CITY OF CAMBRIDGE • EXECUTIVE DEPARTMENT

*Robert W. Healy, City Manager* *Richard C. Rossi, Deputy City Manager*

July 2, 2001

To The Honorable, The City Council:

Please find attached a response to Council Order No. 5, dated 6/25/01 (Awaiting Report Item No. 01-208), regarding the closing of the Cambridge Nursing Home, received from Assistant City Manager for Human Services Jill Herold.

Also attached is a report received from City Solicitor Russell B. Higley concerning this matter.

Very truly yours,

Robert W. Healy
City Manager

RWH/mec
Attachment

Cc: City Clerk

795 Massachusetts Avenue, Cambridge, Massachusetts 02139 Voice: 617.349.4300 Fax: 617.349.4307 TTY: 617.349.4242 Web: www.ci.cambridge.ma.u

# Department of Human Service Programs

*sharing resources...building community*

*Jill Herold*
*Assistant City Manager*

*Ellen Semonoff*
*Deputy Director*

Childcare

Commission for Persons with Disabilities

Community and Youth

Community Learning Center

Coordinating Council for Children, Youth and Families (Kids' Council)

Council on Aging; Elderly Services

Low Income Fuel Assistance

Multi-Service Center; Homeless Services

Office of Workforce Development

Planning & Development

Recreation

TO: Robert W. Healy
City Manager

FROM: Jill Herold
Assistant City Manager for Human Services

RE: Closing of the Cambridge Nursing Home

DATE: June 29, 2001

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In mid-June, residents of the Cambridge Nursing Home and their families were informed that the nursing home had been sold by the current owner, Capital Senior Living, to a private investor. At the time of the announcement the home was serving 104 residents of which 50-60 are long term Cambridge residents and /or have families living in Cambridge. The projected closing date is August 15, 2001.

As required by state regulation, the nursing home filed a document of closure with the state Department of Public Health (DPH), and the closure was subsequently approved by DPH. The regulations require that DPH be given no less than a 60-day notice before a nursing facility closes, and residents/families of residents must be given no less than a 45-day notice of the closure. Residents must be placed in an alternate placement within a 25-mile radius of the Cambridge Nursing Home. Ms. Aelish Wilke from DPH has stated that, in her experience with other nursing home closures, it is achievable to place 104 residents in alternate placements within 60 days. If all the residents are not placed by August 15th, the date will be extended.

DPH reports that a nursing facility is not required to state why they are closing. DPH does not ask for, and has no information on the

buyer of the Cambridge Nursing Home, and does not ask for such information, nor for the reason for closures. DPH reports that Cambridge Nursing Home was not in any violation of regulations or codes. According to DPH, Rausch Associates is consulting with the Cambridge Nursing Homes on the closure.

Mr. Corcoran, the outgoing local administrator of the nursing home, sent letters to the families during the week of June 18th, and has held several family meetings. About 80 people have attended the family meetings. Both he and the DPH representatives have indicated that it is up to the resident/families to accept or not accept a placement once it is offered. Once a placement has been secured for a resident, the family receives information on how to appeal the placement if they do not want it.

Council on Aging staff have been in frequent communication with many family members and residents as well as the nursing home administration to assist in any way possible as well as to monitor the situation. COA staff recently reported that a family member of a nursing home resident sent a letter to her Case Manager at the Council on Aging and said that she attended a family meeting at the nursing home on June 20th. When asked by someone at the meeting why the home was closing, the administrator said 'Capital Senior Living…specializes in Assisted Living and has 51 sites around the country, mostly in the south and west, and one place in New York and no other nursing homes at all. It is a corporate decision based on long term/short term goals, that in order to grow they should consolidate their resources.'

After the closure of the Cambridge Nursing Home, there will be three (3) nursing homes remaining in operation in the city of Cambridge: Neville Manor, Sancta Maria and Vernon Hall.

- Paul Hollings, Administrator of Neville Manor, reports that Neville Manor is opening a 17-bed unit, and is screening approximately 50 residents of the Cambridge Nursing Home for these beds. They have requested that the individuals be Cambridge residents. Cambridge residency is a factor that will be given high consideration in the placement process. Other factors are also being considered, including the acuity level of the individuals' physical needs. (Neville is looking for a higher acuity level- meaning people more frail and physically involved.)

In addition, they are not able to accept smokers, due to the lack of a sprinkler system at their temporary quarters at Youville Hospital. Neville Manor is expecting to make their decisions on placements this week.

- It is expected that there may be 2-3 placements in total between Sancta Maria and Vernon Hall Nursing Homes. Both are close to their census capacity, and Sancta Maria currently has a waiting list.

- As of June 27th, 8 residents have been relocated to the following locations:
  Wingate/Brighton
  Epoch/Melrose
  Waban Nursing Center/ Newton (3 people)
  Riverside/ Mattapan
  Emerson/ Watertwon
  Pine Knoll/Lexington

Information regarding the role of the Attorney General's office in the closing of a nursing home as well as the possibility of filing of a home rule petition or ordinance requiring notification to affected parties, including City agencies will be forthcoming from the Law Department.

# FACT SHEET

**Cambridge Nursing Home**
One Russell Street
Cambridge, MA 02140-1393

- Owned by:

Capital Senior Living
Local Administrator:
Paul Corcoran
617-491-6110

Regional Operations Manager:
Gary Vasquez
Capital Senior Living
186 Old Stagecoach Road
Ridgefield, Ct. 06877

Corporate Headquarters: Dallas, TX.

DPH contact: Aelish Wilke
617-753-8202

Attachments:

Cambridge Nursing Home letter
Closure Plan

Cambridge
Nursing Home

One Russell Street
Cambridge, MA 02140-1393
Tel. (617) 491-6110 • Fax: (617) 354-1306

June 19, 2001

Ms. Eileen Ginnetty
Cambridge Council on Aging
806 Massachusetts Avenue
Cambridge, MA 02139

Dear Ms. Ginnetty:

The licensee of Cambridge Nursing Home has found it necessary to begin the process of closing the facility. We will begin having family meetings and continual meetings with the residents to help alleviate any fears they might have as they prepare to make the transition to a new environment. We have also requested assistance of the mental health service provider to meet with individual residents to offer guidance and support.

The projected closure date for Cambridge Nursing Home is on or around August 15, 2001.

Please feel free to contact me should you have any questions.

Sincerely,

Paul Corcoran

Paul Corcoran, Administrator
Cambridge Nursing Home

Cambridge Nursing Home
One Russell Street
Cambridge, MA 02140-1193
Tel. (617) 491-6110 • Fax: (617) 354-1306

## I. INTRODUCTION

This closure plan is developed and submitted pursuant to the determination to voluntarily close Cambridge Nursing Home LLC. The projected closure date for Cambridge Nursing Home is August 15, 2001. or (60 Days)

Cambridge Nursing Home is a skilled nursing facility that is located at One Russell Street, Cambridge, MA. The licensee is Cambridge Nursing Home LLC and the licensed bed capacity is 119.

This facility closure plan details the necessary steps and procedures in place and to be implemented to assure the expeditious closure of Cambridge Nursing Home and the orderly relocation of its residents. This plan is developed in accordance with the Department of Public Health and the Division of Medical Assistance regulations and their Relocation Guidelines for Health Care Facilities and the Department of Public Health Emergency Patient Relocation Plan.

The licensee acknowledges its responsibility to relocate all residents and requests the guidance and assistance of DPH and DMA. The licensee also pledges to work cooperatively and diligently with the departments to ensure the most timely and appropriate relocation of residents to other nursing homes in a manner that mitigates, to the greatest possible extent, resident, family and staff discomfort and trauma.

## II. NOTIFICATION

### A. Public Agencies

The Department of Public Health and the Division of Medical Assistance have been formally notified of the Cambridge Nursing Home closure. Notification of other state agencies is in process.

### B. Staff

All key staff members will be or have been notified of the Licensee's decision to close and reason for closure. General staff will be notified on or about June 18, 2001.

C. Resident/Family/Guardian

All residents and families will be given prompt and written notice of the decision to close Cambridge Nursing Home as well as personal notification by key facility management staff. On or about June 18, 2001, continuous efforts will be made to notify resident spouses, family, next of kin and interested parties with additional effort for those residents who have not had steady family contact or who have no family or next of kin involvement.

As part of the notification process, residents and families will be informed of the availability of key facility staff and of the facility's intention to provide them with essential information throughout the relocation process.

All residents shall be given a 60-day advance notice of transfer and a 30-day advance notice once a specific relocation decision has been made. (The latter being given to residents and sent to family members is reflective of this.) Residents will be given the option of relocating sooner in order to take advantage of an available bed in another facility, and Cambridge Nursing Home will not be constrained by the advance notification requirement. Need Copy

D. Attending Physicians/Clinical Services

Attending physicians will receive verbal and written notification of the facility closure and the expected timetable for closure on or about August 15, 2001. Providers of clinical services including pharmacy, mental health, transport service, diagnostics, etc. will also be notified of the closure and their respective role in the closure process.

III. RELOCATION PROCESS

A. Preparatory Phase

All residents shall have appropriate Medicaid Coverage of Determination assessments completed. The Division of Medicaid Assistance shall be contracted for the appropriate assessment forms and for their review of completed assessments.

The Division of Medical Assistance shall also be contacted to provide the PASARR screening process for all residents.

Medical and Social Assessment for each resident shall be completed by Cambridge Nursing Home staff members. These assessments shall identify specific need such as guardianship, medical needs, family and social ties and all other individual significant resident factors including psychosocial needs.

The facility management staff will organize and conduct group sessions with residents and their families, next of kin, or interested parties, when available, to discuss the reasons for facility closure. Included in these discussions will be the details of the relocation plan, the provisions of support and assistance to locate new facilities, methods of dealing with adverse resident responses to closure and relocation, and related issues such as continuity of medical and nursing care, financial considerations and the scope of resident and facility rights and responsibilities.

The goal of the discussions conducted initially and throughout the relocation process will be full disclosure of critical information, ensuring that the residents who are sufficiently alert/oriented and family members will understand as precisely as possible what is to occur. All questions will be answered and issues resolved as completely and expeditiously as possible.

Representatives from key state and community agencies (Ombudsperson, Council on Aging, etc.) will be invited to attend resident, family meetings to provide additional information and support to residents and their families. These agencies will be informed and updated regarding resident placement status throughout relocation.

The Administrator and the Director of Nursing Services, with assistance from the DMA Relocation Advisor, will be available to residents and families during the notification and relocation periods for advice, technical assistance and support. Psychological preparation or counseling by appropriate facility staff or mental health consultants has been arranged.

B. Coordination with Public Agencies

The Administrator and the Director of Nursing Services will coordinate nursing home bed location and placement efforts with DPH and DMA and will follow DMA Relocation Guidelines for Nursing Homes. The Department of Public Health shall be given a weekly update as to the progress of the closure.

C. Relocation Procedure

Facility staff will complete all essential steps of the relocation procedure. Individual tasks and responsibilities will be assigned to specific staff members.

Individual staff members will be accountable for relocation tasks and responsibilities that shall include:

- The completion of comprehensive resident assessments including current medical, physical, nursing and psychological need information.
- The location of appropriate available nursing home beds.
- The assignment of permanent staff member(s) responsible for transfer and discharge planning.
- The recording of all pertinent relocation information.
- The establishment of a telephone log to record location of nursing home beds and placement contacts.

- Contacting and utilizing all available resources for bed location.
- Coordinating resident referral screening by nursing homes.
- Providing or arranging for resident counseling adequate to prepare residents for successful transition.
- Encouraging and facilitating resident and/or family on-site visits to prospective new facilities, whenever possible.

In addition, appropriate resident care referral forms will be completed and accompany each resident to his/her placement.

D. Potential Facilities

The facility staff, with the assistance of DPH and DMA staff, as necessary, shall contact long-term care facilities in the area and notify them of the impending closure and need for resident placement.

In cooperation with the Division of Medical Assistance relocation team, Cambridge Nursing Home will identify facilities within a 25 mile radius of the facility and/or the resident's family and friends as having potential for accepting Cambridge Nursing Home residents and lists of such will be available to residents and families.

Cambridge Nursing Home will not, however, limit its search to these facilities. Every effort will be made to keep all placements within the Cambridge, MA area or in accordance with resident and family preferences.

E. Maintenance Effort During Closure Process

Cambridge Nursing Home will operate at required staffing levels during the closure process to ensure that adequate services are provided and quality of care is maintained.

Cambridge Nursing Home will no longer accept admissions or re-admissions into the facility.

The facility shall contact the primary transport service to arrange for appropriate, safe and orderly transfers from the facility and will conduct an orderly transfer and discharge process of no more than 5 residents per day.

All pertinent information contained in the resident's medical record will be transferred with the resident from Cambridge Nursing Home. Cambridge Nursing Home will make arrangements for off site storage of the medical records. Where ?

Resident medications excluding narcotics and other countable substances shall be transferred with each individual resident. A Medication Transfer Form shall be generated and maintained by the facility for the resident's discharge folders.

Medications not transferred with the residents shall be destroyed according to all applicable laws and regulations. The facility consulting pharmacy shall be contacted to remove emergency drugs. Appropriate records of the destruction of medications shall be maintained by the facility.

Residents' personal belongings including clothing, furniture, televisions, radios, etc. shall be transferred with the residents to the receiving facility. The facility transport service will assume this transfer task. A clothing/personal items list shall be completed and sent with the resident. A copy shall be maintained for the resident's individual discharge folder.

Resident Personal Needs Accounts shall be transferred with each resident to their new facility. Medicaid auditors shall be informed of the closure and records of residents' funds will be made available to them so they may track the funds. Each resident shall have a social security change of address form completed and mailed before transfer and in addition an SC-1 Form shall be completed and mailed to the Medicaid Long Term Care Unit.

Documentation including: 1.) a list of all residents transferred; 2.) facilities to which they were transferred; 3.) medications which accompanied them; 4.) medication disposal records; 5) A list of all nurses aides trained by the facility in a state-approved N.A.T.P. after 7-1-89, and 6) the location where records shall be stored and the name, address and telephone number of the individual responsible for the safekeeping of such records shall be provided for review by the Department of Public Health after closure.

F. Storage of Facility Records

The records of Cambridge Nursing Home will be stored for the next five years at an offsite storage location. Capitol Senior Living, Inc. will be responsible for these records.

G. Census

Current census of Cambridge Nursing Home is 106 as of June 12, 2001, with the following case mix:

| | |
|---|---|
| Private Pay: | 8 |
| Medicaid | 93 |
| Medicare | 5 |
| VA | |
| Commission of the Blind | |

(108)

May 12, 2001
Date

Paul Corcoran
Paul Corcoran, Administrator

*Russell B. Higley*
*City Solicitor*

*Donald A. Drisdell*
*Deputy City Solicitor*

*Nancy E. Glowa*
*First Assistant*
*City Solicitor*

*Arthur J. Goldberg*
*Supervising Legal Counsel*

*Legal Counsel*
*Birge Albright*
*Vali Buland*
*Cheryl Anne Watson*
*Nancy B. Schlacter*
*Christine E. McGinn*

# CITY OF CAMBRIDGE

Office of the City Solicitor
795 Massachusetts Avenue
Cambridge, Massachusetts 02139

June 28, 2001

Robert W. Healy
City Manager
City Hall
795 Massachusetts Avenue
Cambridge, MA 02139

Re: ***Closing of the Cambridge Nursing Home***

Dear Mr. Healy:

In connection with the closing of the Cambridge Nursing Home, the City Council has asked that we respond to the following three questions. While I feel that we need more time to answer one of the questions, I am providing this interim response which may be of some help to the City Council in addressing the issues raised by the proposed closing of the Cambridge Nursing Home. I will supplement this response shortly.

1. Is the Attorney General involved in the closing of a nursing home?

I have not found any law giving the Attorney General direct involvement in the closing of a nursing home. He would have indirect involvement as the attorney for the Department of Public Health, which is the main agency regulating nursing homes. See G. L. c. 111, § 71 (Licensing of nursing homes by DPH).

2. Is the nursing home required to notify the City of its intention to close?

I have not found any law which requires a nursing home to notify its municipality of its intention to close.

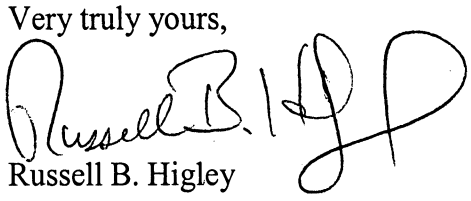
A state regulation requires that the DPH be given at least a 60-day notice before a nursing facility closes, and that the residents/families must be given at least a 45-day notice of the closing. See 105 CMR 153.023.

3. Could the City, under its Home Rule Power enact an ordinance requiring the nursing home to notify the City of its intention to close?

The third question is more difficult, because it requires an analysis of the City's power, under the Home Rule Amendment of the Massachusetts Constitution, to enact such an ordinance. We need a little more time to determine whether a local ordinance would be inconsistent with existing state statutes, or whether an ordinance affecting closure and transfer of the property falls within the permitted scope of the City's Home Rule powers.

We will give you this analysis as soon as possible.

Very truly yours,



Russell B. Higley

RBH/cme

5-279

Response to Council Order No. 5, dated June 25, 2001 (Awaiting Report Item No. 01-208) regarding the closing of the Cambridge Nursing Home.

July 2, 2001