



Sunflower Connection

Volume 9, Number 2

April 2012

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DEFICIENCY REPORT WITH POC POSTED ON WEBSITE

Beginning April 12, 2012, all nursing homes and Long Term Care Unit's **must** submit their Plan of Correction (POC) to the Survey Deficiency Report (2567) electronically. The electronic submission of the POC is accessible through the Facility Home Page of the Kansas Online Tracking of Adult Care Homes (KOTA) Web Application. The **Deficiency Report and the Plan of Correction Instruction Manual** is available for use and posted at: http://www.aging.ks.gov/Manuals/KOTA/Plan_of_Corrections_Full_Manual.pdf Please contact the

KDOA Help Desk at 785-296-4987 for any computer or application support. KDOA will post the Nursing Homes' Survey Deficiency Report and the approved POC for the public to view on its main website <http://www.agingkansas.org> under the Adult Care Home Directory.

Watch for an email blast for a Webinar explaining the on-line POC scheduled for April 12 at 10:00 AM.

QIS FEEDBACK QUESTIONNAIRE

It is the goal of the Survey and Certification Commission to continually work toward improving the Quality Indicator Survey (QIS) Process. Nursing home administrators are asked to take a few minutes to complete a confidential questionnaire. Please go to the Provider Information Resource Website (www.aging.ks.gov) and sign-on to the KDOA Web Application accessing the Facility Home Page. Click on the QIS Survey Feedback Questionnaire button located under the Change Request Region. Please contact the KDOA Help Desk at 785-296-4987 for any computer or application technical support.

FIVE STAR PREVIEW REPORTS (POSTED 03/15/2012)

The Five Star Preview Reports became available on March 14th. Instructions for accessing the reports and a Help Desk Number are available at <https://www.qtso.com/providernh.html>.

CULTURE CHANGE COALITION

A Coalition meeting will be held June 14, 2012 from 9:30A.M.-12:00 Noon at the Civic Center in Abilene, KS. Review the website <http://www.kansasculturechange.org/> for further meeting information, a newly created video showing Person Centered Care in Kansas and an article for developing a PEAK 2.0 Action Plan.



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PEAK 2.0 Promoting Excellent Alternatives in Kansas Nursing Homes

The Kansas Department on Aging (KDOA) is committed to ensuring high quality services for Kansas nursing home residents. KDOA developed the PEAK program in 2002 to recognize nursing homes creating non-traditional models of care with home environments, a movement known nationally as “culture change.”

Building on the success of PEAK, the Secretary of Aging established stakeholder workgroups to provide recommendations regarding nursing facility quality and incentive measures. The groups developed a list of domains central to the philosophy for Kansas, and then went on to identify core values and supporting principles fundamental to those domains. The list of domains includes resident choice, staff empowerment, environment, meaningful life, and the supporting principles for the PEAK 2.0 program

The agency has redesigned the pay-for-performance incentives to include the core competencies. The new program includes five incentive levels. Each level of PEAK 2.0 has a specific pay-for-performance per diem incentive that homes can earn by meeting clearly defined outcomes. The first two levels are intended to encourage quality improvement for homes that have not yet met the minimum competency requirements for a person-centered care home. Homes can earn both of these incentives simultaneously as they progress towards the minimum competency level. The third level recognizes those homes that have attained a minimum level of core competency in person-centered care. The fourth and fifth levels are reserved for those homes that have demonstrated they have sustained person-centered care for multiple years and have even gone on to mentor other homes in their pursuit of person-centered care.

Registration and applications for the PEAK 2.0 program were due February 15, 2012. To date

over half of the nursing homes in Kansas have applied for the PEAK 2.0 program. KDOA will evaluate the applications and provide feedback to nursing homes by March 31, 2012. The homes will have until April 15, 2012 to submit either an action plan to address the core competencies for recognition as a person-centered care home, or a narrative in support of their designation as a person-centered care home. Review of those documents will continue until May, at which time site visits will be conducted to verify the information provided by the home. Homes will be formally recognized in June, 2012, and the applicable incentives will be applied to Medicaid reimbursement rates effective July, 2012. For additional information contact Rhonda Boose, Kansas Department on Aging, 785-368-6685, or rhonda.boose@aging.ks.gov.

SURVEY AND CERTIFICATION LETTER

www.cms.gov/SurveyCertification/GenInfo/PMSR/list.asp

Subject: Instructions Concerning Waivers of Specific Requirements of the 2012 Edition of the National Fire Protection Association (NFPA) 101, the Life Safety Code (LSC), in Health Care Facilities – Clarification Effective Immediately

Ref.: S&C-12-21-LSC

Date: March 9, 2012

Summary: CMS will allow providers to implement the following changes by considering waivers of the current LSC requirements found in the 2000 edition of the LSC without showing “unreasonable hardship”: (1) increasing the amount of wall space that may be covered by combustible decorations; (2) permitting gas fireplaces in common areas; (3) permitting permanent seating groupings of furniture in corridors; (4) allowing kitchens, serving less than 30 residents, to be open to corridors as long as they are contained within smoke compartments. The waivers will be applicable to both new and existing health care occupancies.

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REPORTING ALLEGATIONS OF ANE TO KDOA

All Decision Trees for notifying KDHE/KDOA about actual or potential abuse, neglect, and exploitation in adult care homes that were created by the survey commission at KDHE and revised by KDOA prior to 2004 and after 2004 are no longer effective.

The guidance presented in the CMS Survey and Certification Letter, "Clarification of Nursing Home Reporting Requirements for Alleged Violations" released December 16, 2004 must be used by all nursing homes. The guidance in the letter specifies each alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property must be reported immediately to the administrator or and to KDOA within 24 hours.

For licensed only residential adult care homes, the regulations K.A.R. 26-41, 42, 42,-101(f)(3) specify allegations of abuse, neglect, and exploitation shall be reported to the administrator or operator as soon as staff are aware and to KDOA within 24 hours.

The letter is available at:

www.cms.gov/SurveyCertificationGenInfo/PMSR/list.asp

- Check the box that states "Show all items with the Fiscal Year of ____";
- Select 2005 in the drop down box
- Click on "Show Items"
- On page 2 – Click on Clarification of Nursing Home Reporting Requirements for Alleged Violations" Memo 05-09

The state regulations are available at

http://www.aging.ks.gov/PolicyInfo_and_Regs/ACH_Current_Regs/ACH_Reg_Index.html

CMS UPDATES FORM REQUIREMENTS AFFECTING KANSAS PROVIDERS

CMS has issued a new combined Notice of Medicare Non-Coverage (NOMNC) along with a new Detailed Explanation of Non-Coverage (DENC). Medicare beneficiaries receive this Notice of Medicare Non-Coverage prior to termination of Medicare-covered Skilled Nursing Facility (SNF), Home Health (HH), and Comprehensive Outpatient Rehabilitation Facility (CORF) services. This notice gives the beneficiary the opportunity to request an expedited determination from the Kansas Foundation for Medical Care (KFMC).

This notice has been revised by CMS and will replace the CMS 10123 (Original Medicare Notice) and the CMS 10095 (Medicare Advantage Notice). CMS has also issued a new Detailed Explanation of Non-Coverage (DENC), which is given when the KFMC review is requested in order to provide more explanation on why coverage is ending. Providers should begin issuing the new combined notices as soon as possible, but no later than **May 1, 2012**. After May 1st, failure to issue the combined NOMNC and/or updated DENC will make the notification invalid. Valid notification of non-coverage is a condition of participation in the Medicare program.

These notices are published on CMS' website. A shortcut to these notices is found as follows:
http://www.cms.gov/BNI/06_FFSEDNotices.asp#TopOfPage
http://www.cms.gov/BNI/09_MAEDNotices.asp#TopOfPage
Please contact KFMC if you have questions and ask for Sarah Irsik-Good, BS, Quality Improvement Manager, (785) 273-2552 x344;
Fax (785) 273-5130.

Quality Measures

New quality measures based on the MDS 3.0 will be posted again. Nursing homes are encouraged to incorporate them in their QAA Programs. The QM MDS 3.0 Manual is posted at http://www.cms.gov/NursingHomeQualityInits/30_NHQIMDS30TechnicalInformation.asp under "Downloads".

“People may forget what you say but they will never forget how you made them feel”

CDC PRESS RELEASE – C- DIFF

March 6, 2012

Life-threatening germ poses threat across medical facilities

CDC highlights steps to prevent spread of deadly C. difficile bacteria, which impacts patients in nursing homes and outpatient care, not just hospitals

For Clinicians: 6 Steps to Prevention

1. Prescribe and use antibiotics carefully. About 50% of all antibiotics given are not needed, unnecessarily raising the risk of *C. difficile* infections.
2. Test for *C. difficile* when patients have diarrhea while on antibiotics or within several months of taking them.
3. Isolate patients with *C. difficile* immediately.
4. Wear gloves and gowns when treating patients with *C. difficile*, even during short visits. Hand sanitizer does not kill *C. difficile*, and hand washing may not be sufficient.
5. Clean room surfaces with bleach or another EPA-approved, spore-killing disinfectant after a patient with *C. difficile* has been treated there.

When a patient transfers, notify the new facility if the patient has a *C. difficile* infection. All adult care home providers are encouraged to read the press release in its entirety at http://www.cdc.gov/media/releases/2012/p0306_cdifff.html. (See also Infection Control Practices...p.13.)

NOTIFICATION OF DEATH

KAR 28-39-155(f) Death of resident. The nursing facility shall obtain an order from a physician before allowing the removal of the body of a deceased resident. The intent of this regulation is to provide for situations when the physician is unable or chooses not to go to the adult care home to pronounce death.

When it is apparent that a person has died, the licensed nurse must notify the attending physician to report the absence of vital signs, and lack of response to verbal or painful stimuli. If the physician chooses not to go to the adult care home, the physician may give an order to the licensed nurse for removal of the person’s body to the hospital or the mortuary. If the physician chooses to go to the adult care home to pronounce death, the physician’s written documentation that death has occurred is sufficient to meet the requirements of the regulation. If the attending physician is a physician on call, the licensed nurse will also want to notify the resident’s primary physician at a later time.

Attempted legislation in the past that would allow advanced practice nurse practitioners, physician assistants, and registered nurses to make the determination and pronouncement of a person’s death in adult care homes has not passed.

When a hospice is involved in the care of the person and the hospice nurse is not present in the adult care home at the time of person’s death, a best practice would be for the licensed nurse from the adult care to call the attending physician to receive the order for removal of the body of the deceased person.

CONVEYANCE OF RESIDENT’S FUNDS

KAR 30-10-11(h)

http://www.kssos.org/pubs/register/2005/Vol_24_No_15_April_14_2005_p_445-524.pdf

KAR 28-39-149 Protection of Resident Funds(c)(6)

http://www.agingkansas.org/ProviderInfo/regs/RegSets/NF_Regs_Total.pdf

F160 CFR 483.10(c)(6) Conveyance upon Death
http://cms.hhs.gov/manuals/Downloads/som107a_pp_guidelines_tcf.pdf

Regulations **F160 CFR 483.10(c)(6)** and **K.A.R. 28-39-149(c)(6)** require within 30 days after the death of a resident who had personal funds

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deposited with the facility, the facility must convey the resident's funds and a final accounting of those funds to the individual or probate jurisdiction administering the resident's estate. **KAR 30-10-11(h)** speaks to what a facility must do with the personal funds of a Medicaid recipient who dies.

The following information was provided by the Estate Recovery Unit of the Division of Health Care Finance, Kansas Department of Health and Environment (DHCF/KDHE) as to the procedure for handling the balance in the resident's trust fund when the deceased resident was a Medicaid recipient. (*Per Executive Reorganization Order 38, the Kansas Health Policy Authority ceased to exist. KHPA's powers, duties and functions were transferred to DHCF/KDHE.*)

When there is a death of a resident who is a Medicaid recipient and has no surviving spouse, minor or disabled child, or court-appointed executor or administrator, the facility must forward the balance of the personal needs fund to the Estate Recovery Unit along with the resident's full name, Social Security number and date of death. The facility must also send a copy of the accounting record of the personal needs account for the deceased recipient. The balance of funds and/or account shall be forwarded to the Estate Recovery Unit within 30 days of date of death. Should any priority claim arise, the Estate Recovery Unit will refund the funds received from the above account to the priority claimant.

The check should be made payable to "KANSAS ESTATE RECOVERY" and mailed to:

ESTATE RECOVERY UNIT
DHCF/KDHE
P.O. Box 2428
Topeka, KS 66601

If the funds are needed to apply to funeral costs, the facility may fax the Estate Recovery Unit information regarding the balance in the resident trust fund along with a copy of the unpaid funeral cost statement. If there is a funeral plan or insurance, that amount must be shown as a credit to acknowledge there are other funds available. Staff at the Estate Recovery Unit will then fax

the facility permission to pay the balance, or portion of the balance, directly to the funeral home/cemetery. The Estate Recovery Unit fax number is 785-296-8825. Please feel free to contact staff at the Estate Recovery Unit at the listed address or 785-291-3170 with any questions.

HOC CORNER SCHOOLS AND CRIMINAL RECORD CHECKS

The criminal record check program at KDHE receives a number of calls from schools offering allied health programs inquiring whether or not they can submit their students for criminal record checks. The statutes governing the submission of criminal record checks through KDHE currently have no provision which would allow KDHE to provide criminal record check results for students. Some schools do criminal record checks on their students either by going directly through KBI or through a private vendor. KDHE does not require criminal record checks as a prerequisite to taking a course; however, in some instances the criminal record checks are required on individuals who are going to be doing their clinical rotation in the hospital. For more information, contact KBI at 785-296-8200.

MDS CORNER

Upcoming Education

The Basics - MDS 3.0, CAA, and Care Planning will be presented on April 25-26, 2012, 8:15am to 4:30pm, at Aldersgate Village in Topeka, KS. The Registration Deadline is April 16 or when the class is full. This workshop is for New MDS Coordinators and other staff who have limited knowledge of the MDS 3.0. Attendees must bring a current **RAI User's Manual 3.0. V1.08**. Registration information is available at http://www.aging.ks.gov/AdultCareHomes/Education_Info/Education_index.html

April 1, RAI Manual Update

The CMS Website for MDS 3.0 Information is <https://www.qtso.com/mds30.html>. Please take time to read the information posted at this website especially information found under MDS 3.0

Manual and MDS Training Materials. The MDS 3.0 Manual under “Downloads” has the most current version of the MDS Manual. The MDS 3.0 Training Material contains the MDS Manual, Items Sets, Change Tables, memos, and errata documents, etc. At the time of this writing (March, 2012) the following files are under “Downloads” at MDS 3.0 Training Material.

- MDS 3.0 RAI Manual **V1.08** (Effective April 1, 2012)
- All Change Tables and Pages for **V1.08** of the MDS 3.0 RAI Manual (Effective April 1, 2012)
- MDS 3.0 RAI Manual (**v1.08**) V3 Errata_March_12_2012

Hopefully, they will be posted under Downloads at MDS 3.0 Manuals on April 1, 2012. Beginning April 1, 2012, is important all MDS Coordinators use the MDS 3.0 RAI Manual **V1.08** and the other two documents identified above to ensure they have the most current CMS information for coding the MDS. The Errata document contains additional corrections and clarifications for the MDS 3.0 **V1.08** that were not placed in the updated April Manual **V1.08** when it was initially sent to the publisher. The updated April Manual is different from previous updates as only the pages with updates will have the April date on the page, i.e. April 2012; the pages that do not have updates will keep their current date, i.e. October 2011. This will allow MDS Coordinators to replace only the updated pages in their manuals.

A Summary of the Updates to the MDS 3.0 **V1.08** Manual that focuses on the high points is posted on the KDOA Website. http://www.aging.ks.gov/AdultCareHomes/Education/Info/Education_index.html It is not an all-inclusive listing of the changes. MDS Coordinators will be pleased to know the Discharge Assessment has fewer items and skip patterns present in Section C, D, and J allow staff to skip conducting resident interviews when unplanned discharges occur. This information is located on the Discharge Assessment Item Set (Form). Section Q has also undergone a major revision.

Other Manual Updates April 1, 2012

The April updates to the RAI Manual required an update of various sections of MDS related Resource Manuals. Providers are encouraged to review these manual also. <https://www.qtso.com/mds30.html>

The manuals and update sections include:

- MDS 3.0 Provider User's Guide - (Updated 03/2012)
 - Section 4, Reports
 - Section 5, Error Messages
 - Appendix A, Quick Reference
- CASPER Reporting User's Guide For MDS Providers - (Updated 03/2012)
- Cover
- Section 1, Introduction
- Section 6, MDS 3.0 Nursing Home Provider Reports Section 7, MDS 3.0 Nursing Home Final Validation Report
- Section 8, MDS 3.0 Swing Bed Provider Reports
- Section 9, MDS 3.0 Swing Bed Final Validation Report
- Section 10, MDS 3.0 Submitter Final Validation Report
- Section 11, MDS 3.0 Quality Measure (QM) Reports

Inactivation of Assessment

CMS released a clarification regarding the need to create a new MDS with a new ARD when a submitted assessment is inactivated. “An Inactivation should be used when a record has been accepted into the QIES ASAP system but the corresponding event did not occur. For example, a Discharge assessment was submitted for a resident but there was no actual discharge. An Inactivation (Item A0050 = 3) **must** be completed when any of the following items are inaccurate: Type of Provider (Item A0200), Type of Assessment (A0310), Entry Date (Item A1600) on an Entry tracking record, Discharge Date (Item A2000) on a Discharge/Death in Facility record, or Assessment Reference Date (A2300) on an OBRA or PPS assessment. When the provider determines that an event date (**ARD** of any clinical assessment, entry date, and discharge date) or **item A0310 (type of assessment)** is **inaccurate** the provider must

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inactivate the (MDS) record in the QIES ASAP system, then complete and submit a new MDS 3.0 record with the correct event date or type of assessment, ensuring that the clinical information is accurate. (Long-Term Care Facility Resident Assessment Instrument User's Manual, MDS 3.0, Page 5-12.)” CMS further emphasized MDS Coordinators must remember the ARD of the new assessment must be set on the date **the error is determined or later, but not earlier.**

It is critical the MDS Coordinator review all MDS assessment very carefully prior to submission to avoid errors that would result in inactivation of an assessment. Having to submit a new “late” PPS MDS that will likely have an ARD that is not compliant with the assessment schedule will result in a default payment or provider liability (Chapter 2 Pages 71-72).

3806(Inconsistent A0100C) Warning

KDOA is updating the data base to eliminate nursing homes and long term care units (LTCU) from receiving the warning “-3806” on their MDS Transmission reports. This warning means the facility’s state provider number, aka Medicaid number, coded at A0100C on the MDS is not the same number as is listed in the ASPEN data base. The Medicaid number is a 10 digit number starting with 100 or 200 and ends with an alpha character. The number in A100C must also match the number in the header of the submitted MDS. Nursing Homes and LTCU may need to contact their IT department or software vendor to correct the header. If you continue to receive the error message “-3806” after April 30th, please contact KDOA to ensure you are using the correct number.

Resident Interviews on Unscheduled PPS

Assessments

Providers may now carry forward resident interview coding from unscheduled and scheduled PPS assessments to standalone unscheduled assessments (COT, SOT, and EOT) **if** the following conditions are met:

- The time period of the date of the interview on the previous assessment (Z0400) to the required date of the interview on the current

assessment (Z0400) is 14 days or fewer **AND** the same individual who conducted the original interview signs the subsequent assessment (Z0400) that has the same carryover interview responses along with the date of the original interview.

- If the individual that performed the original interview is not available to carry over the interview responses and sign Z0400, then the interview cannot be carried forward.
- Only interviews that meet the 14 or fewer day criteria can be carried forward even if they were done in the same prior assessment.
- MDS Coordinators are encouraged to sign up for the KDOA ListServ to receive timely MDS information. Coordinators may also submit MDS questions to the List Serv for the State RAI Coordinator to answer. The listserv is not a discussion board, only the state RAI Coordinator receives your questions and can respond to them.

WITNESSING ADVANCE DIRECTIVE

The law in Kansas requires that you sign your Advance Directive document, or direct another to sign it, in the presence of two witnesses who must be at least 18 years of age. These witnesses must also sign the document to show that they personally know you, believe you to be of sound mind, that they did not sign the document on your behalf and that they do not fall into any of the categories of people who cannot be witnesses. Note: you do not need to notarize your Advance Directive.

Your witnesses cannot be:

- your appointed health care proxy;
- related to you by blood/adoption/ marriage;
- entitled to any portion of your estate;
- directly financially responsible for your medical care.

Appointment of an Agent:

The law in Kansas requires that you have your Durable Power of Attorney for Health Care witnessed in one of two ways: 1- your signature is witnessed by a notary public or, 2-sign your

document in the presence two witnesses, at least 18 years of age.

These witnesses cannot be:

- the person you appointed health proxy;
- entitled to any portion of your estate;
- financially responsible for your care or;
- related by blood, marriage or adoption.

Witnessing Rules for Advance Care Planning Documents in Kansas and Missouri is available from the Center for Practical Bioethics, www.practicalbioethics.org or 816-221-1100.

SUPERVISORS AND CONSULTANTS

All state licensed nursing homes must provide programs or services of activities, social services, clinical records, and dietary.

- KAR 28-39-253(e) Activities. The facility shall provide an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the **interests of and promote the physical, mental, and psychosocial well-being** of each resident.
- KAR 28-39-253(f) Social services. The facility shall provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.
- KAR 28-39-158 Dietary Services. The facility shall provide each resident with nourishing, palatable, attractive, non-contaminated foods that meet the daily nutritional and special dietary needs of each resident.
- KAR 28-39-163(m) Clinical Records. The facility shall maintain clinical records on each resident in accordance with accepted professional standards and practices.

If a nursing home does not employ a person licensed or registered by their respective licensing board or association, the nursing home must contract with a discipline-specific professional individual to provide oversight and guidance to a person(s) who responsible for the program or service in the nursing home.

- An Activity Director who completed a course in resident activities coordination approved by KDHE must receive consultation from a therapeutic recreation specialist, occupational therapy assistant, or an individual with a degree in art therapy, music therapy, or horticultural therapy.
- A Social Services Designee who has a bachelor's degree in a human service field, including social work, sociology, special education, rehabilitation counseling, or psychology; or has completed a course in social services coordination approved by the Kansas department of health and environment must receive supervision from a licensed social worker on a regular basis. (Additional information is available in the July, 2011 SF Connection)
- A Dietetic Service Supervisor who is not a licensed dietitian must have scheduled onsite supervision by a Licensed Dietitian (KAR. 28-39-158(a) (1)).
- A Clinical Record Supervisor must receive consultation from a Health Information Management Practitioner (KAR 28-39-163(m) (9) (C))

Definitions of the above positions can be found in KAR 26-39-100 (a) Activities Director; (v) Dietetic services supervisor; (w) Dietitian; and (aa) Health Information Management Practitioner, (rrr) Social services designee; and (sss) Social worker. A component of state licensure of nursing homes is that nursing homes have written agreements with all outside resources. This includes individuals who are not employed by the nursing home and serve as a supervisor or consultant to nursing home staff.

Although, the KDOA regulations do not specify the number of hours a consultant or supervisor must provide to the facility, each facility must

determine the number of hours of supervision and/or consultation needed to ensure a regulatory compliant program or service is provided for their residents and to ensure compliance with the respective boards of the professionals who provide supervision and consultation.

PALLIATIVE CARE SERIES

Family members of nursing home residents and providers have contacted KDOA to clarify the use of palliative care for residents. There is concern as to when it should begin as well as what actually constitutes this type of care. Some nursing homes identify two levels of palliative care: 1) beginning as a person is identified to have chosen to discontinue life-sustaining treatments, and 2) at the point where the resident is actively dying. Family members often become concerned that some procedures are being denied while others are administered. In findings based on data collected by the *Center to Advance Palliative Care* and the *National Palliative Care Research Center*, a lack of palliative care training for physicians remains a major barrier to consistent use of these services at the appropriate time. Residents in nursing homes and other Long Term Care settings alike often request palliative care services at the end of life but do not always understand what all may be involved. Some services are provided through hospice services and some are delivered by the nursing home. One family member of a resident described palliative care as “*caring catching up with technology*” (www.getpalliativecare.org). The definition given from *Get Palliative Care* is: “*The medical specialty focused on relief of the symptoms and stress of serious illness. The goal is to improve quality of life. Palliative care is appropriate in an illness and can be provided at the end of curative treatment.*” In the next 2 editions of the Sunflower Connection we will take a look at some definitions and service delivery models of palliative care.

RESOURCES

Blind or Visually Handicapped Services

Individuals age 55 or older who experience blindness or visual impairment may contact a

consortium of independent living centers to learn more about development of increased capacity in specialized areas such as orientation and mobility, independent living skills, Braille instruction and assistive technology. Contracts were awarded to: Prairie Independent Resource Center (PILR), Hutchinson, the Envision Vision Rehabilitation Center, Wichita, and Alphapointe Association for the Blind, Kansas City. The PILR Consortium includes several subcontractors and will serve 76 counties covering West, South-central and Southeast SRS Regions, along with Shawnee and Osage counties. Envision will serve 25 counties covering Wichita and Northeast SRS Regions, and Alphapointe will provide services in the six counties comprising the Kansas City Metro SRS Region. To seek further assistance with these customized services adult care homes may call Kansas Rehabilitation Services (KRS) at 785-368-7471 or toll-free: 866-213-9079.

Parkinson's Awareness Month

April is Parkinson's Awareness Month. Contact the Parkinson Foundation at 913-341-8828 or amy@parkinsonheartland.org for events in your area.

PHQ-9 (Spanish)

Nursing homes with Spanish-speaking residents have shown an interest in seeing Spanish versions of various documents they use with their residents as a way to assist residents not fluent in English to better understand the interview process. The MDS 3.0 instructs the facility to check to see if the resident wants or needs an interpreter when administering the interviews contained in sections C, D, F and J. A Spanish version of the PHQ-9 Questionnaire is available for use with permission at the web address as listed: [http://mydoctor.kaiserpermanente.org/ncal/Images/02334-033%20\(8-09\)_tcm75-21039.pdf](http://mydoctor.kaiserpermanente.org/ncal/Images/02334-033%20(8-09)_tcm75-21039.pdf). This document is allowed to be photocopied for non-commercial use. Use on a permanent basis would require visiting with your forms vendor to inquire about a Spanish version of the assessment.

Tai Chi Aids Parkinson's Residents

A new study suggests that the art of tai chi may significantly improve balance and reduce falls in

individuals with Parkinson's disease. Posted at: <http://www.nih.gov/researchmatters/february2012/02272012taichi.htm>, the study portrays results from 195 patients with some motor function deficits but still able to stand and walk. Three exercise programs were features of the study: Tai Chi, resistance training or stretching. When comparison was made of results from the three programs tai chi had increased every measure of balance and strength. The tai chi group had 67% fewer falls than the stretching group during the 6 month study. At a 3 month post-study review the tai chi group had significantly fewer falls than both the other groups indicating that tai chi training may have long-lasting effects for those with mild to moderate Parkinson's symptoms.

Exer-Gaming

Technology is opening the door to new options for activities. March 2010 *McKnights LTC News* cites a study documented in February 2012 *American Journal of Preventive Medicine* related to older adults using exercise video games for a combination of interactive physical and cognitive exercise for the same effort. The study included a 3 month observation both men and women ages 58 to 99 engaging in the same intensity, frequency and duration and of exercise. One group rode stationary bikes while the other group participated in "cyber-biking. "Navigating a 3-D landscape, anticipating turns, and competing with others require additional focus, expanded divided attention, and enhanced decision making," said lead author Cay Anderson-Hanley. "These activities depend in part on executive function, which was significantly affected."

THE SCOOP ON ICE SCOOPS

In this article, KDOA provides a response to a food safety question about *in-use* and *between-use* storage of the ice scoop.

Question: Where should a food worker who is dispensing ice from an ice machine put the ice scoop during pauses in dispensing?

Answer: Each facility will need to evaluate the best arrangement for storing ice scoops during pauses in dispensing activities to ensure an acceptable arrangement is adopted. Examples of

acceptable and unacceptable arrangements include:

Acceptable

- INSIDE ICE BIN – Handle above top of ice
- OUTSIDE ICE BIN – Either in a stainless steel or nylon coated basket on side of ice machine or stored with other clean utensils

Not Acceptable

- INSIDE ICE BIN – New ice covers the handle
- OUTSIDE ICE BIN -- On top, exposed

Why these arrangements are or are not acceptable is explained by the Food Code. A clean and sanitized ice scoop is considered an in-use utensil when a food worker begins to use it.¹ Ice is not a potentially hazardous food. During pauses in dispensing a food that is not potentially hazardous (i.e., ice), a dispensing utensil (i.e., ice scoop) may be stored either: (1) in the food (i.e. ice) if the handle is above the top of the food (i.e. ice) within the container or equipment² or (2) in a clean protected location if the utensil (i.e. ice scoop) is used only with a food that is not potentially hazardous (i.e. ice).³ Using appropriate ice handling practices will help prevent contamination of the ice.⁴ The handles of utensils, even if manipulated with gloved hands, are particularly susceptible to contamination.⁵ In-use utensils used on a continuous or intermittent basis must still be cleaned and sanitized on a schedule that precludes the growth of pathogens that may have been introduced onto utensil surfaces.¹

REGULATORY TEXT:

¹ FDA Food Code 2009. Annex 3 – Public Health Reasons / Administrative Guidelines – Chapter 3, Food. Subpart 3-304.12 In-Use Utensils, Between-Use Storage

² FDA Food Code 2009. Chapter 3 – Food. Part 3-3 Preventing Contamination from Hands. Subpart 3-304.12(B) In-Use Utensils, Between-Use Storage

³ FDA Food Code 2009. Chapter 3 – Food. Part 3-3 Preventing Contamination from Hands. Subpart 3-304.12(E) In-Use Utensils, Between-Use Storage

⁴ State Operations Manual (SOM). Appendix PP. Guidance to Surveyors for Long Term Care

Facilities. 42 CRF §483.35(i) Sanitary Conditions under Tag F371. Food Service and Distribution. Ice

- ⁵ FDA Food Code 2009. Annex 3 – Public Health Reasons / Administrative Guidelines – Chapter 3, Food. Subpart 3-304.11 Food Contact with Equipment and Utensils

NH AND HOME PLUS IN SAME BUILDING

Inquiries have been received regarding converting a portion of a nursing home to a Home Plus Facility. Included in the definition of Home Plus at KSA 39-923 (a) (7) is, “An adult care home may convert a portion of one wing of the facility to a not less than five-bed and not more than twelve-bed home plus facility provided that the home plus facility remains separate from the adult care home, and each facility must remain contiguous.”

The physical environment requirements for a Home Plus facilities are found in KAR 28-39-437. Converting a portion of a nursing home to a Home Plus facility requires the creation of a complete Home Plus facility not just converting resident rooms of the nursing home rooms to resident bedrooms as required in a home plus facility. Regulations that owners and administrators need especially to be aware include KAR 28-39-437 (e) (G) (1) which requires bedrooms for residents who require physical assistance in transferring from a bed to a wheelchair to be located on first floor of the facility and KAR 28-39-437 (e) (2) (A) which requires one toilet room with a lavatory, and shower or tub for each 5 individuals living in the facility. Owners or administrators will also want to contact the State Fire Marshal for guidance needed to create a fire barrier wall between the nursing home and Home Plus.

If the conversion of a portion of a wing of a nursing home will affect the nursing home’s licensure capacity, the nursing home’s license will require amending to include Home Plus. The Medicare / Medicaid nursing home bed certification will need revision. Rita Bailey and Tina Lewis are the contact persons respectively

on amending the nursing home licensure and Medicare and/or Medicaid certification.

Programmatically a Home Plus Facility licensed under the nursing home must follow the regulations for Home Plus Facilities and will be surveyed at the same of the nursing home’s annual resurvey.

(The statute and all other regulations referenced in this article can be found at http://www.aging.ks.gov/PolicyInfo_and_Regs/ACH_Current_Regs/ACH_Reg_Index.html)

Questions regarding converting a portion of a nursing home to a Home Plus can be directed to Al Gutierrez and Vera VanBruggen.

CREATING RHC IN NURSING HOME

Several nursing home administrators have requested information about converting nursing home rooms to individual living units for residential health care (RHC). KSA 39-923 (e) speaks to the conversion of beds in nursing homes with less than 60 residents. It states, “*Nursing facilities with less than 60 beds converting a portion of the facility to residential health care shall have the option of licensing for residential health care for less than six individuals but not less than 10% of the total bed count within a contiguous portion of the facility.*” Nursing homes that have a resident capacity of 60 or greater may also convert resident rooms that are contiguous to individual living units. The conversion of nursing home rooms to residential health care requires amending the nursing home license to include the residential health care. The Medicare / Medicaid nursing home bed certification will also need revision. Rita Bailey and Tina Lewis are the contact persons respectively on amending the nursing home license and Medicare certification.

The physical environment requirements for a residential health care facility (RHCF) are KAR 28-39-254 through 256. When a building houses both a nursing home and RHCF, KAR 28-39-254(p) allows their sharing common use areas.

The regulation does require the building to have at least one common living or recreational area for use only by the people living in the RHCF. If the owner or administrator chooses to use the dining area in the nursing home also for the people living in the RHCF, the square feet of the dining area must be at least 14 square feet per resident for the total nursing home and residential health care facility licensed resident capacity.

An individual living unit in a residential health care facility must meet the requirements at KAR 28-39-254 (g) (3) through (g) (7). They are: (3) (A) A sleeping area with a window which opens for ventilation and that conforms with minimum dimensions described in the uniform building code, section 1204 as in effect on January 26, 1992 for egress to the outside; (B) a toilet room which contains a toilet, lavatory and a bathing unit accessible to a resident with disabilities; (C) a storage area with a door, a shelf and a hanging rod accessible to the resident; (D) an entrance door which has only one locking device which releases with operation of the inside door handle. This lock shall be master-keyed from the corridor side; and (E) at least 100 square feet of living space not including the toilet room, closets, lockers, wardrobes, other built-in fixed items, alcoves, and vestibules. (4) If a resident in a residential health care facility shares an individual living unit with another resident, there shall be at least 80 square feet of living space per resident. (6) Any nursing facility licensed on or before July 1, 1995 which wishes to license a section of the facility as a residential health care facility shall have private bathing facilities in at least 20 percent of the individual living units. (7) The individual living units in any wing or floor of the nursing facility licensed as residential health care shall be contiguous.

In 2006 KDOA provided a regulation interpretation of "Shower Accessibility for Resident with Disabilities" as required in KAR 28-39-254(g) (3) (B). The interpretation is available at http://www.aging.ks.gov/AdultCareHomes/ACH_Licensure/ACH_Licensure_index.html, under Adult Care Homes-Assisted Living/Residential

Health Care Facility at Bullet #5. It includes the following information: *"New construction, modification, and equipment in Adult Care Homes, e.g. nursing, assisted living, and residential health care facilities must meet the Americans with Disabilities Act Accessibility Guidelines (ADAAG) Title III Chapter 6 Medical Facilities, Long Term Care Facilities. The ADAAG for Long Term Care Facilities require all public use and common use areas and at least 50% of the rooms, areas, and spaces be accessible to individuals with disabilities. This includes the showers in the residents' rooms, apartments, and individual living units. Fifty percent of the residents' rooms, apartments, and individual living units must have roll-in showers that measure 3 feet by 5 feet and have no greater than a 1/2 inch lip."*

Programmatically a RHCF licensed under the nursing home must follow the regulations for Assisted Living and Residential Health Care Facilities and will be surveyed at the same of the nursing home's annual resurvey. The statute and all other regulations referenced in this article can be found at:

http://www.aging.ks.gov/PolicyInfo_and_Regs/ACH_Current_Regs/ACH_Reg_Index.html

Question regarding converting nursing home rooms to RHCF can be directed to Al Gutierrez and Vera VanBruggen.

ASK AL

Question: For new construction, what is the requirement for a Den or Consultation Room in a nursing home?

Answer: KAR 26-40-302 (e) (3) Den or consultation room. Each resident unit shall have a room for residents to use for reading, meditation, solitude, or privacy with family and other visitors and for physician visits, resident conferences, and staff meetings. (A) The room area shall be at least 120 square feet, with a length or width of at least 10 feet. (B) The room shall contain a hand-washing sink. (C) A den or consultation room shall not be required if all resident rooms are private.

Question: For existing construction what are the Artificial Light Requirements in a nursing home?

Answer: KAR 26-40-305, Physical Environment: Mechanical, Electrical and Plumbing Systems. Table 2b is the Artificial Light Requirements for existing construction.

INFECTION CONTROL PRACTICES

Laundry Services and Environmental Cleaning

KDOA recently discussed with the CMS Regional Office (RO) concerns received from nursing home providers regarding infection control requirements for laundry services and environmental cleaning. The focus of the concerns presented were the regulatory requirement for laundry products and temperatures for washing laundry items and environmental cleaning when none of the residents in the nursing home have active C-difficile (C-diff).

F441, CFR 483.65 Infection Control. was revised September, 30, 2009. This regulation addresses the need for nursing homes to establish an Infection Control Program that included policies and procedures to prevent the development and transmission of disease and infections in nursing homes. The interpretative guidelines contain information on processing laundry and environmental cleaning needed in relation to infectious organisms, including C-Diff.

First, a section of the interpretative guidelines entitled “Handling Linens to Prevent and Control Infection Transmission” provides two options for washing laundry items:

- Hot water washing at time temperatures above 160 degrees Fahrenheit (F) or 71 degrees Celsius (C) for 25 minutes OR
- Low temperature washing at 71 to 77 degrees F or 22-25 degrees C plus 125 part-per-million (ppm) chlorine bleach rinse

Knowing that all certified nursing homes must follow the Federal regulations, unless the state regulations are more stringent, when KDOA revised the physical environment regulations for

nursing homes in January, 2011, it adopted the Federal requirement in KAR 26-40-302(g)(6) Laundry Services (B)(i), (ii) and KAR 26-40-303(f)(8)(B)(i), (ii). Since KAR 28-39-161. Infection Control. (c) Linens and resident clothing (4) and (5) is still a state regulation, some nursing home providers have assumed it is still the regulation to follow for Laundry Services. This is not correct. Providers are reminded the more stringent regulation, whether state or federal, must always be followed. In this case the more stringent regulation is F441, CFR 483.65 which is also addressed in KAR 26-40-302(g)(6) Laundry Services (B)(i), (ii) and KAR 26-40-303(f)(8)(B)(i),(ii).

KDOA and the RO concurred if a nursing home desires to wash laundry items in low temperature water and does not want to use bleach at the required concentration stated in F441 guidelines, the nursing home may submit a request to KDOA to use an approved EPA laundry product along with supporting information about the product telling its effectiveness is equivalent to the bleach concentration requirement. The KDOA Survey and Certification Director Audrey Sunderraj will forward the request and information to CMS. While awaiting an opinion from CMS, the nursing home must comply with the Federal Regulation at F441.

Secondly, the interpretative guidelines also speak to the “Prevention and Control of Transmission of Infection” and “Preventing Spread of Illness related to MDRO (multi-drug resistant organisms)”, which includes C-Diff. Since C-diff can survive in the environment on inanimate objects, including floors, walls around toilets, light switches, door knobs, bedrails, room furniture, commodes, toilet seats, bedpans, rectal thermometers, for up to 6 months it is important nursing home staff clean rooms, all surfaces, and equipment in contact with a person infected by C-diff with a solution of one part of bleach to nine parts of water. Once mixed the solution is effective for 24 hours. Additional information can also be found in recent Press release from CDC <http://www.cdc.gov/media/releases/2012/p0>

[306_cdiff.html](#). Included in the “Steps for Prevention” is health care facilities must “Clean room surfaces with bleach or another EPA-approved, spore-killing disinfectant after a patient with *C. difficile* has been treated there.”

KDOA and the RO concurred that nursing homes must have policies and procedures in place for environmental cleaning for C-diff. The policies and procedures should address the needed daily cleaning when a resident has an active C-diff infection and cleaning after a resident has had an active C-diff infection; and terminal cleaning after the resident is discharged from the nursing home. Nursing homes need to be aware that bleach is currently the only agent recognized by CMS as effective against C-diff and that C-diff is transmitted through contact with infectious matter. The resident’s room, all toilet rooms, and equipment used by a resident should be considered high potential sources of transmission of C-diff. Nursing homes need to evaluate all other areas of the home for their potential risk as sources for the transmission of C-diff. The Press release referenced in the above paragraph contains additional helpful CDC links regarding environmental cleaning for C-diff.

As part of the infection control investigative process during the annual resurvey, surveyors will request a copy of the nursing home’s environmental cleaning policy and procedure for C-Diff. They will also ask if the nursing home has had any residents in the past year with an active C-diff infection. The surveyors will then interview staff about the process used in environmental cleaning for C-Diff.

CERTAIN ANTIPSYCHOTICS UP RISK OF DEATH FOR PATIENTS WITH DEMENTIA

Since 2005, the U.S. Food and Drug Administration has warned that certain antipsychotic drugs are associated with an increased risk of death in elderly patients with dementia. This warning was expanded to include conventional antipsychotics in 2008, according to a journal news release. A new study was

published online Feb. 23 in the *British Medical Journal*. "This data provides much-needed guidance and reassurance for the ever-increasing number of health care practitioners treating older demented patients," said Dr. Gisele Wolf-Klein, director of geriatric education at the North Shore-LIJ Health System in New Hyde Park, N.Y. This new study expressed concerns that in spite of the action taken by UFDA use of these medications for patients with dementia seems to increase due to the rising number people in this population. Wolf-Klein noted that safety concerns over the use of antipsychotics are "leaving primary care physicians, geriatricians, neurologist and psychiatrists in a quandary as they attempt to respond to overwhelmed caregivers dealing with unmanageable behaviors at home. Discussion with family members of the risks and benefits of atypical antipsychotics creates additional stress and burden in an already difficult situation."

In the study, the Harvard group examined 2001-2005 data from more than 75,000 nursing home residents, aged 65 and older, in facilities across 45 states. They sought to assess the risk of death associated with widely used antipsychotic drugs such as aripiprazole, haloperidol, olanzapine, quetiapine, risperidone and ziprasidone. During the six-month study period, about 6,600 of the nursing home residents died from causes that were unrelated to cancer. Those who took haloperidol had double the risk of death compared to those who took risperidone, while those who took quetiapine (Seroquel) had a lower risk of death. The researchers found that the effect of haloperidol was strongest during the first 40 days of treatment and that this did not change after doses were adjusted. Circulatory disorders accounted for 49 percent the deaths, respiratory disorders for 15 percent and brain disorders for 10 percent.

Not all antipsychotic medications carry the same risk of death in elderly patients and doctors "may want to consider this evidence when evaluating ... the best approach to treatment of behavioral problems," the researchers wrote.

SOURCES: Gisele Wolf-Klein, M.D., director, geriatric education, North Shore-LIJ Health

April 1, 2012

System, New Hyde Park, N.Y.; *British Medical Journal*, news release, Feb. 23, 2012.

As we look ahead into the next century, leaders will be those who empower others

HEALTH RESURVEY DEFICIENCY DATA

Top 15 Deficiencies for 1/1/2011-12/31/2011

F-tag	Description of F-tag
F329	Drug Regimen Free of Unnecessary Drugs
F323	Accident Hazards/Supervision
F371	Store/Prepare/Distribute Food under Sanitary
F279	Develop Comprehensive Care Plan
F280	Revise Comprehensive Care Plan
F428	Drug Regimen Review/Report Irregularities
F309	Provision of Quality of Care
F253	Housekeeping & Maintenance Services
F441	Infection Control
F312	ADL Cares Provided to Dependent Residents
F315	Restore Bladder/No Catheter/Prevent UTIs
F241	Dignity
F272	Comprehensive Assessments
F314	Treatment/Services to Heal Pressure Ulcers
F431	Labeling of Drugs & Biologicals

Top 13 G+ for 1/1/2011-12/31/2011

F-tag	Description of F-tag
F314	Treatment/Services to Heal Pressure Ulcers
F325	Maintain Nutrition Status
F309	Provision of Quality of Care
F323	Accident Hazards/Supervision
F315	Restore Bladder/No Catheter/Prevent UTIs
F224	Prohibit Mistreatment/Neglect/Exploitation
F250	Provide Medically Related Social Services
F327	Sufficient Fluids to Maintain Hydration
F329	Drug Regimen Free of Unnecessary Drugs
F310	ADLs do not Decline unless Unavoidable
F312	ADL Cares Provided to Dependent Resident
F318	Range of Motion Treatment & Services
F319	Treatment/Services for Psychological Difficulties

April 1, 2012

2011 EXEMPLARY AND NO DEFICIENCY FACILITIES

FACILITY	CITY	TYPE	EXMP LET	NO DEF CERT/LET	SURVEY DATE
Midwest Homeplace West	Leavenworth	BCH		x	10/13/11
Sweet Life at Grand Court	Overland Park	SNF/NF		x	10/17/11
Country Place Senior Living of Lyons	Lyons	ALF		x	10/18/11
Phoenix House	Caldwell	HP		x	11/3/11
Guest Home Estates III	Chanute	RHCF		x	11/8/11
Rolling Hills Assisted Living Apartments	Topeka	ALF		x	11/9/11
Miami Place	Hiawatha	ICF/MR		x	11/15/11
Guest Home Estates VII	Garnett	RHCF		x	11/29/11
Stratford Commons	Overland Park	ALF		x	12/1/11
Spring View Manor	Conway Springs	SNF/NF		x	12/6/11
Promise Regional Medical Center- Hutchinson Inc SNC	Hutchinson	SNF		x	12/9/11
Vintage Park at Stanley LLC	Overland Park	ALF		x	12/15/11
Fifth Avenue Place	Emporia	ICF/MR		x	12/8/11
Linn Place	Emporia	ICF/MR		x	12/8/11
North Mulberry Place	Neosho Rapids	ICF/MR		x	12/15/11
Sterling House of Derby	Derby	ALF		x	12/19/11
Caring Hearts for Senior Living	Wichita	HP		x	12/21/11
Reflections at Park West Plaza	Wichita	HP		x	12/21/11
Sunflower Meadows #2	Wichita	HP		x	12/21/11
Sedgwick Plaza	Wichita	ALF		x	12/28/11
Galway Homes #2	Leawood	HP		x	12/29/11
Elmhaven East	Parsons	SNF/NF	x		9/6/11

¹This chart reflects only the facilities surveyed the last quarter of 2011.

ALF: Assisted Living Facility;

RHCF: Residential Health Care Facility;

BCH Boarding Care Home;

HP: Home Plus;

NF: Nursing Facility;

SNF: Skilled Nursing Facility

Sunflower Connection

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Year – 2011	1st Quarter Jan – March 2011	2nd Quarter April – June 2011	3rd Quarter July – Sept 2011	4thQuarter Oct – Dec 2011
Abuse, Neglect, Exploitation			1	
Adult Day Care			21	20
Administration	16	7	1	
Admission, Transfer, Discharge				
Delegation of Duties	2	2	3	
Dietary Services	2	1	3	4
Emergency Preparedness	15	9	15	8
Employee Records	1	4		3
Environmental Issues	2	2	6	3
Functional Capacity Screen	6	7	3	2
HealthCare Services	6	2	3	
Inadequate Staffing				
Infection Control	9	5	4	8
Medication Management	17	22	8	9
Negotiated Service Agreement	8	17	17	4
Professional Standards of Quality				
Quality of Care Issues				
Resident Funds	2			
Resident Records	1	1	10	5
Resident Rights				5
Restraints – chemical, physical				
Special Care Unit	1			
Staff Development				
Staff Qualifications				3
Civil Money Penalties	1	1	9	4
Correction Orders	23	24	26	26
Ban on New Admissions	5	2	9	3
FEDERAL REMEDIES				
Civil Monetary Penalties Recommended	8	3	6	4
Denial of Payment for New Admissions Imposed	8	8	14	5
Terminations	0	0	1	0
17 No Opportunity To Correct	13	14	12	9

**Monitoring Medications for Efficacy and Side Effects
February, 2012**

F329 §483.25(l) Unnecessary Drugs

1. General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used:

- (i) In excessive dose (including duplicate therapy); or**
- (ii) For excessive duration; or**
- (iii) Without adequate monitoring; or**
- (iv) Without adequate indications for its use; or**
- (v) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or**
- (vi) Any combinations of the reasons above.**

2. Antipsychotic Drugs. Based on a comprehensive assessment of a resident, the facility must ensure that:

- (i) Residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and**
- (ii) Residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.**

www.cms.gov/manuals/Downloads/som107ap_pp_guidelines_ltc.pdf

The focus of this paper is on the requirement for nursing homes to monitor each resident's medication for efficacy (effectiveness) and adverse consequences. The Interpretative Guideline for F329 Unnecessary Drugs defines monitoring: as "the ongoing collection and analysis of information (such as observations and diagnostic test results) and comparison to base data in order to:

- Ascertain the individual's response to treatment and care, including progress or lack of progress toward a therapeutic goal;
- Detect any complications or adverse consequences of the condition or of the treatments, and
- Support decisions about modifying, discontinuing, or continuing any interventions."

Once a physician has determined a resident needs a medication, the nursing home staff need to conduct ongoing evaluations to ensure the medication is having the desired effect on the resident's condition, helping to improve their function and quality of life while not causing significant adverse consequences. Nursing homes should have a policy guiding the medication monitoring process, including who will communicate with the prescriber, what information is to be conveyed, and when it is appropriate to request evaluation or modification of medication regimen.

Effective medication monitoring is based on the staff:

- Understanding the resident's condition
- Knowing the indications and goals for using the medication
- Identifying relevant baseline information of the resident, e.g. vital signs, laboratory test values, weight, pain rating, cognitive status, functional status, behavioral symptoms
- Using criteria for evaluating benefits of medication
- Recognizing and evaluating adverse consequences

Sources of information for identifying monitoring criteria or parameters for benefits and adverse consequences include:

- Manufacturer package inserts and Black Box Warnings, e.g. www.blackboxrx.com
- Facility policies and procedures
- Clinical pharmacists
- Clinical practice guidelines or clinical standards of practice
- Medication references
- Clinical studies or evidenced based review article published in medical and pharmacy journals
- Appendix PP of the State Operations Manual Interpretative Guidelines of F329. (Federal Regulations)

It is important to track a resident's progress toward achieving therapeutic goals and to detect the emergence or presence of any adverse consequences. Nursing home staff may list information regarding the medication use, dose and duration in the physician's order or Medication Administration Record of the resident's clinical record. When a medication has specialized information that staff need to know, the medication and information should be addressed in the resident's care plan. Each resident's care plan should include all medication that have the potential for significant impact upon the resident. Medications with black box warning(s) have potential significant impact. Monitoring of the resident for adverse consequences of applicable black box warnings must be included in the resident's care plan.

To determine the effectiveness of a medication in reaching therapeutic goals, recognition of potential adverse consequences and detection of actual adverse consequences of a medication, the care plan should incorporate:

- Measurable goals for the outcome of the medication
- Criteria for evaluating a medication's effectiveness:
 - who will be responsible for monitoring medical parameters used for determining the medication's effectiveness
 - how often monitoring is to be done
 - how the information is to be documented
- Criteria for monitoring potential/actual adverse consequences of the medication, including those included in black box warnings:
 - who will be responsible for monitoring the criteria for determining the potential or actual adverse consequences
 - how often monitoring is to be done
 - how the information is to be documented

If a facility develops individual protocols for monitoring medications for effectiveness and the potential or actual adverse consequences, including black box warnings, the protocol must include at a minimum the above bulleted information regarding goals and criteria. Such a protocol may be referred to in the care plan. If a variance in the protocol is needed due to the resident's individual status, the variance must be documented in the care plan. A purchased text book or resource book listing medications, their use, adverse consequences, including black box warnings is not acceptable as a facility protocol.

During a survey, nursing homes are expected to have a system showing that staff are monitoring efficacy of all medications and adverse consequences of applicable medications. The nursing home staff need to be able to show or explain the home's system.

Resource for above information: F329 §483.25(l) Unnecessary Drugs Interpretative Guidelines, Medication Management II. Monitoring for Efficacy and Adverse Consequences.