

# SUNFLOWER CONNECTION

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## Farewell from the Commissioner



As many of you have heard, my last day as Commissioner of Survey, Certification, and Credentialing for KDADS was March 30, 2018.

I am leaving here with a wealth of knowledge I will always treasure. I wish to thank you for the kindness you have shown me. I am hopeful that I have shown compassion and stability for both the regulators and the regulated.

I am returning to the provider world and will be relocating to Colorado. I wish you all the best of luck. I take with me many fond memories.

“So long, farewell... I leave and heave a sigh and say goodbye”

-Codi Thurness

# Fire Doors

When it comes to fire doors, they are so important in keeping people safe in a building that has unfortunately caught on fire. Countless times, fire investigators have seen how properly working fire doors have saved people's lives and property.

CMS has now required all 17 supplier and provider types to have an annual fire door inspection. The original date for the healthcare facilities to have these requirements met was July 5, 2017 but it was pushed back to January 1, 2018 by CMS.



With these new requirements, here are a few things to keep in mind. It is well known that qualified individuals must inspect the fire door, but it is the owner's and property manager's responsibility to provide a list or have knowledge of which doors in their facility are fire doors and need inspecting. Another good requirement to know has to deal with pictures on the fire door. We all know that exit doors cannot be disguised but NFPA 80 also says that pictures should not exceed five percent of the fire door surface.

The last requirement to be addressed is about the removal of existing mortise or cylindrical locksets. When this happens, it results in left over holes in the rated fire doors. If the holes are  $\frac{3}{4}$  of an inch or less in diameter, they can be filled in with fire door caulk. However, if the holes are  $\frac{3}{4}$  of an inch or more in diameter, the fire door will have to be totally replaced.

Please take time to invest your time to learn the new fire door requirement to be able to keep your occupants and facility as safe as possible.

# Person-Centered Care/Regulatory Oversight



Homes enrolled in PEAK 2.0 often find that as they make changes to support person-centered care they must work through the regulatory implications of the changes. Action planning this step is a very important way that successful PEAK homes have made sure not to miss this important part of the implementation of person-centered care.

The new regulations are also on many homes' minds. The good news is that these regulations support person-centered care very nicely, but even so, it is important to consult the regulations as a step or steps in action plans for change.

Laci Cornelison and Shirley Boltz have decided to collaborate and generate some articles in upcoming PEAK and Sunflower Connection newsletters on this subject over the next year. If you have any specific questions or topics you would like us to focus on, please email us with them.

# Person-Centered Care/Regulatory Oversight

Many of the new regulations include resident choice which is the theme of Person-Centered Care. Let's look at F675 – Quality of Life.

Quality of life is a fundamental principle that applies to all care and services provided to facility residents. Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident's comprehensive assessment and plan of care.

Facilities must create and sustain an environment that humanizes and promotes each resident's well-being, and feeling of self-worth and self-esteem. This requires nursing home leadership to establish a culture that treats each resident with respect and dignity as an individual, and addresses, supports and/or enhances his/her feelings of self-worth including personal control over choices, such as mealtimes, activities, clothing, and bedtime; privacy during visits, and treatments; and opportunities to engage in religious, political, civic, recreational or other social activities.

It is easy to meet this regulation. Find out the resident's preferences on admission and then routinely review them during the care plan meeting. Example: find out what type of bath the resident wants, time of day, and how many days per week. Their preferences must be a part of the care plan and most important, the staff must read and follow them.

Preferences include many things such as, time to get up, time to go to bed, do they take a nap, food likes/dislikes, sleep routine, etc.

## CNA/HHA Employment Verification

**\*First-** To update your current employee list, as well as update a person's CNA/HHA certification, you will need to go to your employment list.

To do this please follow these steps:

Go to [www.ksnurseaidregistry.org](http://www.ksnurseaidregistry.org)

- Select "**Facility Access**"
- Enter **Facility ID number** (Can be located on your facilities license, Example: N000000)

Once logged on selected "**Employment Verification Page**"

**\*Next-** On the right-hand side there are "**Yes and No**" buttons for each employee. Please follow the guidelines, to determine which option would need to be selected per individual.

- **Certified Individuals--** select "**Yes**" if the aide has worked at your facility at least 8HRS the prior calendar year, even if they are no longer working at your facility
- **Non-certified--** select "**No**" if they are no longer working at your facility
- **Certified/Non-Certified --**mark "**No**" if the individual did not work at your facility, the last calendar year

**\*\*\*At the very bottom make sure you select "Update and save changes" before you exit the page.**

# Opening Encrypted Complaint Emails

**Step 1) After** opening the encrypted email you will have to download and/or open the attachment to access the encrypted email. (Depending on the browser you are using, you may be required to save the attachment first before you get the option to open. If you get a Security Alert window about viewing pages over a secure connection, just click OK.

**Step 2)** Click the "VIEW YOUR ENCRYPTED MESSAGE" button.

If you chose to click on the Sign in link - You will have the option of logging into an existing Microsoft account, creating a new account or using a one-time passcode. You can use the one-time passcode, which doesn't require you to create an account. Without an account you will need to use this option every time you receive an encrypted email from the hotline.

## **Use a one-time passcode:**

Download the attachment.

Open the attachment and there will be instructions.

Press the one-time passcode box and you will get a new email with the passcode.

Copy and paste the passcode into the "One-time passcode" box

Press "Continue" and the email will open.

**\*\*\*\*\*If you would like to set up a Microsoft O365 account, you will click on the Microsoft account link.**

**Step 3) If you choose to create an account you will be prompted to create an account with the steps below. \*\*\*\*\***

If you already have an account set up with Microsoft Office 365 you can choose to continue to O365, from the screen below. You will not see the screens in Steps 3-11, and you can skip to Step 12.

**Step 4)** Provide the required information to create an account, then click the 'Create account' button. All fields except the phone number are required.

**Step 5)** Click on the blue Create account button.

**Step 6)** An account summary appears. If you entered any information incorrectly, you can fix it here. To verify the account, click on the 'Verify your email address' link at the top of the page.

**Step 7)** A sign-in page appears. Login to verify the account:

**Step 8)** Click on the blue Send email button on the next screen. Per the instructions, you will receive an email with instructions to follow to continue the verification process.

**Step 9)** Look in your Inbox for the email:

**Step 10)** Click on the blue 'Verify' button and you should get this message:

**Step 11)** Close the browser window containing the above message. You can now return to the original encrypted email you were sent and open it, logging in with your newly created account.

**Step 12)** Once you open and read the encrypted email, if you need to reply to the email, click on REPLY, REPLY ALL, or FORWARD to send an encrypted message back to the sender.

**Step 13)** Complete the fields as necessary and click SEND to send the message. This will maintain the encryption status of the message. The hotline employee will receive the message and it will be automatically decrypted for their review.

**Step 14)** After you have sent the secure email, click on 'Sign Out' in the upper-right hand corner of the window to log out of the Microsoft Office 365 Encryption service.

# Ask John

New federal construction for SNF/NF's went into effect November 28, 2016. There have been questions related to F918:

## **§483.90(f) Bathroom Facilities**

**Each resident room must be equipped with or located near toilet and bathing facilities. For facilities that receive approval of construction plans from State and local authorities or are newly certified after November 28, 2016, each residential room must have its own bathroom equipped with at least a commode and sink.**

## **F911**

### **§483.90 (e)(1) Bedrooms must**

**§483.90(e)(1)(i) Accommodate no more than four residents. For facilities that receive approval of construction or reconstruction plans by State and local authorities or are newly certified after November 28, 2016, bedrooms must accommodate no more than two residents.**

**Q-** Do each of my resident rooms need a private bathroom attached for a nursing home currently operating?

**A-** If the facility had a license before November 28, 2016, *and* remained under that license, the answer would be- No. No changes to the license or to the construction/ remodeling to the building, the facility would continue to function as before the regulation change.

A facility new, *or* an existing facility that lost their license, *or* a change of ownership *and* the new company does not accept assignment (the previous owner's provider's agreement with CMS), this would trigger a new certification. According to F918 these types of facilities would need to be in compliance with the new regulations of a bathroom with each resident room.

**Q-** I am remodeling the resident rooms and removing/adding walls to update the space; Do I need to have private bathrooms with each resident room?

**A-** If construction/ remodeling, more than updating paint and changing floor coverings, the facility would need contact KDADS. Moving walls, moving plumbing, rerouting electrical would then force the facility to be compliant with the new part of F918.

There are different ways to make each facility compliant. Other facilities have added additional bathrooms or changed the layout of the "resident rooms," making 2 old private resident rooms into 1 semi-private resident room. Please keep in mind, F911, new remodeled resident rooms may not accommodate no more than 2 residents.

# Bed Change Requests

The following information is now required by CMS for any bed change requests. A written request specifying:

- The effective date;
- If the request is for an increase or decrease;
- A list of all the Medicare and/or Medicaid certified bed room numbers;
- Identify which room(s) by number are impacted by the change request; and
- A list of the final total number of certified beds after the change. *For example: Total Title 18/19 Beds = 122 effective 4/1/18.*

A legible floor plan identifying the location of the Medicare and/or Medicaid certified bed rooms (a floor plan must also be attached to the change request. If not, your request will be denied) A list identifying the location of each bed. For example: Rooms 100-110 (1 bed each), 200-210 (2 beds each), 300-305 (3 beds each).

The additional information will need to be emailed to [tina.lewis@ks.gov](mailto:tina.lewis@ks.gov).

# 2018 Zero Deficiency Surveys

The following facilities received "zero" deficiencies on their 2018 survey.

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

FACILITY	CITY	FACILITY TYPE	SURVEY DATE
The Homestead of Garden City ( <i>Amended</i> )	Garden City	ALF	2/27/17
Country Place Senior Living of Marysville	Marysville	ALF	1/3/18
Vintage Park at Wamego LLC	Wamego	ALF	1/10/18
The Heritage of Overland Park	Overland Park	RHCF	1/11/18
Brookdale McPherson	McPherson	ALF	1/18/18
Bethesda Home	Goessell	SNF/NF	1/29/18
The Meadows	Burlington	ALF	1/29/18
Village Estates	Nortonville	ALF	1/31/18
Kelly House of Meriden	Meriden	HP	2/1/18
Vintage Park at Paola LLC	Paola	ALF	2/6/18
Lakeview Village	Lenexa	ALF	2/15/18
Rolling Hills Assisted Living Apartments	Topeka	ALF	2/21/18
Crestview Nursing & Residential Living	Seneca	ALF	2/28/18
Vintage Park at Baldwin City LLC	Baldwin City	ALF	3/1/18
Prairie Homestead Assisted Living	Wichita	ALF	3/8/18
Galena Nursing & Rehabilitation Center	Galena	SNF/NF	3/15/18

## Credit Card Transactions

The Kansas Department for Aging and Disability Services (KDADS) has begun charging a fee for credit card transactions. The fee was fully integrated into web-based applications on April 1.

There is currently a fee that is added to bed tax credit card payments. This will not increase with the integration of other transactions. The fee is to cover the cost of credit card transactions which are currently being charged to KDADS by Credit Card Companies and will be assessed at a rate of 3.04 percent of the total bill.

The intent of the fee is to only cover the cost of the transaction and the percentage chosen is an average of the varying fees charged by credit card companies. This fee will be included in all credit card transactions received by KDADS.