



KANSAS DEPARTMENT ON AGING Sunflower Connection

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

October 2010

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Nursing Homes

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Proposed ACH Regulations Posted; Public Hearing Set for Nov. 9

Proposed adult care regulations are now available on KDOA's website at http://www.aging.state.ks.us/PolicyInfo_and_Regs/ProposedRegs/Proposed_Reg_Index.html. The primary focus of the proposed regulations is physical environment of nursing homes.

The proposed regulations are:

- **K.A.R. 26-39-100.** Definitions.
- **K.A.R. 26-39-101.** Licensure of adult care homes.
- **K.A.R. 26-39-105.** Adoptions by reference.
- **K.A.R. 26-40-301.** Nursing facility physical environment; construction and site requirements. (K.A.R. 28-39-162)
- **K.A.R. 26-40-302.** Nursing facility physical environment; applicants for initial licensure and new construction. (K.A.R. 28-39-162a)
- **K.A.R. 26-40-303.** Nursing facility physical environment; existing nursing facilities. (K.A.R. 28-39-162a)
- **K.A.R. 26-40-304.** Nursing facility physical environment; details and finishes. (K.A.R. 28-39-162b)
- **K.A.R. 26-40-305.** Nursing facility physical environment; mechanical, electrical, and plumbing systems. (K.A.R. 28-39-162c)

A public hearing will be conducted at 9 a.m. on November 9, 2010, in Room 3-West of the New England Building, 503 South Kansas Avenue, Topeka, to consider the adoption of the proposed regulations. Interested parties may submit written comments prior to the hearing to Patsy Samson, Policy Analyst, KDOA, 503 South Kansas Avenue, Topeka, KS 66603, or by e-mail at:

patsy.samson@aging.ks.gov

For more information, contact Vera VanBruggen at:

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**Licensure, Certification
and Evaluation Commission**

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Survey and Certification Letters

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

Subject: Point of Care Devices and Infection Control in Nursing Homes

Date: August 27, 2010

Ref: S&C-10-28-NH

Memorandum Summary:

Infection Control Standards for Nursing Homes at §483.65 - F441 – Determining Compliance: The following practices are deficiencies in infection control:

- Reusing fingerstick devices (e.g., pen-like devices) for more than one resident.
- Using a blood glucose meter (or other point-of-care device) for more than one resident without cleaning and disinfecting it after use.
- The reuse of fingerstick devices for more than one resident should be treated as immediate jeopardy.
- Failure to clean and disinfect blood glucose meters used for more than one resident is a deficiency in infection control that warrants corrective action, but may not constitute immediate jeopardy.

Workforce Enhancement Grant

The Kansas Department on Aging (KDOA) is accepting proposals for the 2011 Workforce Enhancement Grant for the provision of educational programs. The objective of the grant program is to improve the quality of life and quality of care for residents in Medicare and Medicaid certified long term care nursing facilities and long term care units of hospitals by aiding in the development of ongoing statewide educational programs for unlicensed and licensed staff employed in these facilities.

Accepted program topics are:

- Creating Home

- Infection Control Practice
- Safe and Sanitary Practices of Food Handling and Preparation, and When Serving at Meals
- Care of Residents with Dementia
- Communication and Teamwork
- Alteration in Skin Integrity: Prevention & Intervention
- Individualized Activities
- Care of Resident at End of Life
- Restorative Care
- Prevention of Accidents (i.e. falls, entrapment)
- Prevention of Weight Loss

Facilities that have an interest in any of the program topics should encourage their provider organizations, local college or universities, and other qualified entities to submit a proposal for the 2011 Workforce Enhancement Grant. Applications and forms for the 2011 Workforce Enhancement Grant are available at:

[http://www.agingkansas.org/LongTermCare/Workforce Enhancement Grant.html](http://www.agingkansas.org/LongTermCare/WorkforceEnhancementGrant.html)

Applications are due November 10, 2010.

Annual / Semi-Annual Statistical Reports and Web Application Requirement Coming Soon

To provide additional Web Application security, beginning in November, each facility will need to complete the KDOA Security Agreement for each individual who will be accessing the Facility Home Page for the report data entry and review.

The Facility Administrator will need to authorize each Security Agreement and return it by mail or FAX as indicated at the bottom of the form. In turn, each person will receive a personal user login and an initial password.

Understanding CARE Level II PASRR Letters

The CARE Program occasionally encounters nursing facility staff who believe a person with a CARE Level II PASRR Determination Letter is unable to be admitted to a nursing facility that does not specialize in mental health issues (NFMH). The KDOA staff would like to clarify that the CARE Level II PASRR Determination Letter will contain information that clearly states if the person may be admitted to a nursing home. If the letter indicates that the person “**does require the services provided in a nursing facility,**” then the person may be admitted if the nursing home’s admission team chooses to do so. There are certain issues to be aware of when working with admission inquiries from persons with a CARE Level II PASRR Determination Letter. They are:

1. **The person has been exempted from the PASRR process.** This means the resident will have a letter stating why he/she is exempt. This might be due to a medical condition, dementia, or lack of history, treatment or diagnosis of SMPI. The CARE Level II PASRR Determination Letter will have this wording: *It was determined that you are exempt from the Level II PASRR (Pre-admission Screening and Resident Review) process and you do not require the level of services provided in an inpatient psychiatric unit or hospital.*
2. **The letter indicates a person may enter a nursing facility/nursing facility for mental health.** In this situation the person may have mental health issues but the person’s needs have been determined able to be met in a nursing facility. The nursing home’s admissions team will need to review the information regarding the person’s condition to assess whether the nursing home can meet the needs of this individual. The letter will have wording as follows: *You do require the level of services provided in a nursing facility/nursing facility for mental health, but you do not require specialized services as an inpatient in a hospital psychiatric unit.*

3. If the potential resident has needs regarding a **developmental disability** the letter would read like this: *You do require the level of services provided in a nursing facility and you do not require the level of services provided in a specialized developmental disability program.*
4. Occasionally a person has a “dual” diagnosis. This will result in the person’s CARE Level II PASRR Determination Letter speaking to both mental illness and issues of intellectual or developmental disabilities. The letters would contain wording as shown in the previous examples #2 and #3.
5. The last issue is that of CARE Level II PASRR Determination Letters, which authorize a person to be admitted to a nursing home for a “**temporary length of time.**” A letter with limitation of length of stay will read as follows: *You do require the level of services provided in a nursing facility/nursing facility for mental health for a temporary period of time but you do not require specialized services as an inpatient in a hospital psychiatric unit. It has been determined that you would benefit from a temporary stay of 6 months in order to better meet your care needs. Should you get to the end of the temporary stay period and it appears you will need more time, another assessment (Resident Review) will be needed.*

There may be instances when a CARE Level II PASRR Determination Letter would indicate a nursing home is unable to admit a person. These include (1) a person **does not** require the level of services provided in a nursing facility and (2) the person **may or may not require** the services provided in a hospital psychiatric unit. The language in these CARE Level II PASRR Determination Letters is as shown in the examples below:

Based on information from your assessment,

Continued on page 8

PASSR Letters

Continued from page 7

*you **do not** require the level of care provided in a nursing facility/nursing facility for mental health, and you **do not** require specialized services as an inpatient in a hospital psychiatric unit. This means that your needs can be met in the community. And that you, your family, your Guardian (if appointed) should consider the choices which may be available.*

*Based on the information from the assessment you **do not** require the level of services provided in a nursing facility/nursing facility for mental health, but you **do** require the level of services provided in a hospital psychiatric unit. This means your needs can best be met in an inpatient psychiatric unit, and you cannot be admitted to a nursing facility/NFMH.*

A CARE Level II PASRR Determination Letter **does not require a resident to enter a nursing facility**; the determination only indicates the type of care needed to meet the needs of the potential resident. **Please be sure to read any CARE Level II PASRR Determination Letter thoroughly.**

The Level II clinicians at the PASRR program who provided several recommendations in these letters hope these tips will assist you in understanding the CARE Level II PASRR Determination Letter. For further information please contact the CARE staff at the Kansas Department on Aging at 1-800-432-3535.

Culture Change Resources
Kansas Culture Change Coalition Website
<http://www.kansasculturechange.org>.

Positive Impact of Assistance at Meals and Snacks

At the Pioneer Network symposium “*Creating Home II: Dining*,” Sandra F. Simmons, PhD, presented recent research that has shown that approximately 40-50% of residents with low food and fluid intake will show a significant increase in their intake in response to staff attention during meals.

Most of the remaining residents will increase their daily calorie intake when staff offers additional foods and fluids between meals multiple times per day. Providing either mealtime assistance and or snacks between meals results in almost 90% of residents with poor oral intake consuming significantly more foods and fluids daily.

Evaluations completed in a two-day period may determine which nutritional approach is most effective for an individual resident.

A resident’s need for assistance is much more complex than physical ability to eat independently: The observation conducted by nursing home staff should reflect a consideration of the resident’s oral intake, dining and food preference and response to different nutritional care approaches.

Several observational tools for weight loss prevention may be downloaded at Vanderbilt Center for Quality Aging:

http://www.vanderbiltcqa.org/Weight_Loss_Module/Forms

Ask AI

Question: What are the required hot water temperatures for bathing and for bathing and lavatories in the resident use area in nursing facilities?

Answer: K.A.R. 28-39-162c. Nursing facility Physical Environment, Mechanical and Electrical requirements (h) Plumbing and piping systems. (1) (F) (v) and (2) Water distribution systems shall be arranged to provide hot water at hot water outlets at all times. A maximum variation of 98° F to 120° F shall be acceptable at bathing facilities and lavatories in resident use areas.

Question: What is the difference between apartments in Assisted Living Facilities and living units in Residential Health Care Facilities?

Answer: Both facilities follow K.A.R. 28-39-254, K.A.R. 28-39-255 and K.A.R. 28-39-256. However, there are differences in residents’ apartments and living units of the Assisted Living

Facilities and Residential Health Care Facilities, respectively. First, the assisted living facility is required to follow K.A.R. 28-39-254 (g): General building interior (1) Each assisted living facility shall consist of apartments which contain at least the following: (D) a kitchen area equipped with a sink, a refrigerator, a stove or a microwave and space for storage of utensils and supplies. Provision shall be available to disconnect the stove if necessary for resident safety. The residential health care facilities are not required to follow the above regulation. Second is the square feet of living space requirement for the apartments and living units. According to K.A.R. 28-39-254 (g) (1) (G), an apartment in an assisted living facility must have at least 200 square feet of living space not including the toilet room, closets, lockers, wardrobes, other built-in fixed items, alcoves and vestibules. According to K.A.R. 28-39-254 (g) (3) (E), a living unit in a residential health care facility must have at least 100 square feet of living space not including the toilet room, closets, lockers, wardrobes, other built-in fixed items, alcoves, and vestibules. In addition, K.A.R. 28-39-254 (g) (4) states, "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."

Question: Is a hand washing lavatory required in the laundry room of assisted living and residential health care facilities?

Answer: Yes. According to K.A.R. 28-39-255 Support Service Areas (c) Laundry facility (4), the facility shall provide a hand washing lavatory with a non-reusable method of hand-drying within or accessible to the laundry facility.

Question: In adult day care facilities is a private area or quiet area required?

Answer: Yes. According to K.A.R. 28-39-289 (f) Common use areas (1) (B), a private area equipped with a bed shall be available for residents who become ill, may require a rest period, or need a quiet area for treatment of behavioral symptoms.

Depression Screening Day October 7, 2010

Promoting the improvement of mental health through the creation of a large-scale mental health screening was the concept behind the creation of National Depression Screening Day (NDSD). October 7 marks the 20th year of National Depression Screening Day, the nation's oldest voluntary, community-based screening program that gives access to a validated, anonymous screening questionnaire and provides referral information for treatment.

The Substance Abuse and Mental Health Services Administration within the United States Department of Health and Human Services had development of a national, community-based, **on-line** screening program as one of its objectives since 2005.

You are invited to join the thousands of organizations who will register for National Depression Screening Day, which gives ordinary people access to a confidential screening and local referral information.

You may assist your residents to go "on-line" and take a simple survey. While October 7 is the National Depression Screening Day, you may use the screening at any time most convenient for you and/or your resident(s).

To learn more about NDSD or order your in-person event kit or online screening program, please click here: <http://www.mentalhealthscreening.org/events/national-depression-screening-day.aspx>.

To view a sample of the customizable online mental health screening program, please click here: <http://www.mentalhealthscreening.org/screening/screening/default.aspx>.

Submitted by the Mental Health and Aging Sub-Committee of the Governor's Mental Health and Services Planning Council of Kansas. For further information contact Sue Schuster at the Kansas Department on Aging at 785-296-0895.

HOC

Online Roster Submission Coming

Health Occupations Credentialing is in the final stages of transitioning educational institutions that offer nurse aide and home health aide courses to submitting course rosters through a new online system. The new system helps reduce the overall time it takes to get individuals who successfully complete the state test into the workforce.

The switch to the online roster submission system is part of the process required in order to transition to an online testing system for the state nurse aide and home health aide test. When the system is completed, individuals taking the nurse aide and home health aide state test will know immediately whether they passed.

Upon successfully completing the test, the individual will be eligible to work in about 24 hours.

Resources

Pressure Ulcer Education Resources

Although not a free publication, "Pocket Guide to Pressure Ulcers, How to classify, stage and document pressure ulcer and other common wounds" contains color photos and durable pages. Sample pages and order form are found at the New Jersey Hospital Association website:

<http://www.njha.com/Publications/PUPG.aspx>

The Nebraska Pressure Ulcer Collaborative has created a 19 minute video entitled "Pressure Ulcer Prevention - *What caring people need to know!*" The video may be used to educate CNAs, nurses and family members to explain the causes and prevention of pressure ulcers. More information about the video is available at:

<http://www.familyhealthmedia.com/>.

Reducing Avoidable Hospitalizations

Hospitalizing people who live in adult care homes can disrupt the continuity of care and diminish their quality of life. Reducing hospitalizations requires early identification of at-risk individuals, and training all staff on early warning signs, especially nurse assistants who see them regularly.

The Georgia Foundation for Medical Care has developed a complete tool kit including tools for 1) communication, 2) clinical care paths, and 3) advanced care planning, to reduce acute Care Transfers. The tool kit is found at <http://interact.geri.u.org/>.

Seating Method Guide

Although care givers may recognize the current seating methods of the people living in their home do not meet their needs, they are uncertain as to what can be done. Individualized seating means identifying the person's body contours, range of motion, orientation in space, and implementing a seating system that best positions and supports the person for comfort and function.

Observations that should trigger a seating assessment of a person include:

- Leaning or sliding in the chair
- Crying and yelling behaviors in elders restricted to use of a wheelchair for locomotion
- Agitation and restlessness in elders restricted to use of a wheelchair for locomotion
- Use of tray tables, lap pillows, wedges, or bolsters for positioning

The following guides were created to help caregivers recognize problems and modify seating or ask for professional to help individualize and improve the seating for the people in their home.

"Individualized Wheelchair Seating: For Older Adults," Part 1, is a guide for caregivers and Part II is a guide for professionals.

<http://www.qualitynet.org/dcs/ContentServer?c=MOTools&pagename=Medqic%2FMOTools%2FToolTemplate&cid=1214232466368>

Transmission of MDS

CMS encourages providers to have at least two persons in their facilities capable of transmitting completed MDSs to the national server. Both individuals must have a password and user ID. It can take up to 4 weeks for an application to be processed. The application is available under “Access Request Forms” at <https://www.qtso.com/>.

MDS 3.0 Resource Info Site

Resource information helpful in completion of the MDS 3.0 is available at the following link: http://www.aging.state.ks.us/AdultCareHomes/Education_Info/Education_index.html.

Current posting includes:

- Vendor Specifications
- MDS 3.0 Manual Download and Training Information Link, YouTube videos of various sections of the MDS
- KDOA and Kansas Board of Nursing Position Statement for Completion of the MDS 3.0 and CAAS
- OBRA Assessment Completion Transition MDS 2.0 to MDS 3.0
- PPS Assessment Completion Transition MDS 2.0 to MDS 3.0
- MDS 3.0 Question and Answer List Serv Information and Link

Facilities are encouraged to check the link frequently and participate in the MDS 3.0 Question and Answer List Serve.

Section M: Skin Conditions

The pressure ulcer definitions in the Long Term Care Facility Resident Assessment Instrument User’s Manual, Version 3.0, revised July 2010, have been **adapted** from those recommended by the National Pressure Ulcer Advisory Panel (NPUAP) 2007 Pressure Ulcer Stages.

The definitions of each pressure ulcer stage do not perfectly correlate with those described by NPUAP. Facilities must code the pressure ulcer stages on the MDS according to the instructions listed throughout Section M in Chapter 3 of the RAI 3.0 manual

The NPUAP website contains illustrations of the categories and stages of pressure ulcers. The website also contains a link to the International Pressure Ulcer Quick Reference Guidelines for prevention and treatment as well as other resource material.

The illustrations and resource material are located at: <http://www.npuap.org/resources.htm>.

Quality Indicator Survey (QIS)

Resident Census and Condition Report Quality Measure/Quality Indicators (QM/QI)

With the implementation of the MDS 3.0, information previously available for preparing for the annual resurveys and for the quality assurance/improvement process will no longer be available.

Due to the downloading of raw MDS data for use in the QIS process, providers should not expect any changes in the survey process. Facilities will still be required to provide the survey team with a Census and Condition Report (672). Facilities will want to check with their software vendor to determine if they have created a crosswalk from the MDS 3.0 to the Census and Condition Report. If not, facilities will need to maintain a resident listing to help them complete the report.

The QM/QIs are in the process of revision. There will be no calculation of the QM/QIs after October 1, 2010. The last posting of the quality measures on Nursing Home Compare will be done January 1, 2011. New quality measures and indicators may be available the fall of 2011.

MDS 3.0 Discharge Reporting

Leave of absence does not require completion of a discharge assessment.

- Leave of absence is defined as:
 - Temporary home visit
 - Temporary therapeutic leave or
 - Hospital observation stay less than 24 hours and the hospital does not admit the resident

There are two categories of discharge reporting:

- Discharge assessments **and**
- Death in facility tracking record

Discharge assessments

- **Required when a resident is:**
 - Discharged from the facility to a private residence (does not include leave of absence)
 - Admitted to an acute care hospital or other health care setting
 - Hospital observation stay is greater than 24 hours **and**
 - On a respite resident every time the resident is discharged from the facility
- **Two categories of discharge assessments:**
 - Discharge return anticipated
 - A resident is discharged from the facility to the hospital or after receiving respite care and will return to the facility within 30 days
 - Discharge return not anticipated
 - A resident is discharged from the facility and is not expected to return to the facility within 30 days
- **Completion and Transmission Requirement** for both return anticipated and return not anticipated:
 - Completion date is no later than discharge date + 14 calendar days
 - Submission date is no later than assessment completion date + 14 calendar days

Death in Facility Tracking Record

- **Required when a resident:**
 - Dies in the facility
 - Dies when on a leave of absence
- **Completion and Transmission Requirement**
 - Is a stand-alone tracking document and may **not** be combined with an assessment
 - Completion date no later than the date of the resident's death + 7 calendar days
 - Transmission is no later than the date of the resident's death + 14 calendar days

Reference: CMS's RAI Version 3.0 Manual CH 2: Assessments for the RAI

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

Completion of the MDS 3.0 and CAAs

42 CFR 483.20 (b)(1)(xviii) (g) and (h) states that the assessment must accurately reflect the resident's status and a registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.

Representatives from KDOA and the Kansas Board of Nursing reviewed the Minimum Data Set 3.0 (MDS) and Care Area Assessments (CAAs). As the coordinator for the completion of the MDS and CAAs, the Registered Nurse (RN) needs to ensure each person who completes the MDS has the expertise to complete his or her assigned sections. Specified sections of the MDS 3.0 and all the CAAs require nursing judgment for completion. An RN cannot delegate nursing judgment to an unlicensed person. Licensed health professionals may be assigned to complete sections and items on the MDS and the CAAs based on their professional scope of practice.

Health Professionals for the purposes of completion of the MDS 3.0 and Care Area Assessments include the following:

Registered Nurse

Physical Therapist

Occupational Therapist

Speech Language Pathologist

Registered Dietitian

Licensed Practical Nurse who has attended an MDS workshop and has received additional assessment education either directly from an RN in the work place or through a formal education program on the sections or items or care area conditions they are completing. There must be documentation in their personnel file of the additional education.

Licensed Social Worker or a Social Service Designee who has a bachelor's degree in a human services field.

Therapeutic Recreation Specialist

Section A: Identification Information may be completed by any designated facility staff.

All Activity Directors (ADs) and Social Service Designees (SSDs) who have completed only the state training course may also complete Section F when documentation is present in their personnel record that they have received education from a Therapeutic Recreation Specialist, Social Worker, or Registered Nurse on Section F and its application. They may provide input into any of the other sections of the MDS and CAAs.

Certified Dietary Managers (CDMs) may also complete Section K - Item 0200-0700 when documentation is present in their personnel record that they have received additional education from a Licensed Dietitian on those items and their application. They may provide input into any of the other sections of the MDS and CAAs.

Only a health professional may complete the CAAs.

Please refer to chart on the next page.

Completion of the MDS 3.0 and CAAs

Section	Title	Who May Complete
A	Identification Information	Health Professional, Designated Staff
B	Hearing, Speech, and Vision	Health Professional
C	Cognitive Patterns	Health Professional
D	Mood	Health Professional
E	Behavior	Health Professional
F	Preferences for Customary Routine and Activities	Health Professional, AD, SSD*
G	Functional Status	Health Professional
H	Bladder and Bowel	Health Professional
I	Active Disease Diagnosis	Health Professional
J	Health Conditions	Health Professional
K	Swallowing/Nutritional Status	Item K0100-Health Professional; Items K0200-K0700- Health Professional, CDM*
L	Oral/Dental Status	Health Professional
M	Skin Conditions	Health Professional
N	Medications	Health Professional
O	Special Treatments and Procedures	Health Professional
P	Restraints	Health Professional
Q	Participation in Assessment and Goal Setting	Health Professional
V	Care Area Assessment (CAA) Summary	Health Professional
X	Correction Request	Health Professional
Z	Assessment Administration	Health Professional
	Care Area Assessments and Summary	Health Professional

*See front page of requirements for AD, SSD and CDM completion of these sections and items.

MDS 3.0 Section Q

Local Contact Agency Referrals

Section Q: Participation in Assessment and Goal Setting of the MDS 3.0 states that the nursing facility (NF) must identify residents who have indicated an interest in returning to the community. Those residents are then referred to the Local Contact Agency (LCA) to receive information and assistance. The Area Agencies on Aging (AAA) and the Centers for Independent Living (CIL) are the LCAs.

The AAAs will assist residents that are 65 and older. The CILs will assist residents that are 64 years, 11 months and younger.

To help facilities meet this requirement, KDOA has developed the Community Transition Opportunities (CTO) process, which includes an online web application to refer the identified residents to Local Contact Agencies.

KDOA has developed the CTO Web Application to be user friendly, with a minimal learning curve. It will enable the NF, LCAs and KDOA to track referrals and monitor ongoing activity. It also provides verification for the resident's clinical record that the NF made a referral.

Using a web browser, the NF will search for the resident's name. If the resident has a history with KDOA (CARE Assessment or other), the resident information resides in the Kansas Aging Management Information System (KAMIS) and will auto-populate the referral, NFs will data enter five fields. LCAs have

been pre-loaded and associated with NFs by county.

How to Access the CTO System?

Each individual that accesses the CTO Web Application will need to complete the KDOA Security Agreement. The NF administrator will authorize the Agreement and return it to KDOA. In turn, each individual that has completed the Agreement will receive a personal user login and an initial password.

The KDOA Security Agreement is available on the KDOA Provider Information Resource Website (www.aging.state.ks.us) on the Home Page and under the Web Applications menu section.

Instructions on the CTO Application are also on this website, on the Home Page or under the Manuals menu section.

CTO Webinars / Training:

KDOA will be working with the Nursing Facility Associations (KAHSA and KHCA) to schedule webinars regarding the CTO process.

- More information will be forthcoming within the second week of October.
- The schedule of the CTO webinar trainings will also be available on the KDOA Provider Information Resource Website: (www.aging.state.ks.us).

2nd Quarter 2010 Deficiency-Free Surveys

FACILITY	CITY	TYPE	SURVEY DATE
Meadowlark Adult Care Home 4	Wichita	HP	4/1/10
Glenn Moore Meadows	Holton	HP	4/12/10
Waldron Place	Hutchinson	ALF	4/13/10
Briarcliff Care Center	Topeka	ALF	4/14/10
Village West	Ottawa	RHCF	4/19/10
Cornerstone Assisted Living	Wichita	ALF	4/20/10
Vintage Park of El Dorado	El Dorado	ALF	4/21/10
Midland Care Services	Topeka	ADC	4/21/10
Bethel House 2	Wichita	HP	4/22/10
Morton Co. Health System Assisted Living	Elkhart	ALF	4/22/10
Seniorcare Homes Foster	Overland Park	HP	4/29/10
Vintage Park at Holton	Holton	ALF	4/30/10
The Gables at Overland Park	Overland Park	ALF	5/6/10
Vintage Park at Paola	Paola	ALF	5/6/10
Phoenix House	Caldwell	HP	5/6/10
Maria Court	Mulvane	ALF	5/10/10
Redbud Plaza	Onaga	ALF	5/10/10
Clare Bridge of Topeka	Topeka	RHCF	5/11/10
Comfort Care Homes of KC	Kansas City	HP	5/13/10
Lexington Park Assisted Living	Topeka	ALF	5/13/10
Stoneybrook Assisted Living	Manhattan	ALF	5/19/10
Topeka Adult Care Center	Topeka	HP	5/19/10
Moore Adult Care Home	Topeka	BCH	5/25/10
Midwest Home Place West	Leavenworth	BCH	5/26/10
Harmony Adult Home Plus	McPherson	HP	5/26/10
Sunflower Meadows I	Wichita	HP	6/3/10
Sterling House of Derby	Derby	ALF	6/7/10
Memorial Living Center	Johnson City	ALF	6/8/10
Meadowlark Adult Care Home #5	Wichita	HP	6/9/10
Cedar Lake Village	Olathe	ALF	6/9/10
Medicalodges Gardner	Gardner	SNF/NF	6/9/10
Wichita Co Health Center LTCU	Leoti	LTCU	6/9/10
Southview Adult Day Services	Kansas City	ADC	6/10/10
Lawrence Memorial Hospital - SNF	Lawrence	SNF	6/16/10
Convenant Care Senior Living	Wichita	HP	6/16/10
The Homestead of Auburn	Auburn	ALF	6/17/10
Sterling House of Tallgrass	Wichita	ALF	6/17/10
Reflections at Park West Plaza	Wichita	HP	6/21/10
Dooley Center	Atchison	NF	6/29/10
Stratford Commons	Wichita	ALF	6/30/10

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

2010 Enforcement Actions

Assisted Living, Residential Health Care, Home Plus, Adult Day Care and Boarding Care Facilities; Intermediate Care Facilities for the Mentally Retarded	3 rd Quarter July-Sept 2009	4 th Quarter Oct-Dec 2009	1 st Quarter Jan-Mar 2010	2 nd Quarter Apr-June 2010
Abuse, Neglect, Exploitation	0	0	7	0
Adult Day Care	1	0	0	0
Administration	9	10	2	15
Admission, Transfer, Discharge	1	2	0	0
Delegation of Duties	1	2	4	6
Dietary Services	0	2	2	2
Emergency Preparedness	0	3	5	13
Employee Records	0	0	4	0
Environmental Issues	6	3	5	5
Functional Capacity Screen	2	5	3	5
Health Care Services	2	5	3	3
Inadequate Staffing	0	0	2	0
Infection Control	4	7	8	10
Medication Management	11	31	22	26
Negotiated Service Agreement	7	7	12	21
Professional Standards of Quality	0	0	0	0
Quality of Care Issues	0	0	0	0
Resident Funds	0	0	0	0
Resident Records	0	4	3	2
Resident Rights	0	2	2	0
Restraints – chemical, physical	3	0	1	0
Special Care Unit	1	0	0	0
Staff Development	1	0	0	0
Staff Qualifications	2	0	4	0
Civil Money Penalties	4	3	2	3
Correction Orders *	16	23	24	36
Ban on New Admissions	4	3	3	4

FEDERAL REMEDIES Nursing and Skilled Nursing Facilities; Nursing Facilities for Mental Health	3 rd	4 th	1 st	2 nd
Civil Monetary Penalties Recommended	6	8	7	6
Denial of Payment for New Admissions imposed **	9	10	8	7
Terminations	0	0	0	0
No Opportunity to Correct	9	12	10	10

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

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

ROUTING SLIP

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