Aguero, Principal Analyst, Applied Analysis, Las Vegas.

[Exhibit I](#) is the written testimony of Carol Sala, Administrator, Aging and Disability Services Division (ADSD), DHHS, dated January 20, 2010, titled “LTC Presentation.”

[Exhibit J](#) is the written testimony of RoseMary Womack, Commissioner, Nevada Commission on Aging, ADSD, DHHS, Henderson.

[Exhibit K](#) is a document titled “Legislative Information Sheet,” dated March 17, 2009, submitted by RoseMary Womack, Nevada Commission on Aging, ADSD, DHHS.

[Exhibit L](#) is a table titled “Assisted Living Guidelines” prepared by Wendy Simons, Assisted Living Consultant, Reno, submitted by RoseMary Womack, Nevada Commission on Aging, ADSD, DHHS.

[Exhibit M](#) is a document containing excerpts from various *Nevada Revised Statutes* (NRS) and *Nevada Administrative Code* (NAC), submitted by RoseMary Womack, Nevada Commission on Aging, ADSD, DHHS, which includes:

1. NRS 449.017 “Residential facility for groups” defined;
2. NAC 449.172 “Residential facility” defined;
3. NRS 449.037 “Adoption of standards, qualification and other regulations”;
4. NRS 654.015 “Administrator of a residential facility for groups” defined;
5. NAC 449.157 “Administrator” defined;
6. NRS 654.155 “Qualifications of applicant for licensure as administrator of residential facility for groups”;
7. NAC 449.194 “Responsibilities of administrator”;
8. “Nevada Law Regarding Medication Administration NRS 449.037 (6)”;
9. NRS 453.375 “Authority to possess and administer controlled substances”; and
10. NRS 454.213 “Authority to possess and administer dangerous drug.”

[Exhibit N-1](#) is the written testimony of Wendy Simons, Assisted Living Consultant, Reno, dated January 20, 2010.

[Exhibit N-2](#) is a document titled “Report Card Update” by Wendy Simons, Assisted Living Consultant, Reno.

[Exhibit N-3](#) is a document titled “The Grading System Has Arrived” by Wendy Simons, Assisted Living Consultant, Reno.

[Exhibit O](#) is the prepared comments of Carl Martinez, North Las Vegas, Nevada, dated January 20, 2010.

[Exhibit P-1](#) is a Microsoft PowerPoint presentation titled “Long Term Care Ombudsman Program” submitted by Teresa L. Stricker, State Ombudsman, Office of the State Long-Term Care Ombudsman, ADSD, DHHS, Las Vegas.

[Exhibit P-2](#) is a brochure titled “Nevada Long-Term Care Ombudsman Program ‘Home Means Nevada’” created by the ADSD, DHHS, submitted by Teresa L. Stricker, State Ombudsman, Office of the State Long-Term Care Ombudsman, ADSD, DHHS, Las Vegas.

[Exhibit Q](#) is the written testimony of Gary Bermeosolo, NFA, Administrator, Nevada State Veterans Home, Boulder City, Nevada, dated January 20, 2010.

[Exhibit R](#) is a brochure titled Nevada State Veterans Home Information for Applicants, “Caring for America’s Heroes” provided by Gary Bermeosolo, NFA, Administrator, Nevada State Veterans Home, Boulder City.

[Exhibit S](#) is the written testimony of Charles Perry, President and Chief Executive Officer, Nevada Health Care Association, Las Vegas, dated January 20, 2010.

[Exhibit T](#) is written comments dated January 15, 2010, provided by Terry Pedrotti, Executive Secretary, the Board of Examiners for Long-Term Care Administrators (BELTCA), on behalf of Margaret McConnell, Chair, BELTCA, Las Vegas.

[Exhibit U](#) is a Microsoft PowerPoint presentation titled “Alzheimer’s Disease and Long-Term Care” provided by Christine N. Terry, Program Manager, Desert Southwest Chapter, Southern Nevada Region, Alzheimer’s Association, Las Vegas.

[Exhibit V](#) is handout titled “Elder Sexual Abuses,” dated January 20, 2010, testimony of Elena Espinoza, Director of Client Services, The Rape Crises Center (RCC), submitted by Lu Torres, Executive Director of Client Services, RCC, Las Vegas.

This set of “Summary Minutes and Action Report” is supplied as an informational service. Exhibits in electronic format may not be complete. Copies of the complete exhibits, other materials distributed at the meeting, and the audio record are on file in the Research Library of the Legislative Counsel Bureau, Carson City, Nevada. You may contact the Library online at [www.leg.state.nv.us/lcb/research/library/feedbackmail.cfm](http://www.leg.state.nv.us/lcb/research/library/feedbackmail.cfm) or telephone: 775/684-6827.