



KANSAS DEPARTMENT ON AGING Sunflower Connection

http://www.aging.state.ks.us/AdultCareHomes/Newsletters/Newsletter_Index.html

July 2009

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<i>All Adult Care Homes</i>	
Identity Theft	1
CPR in Adult Care Homes	3
WHO Guidelines on Hand Hygiene	3
Adult Care Home Regulations	4
Food Service Work Simplification	4
Semi-Annual Reports Due	5
HOC	6
Criminal Background Checks	
Revisions and Updates	
Changes at KDOA	10
LCE Directory	14
<i>Nursing Homes</i>	
Survey and Certification Letters	7
Diabetes Management	8
Treating Obese Residents	9
Ask AI	10
Blood Pressure Devices	10
MDS Corner	11
Avoiding Citation at F279	

Identity Theft 101 for ACHs

Susan Andrews, KDOA attorney assigned to ANE Matters contributed the following article to promote an awareness of adult care home (ACH) providers, staff, and surveyors of the increasing incidents of identity theft in ACH.

Recent news bites tell the story. In December 2008, arrest warrants are issued for a Birmingham, AL, CNA after a 98-year-old resident's identity was stolen. Also in December 2008, an Olympia, WA, woman was sentenced to 10 years after pleading guilty to theft of nearly \$60,000 from residents of a facility where she was employed as business office manager. In January 2009, a Georgia CNA is charged with elder abuse and identity theft from 43 nursing home residents after having allegedly used her job to gain access to personal information, then using that information to buy computers, cell phones and open credit cards. In February 2009, a Bloomfield, CT, woman was arrested on multiple charges including identity theft after she allegedly stole a credit card from an 80-year-old resident and used it to charge gas. In April 2009, the Mississippi State Attorney General's office announced three women each pled guilty in a scheme in which a resident's driver's license and Social Security cards were stolen and used to obtain credit cards, cell phones and other goods.

Sadly, the Sunflower State has not been spared from the escalation in identify thefts targeting the most vulnerable adults. On July 19, 2007, the U.S. Attorney's Office for the Western District of Missouri announced the indictment of 17 defendants for participation in a Kansas

Continued on page 2

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**Licensure, Certification
and Evaluation Commission**

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ROUTING SLIP

Administrator _____	Nurse Manager _____	Therapy _____	DON _____
Assist. DON _____	Social Service Director _____	Break Room _____	
Activities Director _____	Dietary Manager _____	Human Resources _____	
MDS Coordinator _____	Other _____		

Identity Theft 101

Continued from page 1

City area conspiracy to defraud the IRS through a scheme involving stealing the identities of hundreds of victims, primarily nursing home residents, obtained by employees with access to the information.

In July 2008, a CNA reportedly obtained numbers from a Kansas resident's debit card and used them to pay personal bills. Following investigation and review, KDOA issued a Finding of Exploitation against the CNA. Also in July 2008, a CNA reportedly misappropriated monies from a Kansas facility's resident funds account. Following investigation and review, KDOA issued a Finding of Abuse and Exploitation against the CNA.

In September 2008, a CNA reportedly stole a resident's personal check, forged the resident's signature and passed the check as payment for a personal expense. Following investigation and review, KDOA issued a Finding of Exploitation against the CNA. Also in September 2008, a CNA was reported to have obtained personal identifying information from a resident's chart and used that information to obtain credit cards in the resident's name. The CNA used the cards to purchase items, obtain services and make ATM withdrawals. Following investigation and review KDOA issued a Finding of Exploitation against the CNA. In November 2008, a CNA was reported to have stolen several checks from the back of a resident's checkbook, forged signatures and passed the checks to a local business. Following investigation and review, KDOA issued a Finding of Exploitation against the CNA. Similar incidents continue to be reported during 2009.

As the examples above illustrate, identity theft is often the first crime in a series of criminal acts including forgery, credit card fraud, internet scams, immigration fraud and others. Both Federal and State governments are acting to address identity theft. On May 10, 2006, the President's Identity Theft Task Force was established by Executive Order 13402. Co-chaired by the Attorney General and the Chairman of the Federal Trade Commission, the Task Force was charged with drafting a national strategy to combat the crime of identity theft. In its Report issued in September 2008, the number one recommendation for identity theft prevention was to decrease the unnecessary use of Social Security numbers (SSNs) in the public sector. The Report is interesting reading and may be accessed at: <http://www.ftc.gov/bcp/edu/microsites/idtheft/index.html>.

The Health Insurance Portability and Accountability Act (HIPAA) requires implementation of safeguards for protected health information (PHI) and limits covered health care organizations' disclosure of SSNs without patient authorization. Kansas statutes addressing the protection of consumer information are found at K.S.A. 50-7a01 et. seq. Specific requirements for businesses in the event of a security breach are listed in K.S.A. 50-7a02. Given the increase in identity theft crimes additional responsive legislation at both the federal and state levels is highly likely in the next few years.

Two general categories of identity theft generated most of the Kansas cases outlined above. The first category is the theft of resident's personal information from facility records. In addition to SSNs, identity thieves often seek dates of birth, mother's maiden name, financial and insurance information. In order to conduct business, facilities must collect and keep some sensitive personal information. While no safeguard is completely foolproof, simple low cost steps can be an extremely effective deterrent to identify theft.

Best business practices should be followed which include collecting and keeping only what is required and monitoring and controlling the flow of information from collection at admission through the entire business operation including disposal of records. In many instances it may be unnecessary to use a SSN as an internal identifier. Often a different unique identifier generated by the organization would be just as suitable without the risks of using a resident's SSN. For more information on best business practices see:

http://www.idtheftcenter.org/artman2/publish/c_guide/Fact_Sheet_135_printer.shtml.

Continued on page 3

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

Identity Theft 101

Continued from page 2

Facilities may need to review and revise their existing best business practices to assure compliance with current federal rules.

On Aug. 1, 2009, the Federal Trade Commission (FTC) will begin enforcement of the Red Flags Rule (See 16 CFR 681.2 and 72 Fed. Reg at 63,772 (Nov 9, 2007)). In effect since January 1, 2008, the Red Flags Rule requires many businesses and organizations to implement a written identity Theft Prevention Program designed to detect the warning signs or “red flags” of identity theft in their day to day operations, to take steps to prevent the crime, and to mitigate the damage it inflicts. Healthcare providers including nursing homes may fall under the broad definition of creditors covered by the Rule. It is vitally important to control access to resident’s personal information and restrict it to only those employees who must use the data. Securing sensitive information, properly disposing of the same and planning for possible failures are necessary business practices. Additional information is available at: <http://www.ftc.gov/bcp/edu/pubs/business/idtheft/bus23.shtm>.

The second category of identity theft is the theft of resident’s personal information and property directly from residents. Residents and responsible parties may be unaware of the risks for identity theft. Facility staff should assist residents by discussing the risks associated with unsecured storage of Social Security and Medicare cards, monies, checkbooks, checks, financial records such as bank statements, tax returns, personal mail, drivers licenses and similar information with residents and responsible parties and offer suggestions of more secure alternatives.

In addition to the types of identity theft discussed above, facilities should be aware of the increasing number of reports of medical identity theft. Medical identity theft generally refers to the misuse of another person’s identifying information to obtain or pay for medical services or medical goods. Medical identity thefts often result in the creation of fictitious medical records and erroneous entries into existing medical records. Additional general information concerning identity theft and the US Department of Justice response to the crime is available at: <http://www.usdoj.gov/criminal/fraud/websites/idtheft.html>

CPR in Adult Care Homes

With the promotion of cardiopulmonary resuscitation (CPR) readily in the community, many residents and their legal representatives anticipate the provision of CPR to be a standard of care in adult care homes and are extremely disappointed after admission to find it is not.

K.A.R. 26-39-102 (b)(1)(2)(3) speaks to the administrator’s, operator’s or designated staff’s responsibilities related to advanced medical directives which include notifying the resident and their legal representative on admission of the state statutes on the topic, keeping a resident’s current copy in their clinical record, and the development and implementation of policies and procedures on the topic.

To promote positive customer relations, designated facility staff should inform a potential resident and his or her legal representative prior to admission whether or not facility staff will perform cardiopulmonary resuscitation (CPR) on a resident and how access to outside emergency medical assistance is obtained.

WHO Guidelines on Hand Hygiene in Health Care

In May 2009, The World Health Organization (WHO) issued *Guidelines on Hand Hygiene in Health Care*. The guidelines can be implemented in any health care setting. The WHO guidelines on hand hygiene in health care is located at: http://whqlibdoc.who.int/publications/2009/9789241597906_eng.pdf.

Adult Care Home Regulations

The following Kansas Administrative Regulations Common to All Adult Care became effective May 22, 2009.

- K.A.R. 26-39-100 Definitions
- K.A.R. 26-39-101 Licensure of adult care home
- K.A.R. 26-39-102 Admission, transfer, and discharge rights of residents in adult care homes
- K.A.R. 26-39-103 Resident rights in adult care homes
- K.A.R. 26-39-104 Receivership of adult care homes
- K.A.R. 26-39-105 Adoptions by reference: general

The following Kansas Administrative Regulations become effective May 29, 2009.

- K.A.R. 26-41-101 through K.A.R. 26-41-106 and K.A.R. 26-41-200 through K.A.R. 26-41-207 Assisted Living/Residential Health Care (ALF/RHC) Facilities
- K.A.R. 26-42-101 through K.A.R. 26-42-106 and K.A.R. 26-42-200 through K.A.R. 26-42-207 Homes Plus
- K.A.R. 26-43-101 through K.A.R. 26-43-106 and K.A.R. 26-43-200 through K.A.R. 26-43-207 Adult Day Care Facilities

Work Simplification in Food Service

The National Food Service management institute at the University of Mississippi has a quality, 60 minute online Work Simplification webcast. Although the webcast shows a school food service, the information is applicable to long term care food service. Go to <http://www.nfsmi.org/>. To access the webcast: type “work simplification” in the search box. The objectives of work simplification in the webcast are to:

- Minimize waste, poor food quality, and accidents.
- Increase effectiveness of each activity.
- Eliminate duplication of activities.
- Make work safer and less fatiguing.
- Develop an attitude of willingness to change among employees.

The steps in work simplification covered in the webcast are:

- Step 1: Select the job to be improved.
- Step 2: Identify and list tasks.
- Step 3: Question and challenge each operation and detail.
- Step 4: Work out a better method.
- Step 5: Apply the new method.

Ergonomics is part of work simplification. Ergonomic guidelines are available at the Occupational Safety and Health Administration website:

http://www.osha.gov/ergonomics/guidelines/nursinghome/final_nh_guidelines.html

<http://www.osha.gov/ergonomics/guidelines/retailgrocery/retailgrocery.html#bakery>

Five aspects of ergonomics and examples of each include:

1. Safety – Are there appropriate safety mats in areas that may have wet floors, i.e. ware washing area or ice dispensing area? Is the safety guard on the slicer in good condition and always used?
2. Comfort – Are staff trained to use circular motions in work? When wet mopping a floor, it is more comfortable and efficient to use a figure eight motion than push and pull motions?
3. Ease of use – Are frequently used utensils on hanging racks rather than in drawers? Are there enough wheeled carts and dollies to save steps and move items easily?

Continued on page 5

Work Simplification

Continued from page 4

4. Productivity/performance – Is the sound decibel level in the kitchen so high at times that it hurts human ears or lowers productivity? Can the decibel level be reduced? Is staff trained to use both hands to improve productivity?
5. Aesthetics – What is the worker’s experience? Is supervision given in a nonjudgmental manner? Is the break area close to the work area and does it meet the employee’s needs?

Semi-Annual Reports Due by July 20

NF and NFMH, ICFMR, ALF, RHCF and Home Plus must submit the semi-annual reports of facility, resident and staffing information by July 20, 2009.

The link to the website is: http://www.aging.state.ks.us/forms/LTC_Reports.html.

The reference week for the semi-annual report is May 17-23, 2009. Improvement in completion of the report continues.

The process is as follows:

- Click on the Web Application Log-In link under the “Long Term Care Resident Statistics Web Application” heading.
 - On the log-in screen for the Long Term Care Resident Statistics Web Application, each facility will need to:
 - Enter the facility State ID number. Facilities with both NF and ALF/ RHCF facility types, enter a capital A at the end of the ID number to access the NF report and a capital B at the end of the number to access the ALF/RHCF report.
 - Select the facility type from the drop down box.
 - Enter the facility access code (password). The access code is the same code used to complete the report in January 2009. If you have forgotten the access code, you can click on a button that will send the access code to the facility’s e-mail address entered on the last report in January 2009.
 - If the facility submitted its July to December 2008 semiannual report via this website, do not check the box labeled “Check this box if this is your first time to access the system.” If this *is* the first time the facility has accessed the reports via the website, check the box.
 - Be certain the facility e-mail address and administrator e-mail address are correct on the facility information screen, which appears after logging in. If it is not, select Edit, to make the changes, then press the Save button.
- A list of available forms for each of your facility types is displayed. Select Edit.
- Save each section and page of the report as it is completed.
- It is very important to submit accurate information. Select the “Print View” tab to view the answers to all questions. Please double check to ensure each question is answered and the answers are correct. Although safeguards have been placed in the report completion process to prevent submission of a report with obvious errors, it can still happen.
- Entering the completion date on the last page of the report will change the status of the document to “Signed.” A notice that the report was submitted to KDOA will appear inside a blue box. This is your confirmation KDOA received the report. *An e-signature is no longer required.*
- If errors are noticed after submission of the report to KDOA, email Sandra Dickison at: Sandra.Dickison@aging.ks.gov to request resetting the report so you may edit the report.
 - KDOA staff review each report for obvious errors. Reports with obvious errors are reset to “Edit” and a note in a yellow box describes the error. An e-mail will also be sent to the facility to correct these errors. Please promptly correct any errors.
 - After the reports are reviewed, reports without obvious errors will show as “Posted.”

As in the past, please call the KDOA Computer Help Desk at 785-296-4987 with web application log-in questions and Sandra Dickison, LCE, at 785-296-1245 for questions on the report content.

Tips to Successfully Access and Use Online Criminal Record Check Request Service

- Use capital letters and no punctuation (with the exception of email addresses) when entering data and when entering the facility ID number. The facility ID number is a letter followed by six numbers. If the first number in your facility ID number is zero, make sure you are not entering the letter “O.”
- Use the new user option only one time for the purpose of setting up the facility for online criminal record check requests. After set up is complete, only use “log in.”
- Make sure you have contacted the Criminal Record Check (CRC) staff to update your facility’s current email address. (Only one email address per facility ID number.)
- If you hit continue after entering all required new user information and nothing happens – this indicates that a current e-mail address is needed. Contact CRC staff by phone or email.
- After a temporary password has been requested, it will arrive via email from helpcenter@ink.org. There have been occurrences when a facility’s email settings categorize the password email as spam or junk email and send that particular email to the junk file folder rather than the inbox. Make sure you check both.
- Highlight, copy and paste the temporary password into place on the log in page.
- Once you’ve successfully entered the temporary password, the system will ask you to change to a permanent password. Be sure to incorporate a capital letter, number and symbol.

KDHE/HOC Revision Projects and Website Updates

The new training materials for the Kansas Certified Nurse Aide program, including the CNA refresher course, have been implemented and several other revision projects are under way. The operator, social services designee and activity director course revisions are in the final stages, and HOC anticipates that new training courses for these programs will be released by the end of this year.

The Certified Medication Aide curriculum is also being revised. This curriculum underwent a major revision in 2002, and is being updated to reflect current practice. HOC welcomes input or suggested changes to the CMA curriculum from instructors or other interested parties.

All of the training programs regulated by HOC are now available at www.kdheks.gov/hoc and may be downloaded and printed. Pertinent forms are also updated.

Work on training program revisions involves schools, facilities, associations and individuals who care about the needs of Kansans who require long-term care. It is a process that involves both creativity and attention to detail. HOC is grateful to each person who participates in the process, from evaluating current materials to implementing new ones.

In addition to updates to training materials and online curriculum availability, the BACHA website (for the Board of Adult Care Home Administrators) has also been updated. You can check it out at:

www.kdheks.gov/bacha/index.html.

Survey and Certification Letters

<http://www.cms.hhs.gov/SurveyCertificationGenInfo/PMSR/list.asp>

SUBJECT: Issuance of Revisions to Interpretative Guidance at Several Tags

Date: April 10, 2009 **Ref:** S&C-09-31

Implementation Date: June 17, 2009

Memorandum Summary:

- Revision of Guidance to Surveyors on several Quality of Life and Environment tags:
 - F172 – Access and Visitation; F175 – Married Couples
 - F241 – Dignity; F242 – Self- Determination and Participation
 - F246 – Accommodation of Needs; F247 – Roommate Change
 - F252 – Environment, F256 – Lighting
 - F371 – Sanitary Conditions, F461 – Resident Rooms
 - F463 – Call System
- F255 (closets) deleted; Regulatory Language and Guidance moved to F461

SUBJECT: Food Procurement at 42 CFR 483.35(i)(1)(2), F371, and Self Determination and Participation at 42 CFR 483.15, F242

Date: May 29, 2009 **Ref:** S&C-09-39

Implementation Date: May 29, 2009

Memorandum Summary:

- The language at 42 CFR 483.35(i), Tag F 371 ‘Procure food from sources approved or considered satisfactory by Federal, State or local authorities’ is intended solely for the foods procured by the facility. A revision has been made to the interpretive guidelines at F371 to further clarify this intent;
- Foods accepted by residents from visitors, family, friends, or other guests are not subject to the regulatory requirement at F 371;
- Residents have the right to choose to accept food from visitors, family, friends, or other guests according to their rights to make choices at 483.15, F 242, Self Determination and Participation.

SUBJECT: One Time Cash Benefit to Nursing Home Residents

Date: 5/15/09 **Ref:** S&C – 09-38

Memorandum Summary:

- The Recovery Act provides for a one-time cash benefit of \$250 to certain eligible individuals who receive a Social Security benefit, Railroad Retirement pension, Veterans Administration disability pension, and Supplemental Security Income (SSI). The payments began in May 2009 and were to be distributed by check or electronic transfer to eligible beneficiaries by June 4, 2009. Many residents in nursing homes will be eligible for this cash benefit (although some who receive SSI benefits at a reduced rate may not be eligible).

SUBJECT: One Time Cash Benefit to ICF/MR Clients

Date: 5/29/09 **Ref:** S&C – 09-40

Memorandum Summary:

- The American Recovery and Reinvestment Act of 2009 (Recovery Act) provides for a one-time cash benefit of \$250 to certain eligible individuals who receive a Social Security benefit, Railroad Retirement Pension, Veteran’s Administration disability pension and Supplemental Security Income (SSI). Many ICF/MR clients may be eligible for this one-time cash benefit. The money is for the client’s personal use and must not be used to pay for facility services.

Diabetes Management in Skilled Nursing

With the current emphasis on tight blood glucose control for patients in acute care hospitals, nursing facilities should continue reasonably tight blood glucose control on residents during rehabilitation to promote wound healing and prevent infections. In skilled nursing facilities (SNF) diabetes is often a secondary diagnosis and not a focus of care.

People with diabetes utilize 25% of nursing home days. Nursing home costs for people with diabetes were estimated at 18.5 billion in 2007. *

It is alarming that the annual cost associated with diabetes in Kansas is \$1.5 billion. Equally alarming is that the incidence of diabetes in the state has increased by 60 percent in the past 15 years, and that trend does not show signs of stabilizing. Currently, 50 percent of the state's population is considered at risk for undiagnosed diabetes because of risk factors of age, overweight/obesity and sedentary lifestyles.**

The geriatric syndrome common in frail older adults characterized by polypharmacy, cognitive impairment, incontinence, depression, pain and risk for falls is worsened by diabetes and complicates diabetes management. These issues shift the focus of diabetes care to enhancing quality of life, preventing emergency room visits and hospitalizations resulting from acute complications and educating family members about their part in preventing acute complications. The rehabilitation resident also needs diabetes survival skills training and a plan for additional diabetes education and follow-up after discharge from the SNF.

Joslin Diabetes Center teamed with two nursing homes to develop a pilot program to improve care for persons with diabetes in nursing homes. [http://www.joslin.org/Files/Guideline For Care Of Older Adults with Diabetes.pdf](http://www.joslin.org/Files/Guideline%20For%20Care%20Of%20Older%20Adults%20with%20Diabetes.pdf)
http://www.joslin.org/755_2541.asp.

Essential components of their successful Skilled Nursing Facilities Program included:

- On-site nurse or registered dietitian diabetes care coordinator.
- Staff orientation, ongoing education and verification of competence.
- Physician/ ARNP/ PA orientation and collaboration.
- Standards, guidelines and protocols including standardized resident education materials.
- Data collection and analysis.
- Access to endocrinologist/nurse practitioner for diabetes consultation.

In the nursing facility program, residents with diabetes were monitored for: hypoglycemia, (blood glucose less than 70 mg/dl); severe hyperglycemia, (blood glucose greater than 400 mg./dl); recurrent patterns of hyperglycemia, (blood glucose 250-399 mg/dl); falls related to hypoglycemia (staff obtained a finger stick blood glucose value at the time of the fall); diabetes-related emergency room visits and hospital readmissions; and insulin errors. Data was tracked manually, although computer support would be helpful.

Nursing facilities could modify a free public domain software program CDEMS (*Chronic Disease Electronic Management System*), www.cdems.com, to capture information tracked in the Joslin program. A local clinic which already uses the CDEMS software program might also be willing to assist a nursing home in implementing the use of CDEMS to collect important diabetes or cardiovascular data. For more information contact Kate Watson at Kansas Department of Health and Environment's Diabetes Prevention and Control Program.

Identifying patterns of hyperglycemia and hypoglycemia and their causes requires detective work that the diabetes care coordinator can teach nursing staff to do. If carbohydrate intake is not accurately estimated, a pre-meal time insulin dose will not be correct. Staff in the facilities may use the free downloadable Calorie King to accurately calculate carbohydrate and other nutrient intake even for fast food items families bring in. It can be found at http://www.joslin.org/3072_4094.asp. Knowing blood glucose values, food intake and exercise or activity is important in accurately adjusting baseline insulin doses.

The following case study** is an example of results. Mrs. B, a 73 year-old with type 2 diabetes for 10

Continued on page 9

Diabetes Management

Continued from page 8

years, was admitted for a 1/12 month stay for pulmonary edema. Her admission hemoglobin A1C was 9.4% and she had occasional hypoglycemia. Her admission insulin orders were 13 units of insulin detemir (Levemir) at bedtime and 12 units of insulin aspart (Novolog) before meals. She admitted she was not taking good care of her diabetes at home and never had diabetes education.

During her stay, based on blood glucose results before meals and at bedtime her medications were changed. The detemir dose was slightly reduced and the aspart dose was changed to 14 units before breakfast and 9 units before lunch and dinner. The diabetes care coordinator provided survival skills diabetes education.

On admission Mrs. B had a score of 61 on Self-Care Inventory, revised, and a score of 75 one month after discharge. Her A1C three months after SNF admission was 7.5%. Mrs. B became a spokesperson for the nursing facility diabetes care program.

Information about the self care inventory used is found at:

<http://www.psy.miami.edu/faculty/alagrec/SCI-R.pdf>.

Many helpful materials that can be adapted to your facility needs are found at the National Diabetes Education Program and American Diabetes Association and the Kansas Diabetes Plan websites.

<http://ndep.nih.gov/index.aspx>

<http://ndep.nih.gov/publications/PublicationDetail.aspx?PubId=28>

http://ndep.nih.gov/media/GuidPrin_HC_Eng.pdf

<http://ndep.nih.gov/publications/PublicationDetail.aspx?PubId=45>

<http://www.diabetes.org/>

http://www.kdheks.gov/diabetes/download/Kansas_Diabetes_Plan_2008-2013.pdf

* Dall T, Mann SE, Zhang Y, et al. Economic cost of diabetes in the U.S. in 2007. *Diabetes Care*.2008;31:1-20.

**http://www.continuinged.ku.edu/kumc/diabetes_care/

*** Newton Health Care Center Newington, Conn.

Treating Obese Residents with Dignity and Respect

The administrator/operator and/or director of nursing must ensure residents who are obese are provided care, an environment and equipment that allow them to maintain dignity, respect and self-esteem. Most standard equipment is limited to use by individuals who weigh no greater than 250-300 pounds. Bariatric equipment and accessories, including scales, are available.

Prior to admission, designated facility staff should assess a person who is obese to ensure the facility can accommodate the person's needs for availability of appropriate equipment and supplies. Facility staff should receive education on the need to be respectful to each resident regardless of his or her body weight, including avoiding negative comments of their weight and providing privacy when obtaining their weight.

When a resident's weight exceeds the weight capacity of the facility's scale, it is not appropriate to take the resident to a grain elevator or weigh station to be weighed. CFR 383.15(a): Dignity F421, state, "The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality."

Ask AI

Question: Is a visually enclosed area for privacy needed in the resident bathing room in nursing facilities?

Answer: In all nursing facilities, according to K.A.R. 28-39-162a (c), Service areas or rooms (9) (C) The toilet enclosure shall be in a visually enclosed area for privacy in use and (E) Each bathing facility shall be located within a visually enclosed area for privacy during bathing, drying and dressing with space for an attendant and wheelchair.

Blood Pressure Devices

Facilities must ensure measurements of a resident's blood pressure are accurate. Proper cuff size, positioning and staff training are needed to ensure accurate blood pressure measurements.

Although mercury manometers have been the gold standard for blood pressure measurements, many health care agencies have eliminated these devices containing mercury. Two other types of devices available for noninvasive blood pressure measurement are the aneroid (used for obtaining blood pressure manually) and electronic oscillometric manometers (automatic devices). While staff can use either device to measure an individual's blood pressure, the device must be working properly and used correctly. Facilities should develop policy and procedures for calibration of these devices.

The standard of accuracy among the different types of electronic manometers is variable. Due to the variance, if an individual's blood pressure reading is too high or too low, staff should obtain the individual's blood pressure measurement manually, especially prior to notifying a physician of the measurement.

The American Heart Association (AHA) blood pressure measurement recommendations are located at: <http://hyper.ahajournals.org/cgi/content/full/45/1/142>.

Interim Secretary named

Martin "Marty" Kennedy has been appointed interim Secretary for the Department on Aging, replacing Kathy Greenlee, who resigned following confirmation of her appointment as Assistant U.S. Secretary for Aging.

The change was effective June 26.

Kennedy has been with KDOA since 2004. He was Director of Budget and Governmental Affairs from 2004 to 2006 and Commissioner of Licensure, Certification and Evaluation from 2006 to 2008. He was named Deputy Secretary earlier this year.

Before coming to Aging, Kennedy served in finance and management roles, including Controller for the Kansas Insurance Department from 1996 to 1999. He was an analyst in the Kansas Division of the Budget from 1986 through 1995.

"Marty has both the knowledge and experience for this role," Governor Mark Parkinson said in announcing the appointment. "He has been a leader for years at the Department of Aging and I know he will continue to serve seniors well in this role."

Changes in LCE

The SE District has experienced recent changes. Mary Saporito, RN, Regional Manager for the SE District, has retired after 29 years of state service. Mary's expertise and compassionate advocacy for the elders of Kansas will be greatly missed.

Janice Van Gotten, RN, the QI Coordinator for the SE District, has accepted the position of Regional Manager.

We wish Mary a wonderful retirement and congratulate Janice on her new position.

Upcoming MDS Education

The Medicare Prospective Payment System for Swing Bed Hospitals

August 21, 2009

Registration: 8:00a.m.

Workshop: 8:30 a.m. to 4:00 p.m.

SRS Learning Center

2600 SW East Circle Drive South

Topeka, KS 66606

All attendees must bring a copy of the Swing Bed User Manual to the educational session. The manual is available on the CMS website. <http://www.cms.hhs.gov/SNFPPS/Downloads/sbmanual112005-RUG53.pdf>

Registration information is available at:

http://www.aging.state.ks.us/AdultCareHomes/Education_Info/Education_index.html

Guidance to Avoid a Citation at F279

The MDS is a preliminary screen that identifies actual or potential resident problems that trigger a Resident Assessment Protocol (RAP) problem area in Section V. The RAP problem area needs to be thoroughly assessed to create an individualized care plan for each resident. Review #2 under Section V to see what must be included in a summary of the problem to show a thorough assessment has been completed. Do be sure to include the causal factors (cause) of the problem.

Additional resources for conducting a thorough assessment include the RAPS in Appendix C of the MDS 2.0 User's Manual; the Assessment section of the Interpretative Guidelines for the Specific F tags in Appendix PP of the Federal Regulations at:

http://www.cms.hhs.gov/manuals/downloads/som107ap_pp_guidelines_ltcf.pdf; and the Assessment and Care Planning Sections of the Critical Element Pathways under Tab 9 of the QIS Surveyor Manual at: <http://www.aging.state.ks.us/Manuals/QIS/TabIndex.html>

Education and Resources for MDS Coordinators

Online MDS Training

http://www.aging.state.ks.us/AdultCareHomes/Education_Info/Education_index.html

MDS 3.0 Update

http://www.cms.hhs.gov/NursingHomeQualityInits/25_NHQIMDS30.asp

MDS 2.0 to MDS 3.0 Item Navigational Reference Table (Crosswalk) (June 5, 2009)

MINIMUM DATA SET (MDS) 3.0 DRAFT ITEM SET (Form) (May 6, 2009)

Information in the *Federal Register* on May 1, 2009, mentioned briefly the RAPS will be changed to Care Trigger Areas (CATS) and the provision of references to resources to use for the in-depth assessment versus Resident Assessment Protocols currently in the MDS 2.0 User's Manual Appendix C.

FIRST QUARTER 2009 DEFICIENCY-FREE SURVEYS

Facility	City	Type	Survey Date
Parkside Homes	Hillsboro	SNF/NF	1/7/09
Glenwood House	Wellington	HP	1/14/09
Shawnee Heartland	Shawnee	ALF	1/14/09
Meadowlark Adult Care Home 2	Wichita	HP	1/15/09
Relection Living LLC	Wichita	HP	1/16/09
Sterling House of Hays	Hays	ALF	1/29/09
Medicalodges Kinsley	Kinsley	SNF/NF	2/11/09
Vintage Place of Pittsburg	Pittsburg	ALF	2/17/09
Country Place Senior Living	Seneca	ALF	2/18/09
MTM Boarding Care Home	McPherson	BCH	2/18/09
Autumn Home Plus	Shawnee	HP	2/18/09
Guest Home Estates of Pittsburg	Pittsburg	RHCF	2/19/09
Peggy House 1	Topeka	RHCF	2/19/09
The Autumn Place	Columbus	RHCF	2/23/09
Heartland Haven	Independence	HP	2/23/09
Arbor Home Rockwood	Wichita	HP	2/24/09
Coopers Home Care #2	Lawrence	HP	2/24/09
Country Care, Inc.	Easton	SNF/NF	2/25/09
Sterling House of Junction City	Junction City	ALF	2/25/09
Holiday Resort of Salina	Salina	SNF/NF	2/26/09
Cornerstone Assisted Living, Inc	Wichita	ALF	3/5/09
Cornerstone Ridge Plaza	Wichita	ALF	3/11/09
Eaglecrest Retirement Community	Salina	ALF	3/11/09
Vintage Park at Osawatomie	Osawatomie	ALF	3/11/09
Vintage Place of El Dorado	El Dorado	RHCF	3/16/09
Prairie Homestead Assisted Living	Wichita	ALF	3/17/09
Meadowlark Adult Care Home 1	Wichita	HP	3/17/09
Country Place Home Plus of Larned	Larned	HP	3/17/09
Hillside Guest House	Fort Scott	BCH	3/17/09
Meadowlark Adult Care Home 3	Wichita	HP	3/17/09
Country Place Senior Living of Larned	Larned	HP	3/18/09
Meadowlark Adult Care Home 4	Wichita	HP	3/20/09
Fort Scott Presbyterian Village	Fort Scott	ALF	3/23/09
Comfort Care Homes #509	Wichita	HP	3/24/09
Somerset-Claridge Court	Prairie Village	SNF	3/24/09
Andover Court Assisted Living	Andover	ALF	3/25/09
Comfort Care Homes #1434	Wichita	HP	3/26/09
Vintage Park at Baldwin City	Baldwin City	ALF	3/26/09

ALF: Assisted Living Facility; RHCF: Residential Health Care Facility; BCH: Boarding Care Home; HP: Home Plus; NF: Nursing Facility; SNF: Skilled Nursing Facility.

FIRST QUARTER 2009 EXEMPLARY LETTER

Facility	City	Type	Survey Date
Meadowlark Hills	Manhattan	SNF/NF	2/19/09

2009 Enforcement Actions

Assisted Living, Residential Health Care, Home Plus, Adult Day Care and Boarding Care Facilities; Intermediate Care Facilities for the Mentally Retarded	1 st	2 nd	3 rd	4 th
	JAN-MAR	APRIL-JUNE	JULY-SEPT	OCT-DEC
Abuse, Neglect, Exploitation	6			
Adult Day Care	1			
Administration	0			
Admission, Transfer, Discharge	1			
Delegation of Duties	3			
Dietary Services	3			
Emergency Preparedness	3			
Employee Records	3			
Environmental Issues	14			
Functional Capacity Screen	11			
Health Care Services	6			
Inadequate Staffing	0			
Infection Control	9			
Medication Management	26			
Negotiated Service Agreement	20			
Professional Standards of Quality	0			
Quality of Care Issues	1			
Resident Funds	0			
Resident Records	11			
Resident Rights	4			
Restraints – chemical, physical	2			
Special Care Unit	0			
Staff Development	1			
Staff Qualifications	19			
Civil Money Penalties	3			
Correction Orders	38			
Ban on New Admissions	4			
FEDERAL REMEDIES				
Nursing and Skilled Nursing Facilities; Nursing Facilities for Mental Health	1 st	2 nd	3 rd	3 rd
Civil Monetary Penalties Recommended	5			
Denial of Payment for New Admissions imposed	10			
Terminations	0			
No Opportunity to Correct	10			

KANSAS DEPARTMENT ON AGING

Licensure, Certification and Evaluation Commission

Greg Reser, Acting Commissioner (785) 296-6681 greg.reser@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 and 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

Licensure and Certification Division

Greg Reser, Director (785) 291-3374 greg.reser@aging.ks.gov	Licensure and certification survey process of nursing homes, nursing facilities for mental health, 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).

Long Term Care Program

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. State RAI Coordinator. Consultation and education on Federal and state regulations, and long term care issues
Caryl Gill, Nurse 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.

Sandra Dickinson, Dietary Consultant (785) 296-1245 sandra.dickison@aging.ks.gov	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 resident, sanitation and organization of kitchens and the survey process related to nutrition, hydration and sanitation.
Al Gutierrez, Environment Specialist (785) 296-1247 al.gutierrez@aging.ks.gov	Site and floor plan review, Environmental Licensure survey of adult care homes. Telephone, e-mail and in-person consultation related to physical environment regulations.
<i>Mental Health/Residential Facility Program</i>	
Susan Fout, Director (785) 296-6029 susan.fout@aging.ks.gov	Licensure, certification, utilization review and complaint investigation processes for intermediate care facilities for the mentally retarded, 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 and Elderly, Older Americans Act and Senior Care Act.
<i>Regional Managers & Supervisor</i>	
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