



KANSAS DEPARTMENT ON AGING Sunflower Connection

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All Adult Care Homes

| | |
|--|---|
| New Secretary, LCE Commissioner | 1 |
| ACH Statutes | 2 |
| Rosa's Law | 2 |
| Dietetic Services Renewal | 3 |
| Hot Beverage Temperatures | 4 |
| 2010 Dietary Guidelines | 4 |
| Kitchen Fires | 5 |
| Ask AI | 7 |
| Health Occupations Credentialing Resources | 7 |
| LCE Staff Changes | 8 |

Nursing Homes

| | |
|-----------------------------|-------|
| QIS Process/MI-MR | 2 |
| Free Staff Education | 3 |
| Culture Change Board | 3 |
| Advancing Excellence | 5 |
| Suicide Risk Assessment | 6 |
| CARE/PASSR | 8 |
| Medication Administration | 9 |
| Affordable Care Act Updates | 10 |
| MDS 3.0 | 10-13 |
| Survey Results | 14-16 |

New Secretary, LCE Commissioner

Shawn Sullivan became the Secretary of the Kansas Department on Aging in January, and he has named **Joe Ewert** as the new Licensure, Certification and Evaluation (LCE) Commissioner.

Sullivan comes to KDOA from Kansas Masonic Home, Wichita, where he was executive director. He previously held similar positions at Good Samaritan Society in Atwood, Lyons Good Samaritan Center and Newton Presbyterian Manor. He has a master's degree in applied gerontology.

Ewert, who will assume his new duties the week of April 18, currently serves as the Governmental Affairs Director for the Kansas Association of Homes and Services for the Aging (KAHSA). Ewert also brings previous experience as a household coordinator at Meadowlark Hills in Manhattan and as a sergeant in the U.S. Army Reserve, including service in Kuwait and Iraq. He has a degree in sociology from the University of Kansas.

"Joe is a skilled consensus builder, is passionate about person-centered care and has a firm grasp on the regulatory process from his time at KAHSA," Sullivan said in announcing the appointment.

In other changes at KDOA, **Dave Halferty**, has been named chief financial officer and heads up the Financial and Information Services Commission, formerly the Administrative Services Commission. The Auditing and Rate Setting unit, which he previously headed, has been moved to the Financial and Information Services Commission.

Also, **Susan Fout**, former director of mental health and residential facilities in LCE, has been named Commissioner of the Community Programs Commission, previously the Programs and Policy Commission. The Quality Review unit has moved with her from the LCE Commission. She succeeds Bill McDaniel, who retired in March.

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Shawn Sullivan, Secretary

**Licensure, Certification
and Evaluation Commission**

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ACH Statutes and Regulations

The current statutes and regulations for Adult Care Homes are available at http://www.aging.ks.gov/PolicyInfo_and_Regs/ACH_Current_Regs/ACH_Reg_Index.html.

Hard copies may be purchased at the KDOA office at 503 South Kansas, Topeka, or by contacting the KDOA receptionist at 785-296-4986.

QIS Process Focus on Residents with MI and MR

CFR 483.20(e), F285. Preadmission Screening for individuals with Mental Illness (MI) and Mental Retardation (MR) requires nursing homes to coordinate assessments with the State to the maximum extent practicable to avoid duplicate testing and effort and to provide necessary care and services. CFR 483.25(a), F406. Provision of Services requires nursing home staff to provide the needed mental health rehabilitation services as care planned and/or seek specialized rehabilitative services from specially qualified professional individuals. http://www.cms.gov/manuals/downloads/som107ap_pp_guidelines_tcf.pdf

Assessing, care planning, and providing individualized specialized care to residents with MI and/or MR is receiving more focus on the MDS 3.0 and in the annual resurvey process. On the MDS 3.0 Section A. Item1500. Preadmission Screening and Resident Review asks, “Has the resident been evaluated by Level II PASRR and determined to have a serious mental illness and/or mental retardation or a related condition?” Section A. Item1550. requires the coder to check the resident’s conditions related to MR and developmental disability status. The RAI manual, Chapter 2, pages 26-27, addresses the need for nursing home staff to notify their state agency (KDOA) when a resident with MI/MR or a related disorder experiences a significant change in status. Each state agency is allowed to make the determination of what constitutes a significant change in the resident’s status that requires nursing home staff to contact them. (Please refer to the article in this SF Connection on “MDS 3.0 Significant Change Assessment and PASRR Resident Review” for additional information.)

As part of the annual resurvey, the team

coordinator requests at the entrance conference a list of residents who receive Preadmission Screening and Resident Review (PASRR) Level II services. A team member selects one resident, as available, from the list and initiates and completes the care area review for PASRR. A critical element (CE) pathway for PASRR was one of the updates to the Quality Indicator Survey (QIS) process in November 2010. It is used in the review of the selected resident who has MI as defined at CFR 483.102(b)(1) or MR as defined at CFR 483.102(b)(3) or a related condition as described in 42 CFR 1009. A resident with MR or MI must have their specialized needs met. The PASRR Level II record the nursing home receives from the state agency contains recommendations of needed services to meet the person’s specialized needs. The nursing home staff must develop a care plan that includes the recommendations and other interventions to:

- decrease incidents of inappropriate behaviors for individuals with MR or behavioral symptoms for persons with MI;
- increase appropriate behavior;
- address underlying factors behind tendencies toward isolation and withdrawal;
- develop and maintain necessary daily living skills; and
- modify interventions to account for the special learning needs of its residents with MI or MR.

Nursing home staff are encouraged to review the CE PASSR Pathway in its entirety to become familiar with all observations and interviews that surveyors will also conduct. It is available in the QIS Manual, under Tab 6 at <http://www.aging.ks.gov/Manuals/QISManual.htm>.

Rosa’s Law

In October 2010, Federal legislation was passed that struck the term “mentally retarded” and “mental retardation” from all health, education, and labor laws, replacing them with “an individual with intellectual disability” (IID) and “intellectual disability” (ID). Since the changes have not yet been made to the MDS 3.0 or regulations, the outdated terms were still used in this issue of the SF Connection to avoid confusion.

Free Staff Education

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 Workforce Enhancement Grant. There is no limitation on the number of unlicensed staff that may attend the educational program. However, no more than one licensed staff per at least two unlicensed staff may attend from each facility.

Facilities should contact the following entities for additional information if they are interested in their workshop or program.

1. Evergreen Living Innovation, Inc. (formerly named "GERTI") - "Advanced Education in Long Term Care," 4 day workshop. Contact: (913) 477-8251, chriso@gerti.org.

2. Kansas Advocates for Better Care - "Teaming Up to Create Home - The Person-Centered Approach," 1 hour program. Contact: (785) 842-3088, info@kabc.org.

3. Alzheimer's Association – Heart of America - "The Neuropsychiatric Symptoms of Dementia, a Long Term Care Training Program," 2 hour program. Contact: (913)831-3888, michelle.niedens@alz.org.

4. The Kansas Restaurant and Hospitality Association Educational Foundation (KRHAEF) - "ServSafe Food Safety Training," Manager level 1-2 day workshop, Employee level, 2-3 hour program. Contact: (316)267-8383, nearlson@krha.org.

Culture Change board nominations

The Kansas Culture Change Coalition is seeking nominations for its Board of Director in the near future. Please check the Coalition's website <http://www.kansasculturechange.org/> in April and May for more information.

The Kansas Culture Change Coalition maintains the vision of the Pioneer Network that supports a culture of aging that is life affirming, satisfying, humane, and meaningful. Culture change can transform a "facility" into home, a "patient/resident" into a person, and a "schedule" into a choice.

All interested individuals are encouraged to consider being nominated for the Board of Directors.

Dietary Services

Required Renewal for Dietetic Services Supervisor Equivalency

Dietetic services supervisors granted equivalency by KDOA must renew their equivalency by April 30, 2011.

The individual must mail to Sandra Dickison, Kansas Department on Aging Consultant Dietitian, 503 South Kansas Avenue, Topeka, KS 66603, his/her current letter of equivalency plus documentation of a minimum of 15 hours per year of continuing education in the areas of food service management, human resources management, nutrition and medical nutrition therapy, and food safety.

A renewal letter of equivalency will be sent to the facility where the individual is employed. The facility must have an unexpired letter of equivalency in the dietetic services supervisor's personnel file.

The regulation referring to the dietetic services supervisor equivalency is KAR 26-39-100, Definitions (v) "Dietetic services supervisor" (v) "Dietetic services supervisor" means an individual who meets one of the following requirements:

(1) is licensed in Kansas as a dietitian;

(2) has an associate's degree in dietetic technology from a program approved by the American dietetic association;

(3) is a dietary manager who is certified by the board of the dietary managers' association; or

(4) has training and experience in dietetic services supervision and management that are determined by the Kansas Department on Aging to be equivalent in content to the requirement specified in paragraph (2) or (3) of this subsection.

Dietary Services

Serving Temperatures for Hot Beverages

While safe holding and serving temperatures for potentially hazardous hot food require a temperature 135 degrees F. or above, there is no specific temperature at which hot beverages should be served. Palatability and risk of scalding are two factors that nursing homes should take into consideration when serving hot beverages.

Palatability. Beverages, including most coffee and tea, need to be brewed at a temperature near 200 degrees F. to extract full flavor. Many of the aromatic compounds in coffee are tasted only at temperatures above 150 degrees F. Personal preference for the temperature of hot beverages varies from person to person, ranging from 120 to above 160 degrees F.

Risk of Scalding. Table 1. “*Time and Temperature Relationship to Serious Burns*” located in guidance for CFR 483.25(h) Accidents F323 should be used in evaluating a resident’s ability to manage hot beverages independently and provide assistance as needed. https://www.cms.gov/manuals/Downloads/som107ap_pp_guidelines_ltcf.pdf

The mouth has protective mechanisms that can reduce the risk of injury from hot liquids. Saliva serves to cool hot liquid. The very rapid blood flow in the mucosa in the mouth carries away some of the heat. The lips and tongue are sensitive and help to take in hot liquids only as fast as the mouth can cool it. Skin on the arms and legs is less sensitive than the mouth and can suffer a burn before the danger is realized. Clothes may hold a hot spill against skin, increasing the risk of injury.

Safety considerations nursing home staff should use to promote resident safety may include:

- Plan with the resident how to safely drink hot beverages at their preferred temperature.
- Supervise areas as needed when hot beverages are available or being served, especially when cognitively impaired residents have the potential to be in the area.
- Do not overfill drinking cups or carafes.
- Use only carafes with safety or screw top lids.
- Serve hot beverages in a china or ceramic mug to allow more rapid cooling.

- Explain to a resident when a hot beverage is being served and place beverage in the resident’s field of vision. Place beverage away from the edge of the table and near resident’s dominating hand.
- If a resident approves, add ice to hot beverage before serving.
- Serve hot beverages in a spouted cup, a limited dose cup, or a cup covered with a sipping lid.
- Add appropriate cup holders to wheelchairs as needed.

2010 Dietary Guidelines

The new 2010 “dietary guidelines for Americans” are published. They are available at <http://www.cnpp.usda.gov/DGAs2010-PolicyDocument.htm>

Adult Care Home staff will find several useful new Appendixes to provide quality care. The guidance for older Americans to reduce sodium and increase potassium is especially important. Quoting from the guidelines, “On average, the higher an individual’s sodium intake, the higher the individual’s blood pressure. A strong body of evidence in adults documents that as sodium intake decreases, so does blood pressure.”

Although the state regulations for all adult care homes, except nursing facilities for mental health, intermediate care facilities for the mentally retarded, and boarding care homes, require meeting only the 2005 dietary guidelines, all adult care homes are allowed to exceed these minimum requirements to provide greater quality of life and care for the residents.

KAR 26-39-105. Adoptions by reference. (a) The following material shall apply to all adult care homes except nursing facilities for mental health, intermediate care facilities for the mentally retarded, and boarding care homes:

- (1) Dietary guidelines. In the dietary guidelines for Americans, 2005, published by the U.S. Department of Health and Human Services and U.S. Department of Agriculture, appendixes A-1 and A-2 and notes for appendix A-2 are hereby adopted by reference.

Dietary Services

Kitchen Fires

Adult care home dietary staff need to know procedures for safe cooking of foods producing grease or grease laden vapors and proper techniques for extinguishing such fires. Adult care home staff also need to check to ensure activation of the hood suppression system will result in the automatic gas and electrical shut off.

If an adult care home experiences a fire, the administrator or operator should notify the LCE regional manager that a fire has occurred in a facility.

As of February 1, 2011, the Office of the Kansas State Fire Marshal adopted the 2006 Life Safety Code as the manual utilized to regulate adult care homes. The 2006 Life Safety Code references the 2004 edition of *NFPA 96, Commercial Cooking Operations*. In regard to fuel shutoff, the 2004 edition of NFPA 96 requires the following:

7-4 Fuel Shutoff

7.4-1 Upon activation of any fire-extinguishing system for a cooking operation, all sources of fuel and electric power that produce heat to all equipment requiring protection by that system shall automatically shut off.

Exception No.1: Steam supplied from an external source

Exception No. 2: Solid fuel cooking operations

7-4.2 Any gas appliance not requiring protection, but located under the same ventilating equipment, shall also automatically shut off upon activation of any extinguishing system.

Life Safety Code questions should be directed to the Kansas State Fire Marshall's office.

<http://www.ksfm.ks.gov/contact-us-2/> or 785 296-3401.



Advancing Excellence Campaign Update

Please remember to submit the data monthly for the Organizational Goals your facility selected in the Advancing Excellence (AE) in America's Nursing Homes Campaign.

Go to the AE website at www.nhqualitycampaign.org and log in to your facility's account. Tracking tools are also available for Pain, Physical Restraints, and Pressure Ulcers on the website. If you need help with your username and/or your password or data entry, please contact Darlene Smikahl with Kansas Foundation for Medical Care, Inc. (KFMC) at 1-800-432-0770, extension 365.

Kansas nursing homes are currently doing well in data submission when compared to the other states. We want to stay on top, so don't forget to submit your data.

For nursing homes who have selected the Staff Turnover and Consistent Assignment goals, KFMC will be hosting four regional Workforce Retention trainings in Manhattan on April 14, Hays on April 19, Pittsburg on April 27, and Wichita (date to be determined). These trainings will focus on the main issues involved in improving staff turnover and retention of staff. Look for the brochure in your e-mail soon.

Suicide Risk Assessment

The simple scale below can help your nursing home be alert to persons who are at risk of harm to self.

The tragedy of a suicide is estimated to leave seven other individuals with trauma severe enough from the incident to need assistance to work through the aftermath of such an event. When this occurs in a nursing home, the wounds left behind are often deep and lasting on staff, residents and their family members.

C.F.R. 483.25 (f) states: *Based on the comprehensive assessment of a resident, the facility must ensure that (1) a resident who displays mental or psychosocial adjustment difficulty, receives appropriate treatment and services to correct the assessed problem...*

Six common reasons to attempt suicide cited by Alex Lickerman, doctor of internal medicine, University of Chicago, are:

- 1) depression;
- 2) psychosis;
- 3) a cry for help;
- 4) philosophical wish to die;
- 5) shame or guilt after a mistake;
- 6) impulsivity.

It is noted that as many as 75% of those who attempt suicide discussed the probability of doing so with someone within the prior week. Being alert to risk factors can provide the opportunity for intervention and treatment.

When using the “SAD PERSONS” scale, each letter on the screen counts for one point.

A score of 1-2 points indicates “low risk.” The person should have a follow-up discussion to assess for further risk.

Scoring 3-6 points indicates “moderate risk” and would warrant a referral for support and oversight.

Any score of 7-10 is indicative of the need for

immediate intervention and treatment.

Sex (male)

Age less than 19 or greater than 45 years

Depression (patient admits to depression or decreased concentration, sleep, appetite, and/or libido)

Previous suicide attempt or psychiatric care

Excessive alcohol or drug use

Rational thinking loss; psychosis, organic brain syndrome

Separated, divorced, or widowed

Organized plan or serious attempt

No social support

Sickness chronic disease

This tool is designed to screen for the highest risk individuals. One of the highest risk groups has been identified as white males over age 60. When a resident demonstrates the presence of a serious and organized plan to do harm to self, a “watch” should be initiated. The resident should not be left alone. A family member, sitter, volunteer or staff member should closely monitor the person until treatment can be initiated.

For those who would like to visit with a counselor free of charge, the National Suicide Prevention Lifeline number is **1-800-273-TALK, or 1-785-841-2345 from Douglas County**. This is answered 24 hours daily at Headquarters Counseling Center in Lawrence for the state of Kansas.

Promoting Mental Health and Preventing Suicide: A Toolkit for Senior Living Communities is a resource made available by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services at <http://store.samhsa.gov/shin/content/SMA10-4515/SMA10-4515-01.pdf>. It may be downloaded free of charge.

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

Ask AI

Question: What is the required size of a resident room in an addition to a nursing home or in a new nursing home?

Answer: According to KAR 26-40-302. (1) Resident rooms. (A) Each resident room shall meet the following requirements: (iv) measure at least 120 square feet in single resident rooms and at least 200 square feet in double resident rooms, exclusive of the entrance door and toilet room door swing area, alcoves, vestibules, toilet room, closets or freestanding wardrobes, sinks, and other built-in items.

Question: What is required in a laundry room in an Assisted Living Facility?

Answer: According to KAR. 28-39-255. Support service areas. (c) Laundry facility. (1) The facility shall store soiled laundry in a manner which prevents odors and spread of disease. (2) If laundry is processed in the facility, the facility shall provide washing and drying machines. The facility shall arrange the work area to provide a “one-way flow” of laundry from a soiled area to a clean area. (3) The facility shall provide a work counter and a locked cabinet for storage of chemicals and supplies. (4) The facility shall provide a hand washing lavatory with a non-reusable method of hand-drying within or accessible to the laundry facility.

Question: What is the physical requirement for adult day care services in a Home Plus facility?

Answer: According to KAR 26-42-203. General Services. (b) Adult day care services. (3) At least 60 square feet of common use living, dining, and activity space is available in the home for each resident of the home and each resident receiving adult day care services.

Question: What is the physical requirement for medications in an Adult Day Care facility?

Answer: According to KAR 28-39-290. Support services areas. (a) Each adult day care facility

shall provide the following: (2) a locked medication storage area and a refrigerator for the storage of medications in the same area. If controlled drugs are stored at the facility, a separate double-locked compartment shall be provided. A drug cart with a double-locked system shall be acceptable. Each facility shall provide storage for necessary medical supplies.

HOC

CMA and HHA Revisions and Computer Based Testing Update

Health Occupations Credentialing (HOC) has completed the revision of the Kansas Certified Medication Aide course curriculum and test. Barring issues that could arise during the regulation approval process, a fall release date is anticipated. HOC will advise training programs as soon as a final date is determined.

The Home Health Aide course revision committee met in early March and is at work updating the HHA training materials, test and manual. Input regarding the training of Home Health Aides may be sent to Mary Flin, Health Occupations Education Coordinator, at mflin@kdheks.gov.

HOC’s transition to computer-based testing (CBT) for the Certified Nurse Aide State test is in the final stages. The test forms have been entered into the delivery system, and the steps necessary for communication between those administering the technology are in process. Once the systems are all in place for test delivery, systems communications and records, HOC will test the program and train providers. As soon as HOC is confident that delivery will be successful, they will advise training programs and assist in the transition.

This is an exciting step, and HOC anticipates adding the Kansas Certified Home Health Aide test to the CBT format as part of that revision process. HOC is grateful for the cooperation of each of the training sites as they work through the steps necessary to ensure that the transition is smooth.

Resources

References to non-KDOA sources or sites are provided as a service and do not constitute or imply endorsement of these organizations or their programs by KDOA. KDOA is not responsible for the content of pages found at these sites. The uniform resource locators for internet addresses were current as of the date of this publication.

Kansas Advocates for Better Care

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

Free Booklets to Download – Staff Orientation and In-services

- Preventing Abuse, Neglect and Financial Exploitation in Adult Care Homes
- Person-Centered Care: Teaming Up to Make the Change

Bedbug Control

- Control of Bedbugs in Residences, Dr. Stephen A. Kells, University of Minnesota Extension http://www.ksda.gov/includes/document_center/food_safety/Lodging/79Bed_Bug_Trifold.pdf
- Lodging Fact Sheet, Kansas Department of Agriculture <http://www.ksre.ksu.edu/library/entml2/mf2926.pdf>

Staff Changes at LCE

Kim Pepperd, RN, retired March 2011. Kim worked for the state of Kansas for 23 years, serving as Regional Manager of the West District for the past 14 years. We thank her for her years of service to Kansas elders and wish her an enjoyable retirement.

Carol Schieffelbien, RN, has assumed the role of Regional Manager of the West District. Carol has been a health facility surveyor since 2000 and served on KDOA's QIS pilot team for a year. Prior to that she served in various nursing positions in both long term care and other settings.

CARE

CARE Assessments/PASRR

A Preadmission Screening and Resident Review (PASRR) is required on every resident admitted to a nursing home regardless of the resident's payer source.

If a resident is admitted without a Care Assessment, only the Nursing Facility (NF) PASRR/CARE trained staff may complete section A and B of the assessment. When a resident from another state enters a Kansas nursing home, the PASRR must accompany him or her or a Kansas PASRR must be done.

The only exception to a resident in a NF needing a PASRR is if the individual has a terminal illness or coma as certified by the physician. Call KDOA CARE Division, 785-291-3359, if you have questions regarding PASRR.

KDOA has been working with Area Agencies on Aging (AAA) and NFs to develop a web-based referral process for CARE assessments. This referral will hopefully eliminate errors and miscommunication that can lead to Medicaid payment issues for the NF. The form will self-populate as much information as possible with drop down and check mark boxes to save time.

This web-based referral process will also serve as a tracking tool for NFs to verify the CARE referral was sent.

The PASRR staff would also like to inform providers of the "significant change" language related to MDS 3.0 located at the KDOA Provider website: http://www.aging.ks.gov/CARE/Alerts/Resident_Review_Memo_MDS3-0.pdf

KDOA training regarding PASRR/CARE will be held in March, April, or May. Call your local AAA to register and to receive free CEUs.

CARE/PASRR Link

The attached link provides access to CARE/PASRR information. The CARE Newsletter for CARE Assessors will be posted in March and September only. Future CARE Assessor Training, Alert information and valid proofs of PASRR will be included.

http://www.aging.ks.gov/CARE/CARE_index.htm

Medication Administration Scheduling

This article first appeared in the January 2008 issue of Sunflower Connection . It is being reprinted here by popular request.

As facilities continue to look at traditional practices and see how they can be adapted to the resident-centered care, a more recent concept has been that of moving from traditional medication administration times to those that coincide with events in the resident's day. As identified in a joint surveyor provider training entitled Compliance and Person Centered Care by Carmen Bowman, OBRA regulations do not mandate specific clock time administration when medication is ordered BID (twice a day), TID (three times a day), etc. The intent of CFR 483.25(m) Medication Errors and CFR 483.60 Pharmacy Services is that authorized staff administer medication according to physician orders, manufacturer's specifications, and accepted professional standards and principles to ensure the resident receives the maximum effectiveness of the medication.

Whether a facility is administering medications via traditional time schedules or around events of the day, the overall concepts remain the same. The resident or their family should be asked the resident's preference in taking medication such as the time of day, avoidance prior to certain events, and with or without certain foods or fluids. Information should be gathered about the resident's usual daily and weekly schedule of awakening, activities, bedtime, etc. Many facilities have found once a resident is allowed to awaken on their own and plan their day, they do develop a daily routine.

A crucial member of the interdisciplinary team when determining a time or an event for administration of a resident's medication is the consultant pharmacist. The pharmacist needs to review the resident's medications and provide specific procedures for safe and appropriate administration of medications that will be both facility and resident based. When deciding on the timing of the medications, factors that need to be considered are the medications' pharmacokinetic and pharmacodynamic parameters, manufacturer's special and cautionary instructions, e.g. administration on an empty stomach or with a meal, or the frequency of dosing to ensure a consistent serum concentration level. The information should guide facility staff

in administering the medication so its therapeutic efficacy is optimized without placing the resident at risk for adverse consequences of the medication. The procedures developed by the consultant pharmacist should be sufficiently specific to ensure accurate and timely administration of the resident's medications.

The consultant pharmacist should also assist the facility in reviewing its documentation procedure for administration of medication. CFR 483.75 (l) requires that the clinical record, in accordance with professional standards and practices, be complete and accurately documented. The record is an accurate and functional representation of the actual experience of the resident within the facility and facilitates communication between various personnel administering medication, evaluation of the resident's progress toward goal(s) identified for use of the medication, identification of irregularities, and adverse consequences that may be medication related. When time intervals or events, i.e. A.M., before lunch, after dinner, every two hours, are the documented directions for administration of a medication on the medication administration record (MAR), the person administering the medication must document the actual clock time the medication is administered. As part of the monthly medication regimen review, the pharmacist should review the time of the medication administration.

Another important consideration in all medication administration is the determination of staff authorized to administer medications. When a facility chooses to have medication aides, the facility, medication aides and nurses must be aware medication aides cannot make any assessments and/or are not to make nursing judgments when determining appropriate medication administration times or in administering medication. According to the Kansas Nurse Practice Act 65-1113(d) the process of applying substantial specialized knowledge (assessment) is only within the scope of practice of a qualified licensed nurse. In a recent inquiry of instructors of the medication aide curriculum attending the Health Occupation Credentialing Advisory Group, it was revealed they have been teaching only traditional clock time medication administration. A medication aide must also always consult with a licensed nurse before making any changes in medication administration. If a temporary change occurs in a resident's routine requiring a

change in the time or event in the administration of medication, a licensed nurse using safe judgment based on her educational level may make the change as long as the physician's order is still being followed. If the licensed nurse has questions, he or she should contact the physician and/or consultant pharmacist.

Once a facility reviews these concepts of medication administration to promote resident centered care, it will likely find a combination of specific clock times and events will be most appropriate for its residents.

Affordable Care Act updates

In March 2010, the Patient Protection and Affordable Care Act (Affordable Care Act) was enacted. A number of sections of the Act will need to be implemented by the Centers for Medicare and Medicaid Services (CMS) and will impact nursing facilities and KDOA.

It is anticipated that some of these provisions will not be implemented for some time yet. However, below is a listing of section numbers from the Act and brief descriptions of the requirements.

This information is not final and may be subject to change. KDOA will be working with interested parties as federal regulations become effective.

Section 6101 calls for increased public disclosure of nursing facility ownership to CMS. Disclosure will include each member of the governing body, officers, directors, members, trustees and organizational structure. Reports will be made in standardized formats. Anticipated regulations will be published by March 2012.

Section 6102 requires nursing facilities to operate compliance and ethics programs and the development of quality assurance and performance improvement (QAPI) programs. Final regulations are to be developed by March 2012.

Section 6103 contemplates changes to CMS Nursing Home Compare. Changes to collected information are in process as well as future requirements for statement of deficiencies being placed on state agency web sites.

Section 6105 includes development of a standardized complaint form. CMS is working on the process.

Section 6106 requires CMS to develop a pro-

cess for facilities to report staffing information in a more uniform manner with implementation targeted for March 2012.

Section 6107 requires a Government Accounting Office (GAO) study on the Five Star Rating System, with a report to Congress during 2012.

Section 6111 amends the civil money penalty (CMP) statute by outlining procedures related to imposition of CMPs on nursing facilities and providing an opportunity for an independent informal dispute resolution process when CMPs are imposed. A final rule was published in the Federal Register on March 18, 2011, with an effective date of January 1, 2012.

MDS 3.0

Significant Change in Status Assessment PASRR Resident Review

Question A1500 on the MDS 3.0 addresses significant change in physical or mental condition for PASRR (Level II) residents in your nursing home. CMS guidance from the RAI manual states, "each state might have specific processes and guidelines for referral, and which types of significant changes should be referred."

The following link on the KDOA Provider Resource Site is a guide sheet designed to acquaint nursing home staff when it is important to contact the Level II staff at KDOA and discuss a significant change for a Level II resident.

This guide sheet assists staff to understand:

- A. What the definition of **Significant Change** is for PASRR purposes in Kansas.
- B. When a **Resident Review** will not be necessary.
- C. When a **Resident Review** would be necessary.
- D. Specific sections of guidance are developed for residents with diagnoses of **Mental Illness** and to address guidance for those residents with **Mental Retardation or Developmental Disabilities**.

http://www.agingks.gov/CARE/Alerts/Resident_Review_Memo_MDS3-0.pdf

If you have further questions you may contact KDOA at 1-785-296-4986 and request to visit with the CARE Level II Staff.

MDS 3.0

Access LCA Referral System

KDOA created a web based referral system to meet the requirements of MDS 3.0 Section Q local contact agency (LCA) referrals.

If you are not signed up to access the referral system or would like more information, please call Amanda Nickerson at 785-296-6446 or email her at Amanda.Nickerson@aging.ks.gov.

Release of Information to LCA

In the MDS 3.0 Section Q. Return to the Community, Item 0600, a resident may request facility staff to make a referral to the local contact agency to provide information to the resident about available services and supports for living in the community. Federal and state regulation, CFR 483.10(e) Privacy and Confidentiality and KAR 26-39-103, Resident Rights, (i) Privacy and confidentiality, respectively, require nursing facility staff to have the resident or his/her legal representative, as appropriate, give consent to provide personal information about the resident to outside entities.

Resident personal information may be conveyed in various means with local contact agency representatives, including facility staff conversations with the local contact agency representative and the local contact agency representative's review of the clinical record.

Nursing facilities need to work with their lawyers to determine if the resident's current release of information consent covers the provision of information to the local contact agency or if a new release of information consent is needed.

Modification of Assessment Changes Effective April 1, 2011

As of April 1, 2011, the following policy is effective with the submission of MDS 3.0 records: Nursing home and swing bed providers may not modify an existing MDS 3.0 record to correct the type of assessment or event date. Instead, an incorrect type of assessment or event date must be corrected by inactivating the incorrect record in the QIES ASAP database and then

creating and submitting a new MDS 3.0 record with the correct event date or type of assessment.

- Type of Assessment items: A0310 A-F
- Event date items:
 - Assessment Reference Date – Item A2300
 - Entry date – Item A1600
 - Discharge date – Item A2000

CMS Update

Updates and clarifications to the MDS 3.0 manual are tentatively scheduled to take place in May 2011. Concerns regarding the challenges related to completing the Discharge Assessments have been voiced to CMS. They desire to gather more data before determining if any changes will be made. Several states piloted a revised Section Q in February. Potential revisions to it may be released this fall.

Resource Site for MDS Coordinators and Software Vendors

http://www.aging.ks.gov/AdultCareHomes/Education_Info/Education_index.html

- **Upcoming MDS 3.0 Workshops** – Check throughout the summer of 2011
- **MDS ListServ**- MDS Coordinators are encouraged to sign up to receive updates and to post questions for KDOA staff to answer
- **Frequently Asked Questions Postings**

Questions

Coding

Vera VanBruggen, RN, BA, State RAI Coordinator
vera.vanbruggen@aging.ks.gov or 785-296-1246

Sue Schuster, LSW, MSW, Social Worker Consultant
sue.schuster@aging.ks.gov or 785-291-3090

Transmission and Validation Reports

Help Desk, Myers and Stauffer - 785-228-6770

Additional Resources

January 2011 SF Connection

CMS Switch to Verizon

In May 2010, CMS awarded its communication services contract to Verizon (Networx). AT&T (MDCN) is still the current provider but this will be switching over in the next couple of months.

In March 2011 the process began switching the nursing facilities and home health agencies in all 50 states to Verizon, and it should all be completed sometime in June 2011. The scheduling for this update should be out sometime in the next 2 to 3 weeks.

Also, coming out in the next 2 to 3 weeks should be information on what client software will be needed by the nursing facilities and home health agencies to complete this switch over.

Frequently Asked Questions

What are the requirements for a Respiratory Nurse to provide Respiratory Therapy as defined in Appendix A-19?

Kansas Board of Nursing practice specialist stated the basic nursing education of all licensed nurses in Kansas would allow them to function as respiratory therapy nurses according to the definition in Appendix A-19. She further stated that the nurses may need additional education on the type of equipment used to provide the respiratory therapy treatment.

What are the requirements for coding Section O. Item 0400D. Respiratory Therapy?

Chapter 3, 0-18 states: For purposes of the MDS, providers should record services for respiratory, psychological, and recreational therapies (Item 0400D, E, and F) when the following criteria are met:

- the physician orders the therapy;
- the physician's order includes a statement of frequency, duration, and scope of treatment;
- the services must be directly and specifically related to an active written treatment plan

that is based on an initial evaluation performed by qualified personnel (See Glossary in Appendix A for definitions of respiratory, psychological and recreational therapies);

- the services are required and provided by qualified personnel (See Glossary in Appendix A for definitions of respiratory, psychological and recreational therapies);
- the services must be reasonable and necessary for treatment of the resident's condition.

What should be done if a resident goes to the hospital prior to completion of the OBRA admission assessment?

Chapter 2-17, states, "If a resident goes to the hospital prior to completion of the OBRA admission assessment (*MDS and CAAS*), when the resident returns, the nursing home must consider the resident as a new admission." The facility must complete a discharge assessment on the resident when they are admitted to the hospital and an entry tracking record upon their return.

What should be done if a resident goes to the hospital and returns during the assessment period and most of the assessment was completed prior to the hospitalization?

Chapter 2-17 and 29 respectively provide the same answer for comprehensive and non-comprehensive assessments. "If a resident had an OBRA admission assessment completed and then goes to the hospital (discharge-return anticipated and returns within 30 days) and returns during an assessment period and most of the assessment was completed prior to the hospitalization, then the nursing home may wish to continue with the original assessment, provided the resident does not meet the criteria for a SCSA. In this case, the ARD remains the same and the assessment must be completed by the completion dates required of the assessment type based on the time frame in which

the assessment was started.

Otherwise, the assessment should be reinitiated with a new ARD and completed within 14 days after re-entry from the hospital.

The portion of the resident's assessment that was previously completed should be stored on the resident's record with a notation that the assessment was reinitiated because the resident was hospitalized." In this instance, the facility must complete a discharge assessment on the discharged resident and an entry tracking record when they return.

What must be completed on the Discharge Assessment when a resident has an unplanned discharge?

Chapter 2-34 states, "For unplanned discharges, the facility should complete the discharge assessment to the best of its abilities. The use of the dash, "-", is appropriate when the staff are unable to determine the response to an item, including the interview items. In some cases, the facility may have already completed some items of the assessment and should record those responses or may be in the process of completing an assessment. The facility may combine the Discharge Assessment with another assessment(s) when requirements for all assessments are met."

What is the criteria for not performing the structured resident interviews for Section C, D, F, and J?

Under "Steps for Assessment" for each Section, two conditions are identified that may allow the assessor to complete the staff interview in place of the resident interview.

The first condition is the assessor determines the resident is rarely/never understood verbally or in writing.

The second condition is the resident needs or wants an interpreter and it is not possible for the interpreter to be present during the assessment period. It is

recommended the interview be attempted initially on all residents, including those with dementia. Several facilities found residents with dementia were able to complete portions of or the entire interview.

The staff interview should never be completed instead of the resident interview for staff convenience in completing the MDS. CFR 483.20 (g), F278. Accuracy of Assessment, states, "The assessment must accurately reflect the resident's status." CFR 483.20 (j) Penalty for Falsification. Specifies Civil Monetary Penalties if assessment information on the MDS is willingly or knowingly falsified, as it not only affects care planning but also impacts payment and quality monitoring.

A condition the RAI manual does not specify is that of resident refusal. It is important staff approach the resident in a manner and at times that will promote their participation in the interview. If a resident should refuse to participate in the interview after several attempts by the assessor, documentation should be present in the clinical record supporting the inability to complete the resident interview.

Does completion of the comprehensive assessment of residents on admission, annual, and significant change in status include both the MDS and Care Area Assessments (CAAs)?

Yes. Chapter 4 of the RAI manual explains the process and Appendix C of the RAI manual provides tools that may be used for the CAA process. Some nursing home staffs have mistakenly thought the CAA process and summary was optional. Nursing home staffs are allowed the choice of the tool used for the CAA process. They may use the tools in Appendix C or other tools that are current and grounded in current clinical standards of practice, such as evidence-based or expert-endorsed research, clinical practice guidelines, and resources. If the tools in Appendix C are not used for the CAA process, the facility must identify the source of the tools they chose to use in the CAA summary.

Health Survey Deficiency Data

HEALTH RESURVEY DEFICIENCY DATA January 1, 2010 – December 31, 2010

Top Federal Regulation Citations

NF and LTCU

F329 Unnecessary Drugs
F279 Comprehensive Care Plans
F371 Sanitary Conditions
F323 Accidents and Supervision
F280 Comprehensive Care Plans
F428 Drug Regimen Review
F309 Quality of Care
F253 Housekeeping/Maintenance
F441 Infection Control
F241 Dignity and Respect of Individuality

Top State Licensure Regulation Citation

Residential Adult Care Homes

Negotiated Service Agreement
Disaster and Emergency Preparedness
Facility Administration of Medications
Medication Storage
Infection Control
Staff Treatment of Residents Reporting
Self Administration of Medication
Staff Qualifications Employee Records
Negotiated Service Agreement Revisions
Delegation of Duties
Delegation of Medication Administration

Top G level Federal Regulation Citations

NF and LTCU

F314 Pressure Ulcers
F325 Nutrition
F323 Accidents and Supervision
F309 Care/Services
F315 Urinary Incontinence
F329 Unnecessary Meds
F250 Medically Related Social Service

Top G Level State Licensure Regulation Citations Residential Adult Care Homes

Staff Treatment of Residents ANE
Negotiated Service Agreement
Negotiated Service Agreement Revisions
Negotiated Service Agreement Outside
Resource

3rd Quarter Deficiency-Free Surveys

| FACILITY | CITY | TYPE | SURVEY DATE |
|---|---------------|--------|-------------|
| Arbor Home Siefkin | Wichita | HP | 10/20/10 |
| Sterling House of Arkansas City | Arkansas City | ALF | 10/21/10 |
| Emporia Presbyterian Manor | Emporia | NF | 10/21/10 |
| The Homestead of Topeka | Topeka | ALF | 10/29/10 |
| Harbor Home A | Wichita | HP | 11/1/10 |
| Gracious Senior Living IV | Wichita | HP | 11/10/10 |
| Autumn Home Plus | Topeka | HP | 11/15/10 |
| Gracious Senior Living I | Wichita | HP | 11/15/10 |
| Bridge Haven Memory Care Residence | Lawrence | HP | 11/16/10 |
| Pioneer Lodge | Coldwater | NF | 11/17/10 |
| Meadowlark Adult Care Home 2 | Wichita | HP | 11/17/10 |
| Cheney Golden Age Home | Cheney | SNF/NF | 11/22/10 |
| Meadowlark Adult Care Home 3 | Wichita | HP | 11/24/10 |
| The Sweet Life at Shawnee | Shawnee | RHCF | 11/24/10 |
| Mary Martin's Retirement | Wichita | BCH | 11/29/10 |
| Glenwood House | Wellington | HP | 11/30/10 |
| Sterling House of Abilene II | Abilene | ALF | 11/30/10 |
| Shawnee Heartland | Shawnee | ALF | 11/30/10 |
| Arbor Home Rockwood | Wichita | HP | 12/1/10 |
| DSNWK 16th Street Home | Russell | ICF/MR | 12/2/10 |
| Johnsonville Home | Kansas City | HP | 12/2/10 |
| Sterling House of Fairdale | Salina | ALF | 12/9/10 |
| Linn Place | Emporia | ICF/MR | 12/9/10 |
| North Mulberry Place | Neosho Rapids | ICF/MR | 12/9/10 |
| Keen Boarding Care Home | Clay Center | BCH | 12/10/10 |
| Winter Meadows Homes I | Topeka | HP | 12/15/10 |
| Peggy Kelly House I | Topeka | RHCF | 12/16/10 |
| Country Place Senior Living of Marysville | Marysville | ALF | 12/17/10 |
| C&R Boarding Care Home | Topeka | BCH | 12/21/10 |
| Vintage Park at Wamego | Wamego | ALF | 12/28/10 |

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

2010 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 Quarter Jan-Mar 2010 | 2 nd Quarter Apr-June 2010 | 3 rd Quarter July-Sept 2010 | 4 th Quarter Oct-Dec 2010 |
|--|---|--|---|---|
| Abuse, Neglect, Exploitation | 7 | 0 | 0 | 0 |
| Adult Day Care | 0 | 0 | 0 | 0 |
| Administration | 2 | 15 | 30 | 5 |
| Admission, Transfer, Discharge | 0 | 0 | 1 | 1 |
| Delegation of Duties | 4 | 6 | 6 | 1 |
| Dietary Services | 2 | 2 | 3 | 4 |
| Emergency Preparedness | 5 | 13 | 22 | 12 |
| Employee Records | 4 | 0 | 1 | 0 |
| Environmental Issues | 5 | 5 | 2 | 3 |
| Functional Capacity Screen | 3 | 5 | 10 | 3 |
| Health Care Services | 3 | 3 | 2 | 5 |
| Inadequate Staffing | 2 | 0 | 0 | 0 |
| Infection Control | 8 | 10 | 7 | 8 |
| Medication Management | 22 | 26 | 36 | 26 |
| Negotiated Service Agreement | 12 | 21 | 21 | 13 |
| Professional Standards of Quality | 0 | 0 | 0 | 0 |
| Quality of Care Issues | 0 | 0 | 0 | 0 |
| Resident Funds | 0 | 0 | 0 | 0 |
| Resident Records | 3 | 2 | 3 | 3 |
| Resident Rights | 2 | 0 | 1 | 0 |
| Restraints – chemical, physical | 1 | 0 | 0 | 0 |
| Special Care Unit | 0 | 0 | 1 | 0 |
| Staff Development | 0 | 0 | 0 | 0 |
| Staff Qualifications | 4 | 0 | 2 | 5 |
| Civil Money Penalties | 2 | 3 | 5 | 1 |
| Correction Orders * | 24 | 36 | 43 | 29 |
| Ban on New Admissions | 3 | 4 | 7 | 1 |

| FEDERAL REMEDIES Nursing and Skilled Nursing Facilities; Nursing Facilities for Mental Health | 1 st | 2 nd | 3 rd | 4 th |
|--|-----------------|-----------------|-----------------|-----------------|
| Civil Monetary Penalties Recommended | 7 | 6 | 9 | 3 |
| Denial of Payment for New Admissions imposed ** | 8 | 7 | 16 | 4 |
| Terminations | 0 | 0 | 0 | 0 |
| No Opportunity to Correct | 10 | 11 | 20 | 0 |

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

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

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