

SUNFLOWER CONNECTION



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Big Changes at KDADS

Patty Brown - Meet the New SCCC Commissioner

Patty has served as the Director of State Licensed Adult Care Homes since 2008. During that time Patty has helped cultivate and transform this sector of adult care home licensure and continues to advocate the betterment of elder care. Patty came to KDADS after working for the Board of Nursing for seven years. Patty served as Interim Commissioner of the Survey, Certification and Credentialing Commission (SCCC) from April 2018 to June 2018 and November 2018

to June 2019. KDADS Secretary Laura Howard made Mrs. Brown's appointment permanent in June 2019. Patty began her career in health care in 1976 and received her nursing degree the same year from Marymount College. Patty has served



on many boards and taught many programs as well as worked alongside many of the leading elder care organizations in the state to improve and empower adult care home executives and looks forward to continuing these relationships in her new role as commissioner.

Big Changes at KDADS Cont'd ...

Regina Patterson - Meet the New Director of State Licensed Adult Care Homes



Regina comes to the central office after serving many years in the field as a State Licensed Adult Care Home Surveyor. Regina began her career in long-term care as a CNA and worked her way up the degree ladder to CMA, LPN and RN. As a registered nurse Regina has worked in several healthcare settings including hospitals, home health, hospice, oncology and agency staffing. Prior to working for KDADS, Regina worked for three years at SeniorCare Homes, LLC (a home-plus company) and prior to that worked at Asbury Village assisted living for eight years. During that time, Regina built a relationship with KDADS starting with Susan Fout and later transitioning to Patty Brown during their tenure in this position. Regina plans to draw from all of these experiences as well as her PRTF surveyor certification to better serve providers and help ease both providers and co-workers into a smooth transition into this position. With this knowledge, history and educational experience we are excited to have Regina coming to join us in Topeka.

Genetic Testing Fraud Awareness

KDADS would like adult care homes to be informed that representatives from genetic testing companies, or possibly insurance agents working on behalf of these companies, may ask to participate in a beneficiary event. For the protection of our beneficiaries, we advise to decline these requests because of the potential for fraud. Centers for Medicare and Medicaid Services (CMS) has received inquiries from beneficiaries stating that they have been billed for genetic testing or cancer screenings performed at community events, adult care homes and senior centers. These are the steps that can protect seniors from fraudulent activities:

- Do not give out your Medicare number or Social Security number. Be cautious of unsolicited requests for your Medicare or Social Security numbers. If your personal information is compromised, it may be used in other fraud schemes.
- Do not consent to any lab tests at senior centers, health fairs, or in your home. Be suspicious of anyone claiming that genetic tests and cancer screenings are at no cost to you.
- Genetic tests and cancer screenings must be medically necessary and ordered by your doctor to be covered by Medicare. Random genetic testing and cancer screenings aren't covered by Medicare. If you are interested in the test, speak with your doctor.
- Monitor your Medicare Summary Notice to see if there are any services you didn't have or didn't want but were billed for. Medicare Summary Notices are sent every three months if you get any services or medical supplies during that 3-month period.



Nurse Aide Training and Competency Evaluation Program (NATCEP)

KDADS' Health Occupations Credentialing (HOC) is responsible for review and approval of certification courses. The following is information related to NATCEP bans that may be helpful.

CFR § 483.151 requires that a state may not, until two years since the assessment of the penalty(ies) has elapsed, approve a nurse aide training and competency evaluation program (NATCEP) offered by or in a facility which, in the previous two years:

- has been subject to an extended or partial extended survey
- has been assessed a civil money penalty of \$10,697 or higher
- was subject to a denial of payment under Title XVIII or Title XIX
- operated under temporary management appointed to oversee the operation of the facility and to ensure the health and safety of its residents
- was closed or had its residents transferred

NATCEP bans ONLY apply to the Certified Nurse Aide (CNA) course.

If a CNA course has started prior to the facility being subject to a NATCEP ban, the course may continue. CFR §483.151 states “*students who have started a training and competency evaluation program from which approval has been withdrawn must be allowed to complete the course*”.

If an approved course has not started prior to the facility being subject to a NATCEP ban, then that facility may not serve as the clinical site. HOC will contact the course sponsor to advise of the ban so the sponsor can seek a new clinical site or, if appropriate, submit a waiver application.

Waiver application forms can be downloaded from the HOC web page at www.kdads.ks.gov/hoc and are reviewed for the following:

- the facility must be back in compliance
- course sponsor completes Section A of waiver application providing information relating to the instructor, classroom and clinical sites, agreement to disseminate evaluations to the coordinator, instructor and facility representatives, and submit those to HOC within 10 days of course completion
- facility requesting the waiver completed Section B of the application marking reasons for the request
- no other approved courses/training programs offered within a reasonable distance* of the facility
- the timeframe of classes offered within a reasonable distance* does not meet the needs of the participants or the facility
- the classes offered within a reasonable distance* would cause hardship for participants

**Reasonable distance is described by CMS as “... ½ hour travel time each way from the facility.”*



“Focus Antibiotic Stewardship, Infection Prevention and Wounds” Training

Recently this joint provider/surveyor training seminar was presented in Topeka and Wichita and sponsored by Leading Age of Kansas in cooperation with the Kansas Department for Aging and Disability Services, the Kansas Health Care Association and Kansas Adult Care Executives. Below is a quick overview of what was covered.

What is antibiotic stewardship and how does it impact long-term care?

Presented by Nadyne Hagmeier, RN QIC – KFMC

Presentation emphasized that antimicrobial resistance is one of the most serious health threats in the United States as well as an increasingly growing global health concern. Health care providers are among those on the front lines helping prevent unnecessary use of antibiotics, preserve effectiveness and prevent antimicrobial multi-drug resistance organisms. According to the CDC, antibiotic stewardship is the effort to measure antibiotic prescribing; to improve antibiotic prescribing by clinicians and use by patients so that antibiotics are only prescribed and used when needed; to minimize misdiagnoses or delayed diagnoses leading to underuse of antibiotics; and to ensure that the right drug, dose and duration are elected when an antibiotic is needed.

Infection Prevention Best Practices

Brenda Davis, BSN, RN, CIC QIPM, Great Plains QIN KFMC reviewed utilizing the “all cause harm prevention in nursing homes” change package

Currently, federal infection control citations include:

- F880 – Infection Prevention & Control
- F881 – Antibiotic Stewardship Program
- F883 – Influenza and Pneumococcal Immunizations Policies and Procedures
- In November 2019, Phase 3 incorporates F882: {Phase 3} Infection Preventionist Qualifications/ Role

Survey Trends - Frequently Cited Deficiencies

Presented by KDADS SCCC Commissioner Patty Brown, RN MS & KDADS Director of SCCC Dawne Stevenson, RN
Review of the most frequently cited deficiencies in both nursing facilities and assisted living facilities and

what providers can do to address issues related to these common deficiencies.

For Calendar Year Jan. 1, 2018 – Dec. 31, 2018

Nursing Facilities

- 14.4% of surveys were no deficiency surveys
- Surveys averaged 6.4 cited deficiencies
- 10 most frequently cited deficiencies:
 - ♦ F812 – Food procurement, Store/Prepare/Serve-Sanitary
 - ♦ F689 – Free of Accident Hazards/Supervision/Devices
 - ♦ F880 – Infection Prevention & Control
 - ♦ F756 – Drug Regimen Review, Report Irregular, Act On
 - ♦ F757 – Drug Regimen is Free From Unnecessary Drugs
 - ♦ F657 – Care Plan Timing and Revision
 - ♦ F761 – Label/Store Drugs and Biologicals
 - ♦ F656 – Develop/Implement Comprehensive Care Plan
 - ♦ F758 – Free from Unnecessary Psychotropic Meds/PRN Use
 - ♦ F584 – Safe/Clean/Comfortable Homelike Environment
- 14.4% of surveys were cited a harm level

In Order of Most Frequently Cited at G Level or Above

- F686 – Treatment/Services to prevent/heal pressure ulcers
- F689 – Free of Accident Hazard/supervision/Devices
- F692 – Nutrition/Hydration Status Maintenance
- F697 – Pain Management
- F600 – Free from Abuse and Neglect

Assisted Living/Home Plus

- 30.1% of surveys were no deficiency surveys
- Surveys averaged 3.9 cited deficiencies
- 9.1% of surveys were cited at harm level



“Focus Antibiotic Stewardship, Infection Prevention and Wounds” Training Cont'd ...

Protective Oversight of Wound Care in a MegaRule World

Presented by Martha Kelso, RN – HBOT, Wound Care Plus, LLC

Martha revealed the complexity of wound regulations and the essential involvement of the QAPI committee. The QAPI committee should determine:

1. Why is the wound there?
2. How do you know?
3. What is keeping it from healing?
4. What are you doing about it?

CMS Federal regulations F684 (Quality of Care) and F686 (Skin Integrity – Pressure Ulcers) address skin conditions and pressure ulcers.

Wound regulations can be complicated, complex and cover a wide array of topics since the implementation of the MegaRule phases. This educational opportunity will

discuss the process of overseeing wounds without having to physically see or touch wounds in person. What processes should be in place what processes must be in place? How do you know if your building is meeting the current regulations? Martha covered current topics and regulations as well as processes to help maintain best practice.

Process to Help Maintain Best Practices

1. Head-to-toe assessment as soon as possible after admission
2. Clinical condition reviewed for risk of skin failure
3. Care plan implemented consistent with needs
4. Weekly QA with revision of interventions
5. Wounds categorized as Avoidable or Unavoidable
6. Weekly body audit head to toe by licensed nurse
7. Weekly wound assessment by licensed clinicians
8. Weekly wound measurements obtained by the same person every week
9. Clinical condition and treatments reviewed or revised every 2-4 weeks if wound is not improving
10. MDS Section M coded correctly utilizing wound specialist charting
11. Wounds are not “labeled” as pressure IHA unless a thorough investigation has been completed (same as BUO or fall)
12. QA committee verify weekly nursing notes/charting present
13. Weekly tracking log correctly completed



Ask JOHN

There have been some questions related to the “Nurses’ workroom or area.” Most of our adult care homes require some sort of nurses’ workroom or area within the construction part of the state regulations.

The regulations for the nurses’ area are well defined for nursing facilities (NF), with the two regulations having almost the same wording. With each, the facility must have a place for the nurse to work with office equipment (phone, charting equipment, and transmission/reception of resident info) and a monitor for call lights on each unit (may be shared between two units if centrally located). From this area the staff must be able to visualize the corridors outside of the resident rooms.

NFs built after 2011 would need to adhere to KAR 26-40-302:

- (e) Resident unit care support rooms and areas. The rooms and areas required in this subsection shall be located in each resident unit and shall be accessed directly from the general corridor without passage through an intervening room or area, except the medication room as specified in paragraph (e)(2)(A) and housekeeping closets. A care support area shall be located less than 200 feet from each resident room and may serve two resident units if the care support area is centrally located for both resident units.
- (1) Nurses’ workroom or area. Each resident unit shall have sufficient areas for supervisory work activities arranged to ensure the confidentiality of resident information and communication.
- (A) A nurses’ workroom or area shall have space for the following:
 - (i) Charting;
 - (ii) the transmission and reception of resident information;
 - (iii) clinical records and other resident information;
 - (iv) a telephone and other office equipment; and
 - (v) an enunciator panel or monitor screen for the call system. If a resident unit has more than one nurses’ workroom or area, space for an enunciator panel or monitor for the call system

shall not be required in more than one nurses’ workroom or area.

(B) The nurses’ workroom or area shall be located so that the corridors outside resident rooms are visible from the nurses’ workroom or area. The nursing facility may have cameras and monitors to meet this requirement.

(C) Direct visual access into each nurses’ work area shall be provided if the work area is located in an enclosed room.

NFs built and licensed before 2011 would need to adhere to KAR 26-40-303:

- (e) Resident unit care support rooms and areas. The rooms and areas required in this subsection shall be located in each resident unit and shall be accessed directly from the general corridor without passage through an intervening room or area, except the medication room as specified in paragraph (e)(2)(A) and housekeeping closets. Each care support area shall be located less than 200 feet from each resident room. If the building was constructed before February 15, 1977 and the nursing facility was licensed on the effective date of this regulation, the distance specified in this paragraph shall not apply.
- (1) Nurses’ workroom or area. Each resident unit shall have sufficient areas for supervisory work activities arranged to ensure the confidentiality of resident information and communication.
- (A) A nurses’ workroom or area shall have space for the following:
 - (i) Charting;
 - (ii) the transmission and reception of resident information;
 - (iii) clinical records and other resident information;
 - (iv) a telephone and other office equipment; and
 - (v) an enunciator panel or monitor screen for the call system. If a resident unit has more than one nurses’ workroom or area, space for an enunciator panel or monitor for the call system shall not be required in more than one nurses’ workroom or area.
- (B) The nurses’ workroom or area shall be located so that the corridors outside resident rooms are visible from the nurses’ workroom or area. The nursing facility may have cameras and monitors to meet this requirement.
- (C) Direct visual access into each nurses’ work area shall be provided if the work area is located in an enclosed room.

Ask **JOHN** Cont'd ...

The regulations for the nurses' area in the Assisted Living/ Residential Health facilities and Adult Day Care facilities are not as defined, but a space is required. The wording within the regulation is similar for these two types of facilities. The regulation requires a space within the facility with a desk and a telephone for staff to use.

Assisted Living/ Residential Health Care facilities would need to adhere to KAR 28-39-255:

(a) The assisted living or residential health care facility shall provide the following:

(b)(1) Space with a desk and telephone which can be used by direct care staff to chart and maintain resident records; and...

Adult Day Care facilities would need to adhere to KAR 28-39-290:

(a) Each adult day care facility shall provide the following:

(1) A work space with a desk and telephone which can be used by staff to chart and maintain resident records; and...

Entity Reports and Complaint Data Collection

The following are a list of data points that the complaint hotline collects on all complaints/facility reports. Please include these data points in your e-mail or fax when reporting to the complaint hotline. There are other issue-specific data collected that will be asked at time of intake.

- NAME OF COMPLAINANT
- NAME OF RESIDENT
- BIMS/COGNITION
- DATE OF BIRTH
- DPOA/GUARDIAN (name and relationship)
- DATE OF ADMISSION
- PERTINENT DIAGNOSIS (PLEASE ONLY THE PRIMARY ONES, WE DO NOT NEED THE ENTIRE LIST)
- IS THE RESIDENT CURRENTLY IN THE FACILITY
- IF NOT IN THE FACILITY WHERE AND WHEN DID THEY GO?
- INCIDENT TYPE (i.e. fall with injury; missing money; verbal abuse, etc.)
- INCIDENT DATE, TIME, AND LOCATION
- DOCUMENTATION OF INCIDENT TO INCLUDE NAMES AND TITLES OF PERSONNEL INVOLVED, WHAT HAPPENED, WHEN, WHY, HOW AND WHERE. INCLUDE WHO NOTIFIED THE DON OR ADMINISTRATOR
- CURRENTLY CARE PLANNED FOR (PRIOR TO INCIDENT)
- CHANGES IN CARE PLAN (AFTER THE INCIDENT)
- WERE THERE ANY INTERVENTIONS PUT IN PLACE TO PREVENT THE INCIDENT FROM HAPPENING IN THE FUTURE

When submitting a report, even the initial report (whether it be by email or fax), please be sure to include your name, the name of the facility which you are reporting, facility address, and a phone number where you can be contacted.

Practice Make Perfect: Fire and Tornado Drill Advice from The Office of the Kansas State Fire Marshal

Conducting regularly scheduled fire drills is something that can make a huge impact on life or death for people in an emergency. The way people behave in emergencies is a direct result on how they have been trained. We are going to look at Assisted Living and Healthcare Facilities and their Fire Drill Requirements.

We will first look at Assisted Livings and Home Plus facilities. We get the fire drill requirement from NFPA 101 2006 edition. 33.7.3.1 says “emergency egress and relocation drills shall be conducted not less than six times per year on a bimonthly basis, with not less than two drills conducted during the night when residents are sleeping, as modified by 33.7.3.5 and 33.7.3.6. In continuing with the code section 33.7.3.3 says “the drills shall involve the actual evacuation of all residents to an assembly point, as specified in the emergency plan, and shall provide residents with experience in egressing through all exits and means of escape required by this code.”

Now, we will focus on Healthcare Facilities. We get the fire drill requirement from NFPA 101 2012 edition. 19.7.1.6 says “drills shall be conducted quarterly on each shift to familiarize facility personnel (nurses, interns, maintenance engineers, and administrative staff) with the signals and emergency action required under varied conditions.” In addition to the frequency, 19.7.1.4 notes “Fire drills in health care occupancies shall include the transmission of a fire alarm signal and simulation of emergency fire conditions.” This is simply making sure that facilities are transmitting the alarm signal during the drill.

The last thing that is should be pointed out pertains to drills conducted at night. 19.7.1.7 says “When drills are conducted between 9:00 p.m. and 6:00 a.m. (2100 hours and 0600 hours), a coded announcement shall be permitted to be used instead of audible alarms.”

The last thing to highlight will be tornados. The focus on tornados will be coming from the Emergency Preparedness Requirements. Healthcare Facilities are required to complete risk assessments for their facilities and tornados should be included in those risk assessments. If you have further questions regarding the Emergency Preparedness plan and risk assessments, please reach out to Joel Beckner with the Office of the State Fire Marshal (OSFM) at 785-296-0659 and he will be glad to assist.

Like stated earlier, practicing drills as required is very helpful for all parties involved. Please make sure you are taking the time in conducting these drills and getting the most out of them. If you have any follow up questions, feel free to reach out.

2019 Zero Deficiency Surveys

These facilities received “zero” deficiencies from Jan. 1 to May 31, 2019

SNF/NF: Skilled Nursing Facility ALF: Assisted Living Facility RHCF: Residential Health Care Facility
 HP: Home Plus ADC: Adult Day Care BCH: Boarding Care Home

FACILITY	CITY	FACILITY TYPE	SURVEY DATE
Gran Villas	Atchison	ALF	1/2/19
Riverview Estates	Marquette	SNF/NF	1/2/19
Cheney Golden Age Home Plus	Cheney	HP	1/7/19
The Healthcare Resort of Leawood	Leawood	ALF	1/7/19
Brookdale Wellington	Wellington	ALF	1/7/19
Brookdale Derby	Derby	ALF	1/8/19
Cheney Golden Age Home	Cheney	SNF/NF	1/9/19
Care Haven Homes - Overbrook	Overbrook	HP	1/14/19
Attica Long Term Care Facility	Attica	LTCU	1/23/19
Sug's Home Care	Conway Springs	HP	1/23/19
Meadowlark Adult Care Home 6	Wichita	HP	1/24/19
Assisted Living at Windsor Place LLC	Coffeyville	ALF	1/28/19
Prairie Sunset Home, Inc.	Pretty Prairie	SNF/NF	1/31/19
Satanta District Hospital LTCU	Satanta	LTCU	2/6/19
Brookdale Junction City	Junction City	ALF	2/7/19
Manor of the Plains	Dodge City	SNF/NF	2/11/19
Brookdale Tallgrass	Wichita	ALF	2/13/19
Seniorcare Homes Vineyard House	Overland Park	HP	2/20/19
Comfort Care Homes, Inc. #441	Wichita	HP	2/25/19
Pine Village	Moundridge	SNF/NF	2/25/19
Wichita Presbyterian Manor	Wichita	SNF/NF	2/25/19
Reflection Living, LLC	Wichita	HP	2/28/19
Lawrence Presbyterian Manor ALF	Lawrence	RHCF	3/13/19
Comfort Care Homes, Inc. #509	Wichita	HP	3/14/19
Ottawa County Health Center, LTCU	Minneapolis	LTCU	3/18/19
Diversicare of Larned	Larned	SNF/NF	3/20/19
Meadowlark Adult Care Home 4	Wichita	HP	3/26/19
Comfort Care Homes, Inc. #557	Wichita	HP	3/28/19
Premier Living by Warden LLC 2	Wichita	HP	4/2/19
Redbud Plaza Assisted Living	Onaga	ALF	4/2/19
Morningstar Care homes at Dunn's Vista	Baldwin City	HP	4/3/19
Hmong Adult Day care	Kansas City	ADC	4/11/19
Mission Chateau Senior Living Community	Prairie Village	ALF	4/15/19
Comfortcare Homes of Baldwin City LLC	Baldwin City	HP	4/17/19
Evergreen Community of Johnson County	Olathe	SNF/NF	4/23/19
Vintage Park at Louisburg LLC	Louisburg	ALF	4/24/19
The Meadows	Burlington	ALF	4/30/19
Medicalodges Wichita	Wichita	SNF/NF	5/1/19
Center at Waterfront LLC	Wichita	NF	5/2/19
The Healthcare Resort of Wichita	Wichita	NF	5/2/19
Brookdale Dodge City	Dodge City	ALF	5/9/19
Gran Villas Pittsburg	Pittsburg	ALF	5/9/19
Guest Home Estates II	Chanute	RHCF	5/16/19
Wellsprings of Garden Plain LLC	Garden Plain	HP	5/21/19

SNF/NF: Skilled Nursing Facility ALF: Assisted Living Facility RHCF: Residential Health Care Facility
 HP: Home Plus ADC: Adult Day Care BCH: Boarding Care Home

FACILITY	CITY	FACILITY TYPE	SURVEY DATE
The Pines of Hiawatha	Hiawatha	HP	5/22/19
Country Living, Inc.	Anthony	ALF	5/22/19
Lakepoint El Dorado LLC	El Dorado	ALF	5/23/19
Compassionate Care West	Wichita	HP	5/28/19
Meadowlark Adult Care Home 3	Wichita	HP	5/29/19
Andover Court Assisted Living	Andover	ALF	5/30/19
Parkwood Village	Pratt	HP	5/30/19
Cumbernauld Village	Winfield	NF	6/5/19
Eaglecrest Retirement Community	Salina	ALF	6/5/19
Care Haven Homes - Fontana	Overland Park	HP	6/6/19
Care Haven Homes - Wycklow	Overland Park	HP	6/6/19
Hilltop Manor Nursing Center	Cunningham	SNF/NF	6/10/19
Regent Park Rehabilitation & Healthcare	Wichita	SNF/NF	6/17/19
Moundridge Manor	Moundridge	SNF/NF	6/20/19
Haviland Operators	Haviland	SNF/NF	7/16/19