PEAK

The response to the PEAK program State Fiscal Year (SFY) 2013 was great. To encourage even broader participation, the initiative begun in FY 2013 will be extended in FY 2014. The plan for PEAK in SFY 2014 is:

I. Enrolled homes will continue at their current SFY 2013 (7/1/12-6/30/13) level for SFY 2014 (7/1/13 through 6/30/14).

II. Homes that submitted action plans for PEAK 2013 will have extra time to show that the home has accomplished a minimum of seventy-five percent (75%) of the goals outlined in the action plan.

III. Homes that submitted a narrative and were recognized as a person-centered care home or were recognized for sustaining or mentoring person-centered care will continue at those incentive levels through FY 2014.

IV. **Homes that were not enrolled in SFY 2013 will be given an opportunity to start the program at Level 1 for SFY 2014. The registration and application process must be completed no later than April 30, 2013.**

V. New homes will also be required to participate in the PEAK education opportunities through the Kansas State Center on Aging. Contact Laci Cornelison at (785) 532-2776 or email KSUCOA@gmail.com for more information regarding the education opportunities.

Please contact Rhonda Boose at Rhonda.boose@kdads.ks.gov for

State Operations Manual

Appendix PP - Guidance to Surveyors for Long Term Care Facilities
 (Rev. 70, 01-07-11)

http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf

   The Federal Regulations for Nursing Homes, also known as the State Operations Manual or Appendix PP, posted at above link do not contain the regulations and interpretative guideline revisions posted after January 7, 2011. Nursing Home providers who have used this resource for obtaining a manual may want to add the appropriate S&C letters provided at the following link:
http://www.cms.gov/Medicare/Provider-Enrollment-and-Cer¬tification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions.html
Look closely at the date of the memos provided.

Survey and Certification Letters

http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions.html

REF: S&C: 13-05-NH
DATE: December 14, 2012
SUBJECT: Preview of Nursing Home Quality Assurance & Performance Improvement (QAPI) Guide – QAPI at a Glance
MEMORANDUM SUMMARY:
• **Preview of Nursing Home QAPI materials**: The Centers for Medicare & Medicaid Services (CMS) will make a core set of introductory materials available on the CMS QAPI website by February 2013. Prior to that release, CMS is making QAPI at a Glance available in draft form for advance previewing by Quality Improvement Organizations (QIOs), State Survey Agencies, and Regional Offices.
• **QAPI at a Glance**: QAPI at a Glance is a step-by-step guide that provides tools and resources to help nursing homes establish a foundation for QAPI.

REF: S&C: 13-09-NH
DATE: January 25, 2013
SUBJECT: Clarification of Interpretive Guidance at F Tag 441-Laundry and Infection Control
MEMORANDUM SUMMARY: Revised Guidance for F Tag 441: The Centers for Medicare & Medicaid Services (CMS) is clarifying and revising guidance to surveyors in Appendix PP of the SOM regarding citations under F Tag 441 related to 42 CFR §483.65(c). The memo addresses laundry detergents with and without antimicrobial claims, use of chlorine bleach rinses, water temperatures during the process of washing laundry, maintenance of laundry equipment and laundry items, and ozone laundry cleaning systems.

REF: S&C: 13-13-NH
DATE: March 1, 2013
SUBJECT: Information only: New Dining Standards of Practice Resources are Available Now.
MEMORANDUM SUMMARY:
• **New Dining Practice Standards**: An interdisciplinary task force, sponsored by the Pioneer Network and the Rothschild Foundation, has released new dining practice recommendations for nursing home residents.
• **Expanding Diet Options for Older Individuals**: Research has indicated that many older individuals may not need to be limited to very restrictive diets, pureed foods, and thickened liquids even though they may have many chronic conditions. Conversely, restricting food choices can result in loss of appetite and eventual weight loss.
• **Surveyor Training Video**: The Centers for Medicare & Medicaid Services (CMS) is providing a new 24-minute video training product to all survey agencies with information on new dining standards of practice and therapeutic diets. This video, which is an introduction to the New Dining Practice Standards, was developed by several national professional organizations.

REF: S&C: 13-14-ALL
DATE: March 8, 2013
SUBJECT: Luer Misconnection Adverse Events
MEMORANDUM SUMMARY:

• **Luer Misconnections continue to result in adverse events and deaths**: Luer connectors easily link many medical components, accessories, and delivery systems. Clinicians, in any type of provider or supplier setting, can mistakenly connect the wrong devices and deliver substances through the wrong route. Despite numerous alerts and warnings, a patient's blood pressure tubing was recently misconnected to an intravenous (IV) line in an ambulatory surgery center (ASC) resulting in a patient death.

• **Adverse Event Complaint Investigation**: During a complaint investigation for an adverse event involving delivery of an incorrect substance or utilization of an incorrect delivery route, surveyors must be alert to whether the event involved misconnection of a Luer device. If so, surveyors must determine whether the facility has taken actions to ensure systems are in place to prevent recurrence of this type of adverse event.

• **Facility Reporting to Food & Drug Administration (FDA)**: Surveyors should encourage health care facilities to report problems with Luer misconnections to the FDA, even if no adverse event occurred.

REF: S&C: 13-15-NH
DATE: March 8, 2013
SUBJECT: Physician Delegation of Tasks in Skilled Nursing Facilities (SNFs) and Nursing Facilities (NFs)
This memorandum replaces Survey and Certification memorandum S&C-04-08 dated November 13, 2003, which discusses physician delegation of tasks in SNFs and NFs.
MEMORANDUM SUMMARY:

• **Guidance revision**: This memo provides clarification of Federal guidance related to physician delegation of certain tasks in SNFs and NFs to non-physician practitioners (NPPs; formerly "physician extenders") such as nurse practitioners, physician assistants, or clinical nurse specialists.

• **Implements Section 3108 of the Affordable Care Act (ACA)**: Implements section 3108 of the Affordable Care Act, which adds physician assistants to the list of practitioners that can perform Skilled Nursing Facility (SNF) level of care certifications and re-certifications.

• **Co-signing of orders**: Clarifies policy on co-signing orders in SNFs and NFs.

REF: S&C: 13-16-NH
DATE: March 8, 2013
SUBJECT: F tag 155 -- Advance Directives-Revised Advance Copy
This memorandum replaces a previous version of S&C: 12-47-NH dated September 27, 2012.
MEMORANDUM SUMMARY:

• Revisions: Additional revisions have been made to Surveyor Guidance at F tag 155 in Appendix PP of the State Operations Manual (SOM) and the associated training slides since the release of S&C 12-47 on September 27, 2012. The revisions include:
  - Removal of the term "right to accept" when referring to medical and surgical treatment.
  - Addition of guidance specific to experimental research.
  - Clarification that §483.10(b)(8) applies only to adult residents and not all residents regardless of age.
  - Addition of definition for "Investigational or experimental drugs."
  - Updating the Investigative Protocol.

• **Advance Copy Interpretive Guidelines**: Revised advance copy of surveyor guidance is included in this memorandum.

REF: S&C: 13-17-NH
DATE: March 8, 2013
SUBJECT: F tag 322—Naso-Gastric Tubes - Revised Advance Copy
This memorandum replaces a previous version of S&C: 12-46-NH dated September 27, 2012.
MEMORANDUM SUMMARY:
• Revisions: Additional revisions have been made to Surveyor Guidance at F tag 322 in Appendix PP of the State Operations Manual (SOM) and the associated training slides since the release of S&C 12-46 on September 27, 2012. The revisions include:
   - Revision of the Regulatory Language format.
   - Additional clarification regarding the Centers for Medicare and Medicaid Services (CMS) expanded definition of "Naso-Gastric tubes."
• Advance Copy Interpretive Guidelines: Revised advance copy of surveyor guidance is included in this memorandum.

Survey Preparedness

 Do you want to take the stress out of being surveyed? It is helpful to become familiar with the information that is requested at every annual resurvey and the forms that must be completed at every annual resurvey. Some of the information can be gathered initially and updated in preparation for an annual resurvey.
• ENTRANCE CONFERENCE WORKSHEET (QIS Facility Copy) provides a listing of the information and forms required for completion during the QIS process. http://www.aging.ks.gov/Manuals/QIS/Tab02/CMS-20045_Entrance_Conference_Facility_Copy.pdf
The forms are available at
http://www.aging.ks.gov/Manuals/QISManual.htm
• LONG TERM CARE FACILITY APPLICATION FOR MEDICARE AND MEDICAID (Form CMS-671 12/02) and General Instructions and Definitions are available at http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/CMS671.pdf
The Facility Staffing data placed on the form is used in calculating the nursing home's staffing on the Nursing Home Compare website.
• RESIDENT CENSUS AND CONDITIONS OF RESIDENTS (Form CMS-672 5/12) and General Instructions are available at http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS672.pdf

Accessing Electronic Health Records

The responsibilities of the nursing home provider during a survey when it is using an electronic health record system are addressed in the S and C letter 09-53.

http://www.cms.gov/Medicare/Provider-Enrollment-and- Certification/SurveyCertificationGenInfo/Downloads/SCLetter09_53.pdf

Responsibilities include:
• Avoiding undue delays in access to the electronic records, including MDS assessments.
• Providing the surveyor with a tutorial on how to use the particular electronic system.
• Designating a person who will, when requested by the surveyor, access the system, respond to any questions or assist the surveyor as needed in obtaining information in a timely fashion.
• Providing terminals on each care location or resident unit for surveyors to access the electronic records.
• Making available a printout of any record or part of a record upon request in a timeframe that does not impede the survey process, if the facility is unable to provide direct print capability to the surveyor.
• As possible, providing surveyors electronic access to the records in a read-only format or other secure format to avoid any inadvertent changes to the record.
Many facilities have worked with their software vendors to grant surveyors access to the needed electronic health records via their own computers. This is not required but is very helpful.

Posting of Survey Results
F167 CFR 483.10(b)(10)

http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf
http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/SCLetter07-07.pdf

Can the people who call your nursing facility their home and the visitors to your home readily access the results of the most recent annual resurvey, revisit surveys and complaint surveys and the respective plans of correction? F167 states, "A resident has the right to-- (1) Examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility. The facility must make the results available for examination in a place readily accessible to residents and must post a notice of their availability; …"

In a S&C letter available at the above website, CMS clarified nursing homes may place the survey reports and plans of correction in a binder or notebook versus a traditional posting on a wall. The interpretative guideline of the regulation states that the information must be in a readable form, such as large print or provided with a magnifying glass. It further defines "readily accessible" as a place, such as a lobby or other area used often by most residents, where residents and the public do not have to request staff assistance to get the information.

Homes need to look at the physical environment of their building(s) to determine area(s) that are readily accessible to their residents and the public for placement of postings, binders, or notebooks that contain the survey results and plans of correction. When a nursing home has houses and households separate from the main building, it is appropriate to place binders or notebooks in those houses and households for the residents and families to read. Survey results located in a lobby area of the main building that is not accessible 24/7 (due to distance, the area being locked or lights off at certain hours, etc.) would not be considered readily accessible.

Homes will also want to seek readily accessible lo-cations for the placement of information required in F156: posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.

Guidance for Reporting ANE

The S&C Letter 05-09 released by CMS in December 2004 continues to be the standard for Clarification of Nursing Home Reporting Requirements for Alleged Violations of Mistreatment, Neglect, and Abuse, Including Injuries of Unknown Source, and Misappropriation of Resident Property. It is available at:
http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions-Items/CMS023063.html

Approved POC

When a nursing home receives an automatic notification from the Survey, Certification, and Credentialing Commission (SCCC) Enforcement Coordinator stating their Plan of Correction (POC) for Event ID… has been Approved – it does not mean the nursing home is in substantial compliance and it does not mean a revisit will not be conducted. It means SCCC has accepted the nursing home's corrective action and the nursing home still needs to follow through with its POC to correct all deficiencies.

Advanced Directives
F155 §483.10(b) (4) & (8)

S&C Letter 12-47-NH dated September 27, 2012 at http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions-Items/Survey-and-Cert-Letter-12-47.html provides an update of the F tag 155- Advanced Directives.

F155, CFR 483.10(b)(4) – The resident has the right to refuse treatment, to refuse to participate in experimental research, and to formulate an advance directive as specified in paragraph (8) of this section; and (b)(8) – The facility must comply with the requirements specified in subpart I of part 489 of this chapter relating to maintaining written policies and procedures regarding advance directives. These requirements include provisions to inform and provide written information to all residents regardless of age concerning the right to accept or refuse medical or surgical treatment and, at the individual's option, formulate an advance directive. This includes a written description of the facility's policies to implement advance directives and applicable State law.

The interpretative guidelines not only address a nursing home's specific responsibilities for regulatory compliance but can serve as a resource for staff education on the topic of advanced care planning and advanced directives. They state, "The facility is required (by §489.100) to provide, at the time of a resident's admission, written information concerning the resident's rights to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment, and the right to formulate advance directives. The resident must also receive a written description of the facility's policies that govern the exercise of these rights." In regards to advanced directives the guidelines further state, "At the time the resident is admitted to a nursing home, staff must determine whether the resident has executed an advance directive or has given other instructions to indicate what care he or she desires in case of subsequent incapacity. Such a directive or instructions could be a living will, a directive to the attending physician, a durable power of attorney for health care, a medical power of attorney, a pre-existing medical order for "do not resuscitate (DNR)," or another document that directs the resident's health care."

Each nursing home is required also to establish, maintain, and implement written policies and procedures regarding a resident's right to formulate advanced directives and to accept or refuse medical or surgical procedures.

The guidelines provide the following examples of policies and procedures to include:
• Determining on admission whether the resident has an advance directive and, if not, determining whether the resident wishes to formulate an advance directive;
• Determining if the facility periodically assesses the resident for decision-making capacity and invoking the health care agent or legal representative if the resident is determined not to have decision-making capacity;

• Identifying the primary decision-maker (e.g., assessing the resident's decision-making capacity and identifying or arranging for an appropriate legal representative for the resident assessed as unable to make relevant health care decisions);
• Defining and clarifying medical issues and presenting the information regarding relevant health care issues to the resident or his/her legal representative, as appropriate;
• Identifying, clarifying, and periodically reviewing, as part of the comprehensive care planning process, the existing care instructions and whether the resident wishes to change or continue these instructions;
• Identifying situations where health care decision-making is needed, such as a significant decline or improvement in the resident's condition;
• Reviewing the resident's condition and existing choices and continuing or modifying approaches, as appropriate;
• Establishing mechanisms for documenting and communicating the resident's choices to the interdisciplinary team; and
• Identifying the process (as provided by State law) for handling situations in which the facility and/or physician do not believe that they can provide care in accordance with the resident's advance directives or other wishes.

CPR in Adult Care Homes

When selecting an adult care home (ACH), many consumers have an expectation that cardiopulmonary resuscitation (CPR) is provided by the adult care home staff and do not ask about its provision. To avoid misconceptions, each ACH would be wise to share its process for responding to individuals who desire CPR when telling people about the services the home provides.

There is no regulatory requirement for ACH staff to be CPR certified. KAR 26-39-102(b) states that when a person is admitted to an ACH, the home must inform the resident of their legal representative, in writing, of the state statutes related to advanced medical directives and if the person has an advanced directive currently in effect, the home must keep a copy of it in the resident's clinical record. The home should also provide education to the resident and their legal representative as to the process the home and their staff follow to meet their advanced medical directives.

Dividing Medication Tablets
F425, CFR 483.60(b)(1)

F425, CFR483.60 Pharmacy Services (b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who (1) Provides consultation on all aspects of the provision of pharmacy services in the facility. The interpretative guidelines include the administering of medication as one of the pharmaceutical services procedures for which the consultant pharmacist should provide assistance.

A concern reached the agency regarding an entity that distributes medication for nursing home residents. The entity is distributing tablets of medications that require nursing staff to divide/split the tablet to obtain the physician ordered dose for the resident. This may require the dividing/splitting of both scored and unscored tablets. An inspector with the Kansas Board of Pharmacy provided a clarification that will be helpful. When a medication tablet is scored, the chemicals of the medications are evenly distributed in those sections of the tablet. When a tablet is not scored, the chemicals are distributed throughout the entire tablet. The inspector recommended nursing homes purchase pill splitters for dividing/splitting the tablets.

When surveyors observe staff dividing/splitting medications they will ask to see the home's policy and procedure to determine how the home will ensure the resident receives the correct dose.

Ask AL

Question: What are the requirements for handrails in a nursing home?

Answer: K.A.R. 26-40-304 Physical Environment: Details and Finishes (b) Details (7) (A) Each handrail shall be accessible according to ADAAG, as adopted by reference in KAR 26-39-105. Alternative cross sections and configurations that support senior mobility shall be permitted. (B) Each stairway and ramp shall have handrails. (C) A handrail shall be provided for each resident-use corridor with a wall length greater than 12 inches. (D) Each handrail shall have a clearance of 1 ½ inches from the wall. (E) The ends of each handrail shall return to the wall. (F) Each handrail and fastener shall be completely smooth and free of rough edges.

Question: What are the requirements for preventive maintenance in a nursing facility?

Answer: K.A.R. 26-40-305 Physical Environment: Mechanical, Electrical and Plumbing Systems (i) Preventive maintenance program. Each nursing facility shall have a preventive maintenance program to ensure that all of the following conditions are met: (1) All electrical and mechanical equipment is maintained in good operating condition. (2) The interior and exterior of the building are safe, clean, and orderly. (3) Resident care equipment is maintained in a safe, operating, and sanitary condition.

Question: What is the requirement for toilets and lavatories in an adult day care (ADC) facility?

Answer: K.A.R. 28-39-289 (f) Common use areas. (3) Rest room or rooms. (B) The number of toilets and lavatories accessible to residents shall include the following: (i) One to five residents: one toilet and lavatory: (ii) six to 10 residents: two toilets and two lavatories; and (iii) 11 or more residents: one toilet and lavatory for each 10 residents over 10.

For example, an ADC with a licensed resident capacity of 30 would need to have a total of 4 toilets and lavatories.

Wireless Call System
K.A.R. 26-40-302(i) & K.A.R. 26-40-303(h)

An effective call light system requires both responsive staff and functioning equipment. The expected regulatory outcome of the system is: "Each nursing facility shall have a functional call system that ensures that nursing personnel working in the resident unit and other staff designated to respond to resident calls are notified immediately when a resident has activated the call system."

Administrators need to develop a policy regarding the call system process and provide staff education on it. The policy must include but is not limited to the following:

• Responsiveness of designated staff to answer call lights when a signal is received, whether the notification is an initial call or an escalation notification that the initial call was not answered.

• Protection of resident privacy, if the system includes two-way communication.

• Recognition that a call activated from an emergency location, e.g. resident use toilet, shower, and bathtub, must receive high priority response from staff.

• Establishment of a preventative maintenance program that includes testing the call system at least weekly to verify operation of the system.

When selecting the equipment components of a wireless call system and its functioning, the administrator will want to ensure the system utilizes radio frequencies that do not interfere with or disrupt pacemakers, defibrillators, and any other medical equipment. Additionally the system should only receive signals initiated from the manufacturer's system. The administrator will also want to select a wireless call light system that includes at least the following:

Component	Location	Function
Portable Electronic Device	Worn by each required Staff	Produces an audible tone or vibration. Visually identifies source of call: resident room number, beauty and barber shop, resident use toilet, shower, bathtub.
Monitor Screen	Nurses Workroom or Area	Visually identifies source of call: resident room number, beauty and barber shop, resident use toilet, shower, bathtub.
Software and Hard Drive	In Nursing Home	Records activated calls.
Call button or Pull Cord	Resident Bed, Beauty or Barber Shop, Resident Use Toilet, Shower, Bathtub	Sends notification of activated call to portable electronic device and monitor screen.
Repeat and Escalation of Call	To Electronic Device and Monitor Screen	Notification sent at least every 3 minutes to portable electronic device that received initial call and to electronic device or work area that did not receive initial call.
Call button or Pull Cord Reset	Resident Bed, Beauty or Barber Shop, Resident Use Toilet, Shower, Bathtub	Manual reset capability of activated call.

Sanitation and Food Safety–
Taking the Next Step
A PROACTIVE (VS. REACTIVE) APPROACH

The article highlights a few proactive approaches to sanitation and food safety which may help nursing homes prevent foodborne illness as well as some commonly cited deficient practices on their future regulatory surveys.

Question: What are some proactive measures to sanitation and food safety that can be voluntarily implemented by a nursing home in its kitchens?

Answer: F371 Sanitary Conditions was the 4th most frequently cited Ftag in 2012. Improper hand washing. Inappropriate use of utensils, gloves, hairnets. Undated/unlabeled foods. Unacceptable final cooking temperatures. Unacceptable cooling times and temperatures. Unclean foodservice equipment or utensils. Incorrect concentration of chemicals for sanitization, etc. Sound familiar?

These examples fall into five of the broad categories of risk factors (see below) that most significantly contribute to foodborne illness, a fact the Food Code 2009 - Annex 4 credits to surveillance data compiled by the Centers for Disease Control and Prevention (CDC):
1.   Food from unsafe source
2.   Inadequate cooking
3.   Improper holding temperatures
4.   Contaminated equipment
5.   Poor personal hygiene

While the recognition and correction of food safety violations that exist at the time of the inspection is an emphasis of the regulatory inspection process, the implementation of proactive systems of control to their reoccurrence is a purposeful next step.

This means a shift in focus to active managerial control, a proactive instead of reactive approach. Ultimately, it is evidence of undertaking effective performance improvement and quality assurance activities.

Several tools for the active managerial control of foodborne illness risk factors are identified in the Food Code 2009 - Annex 4. These are voluntary strategies for strengthening existing systems for the purpose of preventing, eliminating or reducing the occurrence of foodborne illness risk factors.

Three (3) such tools are listed below – each a po-
tentially powerful element of an effective food safety management system – along with a TIP or example for taking purposeful action within your facility before your next regulatory inspection.

Tool #1 *Certified food protection managers who have shown a proficiency in required information by passing a test that is part of an accredited program*
TIP – Since 2002, ANSI and the Conference for Food Protection (CFP) accredit organizations involved in the certification of food protection managers. There are currently **four accredited certification programs** with several delivery and testing options as listed here:
https://www.ansica.org/wwwversion2/outside/ALLdirectoryListing.asp?menuID=8&prgID=8&status=4

Tool #2 *Monitoring procedures*
TIP – A **Daily** **Self-Inspection Checklist** is available on the Kansas Department of Agriculture website, a simple tool to help food service operators target the high points, with emphasis on the categories of risk factors listed above and relevant to much of what is found under Tag F371: http://www.ksda.gov/includes/document_center/food_safety/Food_Safety/42DailySelfInspectionChecklist.pdf

Tool #3 *Employee health policy for restricting or excluding ill employees*
TIP – The Food and Drug Administration released the **FDA Employee Health and Personal Hygiene Interactive Resource Disk** in 2011 as a tool to help persons in charge of food service operations make the correct decisions to prevent sick employees from working with food. It includes several FDA resource documents and education and training materials in multiple languages on employee health and personal hygiene. Order on-line or by mail using this form:
http://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/ucm266434.htm

This tool compliments the **FDA Employee Health and Personal Hygiene Handbook**, released previously, a 68 page manual available at:
http://www.fda.gov/downloads/Food/FoodSafety/RetailFoodProtection/IndustryandRegulatoryAssistanceandTrainingResources/UCM194575.pdf

Documenting a Comprehensive Assessment
Analysis of Findings and Care Plan Considerations or CAA Summary

MDS Coordinators need to understand the documentation required to substantiate completion of a comprehensive assessment and resulting individualized care plan. Chapter 4 of the RAI Manual provides needed guidance and information on the process. Appendix C of the RAI Manual provides tools to guide the assessor in using their critical thinking skills as discussed in Chapter 4 to thoroughly assess the resident in relation to the triggered Care Area. Although assessors may use any resources that are evidenced based and expert endorsed, frequently it is seen that they are using the tools in Appendix C. This is due to many software vendors including the tools in Appendix C and providing generic care plans in the MDS software package. Assessor must be aware the comprehensive assessment process is not just one of the assessor or the software checking the boxes of the applicable indicators listed for the Care Area on the Appendix C Tool and developing an individualized comprehensive care plan is not copying and pasting generic care interventions over to a resident's care plan.

The MDS serves as a preliminary assessment of the resident. It is the coding of specific MDS items for a resident that "trigger" or identify that the resident needs to be more thoroughly assessed for a care area condition. The triggers for each Care Area can be found in Chapter 4 under Section 4.10 The Twenty Care Areas starting on page 4-16 (October 2012). The assessor needs to know the resident's specific trigger for the care area to help focus the assessment. (My recommendation is to include these triggers in the Care area assessment (CAA) Summary or Analysis of findings.) An assessor using the Appendix C tool as a guide to gather, analyze & draw conclusions (components of critical thinking), and organize resident specific information about the care area condition must at minimum complete the tool sections: Analysis of Findings, Care Plan Considerations, and Referral to another discipline section to show they have thoroughly assessed the resident for the care area condition. (An assessor who documents well their information gathering and analysis and conclusions in the Supporting Document Section of the Tool can often cut and paste the documentation into the Analysis of Findings and Care Plan Considerations.) The documentation in the Analysis of Findings and Care Plan Considerations must include:

Description of the problem: Signs. Symptoms. Its effect on the resident's physical, mental, psychosocial, and functional status.

Cause of the problem: It may be a diagnosis, another care area, environmental issues, etc. It is not appropriate to list every diagnosis a resident has for every care area. The assessor needs to select the appropriate diagnosis that is the cause of the care area problem.

Factors that contribute to the problem: These factors are not the root cause of the problem, but their presence do result in the care area being problematic for the resident.

Factors that place the resident at risk for the care area: These are factors that place the resident at risk for experiencing the care area as a problem if it is not an actual problem for the resident.

Care Plan Considerations: Using the information in the Analysis of Findings, the assessor should decide the focus of the resident's care plan to eliminate, reduce, or manage the cause, contributing factors, or risk factors to reduce the effect of the care area as problem for the resident or even eliminate it as a problem, if possible. Care Plan interventions should not be written here.

In Chapter 4 on page 4-6 & 4-7 of the manual (April 2012), the assessor can find additional guidance regarding the information to include in the Analysis of Findings and Care Plan Considerations of the Appendix C Tool or in a CAA Summary if another resource is used to conduct the care area assessment. It states,

"**CAA documentation**. CAA documentation helps to explain the basis for the care plan by showing how the IDT determined that the underlying causes, contributing factors, and risk factors were related to the care area condition for a specific resident; for example, the documentation should indicate the basis for these decisions, why the finding(s) require(s) an intervention, and the rationale(s) for selecting specific inter-

ventions. Based on the review of the comprehensive assessment, the IDT and the resident and/or the resident's representative determine the areas that require care plan intervention(s) and develop, revise, or continue the individualized care plan.

Relevant documentation for each triggered CAA describes:
• Causes and contributing factors;
• The nature of the issue or condition (may include presence or lack of objective data and subjective complaints). In other words, what exactly is the issue/problem for this resident and why is it a problem;
• Complications affecting or caused by the care area for this resident;
• Risk factors related to the presence of the condition that affects the staff's decision to proceed to care planning;
• Factors that must be considered in developing individualized care plan interventions, including the decision to care plan or not to care plan various findings for the individual resident;
• The need for additional evaluation by the attending physician and other health professionals, as appropriate;
• The resource(s), or assessment tool(s) used for decision-making, and conclusions that arose from performing the CAA;
• Completion of Section V (CAA Summary; see Chapter 3 for coding instructions) of the MDS."

The QIS Critical Element (CE) Pathways also direct the assessor to identify the cause of a resident's refusal of care and to care plan for alternatives.

Tools the assessor or a nursing home can use in their Quality Assurance Performance Improvement Program (QAPI) to determine if a comprehensive assessment and individualized care plan are being done and to improve the process are the Assessment and Care Planning Sections of the QIS CE Pathways under Tab 6 of the manual at
http://www.aging.ks.gov/Manuals/QISManual.html
and Resident Specific Review Tools under Best Practice Guidelines QAPI at http://www.aging.ks.gov/AdultCareHomes/BestPractice/QAQI/BP_QAPI_Index.html

Staff Who May Complete the MDS and CAAS

Periodically questions are received by nursing homes asking which staff are allowed to complete the MDS assessments and the Care Area Assessments. KDADS and the Kansas Board of Nursing created a position paper in October, 2010, that provides detailed guidance on the topic. It is available at
http://www.aging.ks.gov/AdultCareHomes/Education_Info/Completion_of_MDS_30_and_CAAs.pdf

MDS Murmurings

Accurate Assessments Require Current Manual
https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html
CMS continues to make quarterly changes to the RAI Manual. Nursing homes must have a copy of the most current RAI Manual to ensure assessments are coded accurately for care planning and reimbursement. Check the dates of the pages in your manual. Watch for the May, 2013 Update. There will be important information about Modification and Activation of Assessments that have incorrect ARD and Types of Assessments.

MDS 3.0 Workshop - The Basics, MDS, CAAs, and Care Planning – June 5 & 6, Hays
Attendees need to bring a current MDS Manual and to prepare for the workshop by reading at least Chapters 2 and 4 of the manual. Preregister online at
http://www.aging.ks.gov/AdultCareHomes/Education_Info/Education_index.html
Registration is limited to 50.
A draft version (V1.11.0) of the MDS item sets (forms) effective October 2013 is posted at   http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIMDS30TechnicalInformation.html under Downloads – MDS 3.0 Item Subsets V1.11.0 for October 1, 2013 Release. The item sets are subject to change until final item sets are published.
CMS Clarification on Coding I5100 Quadriplegia 03212012
In order to code I5100, Quadriplegia on the MDS,

there must be a physician-documented diagnosis of Quadriplegia (proper). No diagnoses are defined in the RAI User's Manual as it is up to the physician to medically determine and document the resident's diagnoses. Physicians make diagnoses according to their assessment of the resident. Coding quadriplegia is limited to spinal cord injuries and must be a primary diagnosis and not the result of another condition.

If an individual has a severe debilitating diagnosis with a functional deficit that renders him/her functionally immobile such that it would cause a similar appearing paralysis as would be seen in a quadriplegic, it is the diagnosis of that condition that is coded on the MDS.

Examples:
- A resident with a diagnosis of Cerebral Palsy spastic quad type, would be coded under I4400, Cerebral Palsy.
- A resident with severe rheumatoid arthritis would be coded under I3700, Arthritis.
- A resident with End Stage Alzheimer's would be coded under I4200, Alzheimer's Disease.

It would be inappropriate to code the functional status or symptoms associated with the debilitating diagnoses noted in the above examples under I5100, Quadriplegia.

If there is a physician-documented diagnosis of functional quadriplegia that is a secondary to a debilitating disease as described above, this diagnosis can be coded in I8000, Additional active diagnoses by entering the appropriate ICD code for functional quadriplegia in the spaces provided.

Frequently Asked Questions

Question: When a resident is receiving skilled therapy (Medicare Part A) must a SCSA be completed during the time period the resident is receiving therapy?
Answer: Guidelines for When a Change in Resident Status is not Significant: Reassessment is required only when the condition has stabilized." (RAI Manual V1.09, 2-24, April 2012) However, you will want to revise the care plan as needed during the time period to ensure the resident is receiving the appropriate level of assistance.
Question: Where in the manual is the guidance to follow when a resident's clinical status is coded incorrectly or the type of assessment or ARD is entered incorrectly?

Answer: Chapter 5 Submission and Correction of The MDS Assessments (RAI Manual)

Question: Where can I find information about Medicare Skilled Services?
Answer: The RAI Manual provides billing information throughout Chapter 2, 5, and 6. Chapter 6 Section 5 also tells of SNF PPS Eligibility Criteria (RAI Manual V1.09, 6-21&22, October 2011). It directs the reader to the Medicare Manuals at http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs.html
- 100-01: Medicare General Information, Eligibility and Entitlement Manual, Chapter 1
- 100-02: Medicare Benefit Policy Manual, Chapter 8
- 104-04:Medicare Claims Processing Manual
Wisconsin Physician Services (WPS), the Medicare contractor for Kansas, has a Customer Service line (866) 518-3285 at which representatives will take questions regarding Medicare skilled services, billing, and related questions.

Question: When doing a chart audit, we found we missed doing an annual OBRA assessment, what should we do?
Answer: If a comprehensive assessment has not been completed since the date of the missed annual assessment, you will need to set the ARD for a date after you found the error and complete an annual assessment that will reset the OBRA schedule.

Question: When doing a chart audit, we found we missed doing a Medicare assessment and the resident is no longer on Medicare, what should we do?
Answer: Missed PPS Assessment If the SNF fails to set the ARD of a scheduled PPS assessment prior to the end of the last day of the ARD window, including grace days, and the resident was already discharged from Medicare Part A when this error is discovered, the provider cannot complete an assessment for SNF PPS purposes and the days cannot be billed to Part A. The manual further states in that section that there are instances when the SNF may bill the default code when a Medicare-required assessment does not exist in the QIES ASAP system. One exception is when the resident has a stay less than 8 days within a spell of illness. (RAI Manual V1.09, 6-54, October 2012)

Incremental Difference – Semi Private Room to Private Room

Scenario: A resident whose nursing home stay is being paid by Medicaid requests to have a private resident room. The Medicaid rate for a semiprivate room is $150. The private pay rate for a semiprivate room is $175. The private pay rate for a Private Room is $200. Does the resident whose payer source is Medicaid have to pay $25 or $50 to reside in a private room?

According to K.A.R. 129-10-15a (g) Reimbursement, the resident can only be charged an additional $25 to reside in a private room. The regulation can be found in the Medicaid Rate Setting Regulation at http://www.aging.ks.gov/PolicyInfo_and_Regs/RateSetting/129-10-15a.pdf
K.A.R.129-10-15a (g) Private rooms for recipients shall be provided if medically necessary or, if not medically necessary, at the discretion of the facility. If a private room is not medically necessary or is not occupied at the discretion of the facility, then a family member, guardian, conservator, or other third party may pay the incremental difference that would be charged to a private-pay resident to move from a semiprivate room to a private room.

Reducing the Use of Antipsychotics in your Nursing Home

From August 1, 2012 through January 31, 2013, the Kansas Partnership to Improve Dementia Care provided educational presentations or printed educational material to at least 5032 nursing home staff to assist them in providing appropriate care for people with dementia and to learn of the CMS Initiative to improve the care of people with dementia by reducing the use of antipsychotic medication as a means of treatment. Education continues across the state. Providers are encouraged to send staff at all levels to these upcoming education offerings.

Joint Provider and Surveyor Training
DEMENTIA CARE AND APPROPRIATE USE OF ANTIPSYCHOTIC MEDICATIONS
F-TAGS 329 & 428

Dr. Susan Whery, Geriatric Psychiatrist with over 25 years of experience in late life mental health
April 17, Wichita & April 18, Topeka
For registration and more information go to
http://www.kaceks.org/

Leading Age Tradeshow and Spring Conference
Break-out Session: Beyond Person-Centered Care: Creating Authentic Partnerships
Keynote: Dementia Beyond Drugs
Dr. Al Powers, Award-winning Author of Dementia Beyond Drugs: Changing the Culture of Care
May 1, Wichita
For registration and more information go to
http://www.leadingagekansas.org

The Kansas Partnership is continuing its work to create an awareness of the initiative to the community as whole and to promote education for caregivers and professionals. The Partnership is interested in hearing from all providers and other interested persons as to what assistance may be helpful in their efforts. Individuals who are interested in serving on Promotion or Education Workgroups may contact Vera VanBruggen at vera.vanbruggen@kdads.ks.gov. CMS continues to post tools and resources on the Advancing Excellence Website.
http://www.nhqualitycampaign.org/star_index.aspx?controls=dementiaCare

Have you received your CMS Hand in Hand Toolkit?

Kansas Culture Change Coalition

http://www.kansasculturechange.org/Pages/default.aspx

Please take time to visit the Kansas Culture Change Coalition's website or "Like Us" on Facebook. The website tells of the coalition's work in 2012. It also has a link to a newsletter that contains tools for participants to use in promoting person-centered care: a flyer to give to staff, families or potential consumers and a presentation to use in educating the public. Additional resources will be posted on the website in the future.

Nominations are currently being accepted for Board Members. Persons with qualifications in fundraising, vision, public speaking, grant writing, accounting/ financing, and technology would add strength to the Board of Directors. An application is posted on the website.

Persons interested in serving on a Workgroup are always welcome. Current workgroups are consumer outreach, clearinghouse for resources/ communication, finance /fundraising, and recruitment.

The annual meeting is being planned for June 2013 in Wichita.

Watch for details on the website.

2012 Top 10 Deficiency Data

F329 - Drug Regimen Free from Unnecessary Drugs
F323 - Free of Accident Hazards/ Provision of Supervision & Assistive Devices
F371 - Food Procured, Stored, Prepared, Served under Sanitary Conditions
F441 - Infection Control, Prevent Spread, Linens
F428 - Drug Regimen Review, Report Irregularities, Act On
F279 - Develop Comprehensive Care Plans
F280 - Resident Right to Participate in Planning Care Review & Revise Care Plan
F253 - Housekeeping & Maintenance Services
F431 - Drug Records, Label/Store Drugs and Biologicals
F309 - Provide Care and Services

2012 Top G & G + Level Deficiency Data

F325 - Based on a resident's comprehensive assessment, the facility must ensure that a resident- (1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and (2) Receives a therapeutic diet when there is a nutritional problem.
F314 - Based on the comprehensive assessment of a resident, the facility must ensure that-- (1) A resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and (2) A resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.
F323 - The facility must ensure that (1) The resident environment remains as free from accident hazards as is possible; and (2) Each resident receives adequate supervision and assistance devices to prevent accidents.
F309 - 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, in accordance with the comprehensive assessment and plan of care.
F223 - The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.
F224 - The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. Staff Treatment of Residents. The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion.

State and Federal Remedies

STATE REMEDIES Assisted Living, Residential Health Care, Home Plus, Adult Day Care and Boarding Care Facilities; Intermediate Care Facilities for the Mentally Retarded	1st Quarter Jan- March 2012	2nd Quarter April - June 2012	3rd Quarter July - Sept 2012	4th Quarter Oct - Dec 2012
Civil Money Penalties	4	6	7	4
Correction Orders	32	28	23	22
Ban on New Admissions	6	5	5	3

FEDERAL REMEDIES Nursing and Skilled Nursing Facilities; Nursing Facilities for Mental Health	1st Quarter Jan- March 2012	2nd Quarter April - June 2012	3rd Quarter July - Sept 2012	4th Quarter Oct - Dec 2012
Civil Monetary Penalties Recommended	1	2	3	1
Denial of Payment for New Admissions Imposed	5	7	5	5
Terminations	0	0	1	0
No Opportunity to Correct	7	7	6	4

Total figures for previous quarters are updated as the remedy becomes effective.

2013 EXEMPLARY AWARD			
FACILITY	**CITY**	**TYPE**	**DATE**
Salina Presbyterian Manor	Salina	SNF/NF	1/22/13
Fowler Residential Care	Fowler	SNF/NF	1/28/13
St. Luke Living Center	Marion	SNF/NF	2/25/13

SNF/NF - Skilled Nursing Facilty/Nursing Facilty

DEFICIENCY FREE SURVEY			
FACILITY	CITY	TYPE	DATE
Catholic Charities Adult Day Services	Wichita	ADC	10/8/12
Benson House	Overland Park	ICF/MR	10/11/12
Marjorie's Home LLC	Wichita	HP	10/15/12
Claridge Court	Prairie Village	SNF/NF	10/16/12
The Pines of Hiawatha	Hiawatha	HP	10/18/12
Redbud Plaza	Onaga	ALF	10/26/12
Covenant Care Senior Living	Wichita	HP	11/1/12
Dooley Center	Atchison	NF	11/5/12
Miami Place	Hiawatha	ICF/MR	11/8/12
Serenity Senior Home Care LLC	Spring Hill	BCH	11/8/12
Bickford of Overland Park	Overland Park	RHCF	11/14/12
Country Club Estates LP	Paola	RHCF	11/14/12
Vintage Park at Tonganoxie LLC	Tonganoxie	ALF	11/21/12
Phoenix House	Caldwell	HP	11/26/12
Vintage Park at Fredonia LLC	Fredonia	ALF	11/27/12
Guest Home Estates III	Chanute	RHCF	11/28/12
Sterling House of Fairdale	Salina	ALF	11/28/12
The Bogart House	Topeka	HP	11/28/12
Country Place Senior Living of Lyons	Lyons	ALF	11/29/12
Guest Home Estates VIII	Erie	RHCF	11/29/12
Midland Care Residential Center	Topeka	RHCF	11/29/12
Halstead Health & Rehabilitation Center	Halstead	SNF/NF	12/3/12
Gracious Senior Living LLC V	Wichita	HP	12/4/12
Comfort Care Homes Inc. #641	Wichita	HP	12/5/12
Fifth Avenue Place	Emporia	ICF/MR	12/6/12
The Meadows	Burlington	ALF	12/7/12
Sterling House of Salina	Salina	ALF	12/10/12
Clare Bridge of Leawood	Leawood	ALF	12/11/12
Comfort Care Homes of KC #7010	Overland Park	HP	12/12/12
McCrite Retirement Assisted Living	Topeka	ALF	1/12/12
The Homestead of Olathe South	Olathe	ALF	12/18/12
Vintage Park at Stanley LLC	Overland Park	ALF	12/19/12
Galway Homes	Leawood	ALF	12/26/12
MTM Boarding Care Home	McPherson	ALF	12/27/12
Keen Boarding Care Home	Clay Center	BCH	12/31/12

SNF/NF - Skilled Nursing Facilty/Nursing Facilty; ALF - Assisted Living Faciltiy; RHCF- Residential Health Care Facility; ADC- Adult Day Care; HP- Home Plus;

BCH - Boarding Care Home; ICFMR- Intermediate Care Facility for the Mentally Retarded

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES
Survey, Certification and Credentialing Commission

Survey, Certification and Credentialing Commission	
Joe Ewert, Commissioner (785) 296-8366 joe.ewert@KDADS.ks.gov	Overall operations of the Commission including state licensure of all adult care homes (ACH) as defined in Kansas statutes; federal certification of nursing facilities not licensed as part of a hospital, and surveys of all ACH and long term care units of hospitals.
Tina Lewis (785) 296-1260 tina.lewis@KDADS.ks.gov	Medicare enrollment, change of ownership for Medicare certified facilities; Medicare bed changes. Program support to Commissioner and Division Directors.
Irina Strakhova (785) 368-7055 irina.strakhova@KDADS.ks.gov	Enforcement Coordinator. Plan of Correction.
Mary Jane Kennedy (785) 296-1265 maryjane.kennedy@KDADS.ks.go	Complaint Coordinator. Complaint Enforcement oversight.
Rita Bailey (785) 296-1259 rita.bailey@KDADS.ks.gov	Initial contact for initial and annual licensure of adult care homes. Processes ACH licenses and changes of licensed beds, ownerships, administrators and required rooms
Kathie Jack (785) 296-1261 kathie.jack@KDADS.ks.gov	Support Staff in processing licenses and changes of licensed beds, ownerships, administrators and required rooms.

Long Term Care Consulting Division	
Vera VanBruggen, RN, BA Director (785) 296-1246 vera.vanbruggen@KDADS.ks.gov	State RAI (MDS) Coordinator. Consultation and education on Federal and state regulations, and long term care issues. Development and revision of state regulations of adult care homes.
Al Gutierrez, MPA MUA Environment Specialist (785) 296-1247 al.gutierrez@KDADS.ks.gov	Site and physical environment licensure inspections of adult care homes. Floor Plan review. Consultation on physical environment requirements of adult care homes.

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES
Survey, Certification and Credentialing Commission

Survey and Certification Division	
Audrey Sunderraj Director (785) 296-1023 audrey.sunderraj@KDADS.ks.gov	Informal dispute resolution process. Oversight for licensure and certification survey process of nursing homes, assisted living/residential health care facilities & homes plus licensed under a nursing home, residential health care nursing facilities for mental health and long term care units of hospitals through supervision of five Regional Managers. Informal dispute resolution process. Contact person for providers of above adult care homes on regulatory questions.

Regional Managers	
Susan Dannels, RN Northeast District Office 503 S. Kansas Ave. Topeka, Ks 66603-3404 (785) 296-1256 susan.dannels@KDADS.ks.gov	Sue Hine, RN North Central District Office 2501 Market Place, Suite D Salina, Kansas 67401 (785) 827-9639 sue.hine@KDADS.ks.gov
Kim Summers, RN South Central District Office 130 S. Market, Ste 7170 Wichita, Kansas 67202 (316) 337-6064 kim.summers@KDADS.ks.gov	Janice Van Gotten, RN Southeast District Office 1500 W. 7th Chanute, Kansas 66720 (620) 432-5115 janice.vangotten@KDADS.ks.gov
Carol Schiffelbein, RN Western District Office 113 Grant Ave. Garden City, Ks 67846 (620) 275-3154 carol.schiffelbein@KDADS.ks.gov	

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES
Survey, Certification and Credentialing Commission

State Licensed Only Adult Care Homes (other than Nursing Homes) and Intermediate Care Facilities for Individuals with Intellectual Disability

Patty Brown RN, MS, Regional Manager (785) 296-1269 patty.brown@KDADS.ks.gov	Survey process of assisted living and residential health care, home plus, adult day care and boarding care facilities not licensed under a nursing home. Survey and certification of intermediate care facilities for individuals with intellectual disability (ICF IID). Contact person for providers of the above facilities on regulatory questions. Reviews policies and procedures of entities seeking state licensure of above facilities.

Health Occupations Credentialing Division

Steve Irwin, Director (786) 296-6647 steve.irwin@kdads.ks.gov	Oversight of Health Occupation Credentialing: Licensure, Certification, and Criminal Record Check Programs.
Brenda Kroll (785) 296-0061 brenda.kroll@kdads.ks.gov	Licensure of Administrators for Adult Care Homes, Speech Language Pathologists, Audiologists and Dietitians
Betty Domer (785) 296-1250 betty.domer@kdads.ks.gov	Certified Nurse Aide, Medication Aide, Home Health. Operator, Social Service Designee, & Activity Director Course Approvals. Continuing Education for Administrators, Speech Language Pathologists, Audiologists and Dietitians.
Sarita Everett (785) 296-6968 Sarita.everett@kdads.ks.gov	Criminal Record Check Program, Employment Prohibitions, Procedure Questions
Sheila Seymour (785) 296-0060 Sheila.seymour@kdads.ks.gov	Certified Medication Aide updates, forms, general certification questions.
LaTikka Moore 785-296-0270 LaTikka.moore@kdads.ks.gov	Criminal Record Check Program. General Questions

CARE/PASRR PROCEDURES FOR NURSING FACILITIES

**All questions about CARE process should be addressed to KDADS
effective January 1, 2013.
Call 785-291-3360 or 785-368-7323**

Type of Issue	What to do	Information to send	When
Emergency Admissions	Call or fax **local ADRC (AAA)** and request Level 1 CARE Assessment	Call for Care Assessment or fax <u>Emergency Admit Certification Fax Memo</u>*	Within one working day of admission
30 Day Provisional Admissions – if resident expected to stay past 30 days	Contact **local ADRC (AAA)** and request Level 1 CARE Assessment	1. Sections A & B of CARE Assessment 2. 30 day order signed by doctor	On or before Day 20
30 Day Provisional Admissions	Fax to KDADS CARE Staff at: **785-291-3427**	1. Sections A & B of CARE Assessment 2. 30 day order signed by doctor	Upon admission
Out of State Admissions	Fax to KDADS CARE Staff at: **785-291-3427**	1. Out of state PASRR	Prior to or upon admission
Terminal Illness Admissions	Fax to KDADS CARE Staff at: **785-291-3427**	1. Terminal Illness <u>Certification Fax Memo</u>* with qualifying diagnosis signed by doctor	Prior to or upon admission
Request for Resident Review	Call CARE staff at KDADS at: **785-368-7323**	1. Current History and Physical information 2. Verify current legal authority	Six weeks prior to end of previously authorized stay <u>OR</u> as soon as MI/ID/DD is discovered

ROUTING SLIP
Administrator_____   Nurse Manager _____   Therapy _____   DON _____
Assist. DON _____   Social Service Director _____   Break Room _____
Activities Director _____Dietary Manager _____ Human Resources _____
MDS Coordinator _____   Other _____