

Sunflower Connection

http://www.kdads.ks.gov/AdultCareHomes/Newsletters/Newsletter_Index.html



January 2013

Volume 10, Number 1

All Adult Care Homes

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2012 PEAK HOMES

Seven nursing homes and one long term care unit of a hospital were recognized for sustaining person-centered care for their residents. “I want to congratulate the management and staff of these eight facilities for their hard work and excellence,” KDADS Secretary Shawn Sullivan said.

Those recognized were:

- Brewster Health Center, Topeka
- Evergreen Community of Johnson County, Olathe
- Lake Point Nursing Center, Augusta
- Lone Tree Retirement Community, Meade
- Meadowlark Hills Retirement Community, Manhattan
- Medicalodges Columbus, Columbus
- Pleasant View, Inman
- Schowalter Villa, Hesston

Person-centered care nursing homes have moved away from the institutional model of nursing home care and toward a home environment in which residents make choices and decisions regarding their daily lives.

For the past 10 years KDADS, formerly KDOA, has recognized nursing homes for successfully implementing culture change through the Promoting Excellent Alternatives in Kansas nursing homes (PEAK) program. As a result of the culture-change movement, accommodating the personal preferences of residents has become as important as providing the vital services and supports they need.

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PEAK HOMES, CONTINUED

KDADS recognizes developing person-centered care in all nursing homes will not happen overnight. To encourage homes to adopt person-centered care as a minimum standard, the agency redesigned the performance incentives included in the Medicaid nursing home reimbursement formula to recognize achievement in the areas of resident choice, staff development, home environment and meaningful life.

Adult Care Home Annual Statistical Reports Due January 21, 2013

NF, NFMH, ICFMR, ALF, RHCFC and Home Plus facilities must submit their annual facility, resident, and staffing statistical reports by January 21, 2013. The reference week for the reports is November 4-10, 2012. A link to the form instructions, including a blank form, is available on the KDADS Provider Information Resource Site at www.aging.ks.gov in the NEW OR UPDATED INFORMATION region in the middle of the page, and on each page of the web-based report.

Accessing Annual Reports

The reports are electronic and are accessible on the Facility Home Page under the Facility Statistical Reports region within KDADS Web Applications. Please remember there are two reports to complete for each facility - the Staffing (Part I) and Resident (Part II) statistics. If you do not currently have security access to the KDADS Web Application system, you will need to complete the KDADS On-line Security Agreement. The link to the security agreement is located under the menu on the left side of the page (look for the lock and key icon) of the KDADS Provider Information Resource Website www.aging.ks.gov. Please complete all fields.

~ ~ Important Items To Include ~ ~

1. In the “Agency/Business” field, enter the complete name of your Organization, including the Facility’s State ID number.

2. In the “Please indicate the KDADS application(s) for which you are requesting authorization” field, enter Residential and Staffing Annual Reports.
3. Click the Submit Request button.

The KDADS Information Services Division will receive notice of the security request and agreement submission. The request will be forwarded to be vetted and approved by the appropriate KDADS staff. After approval of the request, KDADS Information Services Division will issue an email with the Username and initial password to the requester.

Please call the KDADS Computer Help Desk at 785-296-4987 with web application log-in or security access questions. For questions on the report content, contact Tina Lewis with the Survey, Certification, and Credentialing Commission at 785-296-1260.

Reorganization of Survey and Certification Districts

Effective December 1, 2012, all adult care home and long term care units of hospitals in the counties of Barber, Comanche, Kiowa, and Pratt that were previously surveyed by West Region of the Survey, Certification and Credentialing Commission will now be surveyed by the South Central Region.

The Regional Manager for the South Central Region is Kim Summers, RN. Questions may be directed to Ms. Summers at kim.summers@kdads.ks.gov or 316-337-6064.



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: 13-02-NH

DATE: November 2, 2012

SUBJECT: Nursing Homes - Clarification of Guidance related to Medication Errors and Pharmacy Services

MEMORANDUM SUMMARY: Clarification on three specific topics related to medication errors and pharmacy services:

- Medication Errors: Potential medication errors related to medication administration via feeding tube and administration timing for metered dose inhalers and proton pump inhibitors and survey implications.
- Medication Administration Practices: The practice of “borrowing” medications and issues related to diversion, control, reconciliation and disposal of medications, including fentanyl patches.
- Medication Regimen Reviews for Stays under 30 days and/or Changes in Condition: The need for pharmacist medication regimen reviews when a resident experiences a change in condition and/or for residents admitted for less than 30 days.

The information in the following S&C letters, effective November 30, 2012, includes revisions to specific Federal Regulations and their Surveyor Guidance. A PowerPoint presentation is also included in each S&C letter. The State Operations Manual (Federal Regulations and Surveyor Guidance) is available at http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf

The revisions were not in the posted SOM at the time of the writing of this article. However, they will be included in the SOM in the near future.

REF: S&C: 12-48-NH

DATE: September 27, 2012

SUBJECT: F tag 309 - Quality of Care - Advance Copy; Effective November 30, 2012

MEMORANDUM SUMMARY: Revision to Surveyor Guidance regarding End of Life.

- REVIEW OF A RESIDENT AT OR APPROACHING END OF LIFE
- ASSESSMENT AND MANAGEMENT OF CARE AT END OF LIFE
- DEFINITIONS RELATED TO CARE AT END OF LIFE
- OVERVIEW ADDRESSING CARE AT END OF LIFE
- RESOURCES RELATED TO CARE AT END OF LIFE
- ASSESSMENT OF THE RESIDENT APPROACHING END OF LIFE
- MANAGEMENT OF CARE AT END OF LIFE
- CARE PLANNING FOR THE RESIDENT APPROACHING END OF LIFE -Activities of Daily Living (ADLs), Hygiene/Skin Integrity, Medical Treatment: Diagnostic tests and monitoring; Treatments; Medications/Drugs, Nutrition and Hydration, Activities, Psychosocial Needs
- MONITORING THE RESIDENT WHO IS APPROACHING END OF LIFE
- ELECTION OF HOSPICE BENEFIT
- COORDINATED PLAN OF CARE
- INVESTIGATIVE PROTOCOL

REF: S&C: 12-47-NH

DATE: September 27, 2012

SUBJECT: F tag 155- Advance Directives - Advance Copy; Effective November 30, 2012

MEMORANDUM SUMMARY: Revisions to Surveyor Guidance to include resident’s rights to establish Advance Directives and accept or decline treatments.

- INTENT: (F155) §483.10(b)(4) and (8) Rights Regarding Treatment and Advance Directives, DEFINITIONS, OVERVIEW
- ESTABLISHING AND MAINTAINING POLICIES AND PROCEDURES REGARDING THESE RIGHTS
- INFORMING AND EDUCATING THE RESIDENT ABOUT THESE RIGHTS
- ESTABLISHING ADVANCE DIRECTIVES - Advance Care Planning
- RIGHT TO ACCEPT OR REFUSE TREATMENT
- INVESTIGATIVE PROTOCOL

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S & C LETTERS, CONTINUED

REF: S&C: 12-46-NH

DATE: September 27, 2012

SUBJECT: F tag 322 - Feeding Tubes - Advance Copy; Effective November 30, 2012

MEMORANDUM SUMMARY:

- F321 deleted as an F-tag and Regulatory Language moved to F322.

§483.25(g)(1)A resident who has been able to eat enough alone or with assistance is not fed by naso-gastric tube unless the resident's clinical condition demonstrates that use of a naso-gastric tube was unavoidable; and

- F322 regulatory language unchanged. Guidance to Surveyors expanded.

§483.25(g)(2) A resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills.

- INTENT, DEFINITIONS, OVERVIEW, RESOURCES
- CONSIDERATIONS REGARDING THE USE OF FEEDING TUBES - Resident Rights
- TECHNICAL AND NUTRITIONAL ASPECTS OF FEEDING TUBES
 - Technical Aspects of Feeding Tubes
 - Location of the feeding tube
 - Care of the feeding tube
 - Feeding tube replacement
 - Nutritional Aspects of Feeding Tubes
 - Enteral nutrition
 - Flow of feeding
 - Complications Related to the Feeding Tube
 - Complications Related to the Administration of the Enteral Nutrition Product
 - Complications Management
- INVESTIGATIVE PROTOCOL

Resident Census and Condition Report Form

Nursing homes must complete the revised Resident Census and Condition Report (Form CMS-672, 05/12) at the annual resurvey. The form and the instructions are available at:

<http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS672.pdf>

Although nursing homes often begin gathering the information prior to the survey, the information on the form is designed to be a representation of the residents in the home during survey. For certain entry fields where MDS data can be used, the related MDS 3.0 item(s) is noted on the instruction sheet.

The MDS items are provided only as a reference point, the Resident Census and Condition Report, CMS- 672 is to be completed using the time frames and other specific instructions as noted to reflect the current status of the resident as on the day of the survey. Homes in Kansas are no longer required to complete CMS Form 802, Resident Roster/Sample Matrix due to the use of the QIS process.

QAPI UPDATE

CMS is planning to add new tools and resources to their Quality Assurance and Performance Improvement (QAPI) website periodically starting in January.

<http://cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/QAPI.html>

KDADS QAPI guidance, tools, and resources are available under Best Practices at:

http://www.aging.ks.gov/AdultCareHomes/BestPractice/BP_Index.htm

Homes may use the information at their discretion. Use of the tools is not mandated for survey compliance.

CARE ASSESSMENTS/LEVEL II PASRR

There are changes with the CARE Level I assessments beginning January 1, 2013 due to system-wide restructuring. The Area Agencies on Aging are also now known as Aging and Disability Resource Centers (ADRC's) and have been answering their phones in this manner since they began their function on November 2012. You should continue to contact your local ADRC/AAA for Level I Care assessments. The current system has not changed for residents who will be admitted to a Medicaid certified nursing home. The resident must have a CARE Level I assessment completed prior to admission. The resident may still be a "30 day provisional" or an "emergency admission."

If the CARE Level I assessment is completed by qualified hospital staff, the assessment must be faxed to the Kansas Department for Aging and Disability Services (KDADS) at (785) 291-3427.

Provisional Stay

A provisional stay is for 30 days or less for the purposes of rehabilitation or respite. The stay must be authorized in writing by the individual's physician.

- Prior to admission, the NF must obtain a dated, signed statement from the customer's physician that states the reason for the admission is either for respite care or rehabilitation, and the stay is expected to be for 30 days or less.
- A form from the discharging hospital should accompany the resident upon admission with the resident identification information and PASSR completed to allow the admitting nursing home to verify its ability to meet the resident needs (per CMS). If for some reason this is not available, the NF's CARE assessor or director of nursing (DON) must complete sections A and B of the Level I assessment. **This partial assessment must be kept as part of the individual's medical record as well as faxed to KDADS at 785-291-3427.** This does not replace the physician statement of 30 day stay: it is in addition to it.
- If the individual is discharged within 30 days, no other action is necessary. However, if on day "20" it appears that the stay is going to exceed 30 days, the NF must contact the local ADRC and arrange for the completion of a full CARE Level I assessment.

Emergency Admission

An emergency admission is an urgent condition or a situation that places the individual's health and/or welfare in jeopardy. Examples of an emergency admission include, but are not limited to, the following: 1) An admission by Adult Protective Services; 2) The occurrence of a natural disaster; 3) The primary caregiver becomes unavailable due to a situation beyond the caregiver's control (accident/illness, etc.); 4) A physician orders immediate admission due to the individual's condition; or 5) An admission from out-of-state to an NF that is beyond the individual's control, (admitted from their place of residence in another state on a weekend when an ADRC CARE assessor is not available.)

When an individual is admitted to the NF because of an emergency, a full CARE Level I assessment must be completed on or before the seventh (7th) day after admission.

- The NF's CARE assessor or DON, must complete Sections A and B of the Level I assessment. (The NF must contact the ADRC within one (1) working day after admission.)
- The NF must send sections A and B along with the emergency fax memo to the ADRC. The emergency fax memo must contain the reason for the admission in the comments section.

Please remember: PASRR is a requirement for ALL nursing home admissions regardless of payer source, however, Medicaid cannot pay for an individual's NF care if they do not have valid proof of PASRR. If an individual is admitted as a provisional stay or as an emergency admission, the NF must contact the ADRC within the established timeframes or risk nonpayment by Medicaid. If a Medicaid eligible customer is admitted to an NF and PASRR has not been completed, the customer is not liable for their NF care. It is the NF's responsibility to ensure PASRR compliance has been met. Please keep all fax verification paperwork and document all telephone interactions regarding PASRR.

Terminal Illness Letters

A Terminal Illness Letter may be issued as "proof of PASRR" when an individual has been diagnosed with one of the following conditions and the diagnosis is based upon information documented in the

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CARE ASSESSMENTS, CONTINUED

individual's medical record and maintained by a hospital, NF, LTCU, or physician's office:

a. Terminally ill, as defined in 42 CFR 418.3 as necessary to qualify for hospice services, which includes a medical prognosis of a life expectancy of six months or less; or

b. Coma or persistent vegetative state.

Under both (a) and (b) above, documentation must be sent to the KDADS CARE Staff for processing and generation of a categorical determination, which shall be maintained in the customer's medical record with the supporting documentation. Fax number (785) 291-3427

CARE Level II/PASRR Assessment

As of January 1, 2013 Medicaid-certified nursing homes admitting any resident with issues related to Mental Illness, Intellectual Disability or Developmental Disability that are discovered after admission will need to contact the Kansas Department for Aging and Disability Services (KDADS) CARE unit for a Level II assessment. You will be requested to forward and verify needed information timely to KDADS CARE staff. If the Level II manager confirms that a Level II is needed then an assessment packet will be compiled and forwarded to our contractor for assignment to a Level II assessor. After the assessment is completed it is returned to KDADS for a determination letter. This Level II Determination Letter serves as "proof of PASRR" for Level II residents. Residents admitting from a hospital or behavioral health unit will continue to have the Level II process completed prior to admission to your nursing home. Please be aware that the Level II process takes 7-9 days to complete. Level II assessors have 5 calendar days in which to complete their assessment and KDADS has 2 working days to complete their **determination after receiving a complete Level II screen**. Complete Level II screens must include a current History and Physical, all current diagnosis and medications as well as paperwork verifying legal authorities in place for the resident.

You may review the requirements of these categories and locate forms at the KDADS Provider Information Resource Site at: <http://www.aging.ks.gov/Manuals/Care/Level1/CARELevel1Manual2010.pdf>

If you have further question regarding the Level II PASRR process you may contact Sue Schuster, LMSW, at 785-368-7323 or KDADS at 782-296-4986 and ask for CARE Level II staff.

Workforce Enhancement Grants

KDADS has awarded the Workforce Enhancement Grants for 2013. Under the grant educational programs are provided for all unlicensed staff and limited licensed staff in nursing homes and long term care units of hospitals. The objective of the grant program is to improve the quality of life and quality of care for residents.

Those receiving grants for 2013 include:

- 1) Kansas Advocates for Better Care – Person Centered Care
- 2) Alzheimer's Association Central and Western KS - Foundations of Dementia Care
- 3) Alzheimer's Association, Heart of America – Making Life Better
- 4) Evergreen Living Innovations – Person-Centered Care and Dementia Care

NH and LTCUs are encouraged to contact these entities for more information.

CHANGES IN RESIDENT CAPACITY SNF and NF

Nursing homes wanting to change their number of Medicare and/or Medicaid certified beds can complete the "Request for Change in Resident Capacity" form online. It is located on the home's KOTA web page under Facility Home. KDADS will review the request and send the nursing home a determination letter, including the effective date of the change prior to the start of the cost reporting year or the cost reporting quarter, whichever applies. Questions may be directed to Tina Lewis at 785-296-1260.

The CMS transmittals, 3202B and 3202C addressing the change in bed size process are available in State Operations Manual Chapter 3 at

<http://www.cms.gov/manuals/downloads/som107c03.pdf>

Excerpts of the transmittals are available in the July, 2011 SF Connection <http://www.aging.ks.gov/AdultCare-Homes/Newsletters/Sunflower/2011July.pdf>

2012 Guidelines for the Prevention and Control of *Clostridium difficile* in Long Term Care Facilities

Joseph M Scaletta, MPH, RN, CIC
Healthcare-Associated Infections
Program Director

Clostridium difficile (*C.difficile*) causes a potentially life-threatening antibiotic-associated diarrhea and colitis. The organism produces a spectrum of disease, ranging from simple and self-limited diarrhea to its most advanced and characteristic form, pseudomembranous colitis. It is well recognized as an important cause of infectious diarrhea that develops in persons following hospitalization or admission to an adult care home or another long-term care facility.

The Organism:

C. difficile is a spore-forming, gram-positive, strictly anaerobic bacillus that causes diarrhea and colitis in humans and in a number of animal species. The organism produces two toxins, toxin A and toxin B. Its spores can survive outside the human body for weeks to months on environmental surfaces and devices, including bedrails, commodes, thermometers, improperly sterilized endoscopes, bathing tubs, etc.

Clinical Definition of *C. difficile*-associated diarrhea (CDAD):

Diarrhea is defined as watery or unformed stools, occurring more than 3 times a day for at least 2 days, usually associated with abdominal cramping, fever, dehydration, white blood cells in the stool, and peripheral leukocytosis.

Laboratory confirmation of a suspected case of CDAD consists of a positive result of one of the following tests:

- Endoscopy for colonic pseudomembranes
- Stool culture for *C. difficile* with toxin production
- Stool enzyme immunoassay for either Toxin A or Toxin B
- Stool cytotoxicity assay positive for Toxin B

It is suggested that each adult care home and long term care facility maintain a listing of residents with either suspected or confirmed CDAD.

Pathogenesis:

Current understanding of the pathogenesis of *C. difficile*-associated disease (CDAD) is that *C. difficile*, like most other enteric pathogens, is acquired exogenously, or from outside the human body. A unique aspect of *C. difficile* is that the occurrence of infection depends nearly completely on prior antimicrobial therapy that disrupts the microflora normally found in the intestine. The most often noted antimicrobials are clindamycin, cephalosporins, and penicillins, but almost every type of antimicrobial has been implicated.

A variety of clinical outcomes ensue following acquisition of the organism. These range from asymptomatic colonic colonization, to diarrhea, to the more severe manifestations of *C. difficile* disease, such as pseudomembranous colitis, toxic megacolon, and colonic perforation.

Reservoir:

Hospitals, adult care homes, and long term care facilities appear to be the major reservoirs for *C. difficile*. The organism can be cultured from patients/residents with and without diarrhea, from the environment of infected patients/residents (including bedpans, bedrails, bedside commodes, wheelchairs, etc.) and from the hands of health care workers caring for these patients/residents. Patients/Residents with *C. difficile* related diarrhea are much more infectious than those who are asymptomatic. The spores of the organism can survive for up to several months in the environment.

Transmission:

Transmission of *C. difficile* occurs when the organism or its spores are ingested orally. This may occur due to direct contact, person to person spread on hands, or from the environment. Nosocomial transmission has been documented, and outbreaks have been reported in both hospitals and long term care facilities.

Epidemiology of CDAD:

The critical epidemiologic features of CDAD in the healthcare environment include:

- Frequent antimicrobial exposure of patients
- Environmental contamination with *C. difficile* spores
- Contamination of the hands of personnel with *C. difficile* spores

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C-DIFF GUIDELINES, CONTINUED

The most important risk factor for CDAD is prior antimicrobial exposure; nearly all affected patients/residents have recently been treated with antimicrobial agents.

The degree of environmental contamination with *C. difficile* is dependent upon the status of the patient/resident in the room at the time. Contamination is *highest* in rooms of patients/residents with *C. difficile* diarrhea, *intermediate* in rooms of patients/residents who are symptomatically colonized with *C. difficile*, and *lowest* in rooms of patients/residents who are not colonized or infected with *C. difficile*.

Outbreaks have also been reported where transmission of *C. difficile* has occurred due to hand carriage by healthcare workers.

In order for CDAD to occur, two exposures appear to be essential: first, exposure to antimicrobials, and second, exposure to toxigenic *C. difficile*, in that order.

Risk Factors:

Patients/Residents who are highest risk for CDAD are those who:

- Are currently taking or have recently taken antimicrobials
- Have had gastrointestinal surgery or manipulation
- Have had a long length of stay in a healthcare setting
- Have a serious underlying illness
- Are immunocompromised
- Are of advanced age

Colonization versus Disease:

There are important distinctions between disease and colonization.

Asymptomatic colonization occurs when a patient/resident has NO symptoms, (e.g., the diarrhea has stopped) but stool samples may test positive for the organism. Colonization is more common than clinical disease.

Symptomatic disease occurs when the patient/resident exhibits clinical symptoms, (e.g., diarrhea) and tests positive for either the *C. difficile* organism and/or its toxin. Transmission of *C. difficile* from persons with symptomatic CDAD has been well documented in hospitals and long term care facilities from those with symptomatic disease.

Laboratory Tests for CDAD:

Symptomatic residents, i.e., those with significant diarrhea and/or abdominal pain AND a history of antimicrobial use within the past 30 days, should have their stool tested. The specimen should be tested for *C. difficile* toxins and should be cultured.

The proper laboratory specimen for diagnosis is a single, watery, unformed or loose stool specimen (not rectal swabs). The specimen should be submitted in a clean, watertight container. Special transport media are not necessary.

Testing stools of asymptomatic residents is not clinically useful and is not recommended; formed stools should **not** be tested for *C. difficile*.

Surveillance cultures of asymptomatic residents or screening cultures of new admissions for *C. difficile* are not routinely indicated and should not be done.

Testing for cure is **not** recommended once symptoms resolve.

Treatment:

In 15% to 23% of patients with symptomatic CDAD, simply stopping the offending antibiotic(s) will result in resolution of the diarrhea without any additional treatment.

Metronidazole (Flagyl) is the preferred treatment for initial episodes of CDAD and first recurrences.

Oral Vancomycin should be reserved for patients/residents who do not respond to metronidazole or who have severe, life-threatening illness.

Decolonization:

Treatment with metronidazole or Vancomycin of asymptomatic patients/residents who are colonized with *C. difficile* in an attempt to rid the patient/resident of the organism generally does not work and should not be attempted.

Prevention and Control Measures:

Room Placement

- A private room is recommended, especially for residents who are fecally incontinent or who cannot practice good handwashing.
- Cohort symptomatic CDAD residents only with other symptomatic CDAD residents. Because of environmental contamination, residents with CDAD should share toilets only with other CDAD residents.

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C-DIFF GUIDELINES, CONTINUED

- Residents with CDAD may be moved to a multiple unit room and/or cohorting may be discontinued when the diarrhea ceases. Communal activities may also resume when diarrhea ceases.

Isolation Precautions:

- Contact precautions should be used for CDAD residents with diarrhea.

- Hands should be washed frequently with soap and water. Since *C. difficile* is a spore forming bacteria, alcohol-based hand gels and lotions are not effective in reducing the spread of the organism and are not recommended.

- Gloves should be worn when entering the room.

- Gowns should be worn if physical contact with the resident or the resident's environment is anticipated.

- Common use equipment such as stethoscopes should be dedicated to the infected resident and not shared between residents.

- Precautions should continue until the resident's diarrhea ceases, i.e., less than 3 stools per day.

- Adult care homes and long term care facilities should have a system in place for alerting healthcare workers and visitors to check with a nurse prior to entering the resident's room to ensure contact precautions are followed, such as labeling the chart or door of the room, without compromising that resident's privacy.

Environmental Cleaning:

- The environment of a resident with CDAD should be cleaned thoroughly at least twice per day, with special attention to those items likely to be contaminated with feces, i.e., bedrails and bedside commodes.

- A 10% bleach solution (9 parts water to 1 part bleach) should be used on all appropriate surfaces. An EPA-approved hospital disinfectant-detergent should be used for environmental cleaning when bleach cannot be used. Frequent environmental cleaning may reduce contamination and the number of contaminating organisms found on surfaces.

Transfer of Patients/Residents:

- Transfer of patients with *C.difficile* colonization or disease from an acute care facility to an adult care home or long term care facility must be accompanied by notice to the facility that the patient has CDAD.

- Likewise, the same notice must accompany transfer of residents with CDAD to an acute care facility from

an adult care home or long term care facility.

- Adult care homes or long term care facilities may accept patients/residents with *C. difficile* colonization or disease, as long as the facility is able to place the resident according to the scheme mentioned previously.

- A patient/resident with *C. difficile* colonization or disease who transfers to an adult care home does not need to have absence of diarrhea or negative stool cultures before the transfer can occur.

Rectal Thermometers:

- The use of rectal thermometers is discouraged in all residents, since *C. difficile* has been implicated in outbreaks in hospitals and long term care facilities.

- Oral or electronic tympanic thermometers are recommended for routine use.

Outbreaks of CDAD in Adult Care Homes and Long Term Care Facilities:

- An outbreak of CDAD is defined as two (2) or more epidemiologically linked cases of facility acquired, symptomatic CDAD cases occurring in the same general area of the facility within a period of seven (7) days.

- Infected residents should be placed in a private room or cohorted. Once there is clinical resolution of the infection after treatment (i.e., no diarrhea), the resident(s) may be removed from precautions.

- Follow-up testing or testing for cure is not recommended once symptoms resolve.

- An intense education program for staff on *C. difficile* and its transmission should be conducted, along with rigorous supervision of glove and gown use. If, after these procedures are done, there continue to be new cases of clinically significant CDAD, an epidemiologist from the local health department should be called in for assistance.

References:

- APIC Elimination Guide: Guided to the Elimination of *Clostridium difficile* in Healthcare Settings, 2008.

- Vital Signs: Stop *C. difficile* Infections. 2012. Centers for Disease Control and Prevention. 6 Mar. 2012.

- Gerding, DN, Johnson, S, et al. *C. difficile*-associated diarrhea and colitis. *Infection Control and Hospital Epidemiology*, 1995; 16:459-477.

- Johnson, S, and Gerding, DN. *Clostridium difficile*-associated diarrhea. *Clinical Infectious Diseases*, 1998; 26 (5): 1027-1036.

- Lozniewski, A, Rabaud, C, Dotto, E, et al. Laboratory diagnosis of *Clostridium difficile*-associated diarrhea and colitis. *Journal of Clinical Microbiology*, 2001; 39 (5): 996-998.

ASK AL

QUESTION: What are the window requirements for the living, dining, and recreation areas in a newly constructed nursing home?

ANSWER: According to KAR 26-40-302(f)(1)(B) Window areas in the living, dining, and recreation areas shall be at least 10 percent of the gross floor space of those areas. Each of these areas shall have exposure to natural daylight. The window area requirement shall not be met by the use of skylights.

QUESTION: Are insect screens required for windows in a newly constructed or existing nursing home?

ANSWER: According to KAR 26-40-304(b)(5)(C) Each operable window shall have an insect screen.

QUESTION: Is an outdoor recreation area required for a home plus?

ANSWER: Yes. According to KAR 28-39-437(d)(2) Outdoor recreation areas shall be provided and available to residents.

QUESTION: What are the requirements for a laundry in an adult day care facility?

ANSWER: According to KAR 28-39-290(c)(1) If the facility processes laundry, the facility shall provide washing and drying machines. Each facility shall arrange the work area to provide a one-way flow of laundry from a soiled area to a clean area. (2) Each facility shall store soiled laundry in a manner that prevents odors and the spread of disease. (3) Each facility shall provide a lavatory with a non-reusable method of hand drying within or accessible to the laundry area.



PARTNERSHIP TO IMPROVE DEMENTIA CARE

A mission to improve behavioral health among nursing home residents with dementia and to protect them from unnecessary drug use.

What is happening in your home?

Is the reduction of antipsychotic (AP) medication use for people with dementia a focus area of your Quality Assurance Performance Improvement program? Have you received a copy of the CMS Dementia Education Module “Hand-in Hand” and made plans to use it in staff in-services and staff orientation? Your answering “yes” to these questions will continue to promote a reduction in the use of AP medications for Kansans with dementia. The most recent released rate of AP use for Kansas showed a decrease to 24.6%. This was based on an average of Quarter 4, 2011 through Quarter 2, 2012 (September, 2011-July, 2012. CMS resources and tools (CMS Initiative to Improve Dementia Care) are posted on the Advancing Excellence website at <http://www.nhqualitycampaign.org/>

KDADS thanks KACE, KHCA, Leading Age Kansas, and the associations of healthcare professionals for providing workshops and conference sessions on improving the care of people with dementia and reducing the use of AP medications.

ELECTRONIC CIGARETTES

CMS S&C letter 12-04-NH, November 10, 2011, addressed the use of electronic cigarettes (e-cigarettes). The letter stated the following:

“These products (e-cigarettes) are designed to deliver nicotine or other substances to the user in the form of a vapor. They are composed of a rechargeable, battery-operated heating element, a replaceable cartridge that may contain nicotine or other chemicals, and an atomizer that, when heated, converts the contents of the cartridge into a vapor. The vapor has a light odor that dissipates quickly. These e-cigarettes are not considered smoking devices, and their heating element does not pose the same dangers of ignition as regular cigarettes.”

Advancing Excellence - New Goals

The Advancing Excellence in Nursing Homes (NH) National Campaign has updated their goals and website at www.nhqualitycampaign.org. There are now nine goals divided into Process Goals and Clinical Outcome Goals. They are as follows: **Process Goals:** Consistent Assignment, Hospitalizations, Person Centered Care, and Staff Stability; and **Clinical Outcome Goals:** Infections, Medications, Mobility, Pain, and Pressure Ulcers. Further explanation of the goals can be found on the website by clicking on the “Explore New Goals” box on the home page.

Homes previously enrolled in the campaign can now go online and update their profiles and select new goals. Homes that have not previously participated can enroll for the first time. To sign up for the campaign NHs must choose at least 2 goals: one process goal (consistent assignment, staff stability, reducing hospitalizations or person-centered care) and one other goal (any of the other 8 goals).

Another new aspect is 2 levels of participation; registrants and participants. Registrants are nursing homes who sign up but do not consistently enter data related to the goals. Participants are nursing homes who demonstrate commitment to principles of performance improvement by entering data. To be considered a participant, the home must upload its data onto the website monthly for at least 1 of the 2 selected goals for 6 consecutive months. For the 2nd selected goal, the home has the option of entering its data monthly in the first year but the home must enter its data by the second year.

Currently four of the goals have new tools to use to measure progress. These are: Consistent Assignment, Hospitalization, Pressure Ulcers and Staff Stability. More tools and resources will be added in the next several months with all tools posted by the end of March 2013.

The new goals are more in line with other initiatives currently supported by CMS and the provider associations such as decreasing hospitalizations and reducing the off label use of antipsychotic medications. Consequently the tools and resources on the AE campaign website can be used to further a nursing home’s work in these other initiatives. Homes working on KDADS PEAK incentive will also find useful information on

the AE website.

The Kansas Local Area Networks of Excellence (LANE) , a group of stakeholders interested in supporting the national campaign for excellence in nursing homes, will be sending out an email after the first of the year to all nursing homes in the state asking them to register for the national campaign. Phone calls will also be made to each Kansas nursing home to ensure everyone knows how to access the website and their facility information. In the previous campaigns, Kansas reached 86% enrollment. The Kansas LANE would like to see 100% of Kansas nursing homes participate in the campaign in an effort to improve quality measures within the state.

If you have questions about the campaign or how to access the website, please contact one of the following:

- Darlene Smikahl, Brenda Groves or Dana Thompson, KFMC 1-800-432-0770
- KHCA, Cindy Luxem, or Linda Mowbray, 785-267-6003
- LeadingAge Kansas, Brittany Crabtree, 785-233-7443

Medications at Discharge

All medications a resident receives in a nursing home, including controlled medications, are the property of the resident with few exceptions. The exceptions are medications supplied to the resident whose current stay is covered by Medicare Part A Services and the medication the home is required to provide for residents whose stay is covered by Medicaid. When a resident is discharged to their private home, another adult care home, or another type of care services, and the resident requests to have their medications, including controlled medications, the home should obtain an order from the resident’s physician to send the medications with the resident.

This practice is in compliance with KAR 28-39-156, Pharmacy Services (f) Accountability and disposition (7) - The nursing facility may send drugs with a resident at the time of discharge, if so ordered by the physician. Recent consultation with a Pharmacy Inspector of the Kansas Board of Pharmacy confirmed this practice remains permissible by the Board of Pharmacy.

MDS 3.0 QUALITY MEASURES

The Quality Measures (QMs) are useful in a home's Quality Assurance Performance Improvement program to obtain an overview of the characteristic of the residents in their home and to identify individual residents who trigger the measure. The data can provide baseline and periodic measurement evaluation of programs implemented to improve performance on selected measures.

CMS updated the resource manuals for the Quality Measures, and correction and additions to the manuals in the last quarter of 2012. The MDS 3.0 QM Manual V6.0, 09-17-2012, MDS 3.0 Quality Measures User's Manual V6.0 Errata, and Appendix F are available under downloads at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHOIQualityMeasures.html> The CASPER Reporting User's Guide For MDS Providers – Section 11. MDS 3.0 QUALITY MEASURE (QM) REPORTS that guides a facility in accessing their QMs is available at https://www.qtso.com/download/guides/casper/cspr_sec11_mds_prvdr.pdf

Chapters 1 and 2 and Appendix E and F of MDS 3.0 QM Manual V6.0, 09-17-2012; Appendix F, and the errata document may be of most interest to the homes as they strive to understand the measures and determine the residents who are included or excluded from the measures.

- Chapter 1. QM Sample and Record Selection Methodology, provides definitions of the terminology used in selecting the sample and conducting the process.
- Chapter 2. MDS 3.0 Quality Measures Logical Specifications, provides detailed tables of each QM that includes the MDS coding of a resident that would result in their inclusion in the measure. These measures are available on Nursing Home Compare (NHC). Not all of the measures are used in calculating the QM score for NHC.
- Appendix E. Surveyor Quality Measures, provides detailed tables of measures in a manner similar to those in Chapter 2 but only surveyors and the facility have access to these measures. A facility will see these measures listed on their CASPER report.
- Appendix F. Facility Characteristics Report V10.0, provides an explanation of the report's data.

•The errata document has changes to the MDS 3.0 measures: *Percent of Short-Stay Residents Who Newly Received an Antipsychotic Medication and Prevalence of Behavior Symptoms Affecting Others (Long Stay)*.

A COMMON FOOD RULE

In this article, KDADS briefly compares references to the Food Code found in regulatory requirements in the State Operations Manual (Appendix PP) and the state's Adult Care Homes Regulations.

Question: What do the State Operations Manual (Appendix PP) and the state's Adult Care Homes Regulations (under KAR 26-29-105, KAR 26-40-302 and KAR 26-40-303) require regarding compliance with the Food Code as related to the sanitary conditions under which food is procured, stored, prepared, distributed and served?

Answer: The federal regulatory text under Tag F371 in the State Operations Manual requires the nursing facility to ensure food is obtained from sources approved and considered satisfactory by regulatory authorities and to follow proper sanitation and food handling practices in order to prevent a foodborne outbreak. The interpretive language covers certain terms related to sanitary conditions, types of food contamination, factors implicated in food borne illness, the prevention of food borne illness, and equipment and utensil cleaning and sanitation. It also includes web links to three non-CMS sources for additional information regarding safe food handling to minimize the potential for food borne illness. Links for FDA websites on the Food Code¹ and Hazard Analysis Critical Control Points (HACCP) Operator's Manual² and Regulator's Manual³ have since changed. With few exceptions, however, the Food Code has not been adopted into the federal regulatory text by CMS. Those exceptions are: The 2005 Food Code is the authority cited in the section on the prevention of food borne illness for requirements related to hand washing and the use of antimicrobial gels; hair restraint, fingernails and jewelry; sanitizing solutions; cutting boards; and reheating foods. It is also a source of certain specifications for machine washing and sanitizing.

Continued on page 13.

FOOD RULE, CONTINUED

On the other hand, chapters one through seven of the 2009 Food Code⁴ have been adopted by reference into the state's Adult Care Home Regulations⁵ as found in Kansas Administrative Regulations (KAR) 26-39-105(c)(3).

This rule applies uniformly to all nursing homes in the state. Based on the state regulations, all applicants for initial licensure and new construction of nursing facilities and all existing nursing facilities must comply with these sections of the 2009 Food Code. The U.S. Food and Drug Administration (FDA) issues the Food Code, which is a scientifically sound technical and legal basis for regulating the retail and food service industry, including nursing homes. The Food Code is a model for safeguarding public health and ensuring food is unadulterated and honestly presented when offered to the consumer. This model is offered for adoption by local, state, and federal governmental jurisdictions that have been delegated compliance responsibilities for food service, retail food stores, or food vending operations. A new Food Code is issued by FDA every four years. The current edition is the 2009 Food Code, which was revised in a Supplement to the 2009 FDA Food Code⁶ that became effective September 29, 2011. The next complete revision is due in 2013.

Hyperlinks in this article:

¹Food Code

<http://www.fda.gov/food/foodsafety/retailfoodprotection/foodcode/default.htm>

²Hazard Analysis Critical Control Points (HACCP) Operator's Manual

<http://www.fda.gov/Food/FoodSafety/RetailFoodProtection/ManagingFoodSafetyHACCPPrinciples/Operators/default.htm>

³Hazard Analysis Critical Control Points (HACCP) Regulator's Manual

<http://www.fda.gov/Food/FoodSafety/RetailFoodProtection/ManagingFoodSafetyHACCPPrinciples/Regulators/default.htm>

⁴2009 Food Code

<http://www.fda.gov/Food/FoodSafety/RetailFoodProtection/FoodCode/FoodCode2009/default.htm>

⁵Kansas Adult Care Homes Regulations

⁶Supplement to the 2009 FDA Food Code

<http://www.fda.gov/Food/FoodSafety/RetailFoodProtection/FoodCode/FoodCode2009/ucm272584.htm>

MDS MURMURINGS

RAI Manual V1.09 OCTOBER UPDATE

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

MDS Coordinators should read carefully the information posted on the website and view the documents under "Downloads" to ensure they are using the most current version of the RAI Manual and accompanying replacement pages. The date on the page footer identifies the date the information on the page was written or updated. While October updates to the manual were released November 9, recognition of errors required posting of replacement pages on November 29, 2012. (A summary of the update and replacements are presented at the end of this section.)

MDS 3.0 Workshop - The Basics, MDS, CAAs, and Care Planning

Although evaluations of the KDADS MDS training have been positive, it is recognized the amount of material covered in two days is overwhelming to new MDS Coordinators. The workshop will be extended to 2 1/2 days. Attendees need to prepare for the workshop by reading Chapters 1 and 2 of the manual. This will help them to become familiar with the MDS terminology and scheduling. The next workshop is tentatively scheduled for March 6, 7, and 8, 2013. Registration will open each day at 8:15 AM with the presentations beginning at 8:45 AM. The sessions on March 6 and 7 will end at 4:30 PM. The session on March 8 will end at 12 Noon. The location is the Department of Children and Families Services Learning Center, 2600 Circle Drive, Topeka. Pre-Registration will be available mid-January at: http://www.aging.ks.gov/AdultCareHomes/Education_Info/Education_index.html It will close February 23, 2013.

Frequently asked Questions

QUESTION: May assessors code observations, assessments, and clinical documentation conducted after the assessment reference date (ARD) on the MDS assessment?

Continued on page 14.

FAQ's CONTINUED

ANSWER: Although homes have up to 14 days after the ARD to complete all OBRA and PPS Medicare assessments, with the exception of the OBRA admission assessment, only information actually obtained and documented in the clinical record during the look back period can be used to code the MDS. The RAI Manual V1.09 states in Chapter 2 on Pages 8 & 13 (2-8 & 2-13, April, 2012) "Observation (Look Back) period: ... When completing the MDS, only those occurrences during the look back period will be captured. In other words, if it did not occur during the look back period, it is not coded on the MDS." "Assessment Reference Date (ARD) refers to the last day of the observation (or "look back") period that the assessment covers for the resident."

QUESTION: A resident qualifying for a Medicare Part A stay was admitted to our nursing home. A few hours later the resident was discharged to their private home. What tracking records and assessments must be done?

ANSWER: For OBRA purposes, staff must complete an Entry Tracking record and Discharge assessment. (RAI Manual V1.09, 2-10) If the facility wishes to receive payment for the day the resident was in the nursing home, staff should combine a 5 day PPS Medicare assessment with the Discharge assessment. When a resident is admitted to a SNF and is discharged to their private home or dies on the same day, the SNF can be paid for the day. (Medicare Claims Processing Manual, Chapter 6, 40.3.5 – Determinate Utilizations on Day of Discharge, Death, or Day Beginning a Leave of Absence. <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs.html>)

QUESTION: Is completion of the Pain Items J0100-0800 a thorough assessment of a resident's pain?

ANSWER: No. RAI Manual V1.09, Chapter 4, Pages 7 & 8 (4-7 & 4-8, October, 2011) states in "Section 4.6 When is the RAI not enough? Limitations of the RAI-related instruments. The RAI provides tools related to assessment including substantial detail for completing the MDS, how CATs are triggered, and a framework for the CAA process. However, the process of com-

pleting the MDS and related portions of RAI does not constitute the entire assessment that may be needed to address issues and manage the care of individual residents." The Pain CAA tool in Appendix C of the RAI Manual used in its entirety can serve as a resource for completing a thorough assessment of resident pain whether or not the resident triggers the pain care area assessment.

QUESTION: Which care area assessment (CAA) includes an assessment of a cognitively impaired resident's activities of daily living functional status?

ANSWER: The Cognitive Loss/Dementia CAA tool in Appendix C of the RAI manual lists Functional Status and its relationship to cognitive loss as an indicator for review. Additional helpful information is available in Chapter 4, Page 14. (RAI Manual V1.09, 4-17, October, 2012)

QUESTION: Our software provides the CAA tools listed in Appendix C and places a check mark on indicators for review that crosswalk from the MDS. If we just sign this document will it be accepted as a comprehensive assessment of the Care Areas?

ANSWER: No. RAI Manual V1.09, Chapter 1, Page6 (1-6, October, 2012) states

"Care Area Assessment (CAA) Process. This process is designed to assist the assessor to systematically interpret the information recorded on the MDS. Once a care area has been triggered, nursing home providers use current, evidence-based clinical resources to conduct an assessment of the potential problem and determine whether or not to care plan for it. The CAA process helps the clinician to focus on key issues identified during the assessment process so that decisions as to whether and how to intervene can be explored with the resident. The CAA process is explained in detail in Chapter 4"

Additional information on the same page reviews the process and states: "Care Area Assessment (CAA) is the further investigation of triggered areas, to determine if the care area triggers require interventions and care planning. The CAA resources provided as a courtesy to facilities in Appendix C. These resources include a compilation of checklists and Web links that

Continued on page 15.

FAQ's CONTINUED

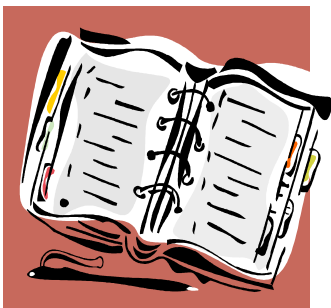
may be helpful in performing the assessment of a triggered care area.”

CAA documentation in Chapter 4, Page 6 of the manual tells what should be included in the CAA summary. Resources available to evaluate the CAA summary in determining if a care area was thoroughly assessed include: the Assessment Section of the QIS Critical Element Pathways at <http://www.aging.ks.gov/Manuals/QISManual.htm>, and the Resident Specific Tools found under Best Practices, QAPI Guidelines and Tools at

http://www.aging.ks.gov/AdultCareHomes/BestPractice/BP_Index.htm

QUESTION: Should a facility transmit a MDS assessment completed for a managed care company, private insurance, etc.?

ANSWER: No. The RAI Manual V1.09, Chapter 5, Page 1, (5-1, April, 2012), states in Section 5.1 Transmitting MDS Data “All Medicare and/or Medicaid-certified nursing homes and swing beds, or agents of those facilities, must transmit required MDS data records to CMS’ Quality Improvement Evaluation System (QIES) Assessment Submission and Processing (ASAP) system. Required MDS records are those assessments and tracking records that are mandated under OBRA and SNF PPS. Assessments that are completed for purposes other than OBRA and SNF PPS reasons are not to be submitted, e.g., private insurance, including but not limited to Medicare Advantage plans.”



October 2012 MDS Update Summary

This is not an all-inclusive listing of the October, 2012 and November 29, 2012 revisions. Please refer to <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html> for the entire Manual V1.09, Change Tables, and Replacement Pages.

Chapter 1. Verbiage additions made to provide clarifications.

Chapter 2. Focus of revisions are on PPS assessments: setting ARDs, choosing to combine assessments, payment, effect of late assessments or missed assessments. Some of the information was provided earlier by CMS during teleconference calls and in other documents.

- ARD for stand-alone unscheduled PPS

Assessments (COT, EOT, SOT OMRAs) must be a day within the allowable ARD window. However, selection of the date can be done up to two days after the ARD window has passed. (2-40 & 2-52)

- Completion of an EOT is optional when a resident is discharged from the facility prior to or on the 3rd consecutive missed therapy day. If the facility chooses to complete an EOT, it may be combined with the Discharge assessment. When making the decision whether or not to complete the EOT, the facility will want to take note of the RUG classification and billing implications. (2-48)

- EOT-R is allowed if therapy resumes no greater than 5 consecutive days after the EOT, at same RUG classification, and with the same therapy plan of care that had been in effect prior to the EOT OMRA (2-49)

- Combining a COT with a scheduled PPS

assessment is optional when the selected ARD meets the requirements of both the COT and scheduled PPS assessment. If the facility chooses to complete the COT as a stand-alone assessment, the ARD of the scheduled assessment must be a date on or prior to day 7 of the COT observation period. When deciding whether or not to combine assessments, the facility will want to take note of the effect on RUG classification. (2-51)

Continued on page 16.

MDS UPDATE, CONTINUED

- Billing guidance (2-49, 50, 53)
- Completion of a COT is optional when a resident is discharged (A2000) from the facility on or prior to day 7 of the COT observation period. The facility will want to note the effect on RUGS classification and billing when making the decision as to whether or not complete the COT. (2-51)
- Addition of Definitions. Used for Payment (2-53), Intervening Assessment, Days out of Compliance (2-74)
- Combined Unscheduled PPS assessments and Discharge Assessment. The ARD of a combined unscheduled assessment and the Discharge assessment must be the date of discharge (A2000). However, the selection of the ARD must be done no more than two days after the date of discharge (2-64, 2-67, & 2-69)
- Leave of Absence effect on PPS Assessment Schedule. When resident is on a LOA, for **scheduled** PPS assessments the assessment schedule **is adjusted** to exclude the day(s) of LOA and to select the ARD. When a resident is on LOA, for an **unscheduled** PPS assessment, the assessment schedule **is not adjusted** to exclude the day(s) of the LOA and to select the ARD. (2-71)
- Early PPS Assessment. When a COT OMRA is done early, the early COT resets the COT calendar. The ARD for the next COT must be set 7 days from the ARD of the early COT. Failure to do so will result in a default payment. (2-72, 73)
- Late PPS Assessment. Extensive information provided on payment related to late PPS assessments. (2-74 & 74, 6-53)
- Missed PPS Assessment. Provider liability occurs when the ARD was not selected for PPS assessment and the resident is no longer on Medicare or is no longer in the facility. If an OBRA assessment had been done, with the exception of a stand-alone Discharge assessment, that assessment may be used for some of

the payment days. (2-74 and Chapter 6. Section 6.8)

Chapter 3.

- Section I. Clarification of Active Diagnoses. (I-3 & 4)
- Section K.
 - o K0300: Weight Loss.(K-4,5) K0310:Weight Gain (K-8,9) Initial November revision changed weight comparison time from “current observation period” to “7-day look back period” CMS released a revision on 11/29/2012 reverting the language from “7-day look back period” back to “current observation period.”
 - o New Definitions. 5% Weight Gain in 30 Days. 10% Weight Gain in 180 Days.
- Section M. M0210. Unhealed Pressure Ulcer(s).
 - o Coding Tip addition tells difference between scabs and eschar.(M-5)
- Section O. O0100M. Isolation for active infectious disease. “Strict” isolation changed to “Single room” isolation O-4 & O-5). The language revision does not change the requirements for coding this item.
- Section X. Clarification of Coding Instructions.

Chapter 4.

- Care Area Triggers (CAT). For items whose coding convention is “Check all that Apply”, if the CAT is a checked item the value will be listed as “1” in the CAT logic table. If the CAT is such that the item response would not be checked, the value will be listed as “0” in the CAT logic table.

Chapter 6. Inclusion of applicable information referenced in Chapter 2

Appendix A. Definition of Continence is revised to state, “Any void into a commode, urinal, or bedpan that occurs voluntarily, or as the result of prompted toileting, assisted toileting, or scheduled toileting.”

Employment Verification Time



It's employment verification time – the time of year to update and submit your Certified Nurse Aides, Medication Aides and Home Health Aides to Health Occupations Credentialing in order for them to stay active on the Kansas Nurse Aide Registry.

On January 1, 2013, the annual employment verification reporting period will begin. Employers will again be able to submit the annual employment verification information online via the Kansas Nurse Aide Registry.

To access the employment verification web page, go to www.ksnurseaidregistry.org and select the **HEALTH FACILITY ACCESS** button. Enter your facility ID number (a letter followed by six numbers) and press enter or click on the **SUBMIT** button. Select the **EMPLOYMENT LIST** button. The list of employees associated with your facility will be displayed. You will need to click on the Yes or No button for each employee, depending on whether or not the employee worked for you anytime for at least eight hours in 2012.

To add an employee to the list, click on the **ADD EMPLOYEE** button at the bottom of the page. Enter the employee's identifying information and click on **SEARCH**. If the individual's certification is current, their name and certification type will appear. Click on the **ADD** button to add them to your list.

You will not need to do anything to remove an individual who did not work a minimum of eight hours at your facility; simply make sure the no button is selected. After the **UPDATE EMPLOYEES** button is selected, those individuals that have the No button selected will be removed from your list within 24 hours.

Once you have all of the individuals who worked a minimum of eight hours in 2012 listed and marked

Yes, click on the **UPDATE EMPLOYEE** button at the bottom of the page. The certification information on those individuals submitted will be updated and available within 24 hours.

PLEASE NOTE: ONCE YOU HAVE CLICKED ON "UPDATE EMPLOYEES BUTTON" YOU SHOULD SEE A NOTE IN RED; "THIS UPDATE HAS SUCCESSFULLY BEEN COMPLETED". If you do not see this important message, it did not update your employees. Check for messages on your list. If you have a person on your list that has been "Prohibited", the update will not work. Remove the "Prohibited Person" and try again.

The deadline for submitting the employment verification information online is March 31, 2013. After that date, the ability to submit annual employment verification information online will no longer be available for the remainder of the calendar year.

In order to comply with Federal Regulation 42 C.F.R. 483.156(b)(3), Health Occupations Credentialing is required to determine whether certified nurse aides, home health aides and medication aides have had a lapse of employment of more than 24 consecutive months. Nursing facilities, long-term care units in hospitals, intermediate personal care homes, assisted living facilities, residential health care facilities and home health agencies must provide employment verification for each certified nurse aide, home health aide, and medication aide employed for at least eight hours during the 12 month period from January 1, through December 31, 2012.

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	4th Quarter Oct - Dec 2011	1st Quarter Jan - March 2012	2nd Quarter April - June 2012	3rd Quarter Jul - Sept 2012
Civil Money Penalties	4	4	6	7
Correction Orders	26	32	28	23
Ban on New Admissions	3	6	5	5

FEDERAL REMEDIES Nursing and Skilled Nursing Facilities; Nursing Facilities for Mental Health	4th Quarter Oct - Dec 2011	1st Quarter Jan - March 2012	2nd Quarter April - June 2012	3rd Quarter Jul - Sept 2012
Civil Monetary Penalties Recommended	4	1	2	3
Denial of Payment for New Admissions Imposed	2	5	7	5
Terminations	0	0	0	1
No Opportunity to Correct	10	7	7	6

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

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

DEFICIENCY FREE SURVEY - JULY TO SEPT 2012			
FACILITY	CITY	TYPE	DATE
Vintage Park at Holton LLC	Holton	ALF	7/3/12
Coffey County Hospital LTCU	Waverly	LTCU	7/5/12
Brewster Health Center	Topeka	SNF/NF	7/16/12
Independent Living	Smith Center	BCH	7/16/12
Franklin House	Fort Scott	HP	7/17/12
Larksfield Place	Wichita	SNF/NF	7/17/12
Hillside Guest Home	Fort Scott	BCH	7/17/12
Fort Scott Presbyterian Village	Fort Scott	ALF	7/18/12
Dignity Care Home	Salina	RHCF	7/18/12
FTM 18	Lawrence	ICF/MR	7/19/12
Harmony Adult Home Plus	McPherson	HP	7/19/12
Glen Carr House #2	Derby	RHCF	7/25/12
Village West	Ottawa	ALF	7/31/12
Seniorcare Homes Waveny Park House	Overland Park	HP	8/1/12
Goodrick's Adult Care Home	Caldwell	BCH	8/2/12
Seniorcare Homes Hanover House	Overland Park	HP	8/2/12
Waldron Place	Hutchinson	ALF	8/8/12
Vintage Park at Hiawatha LLC	Hiawatha	ALF	8/9/12
Monterey Way House	Lawrence	ICF/MR	8/20/12
Guest House Estates	Caney	RHCF	8/21/12
Bradford Place	Independence	RHCF	8/22/12
Cedarview Assisted Living	Hays	ALF	8/22/12
Atchison House	Lawrence	ICF/MR	8/23/12
Lexington Park Assisted Living	Topeka	ALF	8/29/12
Oswego Home Place, Inc.	Oswego	RHCF	8/29/12
Rose Estates Assisted Living Community	Overland Park	ALF	8/30/12
Woodridge Estates	Parsons	ALF	8/30/12
Kenwood Plaza, Inc.	St. John	ALF	9/4/12
River Bend Assisted Living	Great Bend	ALF	9/5/12
Heartland Haven	Inman	HP	9/6/12
Prairie Homestead Assisted Living	Wichita	ALF	9/6/12
Lakeside Terrace	Sabetha	ICF/MR	9/10/12
Pennsylvania Place	Holton	ICF/MR	9/17/12
DSNWK Eisenhower Home	Norton	ICF/MR	9/18/12
Vintage Park at Waterfront LLC	Wichita	ALF	9/19/12
The Gables at Overland Park	Overland Park	ALF	9/20/12

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