



CATTARAUGUS COUNTY BOARD OF HEALTH

1 Leo Moss Drive, Olean, NY 14760, Tel. (716)373-8050, Fax (716) 701-3737



Public Health
Prevent. Promote. Protect.
Cattaraugus County
Health Department
Established 1923

Joseph Bohan, MD, President

Giles Hamlin, MD, Vice-President

Zahid Chohan, MD

Sondra Fox, RN

Richard Haberer

Theresa Raftis

David L. Smith

James Snyder

Kathryn Cooney Thrush, NP

MINUTES

March 7, 2017

The 854th meeting of the Cattaraugus County Board of Health was held at The Point Restaurant, 800 East State Street, Olean, New York on March 7, 2017.

The following members were present:

Dr. Joseph Bohan

Dr. Hamlin

Dr. Chohan

Sondra Fox

Richard Haberer

Theresa Raftis

Also present were:

Kevin D. Watkins, MD, MPH, Public Health Director

Eric Firkel, County Attorney

Sue Labuhn, County Legislator

Robert Neal, County Legislator

Donna Vickman, County Legislator

Madelyn Thornton, Cancer Services Coordinator

Gilbert Witte, MD, Medical Director

Dave Porter, Hearing Officer

Rick Miller, Olean Times Herald

Susan Andrews, Director of Nursing

Kathy Ellis, Administrative Officer

Raymond Jordan, Sr. Public Health Sanitarian

Debra Lacher, Secretary to Public Health Director

Eric Wohlers, Environmental Health Director

The meeting was called to order by Dr. Bohan. The roll was called and a quorum declared.

Mr. Haberer made a motion to approve the minutes of the Board of Health (BOH) meeting held on February 7, 2017, it was seconded by Dr. Hamlin and the motion was unanimously approved.

DIRECTORS REPORT: Dr. Watkins reported that during the week ending February 25, 2017 there were (5,217) laboratory confirmed influenza reports throughout the state, which is a 6% decrease from the previous week. One hundred and thirty four specimens were tested at the Wadsworth Center, and (79) were positive for influenza. Seventy one of those positive tests were influenza A of which, (66) were influenza A (H3N2), (5) were influenza A (not typed) and (8) were influenza B. He added that since our last meeting there were (48) laboratory confirmed cases of influenza in Cattaraugus County, (45) were influenza A and (3) were influenza B.

In New York State there was (1) influenza associated pediatric death during the week of February 25th and a total of (7) this season throughout the state. No deaths have been reported in Cattaraugus County.

Dr. Watkins went on to say that two weeks ago the Center of Disease Control and Prevention (CDC) reported that influenza A (H3N2) is the predominant influenza virus strain this season; In addition, CDC have estimated that the effectiveness of the 2016-2017 influenza vaccine in preventing illness caused by influenza A (H3N2) is only 43%. The vaccine's estimated effectiveness against the influenza B strain is 73% and overall, the 2016-2017 vaccine effectiveness is just 48%. He added that during the 2015-2016 influenza season the vaccine effectiveness was 47%, and in 2014-2015 the influenza vaccine effectiveness was only 19%. Dr. Watkins remarked that those who have not been vaccinated yet, still have time. He reiterated the important ways to prevent transmission of influenza; by avoiding close contact with those who are sick, to cover ones nose and mouth with tissue when coughing or sneezing, wash hands with soap and water as frequently as possible, and avoid touching one's eyes, nose, and mouth especially after shaking hands.

Dr. Watkins informed the board that the department was contacted by Dr. Kevin D'Angelo, a dentist at the University of Buffalo (UB) School of Dentistry inquiring if the department would partner with his volunteer organization called Remote Area Medical (RAM) in a community wide dental health fair. He stated that the health fair would occur at St. Bonaventure University in the Riley Center on June 10th and 11th. The goal is to offer free dental and medical services that weekend for the needy and the working poor who do not have dental, or medical homes. They will offer free oral cancer exams, extractions, restorations, and preventative care. RAM will set up 40-50 dental operatories and provide all the necessary instruments and supplies for the weekend. The dental van called 'S-miles To Go' at UB will also be there for additional patient support, UB dental students will coordinate information kiosks, promoting the initiative and will offer education while patients and family members wait. Primary care physicians will provide general medical exams, dermatologists will offer free skin cancer screenings, and optometrists will give free refractory exams and same day milling and fitting of glasses. The Cattaraugus County Health Department has been asked to offer educational tables, in addition Olean General Hospital, Olean Medical Group, Universal Primary Care (UPC) and the Seneca Nation of Indians will participate and provide counseling and placing patients into dental and medical homes throughout Western New York. Dr. Watkins stated that this will be an educational initiative promoting the connection of oral health and overall health. He added that this will be an exciting gathering, bringing many non-professional groups such as community based organizations, churches, and local businesses together. St. Bonaventure will provide food and lodging via the offering of dormitories for out of town volunteers. Dr. D'Angelo or his designee was asked to be at our April Board of Health meeting to speak to the Board regarding this initiative that will be occurring in June. Legislator Labuhn asked how they will determine who would get services. Dr. Watkins answered that anyone can come. Legislator Labuhn asked if the patients would receive follow-up if needed. Dr. Watkins stated that the RAM group will refer individuals to UPC, Olean General Hospital (Gundlah Dental Center), and places like ASPEN dental for those in Cattaraugus County that need further services. Individuals from outside Cattaraugus County will get referred to UB or one of the surrounding clinics within the client's residential area. Dr. Bohan asked what other communities have held this type of event. Dr. Watkins answered that one was recently held near Syracuse, NY. Dr. Chohan asked how an event like this deals with liability.

Dr. Watkins stated that this would be a question to propose to Dr. D'Angelo next month. He added that in the meantime, he will also talk with Dr. Gregory Young, from New York State Department of Health, Western Region office, to ascertain if there are any liabilities or permit requirements needed by the state for this event.

Dr. Watkins reminded the board that March is colorectal cancer awareness month. He stated that colorectal cancer is one of the most common cancers amongst New Yorkers. In New York State, colorectal cancer is one of the most frequently diagnosed cancers and the second leading cause of cancer deaths among women and men combined. Each year over (4,600) men and about (4,700) women are diagnosed with colon or rectal cancer and about (1,600) men and (1,700) women in New York State die from this disease. It is estimated that 1 in 20 people will develop colorectal cancer sometime in their life. In Cattaraugus County the average annual incidence of colorectal cancer for men is roughly (23) compared to women which is about (26). The annual mortality is slightly above (7) for men and slightly above (8) for women. Some of the risk factors known to be associated with colorectal cancer include increase in age (50 and older), family history with hereditary conditions, personal health history of intestinal polyps or inflammatory bowel disease, obesity, physical inactivity, diets that are high in processed or red meats, or low in vegetables and fruit, long term smoking, and alcohol consumption. Pamphlets, information packets regarding colorectal cancer and a lapel pin was distributed to everyone in attendance.

Dr. Bohan introduced Madelyn Thornton, the program coordinator for Cancer Services of Allegany, and Cattaraugus Counties. Ms. Thornton thanked the Board for the opportunity to speak. She encouraged everyone to not only get screening but also spread the word to their family and friends. She reiterated that colorectal cancer is the second leading cause of cancer deaths in New York State and it is completely preventable. She stressed that there is a need to increase the number of people who get screened. She shared that about 68% of New Yorkers were screened in 2015, and 71% in 2016. Many people are turned off by the thought of a colonoscopy, but for those with an average risk of colon cancer, they can use the fecal immunochemical test (FIT) kit. The FIT kit is completely self-contained, stool samples are collected at home and sent to a lab for testing. If it comes back positive the client is referred for a colonoscopy. If the samples come back negative, the test is repeated in one year. The FIT kits are provided free of charge to the uninsured or those with high deductibles and if there is a need, the follow-up colonoscopy is provided at no charge. Next Tuesday March 14th, the Cancer Services Program (CSP) will be at the Olean County building with a health promotion walk-thru inflatable colon and will provide educational packets for the public.

Ms. Thornton shared that the CSP not only offers colorectal screenings but also, breast and cervical screenings for the uninsured and those with high deductibles. She also shared that they have a donation program, which allows them to assist those who have a positive cancer diagnosis with expenses of copays up to \$1,000, and gas cards to help them get to treatment. Dr. Bohan commented that he was not aware of the donation program. Many of the oncologists and the radiation center send referrals on a weekly basis. Once the referral is received CSP contacts the individual to see if they need a wig, hat, breast prosthetics, gas cards or copay assistance. Dr. Bohan asked how much money is spent on the screening of colon cancer for the county. Ms. Thornton stated that she was unsure but that the entire cancer services budget is \$150,000, which includes the infrastructure and services fees. Ms. Thornton stated if they were to run out of money for screening, the state would provide additional funds in the form of state aid.

Dr. Watkins directed everyone to a handout that was provided regarding lead testing. He stated that New York State has appropriated 1.5 million dollars to establish a free lead testing pilot program for New York State residents to test their home water supply, whether they are served by a private well or connected to a public water system. The following website is a link to the lead testing program which can be found at <http://www.health.ny.gov/environmental/water/drinking/lead/free> or they may call 518-402-7650 to request the free lead testing sample container.

Dr. Watkins shared that the department was notified that due to a meeting conflict at The Point Restaurant, April's BOH meeting will be held at the St. Bonaventure Clubhouse.

NURSING DIVISION REPORT: Mrs. Andrews reported the communicable diseases for the month of February which included (23) chlamydia cases, (7) gonorrhea cases, (2) campylobacter cases, (17) hepatitis C cases (14) additional hepatitis C chronic cases, some that are still pending confirmation. The department is investigating (1) Lyme case pending confirmation. There was (1) chronic hepatitis B case reported that was identified through blood donation. There was (1) case of salmonella, that was contracted in the Dominican Republic. There were (2) cases of cryptosporidium, a family was taking care of calves, and they had not been practicing proper handwashing techniques. There was no Zika testing so far this year.

Two staff members will be attending a New York State Association of County Health Officials (NYSACHO) immunization conference in Albany later this month.

No rabies post exposure vaccine given so far this year but the department is expecting to administer one tomorrow in a previously vaccinated person.

Mrs. Andrews stated that the new nurse practitioner has excelled in the placement of intra-uterine device (IUD)'s and is currently placing four or five IUD's per month. This is a very safe, very effective method of birth control. Despite improvement in this method of birth control, Cattaraugus County still has one of the highest teen pregnancy rates for New York State.

The maternal child health program has started participating in a breastfeeding initiative by New York State Department of Health, and the goal is to promote breastfeeding friendly practices in healthcare facilities and on the worksites.

There was (1) new elevated blood lead level in a two year old. The level was 20 ug/dl (normal is < 9 ug/dl) and the department is just starting to investigate.

The homecare division has (2) nurses who will attend a two day Outcome and Assessment Information Set (OASIS) training in Schenectady County in April.

Student nurses from Jamestown Community, Damien and Gannon Colleges and Alfred Univ. have been completing their homecare or community health practical's with the department's staff.

Homecare admission and census are up. Mrs. Andrews stated that the department continues to work on deliverables for the millennium delivery system reform incentive payment (DSRIP) program. There is a meeting today at Olean General Hospital regarding patient coordination.

Dr. Bohan asked why the pregnancy rate is so high in Cattaraugus County amongst young people. Mrs. Andrews stated that the pregnancy rate has improved comparatively as it used to be double what our numbers are now.

Dr. Chohan asked about the protocol for newly diagnosed hepatitis C cases. Mrs. Andrews responded that the department reaches out to the physician who ordered the test, in addition, patients are contacted and encouraged to seek treatment. Dr. Bohan interjected that there will be a big spike in these numbers going forward due to the epidemic of intravenous drug use in the community.

ENVIRONMENTAL DIVISION REPORT: Mr. Wohlers reported that a sanitarian is retiring this month who happens to be one of the most experienced children's camp inspectors within the department. Currently, applications are being accepted but it is about a one to two year process to fully train a sanitarian. Sanitarians must complete a lengthy training that includes environmental health program training, and food standardization training.

The senior sanitarian that is retiring this month has begun to train another sanitarian on how to inspect children's camps. There is a new requirement that all children's camps in New York State comply with special guidelines for children with disabilities. These new requirements must be communicated to the camp operators and make sure they are in compliance.

Mr. Wohlers reported that the Water Resource Specialist that was hired a few months ago, unexpectedly resigned to accept a position elsewhere in the state closer to his home. A new person has accepted this position and will start next Thursday.

Mr. Wohlers stated that the free lead testing pilot program will not be sharing results with the local health departments. All results will go to the homeowners and unless the homeowners reach out to their local health departments for assistance, there is no way of knowing community results.

Last year the state passed new regulations on legionella and cooling towers. Initially the department completed a quick survey of the facilities within the county and made sure they were entered into the state data base. It is the responsibility of each facility to collect their own samples and submit those results. The regulations also requires an owner of a cooling tower to notify the local health department within 24 hours of receipt of a Legionella culture sample result that exceeds 1,000 colony forming units per milliliter (CFU/mL).

The community development block grant (CDBG) was renewed for another two years. The department is in the active process of completing and updating the environmental review records, which should be completed by the end of March. A meeting will be held for all contractors that may choose to bid on future projects, they must meet insurance requirements, and be an approved contractor.

The mosquito surveillance program for 2017 has the same budget as last year. Two college students will be hired as health program aides and will carry out the larvae dipping and adult mosquito trapping surveillance for the department.

In April there is a two day food borne outbreak investigation training in Erie County for staff.

The Olean Home Show is scheduled for April 7-9, this year. Every year the organizers are gracious enough to give the health department a table, free of charge, as a community service. Usually the department's nurses are on hand to do blood pressures, and the environmental health division provides educational materials as a public health outreach. Home issues such as lead paint, radon, mold, and carbon dioxide is discussed and the annual drinking water taste test is performed.

Dr. Chohan asked would homeowners that use the public water system benefit from taking part in this free lead testing pilot program. Mr. Wohlers responded yes, because lead is not in the actual ground water, the lead hazard comes from the plumbing system. He added that an older home may have fixtures that were put in prior to code standards for lead and copper and these metals can leak into the water supply. Dr. Chohan asked what would the next step be if someone has test results that are actionable or high. Mr. Wohlers stated that the program is for testing only and further discussion as far as assistance for homeowners has not taken place, but this program would make the homeowner aware of their home water lead exposure. Homeowners may choose to have a private contractor come in and inspect their plumbing. If they discover that the plumbing has a lead line, the homeowners can choose to have the lines replaced which could be quite costly, as the homeowner is responsible for the water line from the home to the shut off valve at the curb.

ENFORCEMENT REPORT: Mr. Porter reported on the following enforcement case held on February 14, 2017.

DOCKET #17-002

Respondent: Sharon Rockwell, 6860 Sweeney Hill Road, Cattaraugus, NY 14719. Violation: SCCCHD 24.2.5 Respondent failed to submit the required animal confinement and rabies certificate for her dogs by the prescribed date following a human exposure on 11-22-16.

Public Health Sanitarian: Mike Hastings, Public Health Sanitarian appeared for CCHD and was sworn in.

Respondent: Sharon Rockwell, respondent, appeared.

Recommendation: 1.) Consider Docket #17-002 closed due to full compliance by the respondent. Confinement and rabies certificate received by CCHD.

A motion to approve this recommendation was made by Mr. Haberer, seconded by Dr. Chohan and unanimously approved.

Dr. Watkins presented the appeal that was received via mail from **Robert A. Reed, 4033 Newton Street, Salamanca, NY 14799, Docket #16-035** dated February 10, 2017. The appeal notice is in regards to a BOH Order issued at the December 7, 2016 meeting which ordered Mr. Reed to pay a \$100.00 fine by December 31, 2016 for failure to submit proof of required workmen's compensation and NYS disability insurance. Mr. Reed stated in his appeal that due to his health he closed his operation down on August 1, 2016. However the department's records indicate that a request for a temporary permit was received by Mr. Reed in September 2016 to operate a concession stand at the Bonagamy festival which would require proof of workmen's compensation and NYS disability insurance and this requirement was outlined as a condition on his permit to operate the temporary concession stand.

The department finds that Mr. Reed has failed to meet the burden of reason since he did apply for and was issued a temporary permit in September and he did not meet condition #2 on the permit. The recommendation is that Mr. Reed be given until April 15th to pay the \$100.00 fine and to waive the per day per diem charge if he complies with the order. If he does not pay the fine by April 15th the department recommends that a \$10.00 per day per diem be assessed until payment is received.

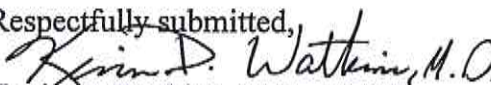
A motion to approve this recommendation was made by Mr. Haberer, seconded by Mrs. Fox and unanimously approved.

Dr. Bohan asked about the progress on the class action lawsuit against the pharmaceutical companies who may have contributed to the opioid epidemic. Dr. Watkins responded that the department is still working on the numbers for the County Attorney to review. As soon as the information is available the department will bring it back to the Board for discussion regarding whether a recommendation should be made to the legislators to participate in such a lawsuit.

Legislator Neal asked about the result of the request for needed translation services in regards to a recent restaurant violation. Dr. Watkins responded that one of the operators of a restaurant who is a non-English speaking customer had to appear before the hearing officer for an enforcement hearing. In the past, this owner would bring his own interpreter to the hearings, but came without one at the last hearing. The department was able to provide interpretation services for the owner, thanks to the Department of Aging, during the hearing proceedings, however he was issued several enforcement documents that explained the department's findings. The hearing officer ruled that it was the department's duty to provide those documents to the customer in his native language. The department complied and had all the documents translated by our language line service. This required that the hearing be postponed until March 14th. This translation process is also keeping in compliance with the Americans with Disabilities Act (ADA). Legislator Labuhn added that there are (18) languages which we are required to have available to customers. Dr. Bohan asked if the translation could be done on the computer. Dr. Watkins stated that unfortunately due to technical wording within the documents, that some information can be lost when using google translation. Therefore, it is required that an accredited translation service be used, which can be quite costly.

Dr. Watkins interjected that tomorrow the Health Department Emergency Preparedness unit will undergo a medical countermeasure non-pharmaceutical intervention drill. The drill will require the department to involuntarily quarantine a family exposed to a new avian flu to their home. The incident command team will then have to work with our County Attorney and other county departments in order to comfortably involuntarily quarantine this family in their home. This drill should take about two hours in which food, and other resources must be located for this family.

There being no further business to discuss, a motion to adjourn was made by Mrs. Fox, and seconded by Dr. Hamlin and unanimously approved.

Respectfully submitted,

Kevin D. Watkins, M.D., M.P.H.
Secretary to the Board of Health



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Gilbert N. Witte, M.D.
Medical Director

Susan A. Andrews, RN, MSN, FNP
Patient Services Director

Certified and Long Term Home Health Agency
Professional Advisory Committee
January 18, 2017

Present:

Dr. Giles Hamlin, BOH
Dr. Gilbert Witte, Medical Director, BOH
Susan Andrews, DPS, RN, FNP
Tim Mager, OT
Elizabeth Bless, MSW
Moiria Khetry, Case Manager, OGH
Barb Parish, RN
Carrie Ruffner, PT

Absent:

Carolyn Woodhead, SLP
Dr. Kevin Watkins, Public Health Director, BOH
Michele Phelps, NUTR
Sondra Fox, RN, BOH

The Professional Advisory Committee (PAC) meeting was held in the Cattaraugus County 2nd floor conference room on Wednesday January 18, 2017 at 12:30. Attendance was taken as recorded above.

- I. Review of Tier 1 Potentially Avoidable Events (PAE): July 2016 – September 2016
- a. Emergent Care for injury caused by fall was presented by Susan.
Graphs show a decrease in falls from our prior period of July 2015 – September 2015 but worse than the national reference. There were 10 falls during this time period, 100% of the charts were reviewed, and there was only one quality trigger concerning a 91 year old Adult Living Facility (ALF) resident referred for care of skin tear. Patient scored as a fall risk but ALF staff stated physical therapy (PT) wasn't needed as resident had just completed a previous course of PT ~ 9 days prior. Risk and need for PT was not discussed with doctor. Nursing continued three times weekly for several weeks and then noted that resident had staples on top of head from a fall. ALF staff did not know circumstances of fall. In summary –PT referral should have been discussed with MD and most likely initiated at Start of Care (SOC), and after most recent fall.
 - b. Emergent Care for Wound (ECW) - For this time period (July 2016-September 2016), ECW showed an increase over the previous reference data and were just slightly worse than the national average. There were 8 cases, 100% were reviewed resulting in 2 quality triggers – Barb reviewed details of 2 cases.

Case #1- Our concerns began with the agency accepting referral for 3 times /day for wound care from a skilled nursing facility (SNF), as this is not a frequency we normally agree to perform. Family was supposed to assist but was unclear in the documentation. Dr. Witte asked if dialysis can assist with wound care, Barb, Susan and Moira indicated that dialysis has never been able to do wound care. Individual is currently in SNF. In review of this case probably should have been handled differently.

Case #2-Referral on person with quadriplegia for many years was referred to home care for evaluation/care of deteriorating wound, wife has been very active in patient care and had been doing wound care which included silvadene into deep wound. Had basic air mattress in place with repositioning by wife— nursing visited weekly until we received call from wife stating that emergency medical services (EMS) was called and patient was transported to hospital for worsening wound. Frequency of Skilled Nursing (SN) should have been modified to increase frequency of SN. Dr. Witte points out that it was 9 days between last visit and when wife called. Susan states that these cases will be reviewed at staff meeting next week.

II. Review of Tier 2 Potentially Avoidable Events: July 2016 – September 2016

Susan shared that there was 1 case of urinary tract infection (UTI) which was reviewed and no quality concerns were identified.

III. Hospitalization 4thQ-2016

Susan reviewed graphs of risk adjusted claims based outcomes for hospitalization. Hospitalization during the first 60 days of homecare is down and is better than our previous and national average. Visits to the Emergency Department without hospitalization during this time period is down and is much better than our previous and on par with national average. Re-hospitalization during first 30 days of home care is better than the national average but slightly more than our previous. Visits to the Emergency Department (ED) without hospitalization during this time period is down and once again better than our previous and on par with national average. Previously, we speculated that perhaps our hospitalization was lower because our ED was higher. This is the way we like to see our outcomes.

Next is review of 30 Day Hospital Readmits (Current/Closed Chart Audits) for October, November and December 2016.

In October there were 17 cases with 16 having no quality triggers, we felt good that we handled things properly. One case that concerned us involved a person that was referred for low sodium, UTI and stage 2 pressure ulcer. Patient's informal caregiver voiced concern several times over period of a week that patient was weaker, more unsteady, etc., physician was notified once when first reported but no orders received. Documentation unclear regarding bloodwork. Person was readmitted to hospital with severe hyponatremia.

For November there were 7 cases identified and all were reviewed with only one quality trigger. This involved a physician office referral on a patient whose primary caregiver unexpectedly needed care in a facility. The initial home care evaluation found the patient to be forgetful, scored impaired on Outcome and Assessment Information Set (OASIS) mobility assessment and the environment was unsafe. No physical therapy referral made. Social worker did visit the next day with referral to adult protective services. Nursing visit the following day states patient denies need for PT. About 3 days later a telephone call was received from relative stating patient was found in unheated room on floor and was hypothermic. Medical Social Worker (MSW) points out that adult protective services (APS) was called and he had food, shelter and was getting home delivered meals. Dr. Witte suggests that perhaps patient should not have been home and suggests that we should have taken a stand upon initial referral.

In December there were 17 cases, all were reviewed and there were 2 areas of concern. The first was a 91yr old with congestive heart failure (CHF). Our concern was related to inconsistency of weight and edema monitoring. Dr. Witte wonders if patient had any follow-up appointments with MD. The next concern involved a 78 yr. old with abnormalities noted on the initial respiratory assessment. Despite abnormalities, the patient had no planned SN follow-up but was referred to PT. About 10 days later physical therapy notified supervisor of change in respiratory status. A nurse was sent out the same day but was unable to reach primary care provider (PCP), 911 was called and patient was admitted for exacerbation of chronic obstructive pulmonary disease (COPD).

IV. Patient Satisfaction

Susan reviewed graph comparing fourth quarter 2016 (4Q) to calendar year (CY) 2016 for key indicators from the Home Health Consumer Assessment of Healthcare Providers and Systems (HH-CAHPS)-survey based on 56 patients for 4th Q and 259 patients for the CY. Overall 4Q shows similar or improved results for safety, medications and pain measures. Measures related to respectful care, and if patients would refer to agency, all showed improvement. When we are benchmarked with other agencies who use this vendor, we scored better in most areas. We score much higher in rating of 9 or 10 of 10 when compared to definitely recommend.

V. Agency Occurrences

Susan reviewed agency occurrences for the fourth quarter of 2016 which included 2 patient complaints, one relating to quality of personal care, and obtaining patient signature by county home health aide (HHA) and the other complaint was a scheduling issue with licensed homecare services agency (LHCSA) HHA. Agency HHA was counseled and had increased supervision with resolution of problem. Other areas discussed were not following plan of care, there were 2 occurrences and both were a little unusual in that more visits were provided, than ordered. One received HHA after discharge (D/C) and the other more frequent wound care. Both were addressed with the licensed agency and were due to human error.

There was one theft of pain medication by a patient's significant other - care manager involved another family member to secure medications. There were no medication errors this quarter. There were several missed/delayed visits as Cattaugus County Health Department Registered Nurse (CCHD RN) stated she did not know she was working. No harm to patients and process review was conducted and counseling done. Although we have many redundant systems to prevent this they all failed. The other involved scheduling error on part of LHCSA.

There were (3) patient falls with HHA present during wheelchair transfers which resulted in no serious injury. Physical therapy followed-up (F/U) with HHA.

County RN almost fell on snowy steps leaving patient home, but was able to "catch self" by grabbing rail resulting in no missed work.

There were 2 motor vehicle crashes, one was stopped to make a left hand turn and was rear-ended resulting in damage to car but no personal injury. The other involved a HHA who was part of a 3 car accident due to whiteout- this person reported whiplash type injury and missed 2 days of work. After quite a period with no needle stick injuries, we did have one last quarter. A patient had recapped an insulin pen and when the nurse tried to help, the nurse was stuck by used needle. Scenario was reviewed and nurse was re-educated in use of pen and advised that she needs to follow agency policy and procedure.

VI. New/Revised Policies

Due to changes in the OASIS assessment, we reviewed agency policy on height and weight. Agency actually did not have a policy on height therefore a new one was created and a weight policy was revised to outline who will be weighed in the home and who will not, the type of scales to be used and guidelines. In addition, a new section regarding patient self-monitoring of weight was added. This is timely, as related to hospital readmit case reviewed earlier. Both policies were approved unanimously.

VII. Discussion/Recommendations

Susan reported that Centers for Medicaid and Medicare Services (CMS) has just released the new Conditions of Participation for Home Health Agencies resulting in the most substantial changes since 1989. The new rules are effective 7/13/17 and revolve around patient rights, care planning and coordination, infection prevention and control and Quality Assurance and Performance Improvement (QAPI). We will need to make changes to the printed materials we currently provide. Susan reported that we have not fully read them yet but that the PAC will be hearing more details in the future.

VIII. Adjournment

Reminded those in attendance that the next meeting is Wednesday April 19, 2017 at 12:30 pm.



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**Cattaraugus County Health Department Family Planning Program
Educational Materials Advisory Committee
Cattaraugus County Health Department – Conference Room - Olean**

01-18-17

1:15-1:30-pm

Present:

Dr. Gilbert Witte, Medical Director, BOH
Dr. Giles Hamlin, BOH
Susan Andrews, DPS, RN
Carrie Ruffner, PT
Tim Mager, OT
Elizabeth Bless, MSW
Barb Parish, RN QAPI
Moira Khetry, Case Manager, OGH

Absent:

Dr. Kevin Watkins, Public Health Director, BOH
Michele Phelps, NUTR
Carolyn Woodhead, SLP
Sandra Fox, RN, BOH

Evaluation of Facebook ad of a napkin with a lip print, phone number and condoms vs crying baby with link to Cattaraugus County Health Department Family Planning/Sexually Transmitted Disease (CCHD FP/STD) services. Purpose of ads is to promote use of clinics. Survey of 2 clinic users and one non user, 16 and 21 year old male and 21 year old female reviewed ads – all stated both ads caught their attention and provided information to make it easy to call the clinic, all stated that they would call the clinic, however none felt ads make them think of their risk. The female commented that the baby ad might make parenthood seem undesirable. Ads were approved unanimously.

Next Meeting April 19, 2017



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*Kathleen M. Ellis
Administrative Officer*

COUNTY OF CATTARAUGUS
STATE OF NEW YORK

ENFORCEMENT LIST

Hearing Officer: David Porter

Administrative Hearing 3-14-2017

DOCKET #16-050

Respondent: Hermelando Feria Bautista, El Mariachi Mexican Restaurant, 315 N. Union St., Olean, NY 14760. Violation: Sanitary code of the 10NYCRR subpart 14-1.40 (a), 14-1.42, 14-1.113 (a), and 14-1.160 respondent failed to maintain adequate temperature control of potentially hazardous food. Sanitary code violations pertaining to inadequate temperature control of potentially hazardous foods were also cited on 11/28/12, 9/9/13, 12/11/13, 3/11/14, 11/18/14, 12/22/15, and 5/12/16. The respondent failed to store food removed from original containers in clean, covered, sanitized containers at safe temperatures. Sanitary code violations pertaining to food storage containers were also cited on 9/9/13, 12/11/13, 3/11/14, 11/18/14, 12/22/15, 2/1/16, 5/12/16 and 8/31/16. The respondent failed to operate and maintain the mechanical dishwasher in good repair. Sanitary code violations pertaining to the operation and maintenance of mechanical dishwashing equipment also cited on 11/28/12, 9/9/13, 3/11/14, 11/18/14, 2/11/16, 5/12/16, and 8/31/16. The respondent failed to keep the premises free of insects and insect breeding conditions. Sanitary code violations pertaining to the presence of insects in the establishment were cited 2/11/16 and 5/12/16.

Public Health Sanitarian: Richard Dayton, Public Health Sanitarian appeared for CCHD and was sworn in.

Respondent: Hermelando Feria Bautista, respondent, appeared.

Spanish Translator: Mrs. Mariel Grey, present.

Background of Docket #16-050

1st enforcement hearing held on 1-17-17 was adjourned due to language barrier attempted to use phone translator.

2nd enforcement hearing held on 2-7-17 was adjourned when respondent requested violations to be in Spanish (language barrier), translator was present.

3rd enforcement hearing held on 3-14-17 the hearing started at 9:30 AM and concluded approximately At 11:45 AM. Translator present, violations in respondents Spanish.

Extensive testimony was provided by Mr. Richard Dayton and outlined below:

- a.) Peoples Exhibit #1 identified as Enf.-1 stating violations, proof of service for the respondent and a copy of the Respondents permit to operate that expires on 3-31-17.

DOCKET #16-050 (continued)

- b.) I.D. as P.E. #2. Compliance inspection 2-11-16,
1-critical violation live cockroach was found in the sandwich board prep cooler where numerous containers of ready to eat food items were found uncovered.
5-non critical violations.
- c.) I.D. as P. E. #3. Letter dated 2-18-16 to respondent explaining violations found on 2-11-16 inspection and solutions recommended. A sanitary code violation was also reported. Cockroach abatement must be continued until infestation is completely eradicated. Repeat inspections will be made to monitor progress.
- d.) I.D. as P.E. #4. Compliance inspection 4-8-16.
1-critical violation, foods not protected from contamination, temperatures not measured.
- e.) I.D. as P.E. #5. Inspection report to evaluate progress dated 5-12-16.
1-critical violation, improper cooling and refrigerated storage of potentially hazardous foods. (chicken)
4-non critical violations
- f.) I.D. as P.E. #6. Enforcement notice dated 5/21/16 for inspection of 5/12/16
-stipulation offered and accepted
-certificate of service
-permit to operate expires 9/30/16
- g.) I.D. as P.E. #7. Inter office memo. Stipulation signed and was received along with payment of \$225.00 to cover the civil compromise offered and accepted.
Enforcement I.D. as P.E. #6 closed.
- h.) I.D. as P.E. #8 inspection report dated 8/31/16 as a follow up of the signed stipulation I. D. as P.E. #6.
4- non critical violations were observed.
- i.) I.D. as P.E. #9 inspection concerning a customer complaint (cockroaches) dated 12/9/16.
1-critical violation-potentially hazardous foods are not kept at or above 140 degrees Fahrenheit during hot holding.
5-non critical violations (repeats from previous inspection) enforcement commenced.
- j.) Summary of inspections to El Mariachi Restaurant between the openings in 2012 to 2016.
Seven (7) operational inspections performed since opening in 2012
 - Two (2) inspections performed due to illness complaints (3/18/13, 11/18/14)
 - Twelve (12) critical sanitary code violations cited
 - Eleven (11) non-critical sanitary code violations cited
 - Majority of violations cited are repeats from previous inspections.One (1) Hazard Analysis of Critical Control Points visit (HACCP) in 2015
Four "High-Risk" food groups identified and food handling processes developed but not followed.

- k.) P. E. #11 Summary of all CCHD contacts with El Mariachi Mexican Restaurant
- Covers a period of just over 4 years (October 2012-December 2016)
 - A total of 14 formal visits to the establishment
 - a. 11 inspections and re-inspections
 - b. 3 complaint and illness investigations
 - 16 critical violations cited
 - 25 non critical violations cited
 - 5 unconfirmed reports of foodborne illness on 3 separate occasions
 - Confirmed the presence of cockroaches in the establishment on 2 separate occasions
 - 3 Formal enforcement actions taken
 - a. 2 for sanitary code violations
 - b. 1 for an administrative violation

3/14/17 makes 4th action.

- l.) P. E. #12 pictures of a customer complaint showing cockroaches- not investigated as respondent is under enforcement action for docket #16-050.

Hearing Officer Findings: The Respondent is in violation of four sections of the state sanitary codes. As noted on exhibit P. #11 over a period of 4 years (opening 2012 to 2016) the respondent's restaurant El Mariachi has had the following Health Department contacts:

- 14 formal visits
- 16 critical violations cited
- 25 non critical violations cited
- 5 unconfirmed reports of food borne illness on 3 separate occasions
- 2 confirmed presences of cockroaches in the establishment
- 4 formal enforcement actions (including 3/14/17)

Recommendation:

- 1.) Pay a \$2,000.00 fine on or before 6/30/17
- 2.) Employ a pest control company on or before 5/31/17. Primary reason but not limited to is eliminate sources and infestations of cockroaches. Contract for minimum of one year. Results of successful pest control be supplied to CCHD on a monthly basis. A \$100.00 fine to be levied for failure to procure a pest control company under contract for one year by 5/31/17 with a \$10.00 per day per diem until in compliance with contract.
- 3.) Have food service manager of El Mariachi Mexican Restaurant successfully complete a Conference for Food Protection/ and ANSI-accredited "Food protection manager certification" program. (Ex. Servsafe manager certification, NEHA certified professional food manager, NRFSP certified food manager, etc.) a \$100.00 fine will be levied for failure to successfully complete an accredited program by 5/31/17 and a \$10.00 per day per diem until in compliance with said program.
- 4.) Conditions #1, #2, and #3 must be successfully completed on or before 6/30/17 or permit to operate due 7/1/17 will not be renewed for the El Mariachi Mexican Restaurant, 315 N. Union Street, Olean, NY.



MEMORANDUM

To: City/County Directors of Environmental Health
District Directors

From: Michael J. Cambridge, Deputy Director
Center for Environmental Health *mjc*

Date: February 14, 2017

Subject: Free Lead Testing Pilot Program (FLTPP)

The enacted budget for state fiscal year 2016 – 17 appropriated \$1.5 million to establish a Free Lead Testing Pilot Program (FLTPP) for New York State (NYS) residents. The FLTPP is available to residences that are served by either a private well or a public water system (PWS). The testing will consist of two samples, a first-draw and a flush sample, per dwelling unit (i.e., house or apartment).

The FLTPP will begin on February 15, 2017 and will continue as long as funds are available. The NYS Department of Health's existing lead in drinking water website, located at <http://www.health.ny.gov/publications/2508/>, will be updated to include information about the FLTPP with several useful links. Your office may receive inquiries about the program as well as questions concerning the lead results.

There are two ways that individuals may request the free lead testing of their residential drinking water:

1. Individuals may submit the request for lead in drinking water testing electronically to the Bureau of Water Supply Protection (BWSP) via a link at the following website:
http://www.health.ny.gov/environmental/water/drinking/lead/free_lead_testing_pilot_program
When the requestor clicks the link, they will be directed to an automated e-mail to the BWSP. The e-mail includes pre-populated information required for the FLTPP, therefore, we encourage requesters to submit requests via the website.
2. Individuals may also call the BWSP at (518) 402-7650 to request free lead testing of their residential drinking water. The requestor will be asked to provide the following information:
 - a. Requester's name;
 - b. Requester phone number;
 - c. Requester e-mail address;
 - d. Address for sample location and address for mailing test kit, if different; and
 - e. The participating laboratory selected from the list.

A requester must choose a laboratory from among participating laboratories certified by the NYS Environmental Laboratory Approval Program to analyze lead in drinking water. The participating laboratories (attached) can be found at the website listed above.

After review of each request, the BWSP will notify the selected laboratory of the sample request. The laboratory will send the requester two 250 ml sample containers, one marked "first-draw-sample" and another "flush-sample", sampling instructions (attached), and a mailing box with return postage. The requester should collect and return the samples to the laboratory within 30 days from the receipt of the sample containers. The laboratory will analyze the samples, and mail the test results and "Common Questions about Lead in Drinking Water" (attached) directly to the requester within 30 days from the date of receipt of the samples. The BWSP will not receive copies of any sample results collected through the FLTPP.

The lead results for samples collected under the FLTPP from individual homes on a public water system should not be used for determining compliance with the Lead and Copper Rule. The FLTPP is designed to identify the source of the lead in a residence by utilizing 250 ml samples for both the first-draw and flush samples from a kitchen tap that is used for consumption. The purpose of the FLTPP is to encourage individuals to take appropriate actions when a source of lead in drinking water is identified.

If you have any questions about the FLTPP, please contact Dr. Min-Sook Kim at (518) 402-7650 or send an e-mail to min-sook.kim@health.ny.gov.

Attachments:

1. List of Participating Laboratories to Test Lead in Drinking Water
2. Instructions for Collecting a Drinking Water Sample for Lead Testing
3. Common Questions about Lead in Drinking Water

cc: B. Hutton
B. Lewis-Michl
R. Sokol
C. Jones Rafferty
T. Boepple-Swider
W. Gilday
M-S. Kim
L. Ahmed
A. Bonamici
J. Strepelis
R. Swider
C. Westerman
CEH-DEHP
Regional Field Coordinators
LHD2

List of Participating Laboratories in the Free Water Testing Pilot Program.

| Laboratory | City/Town | County | Contact Name | Email Address | Telephone | Website |
|------------------------------------------------------------------|-----------------|-------------|------------------|-----------------------------------|-------------------------|------------------------------------------------------------------------------------|
| Westchester County Department of Laboratories and Research | Valhalla | Westchester | Assunta Vannelli | sff4@westchestergov.com | (914) 231-1768 | www.westchestergov.com |
| NY Environmental and Analytical Labs Inc | Port Washington | Nassau | Verne Tsang | vsang@nyenvironmental.com | (516) 944-9500 | www.nyenvironmental.com |
| EMSL Analytical, Inc. | New York | New York | Samantha Bodnar | sbodnar@EMSL.com | (856) 858-4800 x2304 | www.emsl.com |
| Advanced Analytical Technologies | Orangeburg | Rockland | Slava Kogan | Slava Kogan <aat@aatec.com> | (800) 259-9532 | www.aatec.com |
| Envirotest Laboratories, Inc. | Newburgh | Orange | Douglas Tawse | dtawse@envirotestlaboratories.com | (845) 562-0890 | www.envirotestlaboratories.com |
| Erie County Public Health Laboratory | Buffalo | Erie | Carleen Pope | carleen.pope@erie.gov | (716) 961-7588 | www.erie.gov |

