



Sunflower Connection

Kansas Department on Aging

Licensure, Certification and Evaluation Commission

Connecting KDOA with Adult Care Homes

January 2008

Volume 5, Number 1

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

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Sunflower Connection
is published by the
Kansas Department on Aging

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KDOA Website Gets New Look

The Department on Aging Website has a new face. The address is still www.agingkansas.org but the look is new. Adult Care Home Providers are encouraged to browse through all the links:

■ **Healthy Aging**, with information on KDOA programs that help seniors achieve healthier, more active lives through prevention and intervention. Included in this link are Seniors Together Enjoy Physical Success (STEPS) and Older Americans Act nutrition program and disease prevention and health promotion services.

■ **Choices in Consumer Services**, focusing on supports and services available to Kansas seniors and others. Included in this link are Senior Health Insurance Counseling for Kansas (SHICK); SMP; Senior Care Act; Home and Community-Based Services for the Frail Elderly; Client Assessment, Referral and Evaluation Program (CARE); nursing facility rate-setting and audits and quality review; and Program for All-inclusive Care for the Elderly (PACE).

■ **Culture Change**, focusing on person-directed options in the community and adult care settings. Included in this link are Promoting Excellent Alternatives in Kansas nursing homes (PEAK), Money Follows the Person, Partnership Loan Program, and the Licensure, Certification and Evaluation Commission programs and activities: QIS, Nursing Home Compare, and annual and semi-annual adult care home statistical reports.

■ **Provider Information**, which is where Sunflower Connection and State Regulations are found. The link:

http://www.agingkansas.org/ProviderInfo/ProviderInfo_list.html.

ROUTING SLIP

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

Annual, Semi-Annual Reports Due Jan. 10

Nursing Facilities and Nursing Facilities for Mental Health, Intermediate Care Facilities for the Mentally Retarded, Assisted Living and Residential Health Care Facilities and Home Plus Facilities must submit both the annual and semi-annual reports of facility, resident and staffing information by January 10, 2008, on the Kansas Department on Aging website:

http://www.agingkansas.org/ProviderInfo/forms/LTC_Reports.html

The reference week is December 2-8, 2007.

The LOG IN process is as follows:

On the log in screen for the Long Term Care Resident Statistics Web Application, each facility will need to:

- ✓ enter the facility State ID number;
- ✓ select the facility licensure type from the drop down box;
- ✓ enter the administrator's or facility's email address; and
- ✓ enter the facility access code (password). The access code is the same one used by the facility to

complete the report in July.

✓ If the facility submitted its January-July 2007 report via this website, do **not** check "Check this box if this is the **first** time the facility accessed the system." If this **is** the first time the facility has accessed the reports via the website, check the box.

Make sure you Save each section.

Entering the completion date on the last page of the report will change the status of the document to "Signed" and allow for KDOA processing. *An eSignature is no longer required.* A notice that the report was submitted to KDOA will appear inside a blue box – this is your confirmation that we have received the report.

It is very important to submit accurate information. Select the "Print View" tab to view the answers to all questions. **BE CERTAIN BOTH REPORTS STATE THE SAME NUMBER OF RESIDENTS ON DECEMBER 31.** Please double check to ensure each question is answered and the answers are correct.

Although safeguards have been placed in the report completion process to prevent submission of a report with obvious errors, it can still happen. If errors are noticed after submission, call Sandra Dickison at 785-296-1245 to request the resetting of the report so you may EDIT the report.

KDOA staff also review each report for obvious errors. Facilities should log back to the website after January 24, 2008, to check the status of their facility report. Reports without obvious errors show the report as "Posted." Reports with obvious errors are reset to "Edit" and a note in a yellow box describes the obvious error. Please promptly correct any obvious errors.

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

All the information gathered from the reports is compiled in a report prepared by the University of Kansas Office of Social Policy Analysis. It is available on the Kansas Department on Aging website: http://www.agingkansas.org/CultureChange/occupancy_staff_data/occupancy_staffing.html

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

Check for Active Status on NA Registry

Before allowing a **certified nurse aide** to work in an adult care home, the facility must verify and document that the aide is certified and in good standing (has no findings of abuse, neglect, or exploitation or has not been convicted of a crime which prohibits working in an adult care home).

In order to obtain eligibility information, the facility should access the online registry (www.ksnurseaidregistry.org). If the facility does not have access to the Internet, the facility may call the registry operator (785-296-6877). Upon successfully determining the nurse aide's active status, the facility may print the written confirmation required to document verification.

If the facility calls the registry and the aide is certified and in good standing, the verbal confirmation may be documented by the facility (date and time they called) and the aide may begin working. The registry operator will mail a written confirmation the following day and the confirmation should be retained in the employee's file.

It is important to remember that possessing a CNA card does not guarantee that a CNA is eligible to work. The only way eligibility can be determined is by contacting the nurse aide registry.

Before allowing a **certified medication aide** to work as a medication aide in an adult care home, the facility must verify that the aide's medication aide certificate is active. If it is, the website confirmation will list "Certified Medication Aide" and give the effective dates of the certificate. If the certificate is not active, the website confirmation will not list "Certified Medication Aide" as a credential for that individual.

*Submitted by Steve Irwin, MS
Health Program Analyst
Health Occupations Credentialing
Kansas Department of Health and Environment*

Workforce Enhancement Grant

Workshops, In-Service Opportunities

Facilities are encouraged to contact Caryl Gill at carylgill@aging.state.ks.us for names of entities that were awarded a 2008 Workforce Enhancement Grant to present workshops and in-services free of charge to facilities on topics pertaining to the Advancing Excellence goals, Culture Change and other quality of care and quality of life topics.

Although the grant is sponsored by KDOA, the information provided by the entities is not KDOA endorsed. If questions should arise about the presented information related to standards of practice or regulatory compliance, please feel free to contact KDOA.

Medication Administration Scheduling

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,

Continued on page 5

Medication Administration Scheduling

Continued from page 4

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.

Hair Restraints Required at Certain Times

Facilities with neighborhood and household kitchens have had questions as to which staff need to wear hair restraints. Staff and other individuals who actually prepare food and place food in dishes or on plates for serving to the residents must wear hair restraints. Staff and other individuals who actually serve or deliver the prepared dishes or plates of food to residents do not need to wear hair restraints. However, if any person sees hair on any food item, the staff should replace the item.

The Food Code available at <http://www.cfsan.fda.gov/~dms/foodcode.html#get05> provides guidance for facility policies and procedures on hair restraints for staff and visitors.

Hair Restraints 2-402.11 Effectiveness

(A) Except as provided in (B) of this section, FOOD EMPLOYEES shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed FOOD; clean EQUIPMENT, UTENSILS and LINENS; and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES.

(B) This section does not apply to FOOD EMPLOYEES such as counter staff who only serve BEVERAGES and wrapped or PACKAGED FOODS, hostesses and wait staff if they present a minimal RISK of contaminating exposed FOOD; clean EQUIPMENT, UTENSILS and LINENS; and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES.

Resources for Culture Change

- Kansas Culture Change Coalition - <http://www.kansasculturechangecoalition.org/>
- PEAK – Ed - <http://www.k-state.edu/peak/>
- Household Matters Tool Kit – A Good Life ‘Round the Clock
 1. Book - In Pursuit of the Sunbeam – A Practical Guide to Transform Institution to Home – authored by Steve Shields and LaVerne Norton. A leadership book that stimulates the reader to make the dream of home into a nursing home a reality.
 2. CD set of policies and procedures for household life, human resource system, guidance and continuous quality improvements.
 3. Training Set for Self-led Work Teams by LaVerne Norton, MSW.
Contact KHCA at <http://www.khca.org/> or KAHSA at <http://www.kahsa.org/> for additional information.

MDS 3.0 to Be Implemented October 2009

A draft of the MDS 3.0 that will be implemented in October 2009 is available at <http://www.cms.hhs.gov/NursingHomeQualityInits/>. A teleconference SNF OPEN DOOR FORUM ON JANUARY 24, 2008, FROM 1 – 3 PM EST will review the revision of the MDS 3.0 and the studies that were involved in creating the changes. Registration is required 2 weeks in advance.

Transmission Question – Myers and Stauffer Help Desk – 296-228-6770

Coding Question – KDOA – 785-296-1246 or 785-296-4222

Education

CMS Web Based MDS 2.0 Training available at <http://www.mdstraining.org/upfront/u1.asp>.

Upcoming MDS 2.0, RAPS, and Care Planning - Basic Training – April 2007. Watch for details at www.agingkansas.org.

Resource Site - <https://www.qtso.com/mdsdownload.html>

DAVE Tip Sheets – New Tip Sheet released December 2007 – Item M5c, Turning and Repositioning Program

RAI Manual and Updates - New Update January 2008

Validation Report Messages and Descriptions Manual

Revised Facility Guide for MDS QM/QI Reports

Question and Answer

Question: Have the new recommendations of pressure ulcer staging by the National Pressure Ulcer Advisory Panel released in February 2007 changed the coding of pressure ulcers on the MDS?

Answer: No. The National Pressure Ulcer Advisory Panel (NPUAP) updated its definition of the original four “stages” used to diagnose pressure ulcers, and added two new stages on deep-tissue injury and unstageable pressure ulcers. For the Minimum Data Set 2.0 (MDS) assessment, the staging of ulcers should still be coded in terms of what is seen (i.e., visible tissue) during the look back period. For example, a healing Stage 3 pressure ulcer that has the appearance (i.e., presence of granulation tissue, size, depth and color) of a Stage 2 pressure ulcer must be coded as a “Stage 2” for purposes of the MDS assessment. Facilities may adopt the National Pressure Ulcer Advisory Panel (NPUAP) standards in their clinical practice. However, the NPUAP standards cannot be used for coding on the MDS.

Ask AI

Question: Must emergency call buttons be installed in resident bathing facilities in nursing facilities?

Answer: Yes, according to K.A.R. 28-39-162a, Physical Environment, General Requirements (b) Nursing unit. (4) Resident call system. (E) the facility shall install a resident emergency call button next to each toilet, shower and bathtub accessible to residents.

Achieving Goals

Tips for Pressure Ulcer Reduction

1. Initially focus on identifying residents at risk for skin breakdown and prevention techniques.
2. Educate staff on definitions of risk criteria used in the Risk Assessment tool, i.e. Braden Scale, used by your facility.
3. Educate all facility staff on pressure ulcer risk factors and prevention techniques.
4. Inform families and residents of your goal to prevent pressure ulcers.
5. Make pressure ulcer prevention a facility-wide effort. Reward staff when their efforts result in residents having no pressure ulcers or a reduced number.

Consistent Assignments Can Help to Reach All Goals

Although consistent staffing assignments was selected by Kansas nursing homes as goal number seven in the Advancing Excellence Campaign, it is widely recognized that working toward this goal will assist a facility in its efforts to achieve all the other goals. Caring for the same resident on a regular basis allows staff to know the resident's strengths, needs and preferences. This knowledge allows for identification of the individual resident's risk factors for skin breakdown, expressions of pain, triggers for restlessness and the appropriate interventions for skin breakdown prevention, pain management and restraint alternatives.

Consistent staff assignments also help to promote communication and build positive relationships between staff and residents. The result is seen in improved family and resident satisfaction and decreased staff turnover.

The thought of implementing consistent assignments facility-wide can be overwhelming, so start slowly with consistent staff on one shift for one month on one neighborhood or unit. As success occurs with consistent assignments, success will also be seen in the other goals.

Priority Goals

The Advancing Excellence Campaign to improve the quality of life and care of the people who live in nursing homes continues into 2008. The priority order of the eight goals selected by the 218 participating Kansas nursing homes are:

1. Reducing high risk pressure ulcers.
2. Improving pain management for longer term NH residents.
3. Increasing staff retention.
4. Assessing resident and family satisfaction with the quality of care.
5. Establishing individual targets for improving quality.
6. Reducing the use of daily physical restraints.
7. Improving consistent assignment of nursing home staff, so that residents regularly receive care from the same caregivers.
8. Improving pain management for short stay, post-acute NH residents.

Facilities are encouraged to contact the KDOA Long Term Care Division or other LANE participants for assistance with policy review, educational material and quality improvement guidance on any of the goals. Frameworks and other resources to assist in reaching the campaign goals are available at http://www.nhqualitycampaign.org/star_index.aspx?controls=nhTechAssist.



Emergency Preparedness Website

The Centers for Medicare & Medicaid Services (CMS) Survey and Certification Group (SCG) has developed an emergency preparedness site for developing effective and robust emergency plans and responses. The website provides information and tools, using an “all hazards” approach for disruptive events such as:

- hurricanes,
- tornadoes, fires,
- earthquakes,
- power outages,
- chemical spills,
- nuclear or biological terrorist attack,
- pandemic flu, etc.

The website provides emergency preparedness “one-stop shopping” and will be updated regularly to provide helpful guidance, including effective emergency planning across all health care provider types to ensure the well-being of vulnerable populations (whether in long-term care, acute care or community-based facilities) during a disruptive event. The website link for provider information is located at:

http://www.cms.hhs.gov/SurveyCertEmergPrep/01_Overview.asp#TopOfPage.

Included in the “Downloads” at this link is a Health Care Provider Emergency Planning Checklist.

Advance Medical Directives

In accordance with K.A.R. 28-39-148 (j) at the time of admission, the adult care home shall inform the resident or legal representative in writing of the state statutes related to advance medical directives.

An **Advance Directive** provides for individuals to specify their wishes about health care treatment options. It allows the individuals to have control over healthcare decisions when they can no longer speak for themselves. Directives recognized by the state of Kansas include: Durable Power of Attorney for Healthcare Decisions, Living Will and Do Not Resuscitate Directive.

Kansas Health Ethics, Inc., website contains information regarding Living Wills, Health Care Power of Attorney, “Do Not Resuscitate” and other advance directives documents. The Kansas Health Ethics, Inc., website is located at: <http://www.kansashealthethics.org/index.php>.

Avoid Predrawing Insulin

Medications must be administered according to the manufacturer’s recommendations. Many of the new types of insulin are not approved for being predrawn and certain plastic syringes are not appropriate to be used for prefilling. A recurring deficient practice is prefilling syringes of insulin that should be drawn up immediately prior to injection.

Facilities need to check with both the manufacturer of the insulin and manufacturer of the syringes used in their facility to determine the appropriateness of prefilling of syringes of insulin. A proactive facility will also have documentation from the manufacturers approving prefilling.

REVISED Nursing Staffing Template

The template for posting nursing staffing information that was printed in the October 2007 Sunflower Connection has been revised. Please replace it with this one.

F356, CFR 483.30 (e) (1) NURSE STAFFING INFORMATION

The regulation requires facilities to post the following nurse staffing information on a daily basis: facility name, the current date, the resident census, the total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: registered nurses, licensed practical nurses and certified nurse aides. The staffing data must be posted at the beginning of each shift in an area accessible to residents and visitors.

Additional clarification received on this regulation emphasized the information must accurately reflect the number of staff currently working in the facility. The information must also identify the specific hours worked each shift. Although a master schedule may be used to initially create the posting, corrections in the posting must be made to reflect situations when scheduled staff do not come to work or leave work early. If replacement staff is secured, facilities need to identify the actual hours each individual worked. When a facility has individual houses, the information should be posted both in the facility and in the houses.

The following template is provided only as a guide for posting nursing staff information. Use of the template is not a regulatory requirement.

Nursing Staff Directly Responsible for Resident Care

Name of Nursing Facility

Date: _____

Resident Census: _____

Shift (Starting & Ending Times)	Total Number of	Each Category	of Staff Working
	RN	LPN	CNA

Self-Administration of Medications

A common reason for persons needing to enter an adult care home is the inability to safely manage their medications or experiencing adverse consequences of medication. While it is important to promote resident independence, it is equally important to ensure a resident receives his or her medication appropriately to avoid any potential harm.

The Assisted Living/Residential Health Care K.A.R. 28-39-247 and Home Plus K.A.R. 28-39-436 allow for either a licensed nurse or physician to make the determination that a resident is physically, cognitively and functionally capable of administering his own medication. The resident should also have the minimal knowledge of the reason for taking each medication (i.e. my heart, my breathing) and what side effects he or she may experience that need to be reported to staff (i.e. dizziness, trouble breathing, bruises). If the licensed nurse questions a physician's determination that a resident can safely self-administer his or her own medication, the nurse should discuss the situation with the physician.

The determination for self-administration of medication needs to include if the resident is capable of self-administering medication independently, or with the assistance of being reminded or using prefilled syringes or medication containers. The following examples are appropriate administration of medication with assistance.

1. A resident who has limited vision or hand dexterity has insulin predrawn by a nurse or pharmacist, or gratuitously by a family member or friend. The insulin is stored in the resident's room and the resident is capable of carrying out the remainder of the process.

2. A resident who has limited vision or hand dexterity cannot open the medication bottles and has a licensed nurse or pharmacist or family member or friend place the medication in a pill box and the resident is capable of carrying out the remainder of the process.

3. A resident who is capable of opening containers of medication needs to be reminded as to the appropriate time of day to take the medication or needs to be questioned if he or she did take the medication.

When a resident requires both types of assistance, prefilled syringes or medication boxes and reminding due to both functional and memory impairments, the resident should have the facility manage the medications or have family or friends administer them gratuitously.

The following examples are facility administration of medication that violate standards of practice and are erroneously called self-administration of medication with assistance.

1. A nurse prefills a resident's syringes or medication containers. A CMA, CNA or another staff member delivers the syringes or medication containers to the resident at the appropriate time for the resident to swallow or inject the respective medication.

2. A nurse violates the manufacturer's recommendations by prefilling a syringe of an insulin, i.e. Lantus, or presetting an insulin pen for a CMA to give to a resident at a later time.

3. A nurse prefills different syringes of insulin and the CMA selects the correct type and dose of insulin to give to the resident at the specified time or according to the resident's AccuChek.

Only licensed nurses or certified medication aides are authorized facility staff for administration of medication. Both nurses and CMAs have been taught in their curricula that they can administer only medication that they have "set up" and never to administer medications prepared by someone else. They have also been taught the need to follow manufacturer recommendations to ensure the integrity of the medication is not compromised.

It is the responsibility of the facility to determine the level of care they will choose to provide in relation to medication administration and not expect staff to compromise their licenses or certification.

LCE Surveys

2007 No Deficiency/Exemplary Awards

FACILITY	CITY	TYPES	EXEMPT LETTER	NO DEF CERT/LET	SURVEY DATE
Salina Presbyterian Manor	Salina	SNF/NF	X		7/12/07
Phillips County Retirement Center	Phillipsburg	NF		X	7/11/07
The Homestead Assisted Living	Hoisington	ALF		X	8/1/07
St. John's New Horizons	Hays	ALF		X	7/31/07
Twin Oaks	Lansing	ALF		X	8/24/07
Dignity Care Home	Salina	RCHF		X	7/24/07
Peggy House I	Topeka	RCHF		X	9/21/07
Peggy House II	Topeka	RCHF		X	9/26/07
Bethesda Lutheran Homes/Faith Village 2	Shawnee Mission	IMR		X	7/24/07

Enforcement Actions

YEAR - 2007	1st	2nd	3rd
	JAN-MAR	APRIL-JUNE	JULY-SEPT
Administration	3	0	1
Admission, Transfer, Discharge	3	4	1
Abuse, Neglect, Exploitation	13	4	3
Dietary Services	5	4	6
Disaster Preparedness	2	0	1
Employee Records	11	7	8
Environmental Issues	9	0	6
Health Care Services	13	5	12
Inadequate Staffing	5	2	2
Infection Control	2	2	11
Medication Management	20	17	10
Negotiated Service Agreement	9	8	7
Professional Standards for Licensed/Unlicensed Personnel	1	0	0
Quality of Care Issues	1	4	9
President Functional Capacity Screen	5	3	0
Resident Funds	0	0	0
Resident Records	7	6	7
Resident Rights	7	2	1
Restraints - chemical, physical	0	0	2
Special Care Unit	0	0	0
Staff Development	2	0	3
Civil Money Penalties	7	1	3
Correction Orders*	25	15	24
Ban on New Admissions	1	2	1

FEDERAL REMEDIES		2nd	3rd
Civil Monetary Penalties Recommended	9	5	12
**Denial of Payment for New Admissions imposed	15	14	16
Terminations	0	0	0
No Opportunity to Correct	18	11	14

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

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

KDOA Best Practices TB Guidelines for Adult Care Homes, December 2007
Based on CDC Guidelines for Preventing the Transmission of *M.tuberculosis* in Health-Care Settings, 2005
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm?s_cid=rr5417a1_e
KDOA Long Term Care Staff, KDHE Epidemiology Staff and Dr. K. Southall

Despite a general decline in tuberculosis rates in recent years, health care facilities and workers face different risks. Due to the epidemiology changes and a request by the Advisory Council for the Elimination of Tuberculosis, Centers for Disease Control (CDC) reassessed the tuberculosis infection control guidelines for health-care settings. Elders residing in nursing facilities are at greater risk for tuberculosis than elders living in the community. Nursing home employees are also at increased risk for tuberculosis when compared to other employed adults. Nursing homes are encouraged to follow the *CDC Guidelines for Preventing the Transmission of M. tuberculosis in Health-Care Settings, 2005* and to work with the Kansas Department of Health and Environment and local health departments.

The adult care home state licensure regulations requiring tuberculosis skin testing for new residents and employees as soon as residency or employment begins, unless the resident or employee has provided documentation of previous testing remain effective. "Best Practice TB Guidelines for Adult Care Homes" replaces "Long Term Care Regulation Interpretation 94-4, Tuberculin Testing of Residents and Employees in Adult Care Homes Licensed as Nursing Facilities, Assisted Living Facilities and Residential Health Care Facilities."

1. New Resident and Employee Testing.

Each new resident and employee shall receive a two-step tuberculin skin test or a blood assay for Mycobacterium tuberculosis (BAMT) within seven days of residency or employment unless the individual can provide documentation of a previous significant reaction or positive blood assay.

2. Compliance with Testing

- a) Previous receipt of the Bacillus Calmette-Guerin (BCG) vaccine does not serve to exempt an individual from receiving skin testing or a BAMT.
- b) Pregnancy is not a contraindication to having a skin test administered.
- c) New employees who provide satisfactory documentation of receiving the two-step skin tests within six months prior to employment and did not have positive results shall not be required to have the skin tests repeated.
- d) New employees who provide satisfactory documentation of receiving a single skin test within six months prior to employment and did not have positive results shall have a single skin test administered within the first seven days of employment.
- e) Exclusions from a two-step TB test or BAMT are allowed in the following situations:
 - (i) A new resident or employee with previously documented **positive** skin test results or **positive** BAMT shall provide evidence of the skin test or BAMT, including the date the skin test was administered or laboratory test drawn, test results, findings of chest x-rays, and any treatment provided. Additional x-rays shall not be required unless the resident develops symptoms of tuberculosis (e.g. weight loss, cough, fever).
 - (ii) A new resident or employee provides evidence of an anterior-posterior and lateral view chest x-ray done within the last six months and physician documentation that the individual does not have active TB. Additional x-rays shall not be required unless the resident develops symptoms of tuberculosis (e.g. weight loss, cough, fever).
 - (iii) If a resident refuses the tuberculin testing or skin testing is not appropriate due to changes in their skin, the resident shall have an examination by a physician, physician's assistant or advanced registered nurse practitioner within seven days of admission. An anterior-posterior and lateral view chest x-ray shall be included in the examination. Results of the examination shall be recorded in the resident's clinical record. Additional x-rays shall not be required unless the resident develops symptoms of tuberculosis (e.g., weight loss, cough, fever).

3. Procedure for Tuberculin Skin Testing.

- a) The first skin test for the resident or employee shall be administered within seven days of admission or employment. The first skin test shall be read within 48-72 hours of its administration. If the first skin test is read as **not positive**, a second skin test shall be administered within 1 to 3 weeks. The second skin test

shall be read within 48-72 hours of its administration. If the second skin test is **not positive**, the resident is considered to **not** have active TB. (Refer to *CDC Fact Sheet Tuberculin Skin Testing, May 2007, Classification of the Tuberculin Skin Test Reaction* available at <http://www.cdc.gov/tb/pubs/tbfactsheets/skintesting.htm>)

- a) If the first skin test is read as **positive** in accordance with the classification of tuberculin skin test reaction, **a second skin test shall not be administered**. The individual must be referred to a physician or the local health department for further evaluation. The employee shall not return to work until released by a physician, advance registered nurse practitioner, or physician's assistant.
- b) If the second skin test is read as **positive** in accordance with the classification of tuberculin skin test reaction, the individual must be referred to a physician or the local health department for further evaluation. The employee shall not return to work until released by a physician, advance registered nurse practitioner, or physician's assistant.
- c) A single third skin test may be required for residents or employees who have had close contact with an individual who has active TB.
- d) Each resident's clinical record or employee's file shall contain documentation of the dates the skin tests were administered, the dates the tests were read, and the sizes of the induration in millimeters.

4. Required Documentation in Resident's Clinical Record or Employee's File.

- a) Two-step skin test
 - (i) Name and address of entity where testing took place.
 - (ii) Date each skin test was administered.
 - (iii) Date each skin test was read.
 - (iv) Result of each test in millimeters (mm) of induration.
 - (v) Signature of representative verifying the two-step skin test was administered and read.
- b) Single skin test
 - (i) Name and address of entity where testing took place.
 - (ii) Date the skin test was administered.
 - (iii) Date the skin test was read.
 - (iv) Results of test in millimeters (mm) of induration.
 - (v) Signature of representative verifying the test was administered and read.
- c) BAMT
 - (i) Name and address of the laboratory that performed the test.
 - (ii) Date of test.
 - (iii) Laboratory result of test.
- d) Chest radiography
 - (i) Name and address of entity where chest radiography took place.
 - (ii) Date chest x-ray performed.
 - (iii) Interpretation of chest x-ray.
 - (iv) Printed or typed name of interpreter of the chest x-ray.

5. Symptom Screen Review and Follow-up Testing.

- a) All residents and employees shall have an annual tuberculosis symptom screen consisting of completion of the symptom review questionnaire. Systems shall be in place for review and follow-up of positive findings.
- b) All residents and employees shall have additional testing at intervals determined by the facility's risk classification.
- c) All residents shall have a tuberculosis symptom screen questionnaire completed upon return from a hospitalization or a therapeutic leave. The transferring hospital shall be contacted to determine its risk classification.
- d) All employees shall have a tuberculosis symptom screen questionnaire completed upon return from a leave of absence.
- e) If the returning resident (c) or employee (d) received the required testing within the six months prior to the respective hospitalization, therapeutic leave, or leave of absence, no additional testing is required if they were not exposed to an individual with active tuberculosis.
- f) If the returning resident or employee had exposure to an individual with active tuberculosis, the resident or employee should have a skin test 8 to 10 weeks after their return.

6. Reporting Positive Tests.

All positive test results must be reported to the local health department or to the Kansas Department of Health and Environment, Tuberculosis Section (785) 296-5589 or via facsimile (785) 291-3732.

7. Facility Risk Assessment, Education, and Screening.

- a) The administrator or operator shall collaborate with the local or state health department to determine the facility’s TB risk assessment initially and at least annually. The CDC risk assessment worksheet can be used as a guide for conducting a risk assessment http://www.cdc.gov/tb/pubs/mmwr/Maj_guide/AppendixB_092706.pdf. Policies and procedures for resident and employee TB testing, symptom screens, and the facility’s TB infection control program shall be developed based on the facility’s TB risk assessment.
- b) Ongoing evaluations shall be conducted to determine the risk for transmission of M. tuberculosis.
- c) Licensed nurses in the facility who administer tuberculin skin testing and interpret the results must be competent in the task.
- d) All employees shall receive education on signs and symptoms of TB, mode of transmission and prevention upon employment and at least annually.

8. Contract staff.

Documented evidence from the employment agency of two-step tuberculin skin testing, annual tuberculosis symptom screen, risk classification, and annual tuberculosis education should be maintained for any contract staff working in the facility.

9. Volunteers.

These guidelines may be used for volunteers as the facility determines appropriate.

Annual Tuberculosis Symptom Review Questionnaire

Resident or Employee Name _____ **Position or Title** _____

All residents and employees must complete an annual TB symptom review questionnaire.

- | 1. Have you experienced any of the following symptoms in the past year? | <u>Yes</u> | <u>No</u> |
|--|-------------------|------------------|
| a) Productive cough (longer than 3 weeks in duration)? | ___ | ___ |
| b) Unexplained weight loss? | ___ | ___ |
| c) Persistent low fever? | ___ | ___ |
| d) Night sweats? | ___ | ___ |
| e) Excessive fatigue? | ___ | ___ |
| f) Coughing up blood? | ___ | ___ |
| g) Shortness of breath? | ___ | ___ |
| h) Chills? | ___ | ___ |
| 2. Have you ever been told that you have active TB? | ___ | ___ |
| 3. In the past year have you had contact with anyone with active TB? | ___ | ___ |
| 4. Have you traveled or lived outside of the country? | ___ | ___ |
| When? _____ Where? _____ | | |

Please give details to any questions answered “Yes.”

Note: All “yes” answers require a follow-up.

Resident or Employee Signature _____ Date _____

Reviewer’s Signature and Title _____ Date _____