

The Sunflower (Re)-Connection

Newsletter Date: July 2023
Volume 1, Issue 1



WELCOME BACK

Welcome to the Sunflower Connection! This is the first edition since 2021's Covid Edition and we are so happy to reconnect with all of you. I want to take a moment to say Thank You for all you have done and continue to do during and after the Covid Pandemic to give your residents the best care possible. It was a learning experience for all of us and as we change into whatever our "new normal" will be I encourage you to keep an open line of communication with your Regional Manager or myself. For those of you who do not know, the Sunflower Connection is released quarterly by KDADS and the Survey, Certification and Credentialing team. We hope you are as excited as we are about the Sunflower Connection!

-Dawne Altis, Assistant Commissioner

BED RAILS IN THE STATE LICENSED ONLY ADULT CARE HOME

In the past few years there has been a significant increase in the use of various types of adult portable bed rails in our State Licensed Adult Care Homes (Assisted Living, Residential Health Care, and Home Plus). Adult portable bed rails are used to help create a supportive and assistive sleeping environment in homes, assisted living facilities, and residential care facilities. This type of equipment has many commonly used names, including side rails, bed side rails, half rails, safety rails, bed handles, bed canes, assist bars, grab bars, and adult portable bed rails.

When you are considering the use of a bedrail in an AL, RHCF, or HP here are some steps to follow:

Complete an assessment of the resident to confirm the device is not a restraint. Use the guidance at K.A.R. 26-39-100(nnn) "Restraint is the control and limitation of a resident's movement by physical, mechanical, or chemical means".

Complete an assessment of the resident to determine the purpose of the bedrail and the resident's ability to safely use the device and document the findings in the resident's record.

Complete an assessment of the bedrail device using the recommendations in the FDA Guidance for health care facilities and manufacturer and the Clinical Guidance for the Assessment and Implementation of Bed rails in Hospitals, Long Term Care Facilities, and Home Care Settings to ensure that it is securely attached to the bed or bedframe and poses no risk for entrapment and document the findings in the resident's record.

If the purpose of the bedrail is to assist the resident with transfers, the functional capacity screen should document the resident's functional ability based on the use of the assistive device and should list any assistive devices used by the resident to perform activities of daily living in the comments section.

Include a description of the device, its purpose, and any special instructions on use and monitoring in the resident's negotiated service agreement/health care service plan.

Document periodic reassessments of the resident's use of the device and their ability to use it safely and reassessment of the safety of the device in the resident's record.

Helpful websites include:

<https://www.fda.gov/medical-devices/adult-portable-bed-rail-safety/recommendations-health-care-providers-using-adult-portable-bed-rails>

<https://www.federalregister.gov/documents/2023/07/21/2023-15189/safety-standard-for-adult-portable-bed-rails>

<https://www.fda.gov/media/88765/download>

If you have any questions, feel free to reach out to me at Dawne.Altis@ks.gov

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IMPORTANT

HOME AND COMMUNITY BASED SERVICES (HCBS) SETTINGS FINAL RULE BULLETIN

Does your agency provide HCBS in Kansas? If so, has it been screened to complete the appropriate assessment (s) to meet Final Rule compliance? All settings (locations) that have not been assessed or found presumed compliant for federal Final Rule requirements by the Kansas Department for Aging and Disability Services (KDADS) are subject to recoupment of HCBS funds after March 17, 2023.

What is the HCBS Settings Final Rule?

It includes federal regulations published in the Federal Register on January 16, 2014 that defines the qualities of settings that are eligible to receive HCBS funding. It aims to ensure that individuals receiving long-term services and supports through HCBS programs have full access to benefits of community living and the opportunity to receive services in the most integrated setting appropriate. The federal regulation is 42 CFR 441.301(c)(4)-(5). Additional regulation information can be found on the CMS website at www.medicaid.gov/hcbs.

HCBS settings include non-residential settings, such as an adult day service center, as well as residential settings, like an assisted living facility and home plus. Kansas has seven HCBS waivers that includes two that are widely used in adult care facilities which are the Frail and Elderly (FE) program and the Physical Disability (PD) program. Additional state waiver program information can be viewed at <https://kdads.ks.gov/commissions/home-community-based-services-hcbs>.

What Should Be Done If Your Agency Provides HCBS in Kansas?

Your agency should have completed a self-assessment by March 17, 2023 of this year or received a presumed compliance certification from KDADS. If not, it will be unable to re-enroll with KMAP to continue rendering HCBS in Kansas until doing so. A HCBS Compliance Portal Verification Letter is now needed for all KMAP enrollment and re-enrollment. Additional monitoring check points will be mandatory starting January 1, 2024 by the Managed Care Organizations (MCO) and KDADS Survey, Certification and Credentialing.

Have Questions or Need Further Assistance?

If you have questions or concerns, please contact the Final Rule HCBS Settings Compliance Team immediately at KDADS.FinalRule@ks.gov



A MESSAGE FROM THE KANSAS STATE LONG-TERM CARE OMBUDSMAN, CAMILLE RUSSELL (CONTINUED ON PG 10.)

First and most importantly, I wish to thank you for your dedication in our shared mandate to promote and protect resident rights.

Begun in the early 1970's, each state now has an Office of the State Long-Term Care Ombudsman. This federal program is authorized under the Older Americans Act, sections 711/712 and each program is led by a full-time State LTC Ombudsman who directs the program statewide.

In Kansas the Office of the State Ombudsman is in Topeka with representatives of the office, Regional Ombudsman and Certified Volunteer Ombudsman, stationed throughout different areas of Kansas. Ombudsman travel across our 105 counties to routinely visit homes and meet with residents. The focus on any visit is to listen and raise the resident voice. Ombudsmen are resident directed advocates.

The purpose of the program is to provide for resident empowerment and resident directed advocacy. Ombudsman programs work to resolve problems related to the health, safety, welfare, and rights of individuals who live in long-term care facilities. Residents have a right to private and confidential access and communication with their Ombudsman. It is important for all staff to be aware by law K.S.A. 75-7303 "an ombudsman or a volunteer ombudsman is authorized to enter any facility and any area within such facility at any time with or without prior notice and shall have access to the residents of a facility at all times."

To aid staff and residents, all Kansas Ombudsman are to wear a badge that will identify them by name and title. In Kansas, Regional Ombudsman contact information and photo is currently posted on our website: <https://ombudsman.ks.gov/contact-the-office/contact-our-office>

Ombudsman often may request a roster of resident, and resident representative information when they visit a home. Additionally, once Ombudsman gain informed consent through the program specific protocols an ombudsman is to have access to all records and documents kept for or concerning a resident. Ombudsmen are also to have access to all administrative records, policies

and documents of the facility that the residents or the general public are to have access to.

Ombudsman authority to identify, investigate and resolve complaints made by, or on behalf of, residents is not limited to residents without guardians or other representatives. The complaint investigation and resolution authority apply to residents with guardians or other resident representatives, as well as residents without such representatives. A resident right to private and confidential communication applies even when they are subject to a guardianship or have another representative.

The Ombudsman also has the authority personally, or through representatives of the Office, to identify, investigate and resolve complaints relating to "the action, inaction and decisions of: (A) providers, or representatives of providers, of long-term care; (B) public agencies; or (C) health and social service agencies." 45 CFR 1324.13(a)(1).

While the complaint resolution function of the Ombudsman program requires "investigation," an Ombudsman investigation is not for the same purposes as an investigation by protective services, licensing and regulatory agencies, law enforcement or other entities that represent the state or other government entity in determining whether abuse occurred. "Substantiation" determinations are made by adult protective services and/or the state's licensing and regulatory agency, not by the Ombudsman program.

In contrast, when an Ombudsman program receives any complaint (including, but not limited to, an abuse-related complaint), it investigates solely for the purpose of gathering necessary information to resolve the complaint to the resident's satisfaction. It does not investigate in order to officially determine whether any law or regulation has been violated or for purposes of taking official protective, regulatory, or enforcement action. The goal of the investigation is to resolve the complaint to the resident's satisfaction, but not to substantiate whether the abuse or other allegation occurred.

The Ombudsman program does not have a duty to collect sufficient





IDR PANEL MEMBERS NEEDED

If you would be willing to volunteer your time to serve on the informal dispute resolution (IDR) panel please submit your interest and contact information to Patricia Purdon and she will add you to her list of potential members. Each IDR lasts approximately 1 hour and may be on TEAMS or in person. All findings and discussions are confidential to the panel members and are not published or expressed to KDADS or the facility involved in the resolution process.

2023 PDPM TRAINING OPPORTUNITIES

The Centers for Medicare and Medicaid Services (CMS) will soon eliminate the current Resource Utilization Group (RUGs) Medicare Part A Prospective Payment System (PPS) and replace it with a new PPS called the Patient-Driven Payment Model (PDPM). PDPM is intended to promote more specialized treatment of patients with more medically complex care needs, foster individual care planning, and to reduce the administrative burden for skilled nursing facilities.

In preparation for this conversion, we want to share some training opportunities and information with you.

Kansas rate setting will begin to use the PDPM results in July of 2024.

Kansas does not anticipate using an Optional State Assessment (OSA).

Kansas uses a 3-year base period to calculate rates.

Prior to the conversion enough PDPM data will be available for a smooth transition.

Please plan to attend one of the training sessions listed below to register and learn more details:

For KACE members August 23rd :

<https://www.kaceks.org/KACE-Education-Events-Calendar>

For KHCA members September 29th :

<https://www.khca.org/education/education-calendar/>

For Leading Age members October 3rd :

<https://www.leadingagekansas.org/index.php?>

[option=com_jevents&task=icalrepeat.detail&evid=526&Itemid=140&year=2023&month=10&day=03&title=2023-leadingage-kansas-fall-conference&uid=7cc88f1ce33b900ed97a3e74214c432b](https://www.leadingagekansas.org/index.php?option=com_jevents&task=icalrepeat.detail&evid=526&Itemid=140&year=2023&month=10&day=03&title=2023-leadingage-kansas-fall-conference&uid=7cc88f1ce33b900ed97a3e74214c432b)

All Nursing Facilities and Nursing Facility for Mental Health providers virtual training on November 6th from 2-3:30: URL to be provided at a later date

In addition, there will be two Minimum Data Set (MDS) trainings to review upcoming changes to the Resident Assessment Instrument (RAI) manual that all are invited to attend:

September 13th : virtual attendees: <https://kaceks.org/event-5324102> or in-person attendees: <https://kaceks.org/event-5321125>

Watch for updated information to be posted here: <https://kdads.ks.gov/kdads-commissions/long-term-services-supports/nursing-facility-and-adult-care-home-programs>.

SCC CONTACTS

Lacey Hunter, SCC Commissioner:

* Lacey.hunter@ks.gov

Dawne Altis, SCC Assistant Commissioner:

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Patricia Purdon, SCC Licensure, Certification and Enforcement Manager:

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Evelyn Lacey, South District Regional Manager:

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Lori Mouak, RAI Coordinator:

* Lori.mouak@ks.gov

Jessica Patterson, State Training Coordinator:

* Jessca.patterson@ks.gov

John Easley, Physical Environmental Specialist:

* John.easley@ks.gov

Mary Tegtmeier, State Licensed Only QI Coordinator:

* mary.tegtmeier@ks.gov

MOST CITED DEFICIENCIES Q2 AND Q3

07/07/2023 1:12:12PM

HEALTH RESURVEY DEFICIENCY DATA
January 1 - June 30, 2023 **TOP 10**

TAG			
0689	Free of Accident Hazards/Supervision/Devices	57	7.0%
0657	Care Plan Timing and Revision	41	5.0%
0812	Food Procurement,Store/Prepare/Serve-Sanitary	41	5.0%
0880	Infection Prevention & Control	36	4.4%
0758	Free from Unnec Psychotropic Meds/PRN Use	35	4.3%
0756	Drug Regimen Review, Report Irregular, Act On	30	3.7%
0550	Resident Rights/Exercise of Rights	28	3.4%
0677	ADL Care Provided for Dependent Residents	28	3.4%
0690	Bowel/Bladder Incontinence, Catheter, UTI	27	3.3%
0757	Drug Regimen Is Free from Unnecessary Drugs	27	3.3%

07/07/2023 1:13:08PM

HEALTH RESURVEY DEFICIENCY DATA
January 1 - June 30, 2023 **TOP 10 G+**

0689	Free of Accident Hazards/Supervision/Devices	15	48.4%
0692	Nutrition/Hydration Status Maintenance	5	16.1%
0600	Free from Abuse and Neglect	4	12.9%
0686	Treatment/Svcs to Prevent/Heal Pressure Ulcer	4	12.9%
0609	Reporting of Alleged Violations	1	3.2%
0610	Investigate/Prevent/Correct Alleged Violation	1	3.2%
0880	Infection Prevention & Control	1	3.2%

**Top Cited Deficiencies by Kansas Long Term Care Surveyors*

07/07/2023 1:06:45PM

HEALTH RESURVEY DEFICIENCY DATA
January 1 - June 30, 2023 **TOP 10 G+**

TAG			
3026	Staff Treatment of Residents ANE	10	71.4%
3155	Health Care Services	1	7.1%
3265	Disaster and Emergency Preparedness	1	7.1%
5171	Health Care Services Standards of Practice	1	7.1%

07/07/2023 1:06:45PM

HEALTH RESURVEY DEFICIENCY DATA
January 1 - June 30, 2023

TAG			
3310	Infection Control Policies	36	6.1%
3085	Negotiated Service Agreement	33	5.6%
3280	Disaster and Emergency Preparedness	30	5.1%
3211	OVER THE COUNTER DRUGS	25	4.2%
3261	Resident Record Documentation of Incidents	22	3.7%
5105	Negotiated Service Agreement	21	3.6%
3092	Negotiated Service Agreement Revisions	19	3.2%
5215	Disaster and Emergency Preparedness Education	16	2.7%
3101	NSA Signatures	15	2.5%
3298	Food Preparation	15	2.5%

**Top Cited Deficiencies by Kansas State Licensed Only Surveyors*

RESOURCES

Visit our website at <https://kdads.ks.gov>

- Adult Care Home Licensure and Certification Information.
- Adult Care Home Directory.
- Surveys, Reports, Regulations and Statutes.
- Health Occupations and Credentialing Information:

Criminal Record Checks.

Board of Adult Care Home Administrators.

Continuing Education

- Behavioral Health Policies and Regulations .
- Latest COVID-19 Guidance.
- Event Calendar.

REMINDER

Go to <https://www.kdads.ks.gov> then click on web applications and go to the log in page to create a 1st time user account or log in using your pre established credentials to verify your information is correct. You are responsible for updating your facility page with your current Administrator and/or Operator. Also ensure your e-mail address is up to date and ac-

HOUSE BILL 2125

On 06/30/20 The Kansas Board of Cosmetology posted a notice to all Kansas Adult Care Homes and Long Term Care Units of Medical Care facilities explaining House Bill 2125, signed by Governor Kelly on 04/19/2023, which included the following:

“HB 2125 exempts adult care homes, as defined in K.S.A. 39-923, and long-term care units of medical care facilities, as defined in K.S.A. 65-425, from:

- * Making application to establish a salon or clinic with the Board of Cosmetology;
- * Paying the new salon or clinic license fee;
- * Submitting to inspection of equipment as to safety and sanitary condition of the premises; and
- * Holding a salon or clinic license as issued by the Board of Cosmetology

This law becomes effective July 1, 2023. If there is current KBOC establishment licensure within adult care homes or long-term care units of medical care facilities, you will no longer be required to hold a KBOC establishment license after 6/30/2023. You can read the full legislation at [HB 2125 | Bills and Resolutions | Kansas State Legislature (kslegislature.org)].

Pursuant to K.A.R. 69-6-7, if you are closing the establishment license, please notify the Board [of Cosmetology] in writing by sending an email to kboc@ks.gov”



RESOURCES

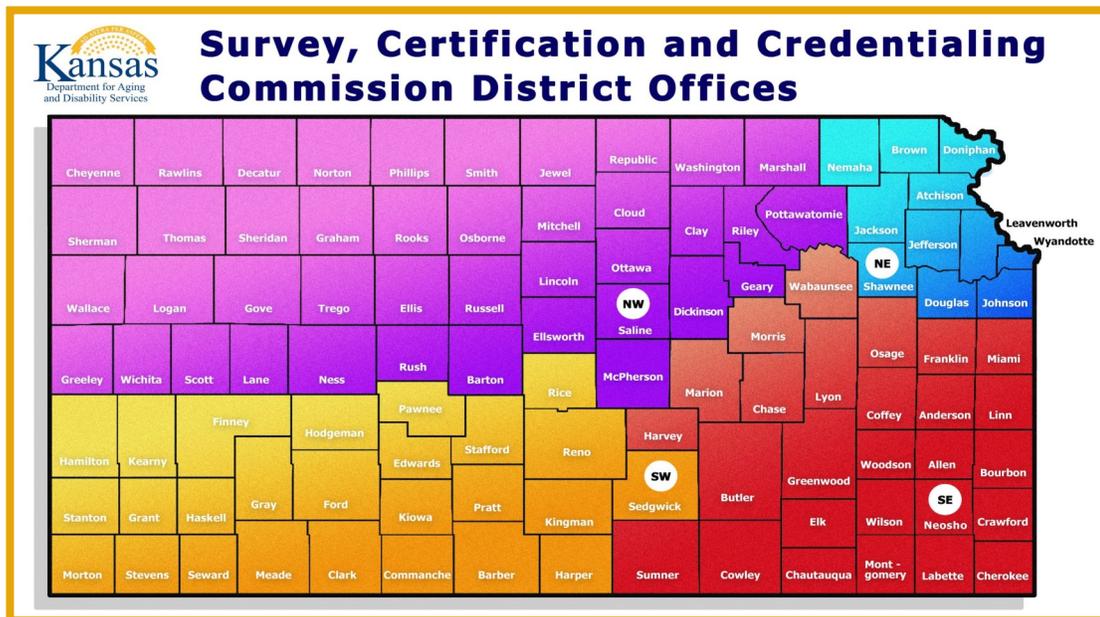
The most recent State Operations Manual, Appendix PP (Book of Regulations) and survey related documents can be found at:

<https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes>



SCC DISTRICT OFFICE MAP

In 2022 the Long Term Care division of the Survey, Certification and Credentialing Commission consolidated to two districts. The Northwest and Northeast Districts are overseen by Felicia Majewski and the Southwest and Southeast Districts are overseen by Evelyn Lacey.



MINIMUM DATA SET MINUTE

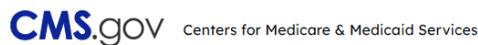
As you all know CMS has issued a substantial amount of changes to the Minimum Data Set (MDS), which will take effect on October 1st, 2023. With the upcoming changes anyone coding the MDS will want to visit and bookmark the following links:

MDS related documents (Resident Assessment Instrument, Current Item Sets), Draft Item Sets, Draft RAI Manual (Version V1.18.11), IQIES Account Registration and other valuable resources can be found at:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual>

MDS Training resources can be found at:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Training>



MDS training Videos can be found at the following link:

<https://www.youtube.com/playlist?list=PLaV7m2-zFKphoXW6cc3NwUfxra0A1LYDi>

Please reach out to the Kansas State RAI coordinator lori.mouak@ks.gov if you have questions regarding accurate coding of the MDS.

If you have questions related to Kansas Case Mix or Medicaid billing, please reach out to Trescia.power@ks.gov.

For Medicare billing questions and coding the MDS for payment please reach out to your Medicare Administrative Contractor (MAC).



FACILITY REPORTED INCIDENT REPORT REQUIREMENTS

Facility Reported Incident (FRI) report and supportive documentation must include the following:

For both Long-Term Care and State Licensed Only facilities you will need to include a very specific narrative about what occurred (who, what, when where, and why). Please include a minimum of three alert and oriented resident interviews regarding the allegation category.

For Long-Term Care you will include pertinent MDS information, pertinent parts of the care plan, only nursing notes relevant to the incident and any other supportive information you think the person reviewing your documentation would need to review your findings.

For State Licensed Only facilities please include FCS, NSA, and Health Care Plans along with any notes or documentation you think the person reviewing your documentation would need to review your findings.

You will also need to include a list of witnesses and original notarized witness statements from individuals who may have information regarding any abuse, neglect, or exploitation allegations.

Once your investigation is complete, please e-mail your findings to kdads.fri@ks.gov within 5 days. Please include your district (N or S) and CP number you were given by the complaint hotline, in the subject line.

You will no longer receive an outcome letter for a facility reported incident.

Reference:

State Operations Manual Appendix PP: F610—(§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.

F838—§483.70(e) Facility assessment. The facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies.

The facility must review and update that assessment, as necessary, and at least annually. The facility must also review and update this assessment whenever there is, or the facility plans for, any change that would require a substantial modification to any part of this assessment.

The facility assessment must address or include: §483.70(e)(1) The facility's resident population, including, but not limited to, (i) Both the number of residents and the facility's resident capacity; (ii) The care required by the resident population considering the types of diseases, conditions, physical and cognitive disabilities, overall acuity, and other pertinent facts that are present within that population; (iii) The staff competencies that are necessary to provide the level and types of care needed for the resident population; (iv) The physical environment, equipment, services, and other physical plant considerations that are necessary to care for this population;

and (v) Any ethnic, cultural, or religious factors that may potentially affect the care provided by the facility, including, but not limited to, activities and food and nutrition services.

§483.70(e)(2) The facility's resources, including but not limited to, (i) All buildings and/or other physical structures and vehicles; (ii) Equipment (medical and non-medical); (iii) Services provided, such as physical therapy, pharmacy, and specific rehabilitation therapies; (iv) All personnel, including managers, staff (both employees and those who provide services under contract), and volunteers, as well as their education and/or training and any competencies related to resident care; (v) Contracts, memorandums of understanding, or other agreements with third parties to provide services or equipment to the facility during both normal operations and emergencies; and (vi) Health information technology resources, such as systems for electronically managing patient records and electronically sharing information with other organizations.

§483.70(e)(3) A facility-based and community-based risk assessment, utilizing an all hazards approach.



YOUR FEEDBACK IS IMPORTANT TO US

Please let us know if you have any ideas or suggestions for topics you would like to see addressed in future editions of the Sunflower Connection. We are always looking for feedback so please don't hesitate to reach out to:

Lori Mouak: Lori.mouak@kdads.ks.gov

Jessica Patterson: Jessica.patterson@kdads.ks.gov

"Kansas was all golden and smelled like sunshine."

~ The Outlaw Josey Wales (1976).

COMPLAINT/FRI REQUIREMENTS (CONTINUED ON PG 10)

The following are a list of data points that the complaint hotline collects on all complaints/facility reports. Please ensure you include these data points in your e-mail or fax when reporting to the complaint hotline.

- ⇒ 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)
- ⇒ NOTE IF THE RESIDENT IS CURRENTLY IN THE FACILITY AND 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 (BE VERY SPECIFIC) **INCLUDE NAMES AND TITLES OF PERSONNEL INVOLVED, WHAT HAPPENED, WHEN, WHY, HOW AND WHERE. IN-**



SUNFLOWER SEEDS

326 CERTIFIED NURSING FACILITIES (NFS) IN KANSAS

3 ADULT DAY CARES

2 BOARDING CARE HOMES

128 ASSISTED LIVING FACILITIES

176 HOME PLUS FACILITIES

49 RESIDENTIAL HEALTH CARE FACILITIES

101 NFS WITH AN ATTACHED STATE LICENSED ONLY (SLO) FACILITY

AVERAGE OF 62 BEDS PER HOME IN KANSAS.

6 STATE LICENSED STAFF AND 2 VACANCIES

30 CERTIFIED STAFF AND 17 VACANCIES

A LOOK AT PAYROLL BASED JOURNAL (PBJ) WITH SURVEY

Prior to entering a facility, the surveyor will receive the PBJ data information as part of the offsite preparation review, gathered from the Casper Reports. The information in the report simply reiterates the data reported by each LTC facility, for each fiscal quarter.

The metrics included in the report reveal the following five areas:

1. Failed to Submit Data for the Quarter; if triggered, indicates no data submitted for the quarter (non-compliance at F851).
2. One Star Staffing Rating; if triggered, indicates star staffing rating equals 1.
3. Excessively Low Weekend Staffing; if triggered, indicates submitted weekend staffing data is excessively low.
4. No RN Hours; if triggered, indicates four or more days within the quarter with no RN hours (non-compliance at F727).
5. Failed to have License Nursing Coverage 24 hours/day; if triggered, indicates four or more days in the quarter with less than 24 hour/day Licensed Nursing Coverage. (F725)

Per the 06/2023 "Sufficient and Competent Staffing" pathway: The rule of 4 or more days is used for the purposes of the PBJ Staffing Data Report. The expectation of CMS is that the survey team would consider issuing a citation when a minimum of one day is identified to not meet the nurse staffing requirement for both a Registered Nurse and Licensed nursing staff."

If you would like to review the "Sufficient and Competent Staffing" pathway, it is in the "LTC Survey Pathways" folder, within the "Survey Resources" zip file, you can download from the following CMS website:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes>

CLUDE 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 in-

clude your name, the name of the facility which you are reporting, facility address, and a phone number where you can be contacted. The complaint hotline may reach out for additional information after they review your information. It is important that you respond to their requests in a timely manner.

CONTINUED: A MESSAGE FROM THE KANSAS STATE LONG-TERM CARE OMBUDSMAN, CAMILLE RUSSELL

evidence to meet the higher legal standards of proof that protective services, licensing or regulatory agencies, or law enforcement may need to meet in order to fulfill their respective purposes. With appropriate consent, the Ombudsman program makes a referral to the appropriate protective service, regulatory, or law enforcement entity to investigate for its respective purpose.

With the Ombudsman program fulfilling its dispute resolution and advocacy duties, the priorities and interests of the individual resident can be supported in informal ways that often prevent the need for more formal regulatory or legal action. If the government entities charged with taking protective, regulatory, or enforcement actions are not providing the outcomes that serve the health, safety, welfare or rights of residents, the Ombudsman program is available to address these larger systemic problems. Therefore, it is critically important that each of these entities is able to distinctly fulfill their duties.

Ombudsman also provides information to residents, their families and others about Long Term Service and Supports. The program also provides community and staff education about the LTC Ombudsman program in general, resident rights, person-centered practice and other related subjects. A toll free number is available for anyone to call and gain information 1-(877)662-8362 or email LTCO@ks.gov The landing page of our website <https://ombudsman.ks.gov/> provides current events including our person centered practices sessions. Anyone interested is welcome to register to attend, at no charge, via zoom.

Additionally, the program represents the interests of residents before governmental agencies and seek administrative, legal, and other remedies to protect residents; and is expected to analyze, comment on, and recommend changes in laws and regulations pertaining to the health, safety, welfare, and rights of resi-

dents.

The scope work of the LTC Ombudsman program is vast and is both individual and systemic in nature. The most important role we share with others serving individuals is very much the same. Protection and promotion of a dignified existence and self-determination.

Kan. Admin. Regs. § 26-39-103 Protection and promotion of resident rights. Each administrator or operator shall ensure the protection and promotion of the rights of each resident as set forth in this regulation. Each resident shall have a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the adult care home.

The regulations go on to provide more specifics, but this really hard work can be much simpler, and ultimately successful, if we provide for dignity and respect when we listen and when we act.

Again, thank you for your hard work and you consideration to ask yourself at all times “Is my next action promoting and protecting this individuals’ dignified existence, self-determination?” Every single health, safety, welfare and rights action should support dignity and respect.

LTC Ombudsman look forward to continued efforts to be successful together in this important, essential and sometimes tough endeavor. Can’t is not an option. The only path forward requires we cooperatively, creatively (by including the resident as the locus of control) move forward asking “How CAN we?”

Best Regards, Camille