

◆ Board News ◆

October 2002

From the Board Administrator

*Dana B. Welborn,
M. S. Gerontology*

As the 2001-2002 license period came to an end, there was a large rush of renewal forms that arrived in the mail at the Board office. All completed forms have been processed, and the licenses have been mailed. If you submitted a complete renewal form and have not received your 2002-2003 license, please contact the Board office immediately.

As of September 24, 2002, the Board renewed 1,024 licenses, and there were 105 lapsed licenses.

NHAs: 293 renewed/19 lapsed
CRCFAs: 607 renewed/84 lapsed
DUAL: 124 renewed/2 lapsed

In Fiscal Year 2001-2002, the Board issued 101 new licenses:

NHA: 31
CRCFA: 65
DUAL: 5

Should you have questions about your license or would like to assist someone in obtaining a license, feel free to contact Stephanie Calhoun or me for assistance.



**South Carolina Department of Labor,
Licensing and Regulation**

This newsletter is a publication of the Board of Long Term Health Care Administrators and the S.C. Department of Labor, Licensing and Regulation.

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“Team Up For Fire Safety”

*Bert Polk, State Fire Marshal
S.C. Department of Labor,
Licensing and Regulation*

“Team Up For Fire Safety” is the theme for the National Fire Protection Association 2002 Fire Prevention Week activities. While fire departments may be the center of public safety teams, there is room for everyone to join in, to help ensure safer families, workplaces and communities. As the State Fire Marshal, I feel that there are three elements that contribute to fire safety: Codes, Behavior and Attitude. Let’s briefly examine each of them here.

Codes – There are literally hundreds of standards prepared to guide us in the construction and operation of a multitude of situations. Unfortunately, in many cases, the codes have been promulgated one disaster at a time. Historically, we find that there was catastrophic life loss associated with things like revolving doors, exits, school construction and emergency lighting. Prescriptive codes, those that define actual requirements, are intended to be minimum requirements set forth to provide a base line of safety. While the codes are effective, we rarely find people exceeding the basic

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Points of Interest

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provisions. This is precisely why the code requirements change over time. Traditionally, there has been little actual experience or scientific data to support various codes. Over time it may be determined that previous requirements have proved ineffective in certain circumstances – thus change. A basic concept of codes is that they must be viewed in their totality. One section plays off another, which creates a package designed to provide a given level of safety. By ignoring any given section, we effectively risk eliminating the benefit of the entire code. In short, codes are our recipe for safety. Adhering to this recipe provides us all with the greatest chance of success.

Behavior – I will apologize in advance if I should offend anyone with this section. We all have been guilty, at one time or another, of what I call “stupid human tricks.” Fire has always been viewed as a mysterious, destructive phenomenon that strikes and creates havoc. In fact, most fires are preventable. Remember your basic chemistry formula. To cause fire, there must be fuel, heat and oxygen combined together in proper proportions. This is the human factor. Aside from lightning, or an overt act of violence, examination would most likely reveal that the formula is satisfied by the act of someone. Storing combustibles near a heat source, overloaded or poorly maintained electrical service, flammable liquid vapors near pilot lights, smoking in bed and unattended cooking are but a few causes of fire. When we add in things like locking exits, removing batteries from smoke alarms, blocking open fire doors and improper maintenance, we quickly create another recipe – one for disaster. Simply not cleaning a clothes dryer vent can be hazardous. From 1992-1998, dryer vents caused an annual average of 14,800 fires, 300 injuries, 16 deaths and \$75 million in direct property damage. One simple act is all it takes to make the difference between stupidity and fire prevention. Check your behavior as it pertains to fire safety and modify it as needed – you can make a difference in someone’s life.

Attitude – At the risk of continuing my offensive style, this is another area that we control. We must raise people’s consciousness about fire. In some countries in the world, having a fire is a crime and is considered socially unacceptable. How long did it take to change the American attitude about drinking and driving? We have the same task ahead with fire prevention. Unfortunately, we have become a very expendable society. If fire destroys something, we simply replace it. Tragically, we even try to console those who loose a loved one to fire by donating to a memorial account. We must heighten our awareness of fire prevention and safety. Catastrophic fire should not be looked upon as a fact of life – it is not a cost of doing business. This is all about attitude. What is your organization’s attitude toward fire prevention? When was the last time the “Boss” talked to employees about fire safety? When was the last time you talked to one of your peers about fire prevention? For that matter, have you talked to your family? Statistically, your

chances of surviving a fire in your home increases by 50% by having properly functioning smoke alarms. Do yours work? Do you care? Do you have a process in place that allows people to report fire safety concerns? Organizational attitude flows from the top. If the “Boss” is too busy to evacuate during a fire drill, we cannot expect subordinates to take the process seriously. If supervisors ignore hazards out of convenience, serious situations will develop over time. If individuals act, or allow others to act, in ways contrary to good fire prevention practices, it will become contagious. Our attitude should be that we expect to live, work and visit places that are safe. Of all the regulatory requirements we are surrounded by, which ones do you think of frequently? If fire prevention does not at least cross your radar screen daily, you may need to change your attitude.

As evidenced by my comments, I am impassioned by fire and safety. When we think of all the ways fire is used beneficially in modern society, it is difficult to regard it as uncontrollable. We each have many decisions to make everyday. I encourage you all to decide to be safe. It can be done by respecting codes, modifying your behavior and changing your attitude.

For more information about fire safety and prevention, contact Bill Galloway, Senior Deputy State Fire Marshal at 141 Monticello Trail, Columbia, SC 29203. His telephone

Disciplinary Sanctions Issued by the Board of LTHCA: 09/04/2002

- ◆ Nursing Home Administrator signed a Consent Order to reinstate her suspended license. The license was temporarily suspended due to violations at the nursing home under her administration that resulted in the de-certification of the facility by the Health Care Financing Administration in 1999.
- ◆ Community Residential Care Facility Administrator signed an Agreement to Voluntary Surrender her license. CRCFA was charged with failing to work at the facility during normal business hours a minimum of 20 hours a week.
- ◆ Community Residential Care Facility Administrator signed a Consent Order that includes a 6 month probation, \$500 fine and another licensed CRCFA must be hired for the facility. CRCFA was charged with failing to work at the facility during normal business hours a minimum of 20 hours a week and noncompliance with state regulations for the facility (R61-84).
- ◆ Two Community Residential Care Facility Administrators each signed a Consent Order and paid

New Director of the Division of Health Licensing at DHEC

You have probably learned by now that Dennis Gibbs is the new Director of the Division of Health Licensing at the Department of Health and Environmental Control. Gibbs was promoted to Director June 2, 2002. He was a Program Director within DHL from 1990-2002 after working as a Health Licensing Inspector from 1988 to 1989.

Gibbs is a South Carolina licensed nursing home administrator. He practiced as an administrator from 1977 to 1983 and again in 1987 in Indiana. Before moving to South Carolina, he lived in Indiana and Michigan for 35 years.

Gibbs is rich in family. His wife of 30+ years is a registered nurse at Lexington Medical Center. Together, they have raised five children, and they have four grandchildren and are expecting a fifth. He and his wife attend St. Andrews Evangelical Church in Columbia.

Gibbs believes attitude is everything. He lives by his belief and encourages others to embrace an attitude that impacts their lives in a positive manner. Gibbs quotes Charles Swindoll from his poem entitled "Attitude", "The longer I live, the more I realize the impact of attitude on life...It is more important than appearance, giftedness, or skill. It will make or break a company...a church...a home. The remarkable thing is we have a choice everyday regarding the attitude we will embrace for that day....I am convinced that life is 10% what happens to me and 90% how I react to it. And so it is with you...we are in charge of our Attitudes."

The Board congratulates Gibbs on his promotion to DHL Director and looks forward to working with him in his new capacity and continuing our good working relationship with the DHL staff under his leadership.

Facility Accomplishments

The Board announced in the July 2002 issue of *Board News* that a facility would be featured each issue to tell the story of the facility's success with an innovative program that has enhanced the lives of the residents and/or the operation of the facility. This issue marks the first such feature. Read the success story from **Abbeville Nursing Home, Inc.**

"Life Through a Looking Glass"

Admitting a loved one to a nursing home or community residential care facility can be very stressful for a child, spouse or any caregiver. Families are dealing with emotions that range from relief to guilt. Skilled care providers and residential care providers need to make this adjustment for families and residents as accommodating as possible.

Facilities are faced with the responsibility of transferring caregiver roles from these individuals. Facilities have to manage and maintain many resident personal items, which presents a challenge for every facility that accepts residents with any form of dementia. One of these resident personal items is eyeglasses.

Almost every facility has had a situation in which a pair of glasses are missing, broken, have a lens or screw missing or have an earpiece damaged. To a resident who depends on his glasses as a means of active socialization or participation in group activities or conducting his own activities, his glasses are an essential part of his well-being. With the love and imagination of the Abbeville Nursing Home, Inc. staff, they developed a process that helps them manage this issue with residents' glasses and helps to insure the well-being of the residents.

Abbeville Nursing Home, Inc. is a 94-bed facility with more than half of the residents wearing glasses. Many of their glasses look alike and just as many of these glasses are over 10 years old. As a way to distinguish each individual's glasses, the staff enlisted the assistance of a local optometrist. Together, a form was created that listed everything an optometrist or ophthalmologist would need to re-create a pair of glasses that looked exactly like the original. Now at the time of admission, the social services director obtains the information from the resident or family member as to where the resident obtained their original glasses and whether they are "prescription" or magnifying glasses. If the glasses came from a local optometrist, staff sends a form for him to complete for the facility. If a resident obtained his glasses from another optometrist or ophthalmologist, the social services director approaches the resident and explains what the facility is trying to do. Then the glasses are collected at a time convenient for the resident and taken to the facility's optometrist to have the form properly completed. This process usually takes about 30 minutes. When the form has been completed, the glasses are returned to the resident and the information is kept in his administrative file. Also, as a way to assist staff in identifying residents' glasses, a close-up picture is taken of the resident with the glasses on and another just of the glasses. When taking the picture of the glasses only, a view of the front and/or side is made to make sure any special designs are photographed.

This process has proven to be very effective in recreating glasses for Abbeville Nursing Home, Inc.'s residents. This is especially helpful when a resident has lost or broken his glasses and he is either physically unable to go to the doctor or unable to participate in an eye exam. However, these residents may still depend on their glasses for reading or participating in group or individual activities.

This success story from Abbeville Nursing Home, Inc. was adapted from their presentation for the 2001 S.C. Spirit of Caring Best Practices, a program of the S.C. Department of Health and Environmental Control.

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2002 Board Meeting Calendar

December 4-5

2003 Board Meeting Calendar

March 5-6 September 3-4
June 4-5 December 3-4

All scheduled meetings will be held at the Department of Labor, Licensing and Regulation, 110 Centerview Drive, Columbia, SC 29210

Board Member Resignation

Joann James, licensed Community Residential Care Facility Administrator, resigned from the Board. James served on the Board from June 9, 2000 until June 10, 2002. She represented CRCFs with 10 beds or less. Her participation on the Board will be missed by the members and staff.

Nursing Home Administrator-in-Training (AIT) Preceptor Certification

The Board is offering an AIT preceptor certification to new preceptor applicants and to currently certified preceptors **Tuesday, October 22, 2002**. The training will be held in Columbia at the Department of Labor, Licensing and Regulation.

Registration packets are being mailed to the preceptors and the approved applicants. If you have not applied to be a nursing home AIT preceptor and are interested, contact the Board office to request an application or download the form from the Board's Web site at www.llr.state.sc.us/POL/LongTermHealthCare.