



Sunflower Connection

Kansas Department on Aging

Licensure, Certification and Evaluation Commission

Connecting KDOA with Adult Care Homes

April 2008

Volume 5, Number 2

<http://www.agingkansas.org/ProviderInfo/Newsletters/NewsletterIndex.html>

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KDOA Begins Certification Surveys of Hospital Long-Term Care Units, Taking Over from KDHE

On March 1, 2008, the Licensure, Certification and Evaluation Commission of the Kansas Department on Aging (KDOA) began conducting the federal certification surveys of hospital long-term care units.

The change comes about through an agreement between KDOA and the Kansas Department of Health and Environment (KDHE). The surveys will affect the long-term care units certified for Medicare/Medicaid participation. The surveys will be conducted to determine each facility's compliance with the applicable federal certification regulations for nursing facilities.

In the early stages of the transition, KDHE may finish a few surveys or revisits planned prior to the change. Licensing of the long-term care units as part of a hospital will still be under the authority of KDHE.

The change will affect 47 facilities with more than 1,700 certified nursing facility beds.

KDOA certification surveys are conducted by health facility surveyors assigned to six district offices across the state (West, North Central, Northeast, South Central, Southeast and Lawrence).

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785-296-4986 800-432-3535

ROUTING SLIP

Administrator _____	Nurse Manager _____	Therapy _____
Director of Nursing _____	Asst. Director of Nursing _____	
Social Service Director _____	Break Room _____	Activities Director _____
Dietary Manager _____	Human Resources _____	MDS Coordinator _____
Other _____		

Long-Term Care Unit Surveys

Continued from page 1

The Regional Managers and their phone numbers in each district are:

Kim Pepperd, RN, West
620-659-3548

Glenda Kracht, RN, North Central
785-827-9639

Audrey Sunderraj, Northeast
785-296-1023

Rita Fitch, RN, South Central
316-337-6064

Mary Saporito, RN, Southeast
620-429-3879

Marla Myers, RN, Lawrence
785-842-4600

Additional information related to KDOA's regulatory functions can be viewed at <http://www.agingkansas.org/index.htm> and by clicking on *Information for Providers of Aging Services*. Questions related to survey and certification may be directed to Greg Reser, Director, Licensure and Certification Division (785-296-1260). Questions related to regulation interpretations and requirements may be directed to Vera VanBruggen, RN, Director, Long-Term Care Division.

MDS Corner

Upcoming MDS Education

The Basics – MDS 2.0, RAPS, and Care Planning
April 9 and 10
Abilene

Registration information: Contact Caryl Gill, RN, Nurse Consultant, at 784-296-4222.

Question and Answer

Question: I have a resident who was admitted from a geriatric “psych” unit. Would I check Alzheimer’s/Dementia Special Care Unit under Section P1a Special Care Programs?

Answer: No, according to the MDS manual 3-183, Alzheimer’s/Dementia Special Care Unit is a program received within a nursing facility only. The manual further defines the Alzheimer’s/Dementia Special Care Unit as any identifiable part of the nursing facility, such as an entire or a contiguous unit, wing or floor where staffing patterns and resident care interventions are designed specifically for cognitively impaired residents who may or may not have a specific diagnosis of Alzheimer’s disease.

All links are active. Clicking on them will take internet-ready readers directly to the website mentioned.

Workforce Enhancement Grant

Free Staff Education - Workshops, In-Service Opportunities

Educational programs for unlicensed and licensed staff in long-term care nursing facilities and long-term care units of hospitals are again available through the KDOA Workforce Enhancement Grant. There is no limitation as to how many unlicensed staff may attend an education presentation at no cost. However, reimbursement for licensed staff does exclude administrators and is limited to no more than one licensed staff for every two unlicensed staff from the same facility.

This year KDOA awarded the grant to nine entities:

1. The Geriatric Education Resource & Training Institute (GERTI), (913) 477-8251
2. Kansas Advocates for Better Care, (785) 842-3088
4. Kansas Restaurant and Hospitality Association, (316) 267-8383
5. Central Plains Geriatric Education Center at the University of Kansas Medical Center, (913) 588-1464
6. We Care Online, (620) 895-6400
7. Johnson County Public Health Department (913) 477-8366
8. Nikki Kessler (620) 893-2403
9. Highland Community College (785) 442-6016

Topics of the presentations include the serve safe course, reducing pressure ulcers and restraint use, culture change, teamwork and a variety of topics related to resident needs. Please contact the entities for additional information regarding their educational presentations.

Advancing Excellence/Inservices and Workshops

The **Advancing Excellence national campaign** has presented two audio webinars to assist facilities in meeting two campaign goals: reducing high risk pressure ulcers and improving pain management. Dr. Sam Levenson, who presented at our joint surveyor-provider training last spring on Unnecessary Medications, is one of the two presenters in both of the webinars. The webinars and PowerPoints can be used together for staff in-services. They are available at:

http://www.nhqualitycampaign.org/star_index.aspx?controls=nhTechAssist

Webinars

- Improving Pain Management by Using the Advancing Excellence Campaign Frameworks
- Reducing Pressure Ulcers in Nursing Homes: An Interdisciplinary Process Framework

Kansas LANE members are currently developing workshops to be held June 3 in Topeka, June 4 in Hays, and June 5 in Wichita. Nurses will receive the latest education from national as well as local speakers on pressure ulcer prevention and treatment and reducing physical restraint use. Step by step training on using the Advancing Excellence process frameworks for use in quality improvement efforts will also be covered. CNAs will participate in a general quality improvement session and a “train the trainer” educational session on pressure ulcers and reduction of use of restraints.

Mark those dates and watch for future information at <http://www.kansasculturechangecoalition.org/>.



New Medicare Fiscal Intermediary

On September 5, 2007, the Centers for Medicare & Medicaid Services (CMS) announced Wisconsin Physicians Service (WPS) as the Medicare Administrative Contractor (MAC) for Iowa, Kansas, Missouri and Nebraska.

The award is part of a Congressional requirement to replace all current Medicare Part A and B contracts with new contract entities called Medicare Administrative Contractors, or MACs. As a MAC, WPS will serve as a single point-of-contact entity, processing Medicare Part A and Part B claims from hospitals and other institutional providers, physicians and other practitioners within this four-state region. The new single contract replaces the existing six contracts.

With the award of the J5 MAC, WPS began administering your claims on March 1, 2008. They have developed the following information to help answer any questions that you may have regarding this implementation.

Customer Service Phone Numbers

Beginning March 1, 2008, you should begin to use the following customer service phone numbers:

- | | |
|---|---------------|
| • Direct Data Entry/ Remote Line (password reset) | (866)518-3251 |
| • Direct Data Entry (questions) | (866)518-3295 |
| • Claims Correction | (866)518-3253 |
| • Medicare Secondary Payer (Credit Balance) | (866)518-3254 |
| • Medicare Secondary Payer (Claims) | (866)518-3284 |
| • Provider Customer Service (Inquiry) | (866)518-3285 |
| • Customer Service Voice Response Unit (VRU) | (866)518-3291 |
| • Teletypewriter (TTY) | (866)518-3293 |
| • Electronic Data Interchange (EDI) | (866)503-9670 |
| • Appeals | (866)518-3298 |
| • Audit and Reimbursement | (866)734-9444 |
| • Finance | (866)734-1522 |

Provider Customer Service Hours of Operation

The Provider Customer Service area hours of operation are 8 a.m. to 5 p.m. Central Standard Time, Monday through Friday. Provider Customer Service will assist with questions regarding Medicare billing, coverage of specific items or services, or general Medicare enrollment questions.

Mailing Addresses

The following mailing addresses should be used when correspondence is being sent to WPS:

- **Provider Audit** (including checks associated with the submission of cost reports) and **Provider Enrollment**: WPS Medicare Part A, P.O. Box 8310, Omaha, NE 68108-0310
- **EDI Correspondence**: WPS Insurance, EDI Department, 1717 W Broadway, Madison, WI 53713
- **Administrative Checks** to include PS&R, and Part A Workshops: WPS Medicare Part A, P.O. Box 8310, Omaha, NE 68108-0310
- **All other checks**: WPS Medicare Part A, P.O. Box 8810, Marion, IL 62959-0900
- **All other correspondence**: WPS Medicare Part A, P.O. Box 7576, Madison, WI 53707-7576

Demand Bill Forms

http://www.cms.hhs.gov/BNI/04_FFSSNFABNandSNFDenialLetters.asp#TopOfPage
Under Downloads – Click on SNF Denial Letters or SNF ABN CMS 10055.

Who is Checking for Expired Medications?

CFR 483.60 Pharmacy Services (F425) Pharmacy Services requires the facility to employ or obtain services of a licensed pharmacist who provides consultation on the provision of pharmacy services in the facility.

An example of a pharmaceutical services procedure for the pharmacist to develop in collaboration with the facility and medical director is monitoring medications for expiration dates. As part of the medication pass task of the survey process, medication carts, medication rooms and medication refrigerators are checked for expired medications.

Expired medications have the potential to be ineffective or harmful to residents. Development and implementation of a policy for monitoring the expiration dates of medications can avoid this risk of being cited for a deficient practice at F425.

Transmission of Methicillin-Resistant Staphylococcus Aureus

The main mode of transmission of Methicillin-Resistant Staphylococcus Aureus (MRSA) is person to person via hands. MRSA may be aerosolized in the droplet nuclei from a coughing resident or from a ventilator exhaust port of an intubated resident who has MRSA in his or her sputum. Aerosolized may also occur while irrigating a wound containing MRSA. MRSA has also been isolated from environmental surfaces.

Centers for Disease Control recommended infection control measures:

- Standard precautions must be used for all residents regardless of diagnosis or presumed infection status when contact is anticipated with blood, all body fluids, secretions and excretions. Masks, eye protection, or face shields must be worn if splashing of body fluids is anticipated.
- Consider the individual resident's clinical situation and facility resources in deciding whether to implement Contact Precautions. The issues of when to discontinue Contact Precautions are unresolved; therefore no recommendations can be made as to when to discontinue Contact Precautions.
- Room Placement. When single-resident rooms are available, assign priority for these rooms to residents with known or suspected Multidrug-Resistant Organisms (MDRO) colonization or infection. When single rooms are not available, cohort residents with the same MDRO in the same room or resident-care area. Give highest priority to those residents who have conditions that may facilitate transmission, e.g. uncontained secretions or excretions. When cohorting residents with the same MDRO is not possible, place MDRO residents in rooms with other residents who are at low risk for acquisition of MDROs and associated adverse outcomes from infection and are likely to have short lengths of stay.
- Environmental Measures. CDC recommended guidelines should be followed for cleaning, disinfection and sterilization of patient care areas and equipment. Dedicate non-critical medical items to use on individual residents known to be infected or colonized with an MDRO. Prioritize room cleaning of patients on Contact Precautions. Focus on cleaning and disinfecting frequently touched surfaces (e.g. bedrails, bedside commodes, bathroom fixtures in the resident room, door knobs, and equipment in the immediate vicinity of the resident).

Links to CDC MRSA resources:

- Management of Multidrug-Resistant Organism In Healthcare Settings, 2006: <http://www.cdc.gov/ncidod/dhqp/pdf/ar/mdroGuideline2006.pdf>
- 12 Steps to Prevent Antimicrobial Resistance Among Long Term Care Residents: http://www.cdc.gov/drugresistance/healthcare/lc/12steps_ltc.htm
- Centers for Disease Control Frequently Asked Questions on Multidrug-Resistant Organisms in Non-Hospital Healthcare Settings: http://www.cdc.gov/ncidod/dhqp/ar_multidrugFAQ.html#3
- MRSA in Healthcare Settings 2007: http://www.cdc.gov/ncidod/dhqp/ar_MRSA_spotlight_2006.html

Food Storage

CFR 483.35(i)(2) Sanitary Conditions, F371, requires facilities to store, prepare, distribute and serve food under sanitary conditions. The failure of facilities to follow this requirement has resulted in F371 being the Number 2 cited tag in 2007. Proper food storage is important to ensure food safety and quality and to avoid potential food borne illnesses.

Nursing facility state licensure regulations KAR 28-39-158 (g)(2)(F) and (G) require:

(F) The facility shall cover, label and date each food not stored in the original product container or package.

(G) The facility shall tightly cover and date each opened food item stored in the original product container or package.

During both the initial tour and meal preparation, surveyors check foods in the refrigerator/freezer to see that they are labeled, covered, dated and shelved to allow circulation. The Federal Quality Indicator Survey Guidance states that only items scheduled for service at the next meal do not need to be labeled and dated.

The following information identifies commonly cited deficient practices of covering, labeling and dating storage times.

- **Covering:**

The deficient practice is usually leaving dry storage packages open instead of being tightly closed.

Covering food appropriately protects food quality and protects the food from possible cross contamination. For prepared food, it is a facility's decision whether the food needs to be individually covered or a whole rack is covered.

- **Labeling:**

The deficient practice is usually unlabeled frozen items.

Lack of labeling package contents causes lost time and poor food quality and waste. When staff does not know what is in a frozen package, the food often stays in the freezer until freezer burn occurs.

- **Dating:**

Lack of the date when the food product was prepared or opened is the most frequent citation.

This deficient practice has the greatest possible harm to residents. The date the food was initially prepared or opened should be listed on the package.

Potentially hazardous foods must be dated. The definition of these foods and guidelines for dating them is available at http://www.kdheks.gov/fofs/fofs_book/fofs_potent_haz_foods.pdf and http://www.kdheks.gov/fofs/fofs_book/fofs_date_marking.pdf.

Foods that are not potentially hazardous may be kept longer if the facility develops and uses an acceptable guide based on the facility's storage temperatures. The guide developed by Kansas State University (KSU) is based on refrigerator temperatures of 35 to 40 degrees Fahrenheit. If the facility refrigerators maintain higher temperatures the storage times must be shorter than the KSU guide, which is available at <http://www.oznet.ksu.edu/library/FNTR2/L805.PDF>.

Certified Nurse Aide, Operator and Activity Director Courses in Revision

Health Occupations Credentialing (HOC) is currently in the process of revising three courses: the 90-Hour Certified Nurse Aide course, the Operator course and the Activity Director course.

The 90-Hour Certified Nurse Aide Curriculum Guidelines have been in process of revision for several months. Revising a curriculum involves bringing together a committee of subject experts, developing a blueprint, writing new guidelines that meet current industry standards and federal regulations, developing and field testing a new state exam, and revising state regulations to adopt the revised curriculum and tests.

HOC has worked with several valuable committee members during this effort, as well as a subject matter curriculum expert. The curriculum document is completed. Currently, we are in the process of field testing the state exam. This involves 300 students, who agree to take the drafted exam so that we can gather statistics. We will then offer the test to a second, smaller group of new CNAs so that we can set the pass score for the new tests.

The Sponsor/Instructor Manual is being revised as part of the process, and the new curriculum will be available as soon as these steps are completed and regulation changes are approved.

Also under revision are the Operator course guidelines and Activity Director guidelines. Two committees have been formed to gather input from the industry and begin updating the course objectives and outlines. Both committees will meet for the second time in mid-April. Anyone who would like to provide input on either the Operator or Activity Director course requirements is welcome to call Mary Flin, Education Coordinator for HOC, at 785-296-0058, or email mflin@kdhe.state.ks.us. HOC has targeted completion of the new guidelines by the end of 2008.

Errors with Insulin Pens

The use of pen injectors for medication delivery is growing. Due to the variety of pen injectors, nurses need to know how to use them properly. They should receive education including hands-on and repeat back demonstrations using a sample pen device prior to administering an actual drug with the pen.

The Institute for Safe Medication Practice (ISMP) has received numerous reports of medication errors when using pen injectors. Some errors are as follows:

- Some healthcare providers are replacing insulin vials on nursing units with insulin pen injectors and then withdrawing the prescribed dose using an insulin syringe and needle. Manufacturers do not recommend the withdrawal of medication from the pen, except in an emergency with a malfunctioning pen.

- Large air pockets left in the cartridge of insulin pen injectors after aspirating some of the insulin with a needle. If the pen injector or cartridge is not discarded and the air is not eliminated before delivering another dose, less than the desired amount of insulin would be received as well as an injection of air.

- The display of a digital dose in the window of the Lantus Opticlick and Apidra pen injectors could be misread if the pen is held upside down, as a left-handed person might do. Digital displays on other pens might cause similar problems.

- Administering the entire contents of a Byetta pen, which resulted in a 60-fold overdose. There were no directions on the pen after the outer carton was discarded and the nurse missed the concentration and total volume on the pen label. The nurse had never used Byetta and did not know how to activate the pen.

2008 Governor's Conference on Aging Services

The Kansas Department on Aging will again offer the most dynamic conference and networking opportunity in the State of Kansas for elders and professionals in the field of aging. This annual conference on May 7 and 8, 2008, focuses on ways to address not only the needs and issues facing Kansas elders, but also ways to enhance their lives so that they might age successfully.

The keynote speaker on May 8 will be Dr. William Thomas, founder of the Green Houses and an advocate for changing the way society views aging. Breakout sessions both days will include topics applicable for people living and working in Adult Care Homes and the Community.

For more information and registration: <http://www.agingkansas.org/GovConf>.



LCE Staff Changes

Farewells and congratulations have been flowing through the Commission.

Gary Ingenthron, Mental Health and Residential Facilities Division Director, retired March 7, 2008. Gary had been with the state of Kansas for 31 years.

Susan Fout, RN, Residential Care and Quality Review Regional Manager, has assumed the position of Mental Health and Residential Facilities Division Director

Steve Johnson, RN, the Quality Improvement Director, accepted a position with the CMS Kansas City Regional Office.

Michelle Hickling, RN, former Enforcement Coordinator, is now the Quality Improvement Director.

Irina Strakhova, who has been with the Complaint Program for seven years, has assumed the position of Enforcement Coordinator.

Jerry Lomshek, RN, QI Coordinator and surveyor for the South East District Office for almost 19 years, has retired.

Janice Van Gotten, RN, will be the new QI Coordinator for the SE District.

Glenda Kracht, RN, Regional Manager for the North Central District, will be retiring June 14, 2008, after almost 19 years with the State.

KDOA has all new e-mail addresses

As of March 17, 2008, all of the e-mail addresses for KDOA employees changed to firstname.lastname@aging.ks.gov. The old addresses will continue to work for 90 days. Please make note of the new addresses, including the separation of first and last names by a period.

HEALTH RESURVEY DEFICIENCY DATA
Jan. 1 2007 – Dec. 31 2007 **TOP 10**

TAG

0323 ACCIDENTS
0371 SANITARY CONDITIONS-FOOD PREP & SERVICE
0281 COMPREHENSIVE CARE PLANS
0315 URINARY INCONTINENCE
0314 PRESSURE SORES
0253 HOUSEKEEPING/MAINTENANCE
0279 COMPREHENSIVE CARE PLANS
0309 QUALITY OF CARE
0329 UNNECESSARY DRUGS
0312 ACTIVITIES OF DAILY LIVING

HEALTH RESURVEY DEFICIENCY DATA
Jan. 1 2007 – Dec. 31 2007 **TOP G+**

TAG

0314 PRESSURE SORES
0309 QUALITY OF CARE
0323 ACCIDENTS
0325 NUTRITION
0317 RANGE OF MOTION
0315 URINARY INCONTINENCE
0319 MENTAL AND PSYCHOSOCIAL FUNCTIONING
0224 STAFF TREATMENT OF RESIDENTS
0490 ADMINISTRATION
0157 NOTIFICATION OF CHANGES
0223 ABUSE
0353 NURSING SERVICES – SUFFICIENT STAFF

Exemplary Recognition/Deficiency Free Awards

FACILITY	CITY	TYPE	EXEMPLARY RECOGNITION	DEFICIENCY FREE	SURVEY DATE
Peggy House I	Topeka	RHCF		X	9/21/07
Peggy House II	Topeka	RHCF		X	9/26/07
Meadowlark Adult Care Home 1	Wichita	HP		X	10/16/07
Meadowlark Adult Care Home 3	Wichita	HP		X	10/18/07
Lexington Park Assisted Living	Topeka	ALF		X	10/24/07
Bethel Home	Montezuma	SNF/NF	X		10/24/07
Meadowlark Adult Care Home 4	Wichita	HP		X	10/31/07
Vintage Park	Baldwin	ALF		X	11/7/07
Lakewood Senior Living of Seville	Wichita	SNF/NF	X	X	11/16/07
Quaker Hill Manor	Baxter Springs	SNF/NF		X	11/29/07
Counry Place Home Plus	Hoisington	HP		X	11/29/07
Quaker Hill Manor	Baxter Springs	SNF/NF	X		11/29/07
Guest Home Estates II	Chanute	RHCF		X	12/27/07

Legend: RHCF-Residential Health Care Facility; HP-Home Plus; ALF-Assisted Living Facility; SNF-Skilled Nursing Facility; NF-Nursing Facility

Enforcement Actions

YEAR - 2007	1st JAN-MAR	2nd APRIL-JUNE	3rd JULY-SEPT	4th OCT-DEC
Administration	3	0	1	2
Admission, Transfer, Discharge	3	4	1	1
Abuse, Neglect, Exploitation	13	4	3	9
Dietary Services	5	4	6	15
Disaster Preparedness	2	0	1	3
Employee Records	11	7	8	20
Environmental Issues	9	0	6	16
Health Care Services	13	5	12	11
Inadequate Staffing	5	2	2	2
Infection Control	2	2	11	6
Medication Management	20	17	10	22
Negotiated Service Agreement	9	8	7	12
Professional Standards for Licensed/Unlicensed Personnel	1	0	0	0
Quality of Care Issues	1	4	9	4
President Functional Capacity Screen	5	3	0	9
Resident Funds	0	0	0	0
Resident Records	7	6	7	11
Resident Rights	7	2	1	8
Restraints - chemical, physical	0	0	2	0
Special Care Unit	0	0	0	0
Staff Development	2	0	3	0
Civil Money Penalties	7	1	3	7
Correction Orders*	25	15	24	32
Ban on New Admissions	1	2	1	1
FEDERAL REMEDIES		2nd	3rd	4th
Civil Monetary Penalties Recommended	9	5	12	7
**Denial of Payment for New Admissions imposed	15	14	16	7
Terminations	0	0	0	0
No Opportunity to Correct	18	11	14	10

*A correction order on civil penalty may consist of multiple issues summarized

**Total figures for previous quarters are updated as this remedy becomes effective

KANSAS DEPARTMENT ON AGING

<i>Licensure, Certification and Evaluation Commission</i>	
Martin Kennedy, Commissioner (785) 296-6681 martin.kennedy@aging.ks.gov	Overall operations of the Commission including state licensure of all adult care homes as defined in Kansas statutes, federal certification of nursing facilities not licensed as part of a hospital, and certification surveys of long-term care units of hospitals. Also, oversight of services delivered through the Home and Community-Based Waiver Program for the Frail Elderly, Older Americans Act and Senior Care Act.
Irina Strakhova (785) 368-7055 irina.strakhova@aging.ks.gov	Enforcement Coordinator
Mary Jane Kennedy (785) 296-1265 maryjane.kennedy@aging.ks.gov	Complaint Coordinator
<i>Licensure and Certification Division</i>	
Greg Reser, Director (785) 291-3374 greg.reser@aging.ks.gov	Licensure and certification survey process of nursing homes, attached assisted living facilities and long term care units of hospitals through supervision of six Regional Managers; informal dispute resolution and state agency survey operations.
Donna Deason (785) 296-1248 donna.deason@aging.ks.gov	Plans of Correction and Surveyor Training.
Michelle Hickling (785) 296-3695 michelle.hickling@aging.ks.gov	State Quality Improvement Director
Rita Bailey (785) 296-1259 rita.bailey@aging.ks.gov	Licensure application. Construction and remodeling notification. Change of licensed beds, ownerships, administrators, required rooms; Medicare and Medicaid certification.
Tina Lewis (785) 296-1260 tina.lewis@aging.ks.gov	Medicare enrollment, change of ownership (Medicare Certified Facilities).
<i>Long-Term Care Program</i>	
Vera VanBruggen, Director (785) 296-1246 vera.vanbruggen@aging.ks.gov	Development, revision and interpretation of state regulations of adult care homes, i.e., nursing facilities, assisted living/residential care, boarding care, home plus, adult day care, ICF/MR and NFMH. RAI Coordinator. Consultation and education on Federal and state regulations and long-term care issues.
Caryl Gill, Nursing Consultant (785) 296-4222 caryl.gill@aging.ks.gov	Telephone, e-mail and in-person consultation related to care issues, regulations and survey process and RAI.

KANSAS DEPARTMENT ON AGING

Long-Term Care Program (continued)

<p>Sandra Dickinson, Dietary Consultant (785) 296-1245 sandra.dickison@aging.ks.gov</p>	<p>Telephone, e-mail and in-person consultation related to the practice of licensed dietitian and dietary managers, standards of practice for nutrition and hydration of residents, sanitation and organization of kitchens and the survey process related to nutrition, hydration and sanitation.</p>
<p>Al Gutierrez, Environment Specialist (785) 296-1247 al.gutierrez@aging.ks.gov</p>	<p>Site and floor plan review, environment licensure survey of adult care homes. Telephone, e-mail and in-person consultation related to physical environment regulations.</p>

Mental Health/Residential Facility Program

<p>Susan Fout, Director (785) 296-1253 susan.fout@aging.ks.gov</p>	<p>Licensure, certification, utilization review and complaint investigation processes for intermediate care facilities for the mentally retarded, nursing facilities for mental health, free-standing assisted living/residential care facilities, home plus, boarding care facilities and adult day care. Monitors activities delivered through the Home and Community-Based Waiver Program for the Frail Elderly, Older Americans Act and Senior Care Act.</p>
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Regional Managers

<p>Audrey Sunderraj Northeast District Office 503 S. Kansas Ave. Topeka, Ks 66603-3404 (785) 296-1023 audrey.sunderraj@aging.ks.gov</p>	<p>Marla Myers, RN Lawrence District Office 800 W. 24th St. Lawrence, Ks 66046 (785) 842-4600 marla.myers@aging.ks.gov</p>
<p>Rita Fitch, RN South Central District Office 130 S. Market, 6th Floor Wichita, Kansas 67202 (316) 337-6064 rita.fitch@aging.ks.gov</p>	<p>Glenda Kracht, RN North Central District Office 2501 Market Place, Suite D Salina, Kansas 67401 (785) 827-9639 glenda.kracht@aging.ks.gov</p>
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