

SUNFLOWER CONNECTION

Table of Contents

Bedrails in Assisted Living.....	1 – 2
Complaint Hotline.....	2
KMAP Documentation.....	3
Top 10 Deficiencies	4
CARE Program and Completed CARE	5 - 7
MDS 3.0 Q&A	8
A Holiday Message	9
2016 Zero Deficiency Surveys.....	10 - 11

Bedrails in Assisted Living, Residential Health Care and Home Plus Facilities

Over the past year, a significant increase in the use of various types of bed rails has been found in assisted living, residential health care and home plus facilities.

There is not a universal definition of bedrails and they have many commonly used names, including side rails, bed side rails, half rails, safety rails, bed handles, assist bars, or grab bars, bed canes, hospital bed rails, and adult portable bed rails.

Many portable bed rail products can be purchased by consumers on websites and in stores without a prescription and without the recommendation of a health care provider.

Other types of bed rails are considered medical devices and subject to FDA oversight.

Because many death and injury reports related to entrapment and falls for both adult portable bed rail products and hospital bed rails continue to be reported to the U.S. Consumer Product Safety Commission (CPSC) and the U.S. Food and Drug Administration (FDA), they recommend that all bed rails be used with caution, especially with older adults and people with altered mental status, and physical limitations.



Here are the steps to follow when considering the use of a bedrail in an assisted living, residential health care, or home plus facility

1. Complete an assessment of the resident to confirm that the device is not a restraint. (K.A.R. 26-39-100 (kkk) Restraint is the control and limitation of a resident's movement by physical, mechanical, or chemical means).
2. Complete an assessment of the resident to determine the purpose of the bedrail and the resident's ability to safely use the device and document the findings in the resident's record.
3. Complete an assessment of the bedrail device using the recommendations in the FDA Guidance "Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment" for health care facilities and manufacturers and the Clinical Guidance for the Assessment and Implementation of Bed Rails in Hospitals, Long Term Care Facilities and Home Care Settings to ensure that it is securely attached to the bed or bedframe and poses no risk for entrapment and document the findings in the resident's record.
3. If the purpose of the bedrail is to assist the resident with transfers, the functional capacity screen should document the resident's functional ability based on the use of the assistive device and should list any assistive devices used by the resident to perform activities of daily living in the comments section.
4. Include a description of the device, its purpose, and any special instructions on use and monitoring in the resident's negotiated service agreement/health care service plan.
5. Document periodic reassessments of the resident's use of the device and their ability to use it safely and reassessment of the safety of the device in the resident's record.

For more information and links to recommendations for health care providers related to bedrails and the "Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment", visit: <http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/HomeHealthandConsumer/ConsumerProducts/BedRailSafety/default.htm>

KDADS Complaint Hotline E-Mail Changes

In the past, some providers emailed their intake information, or the need to report to all three of the intake specialists (Ernie, Marla and Caryl). In an effort to increase efficiency, if providers prefer to contact the complaint hotline by e-mail, please email the information to kdads.complainthotline@ks.gov and please include your name, name of the facility and your contact telephone number with the area code.

Due to the high volume of calls to the hotline, providers may wish to email their intake versus holding for the next available intake specialist.

The hotline staff will continue to send the complaint number to the provider, once the intake is processed.

The suspected crime e-mail has been changed to kdads.complainthotline@ks.gov



Kansas Medical Assistance Program KMAP

As with all other insurance carriers, Medicaid has specific requirements regarding documentation of services performed and billed to KMAP. These requirements are within the standards of each professional scope of practice and are consistent with requirements of other major insurance carriers. The following information regarding documentation requirements is not new but is provided as education so each provider can ensure all services billed to Medicaid are medically necessary and have been provided as billed.

- The patient record shall be legible and stand on its own.
- The date and reason for a service must be included.
- Extent of the patient history and exam must be documented along with a treatment plan.
- Documentation must support the level of service billed.
- Assessments documented merely using a rubber stamp are not accepted unless there is documentation to the side of the stamp which reflects results of the exam for each of the systems identified on the rubber stamp.
- Unless permitted by specific HCBS program guidelines, check marks are not accepted.
- Records must be created at the time the service is provided.

Progress notes must include:

- Chief complaints or presenting problems
- Type of history
- Extent of services
- Patient progress and response to treatment
- Evidence of the type of decision made which includes, but is not limited to:
 - Diagnoses
 - Treatment options
 - Extent of data reviewed
 - Risk of morbidity and mortality

The following questions should be asked to ensure appropriate documentation exists to support the level of service billed:

- Is the reason for the visit documented in the patient record?
- Are all services that were provided documented?
- Does the patient record clearly explain why support services, procedures, supplies and medications were or were not provided?
- Is the assessment of the patient's condition apparent in the record?
- Does documentation contain information on the patient's progress and results of treatment?
- Does the patient record include a plan for treatment?
- Does information in the patient record provide medical rationale for the services and the place of service that are to be billed?
- Does information in the patient record appropriately reflect the care provided in the case where another health care professional must assume care or perform necessary medical services? Is there documentation of timely referrals?

Record keeping responsibilities rest with the provider. When a service is not documented or documentation is not legible, the service is not reimbursed.

For more information on General Medicaid Benefits please reference the KMAP General Benefits FFS Provider Manual

https://www.kmap-state-ks.us/Documents/Content/Provider%20Manuals/Gen%20benefits_07062016_16112.pdf

Top 10 Deficiencies January 1 – September 30, 2016

ALF/RHCF:

- 3155 Health Care Services – KAR 26-41-204 (a)
- 3200 Facility Administration of Medication – KAR 26-42-205 (d)
- 3215 Medication Storage – KAR 26-41-205 (h)
- 3261 Resident Records Documentation of Incidents – KAR 26-41-105 (f) (11)
- 3280 Disaster and Emergency Preparedness – KAR 26-41-104 (d)
- 3028 Staff Treatment of Residents Reporting – KAR 26-41-101 (f) (3)
- 3165 Health Care Services – KAR 26-41-204 (d)
- 3171 Health Care Standards of Practice – KAR 26-41-204 (i)
- 3248 Staff Qualifications Employee Records—KAR 26-41-102 (d)
- 3299 Facility Food Storage – KAR 26-41-206 (e) (1)

Home Plus:

- 5155 Health Care Services – KAR 26-42-204 (a)
- 5161 Health Care Services – KAR 26-42-204 (d)
- 5300 Facility Administration of Medication – KAR 26-42-205 (d)
- 5028 Staff Treatment of Residents Reporting – KAR 26-42-101 (f)(3)
- 5251 Resident Records Documentation of incidents – KAR 26-42-105 (f) (11)
- 5105 Negotiated Service Agreement – KAR 26-42-202 (a)
- 5185 Dietary Services—KAR 26-42-206 (a)(b)(c)
- 5171 Health Care Standards of Practice – KAR 26-42-204 (i)
- 5315 Medication Storage – KAR 26-42-205 (h)
- 5334 Construction – KAR 28-39-437

Top 10 Deficiencies January 1 – December 14, 2016

SNF/NF:

- F323 Free of Accident Hazards/Supervision/Devices
- F329 Drug Regime is Free from Unnecessary Drugs
- F441 Infection Control, Prevent Spread, Linens
- F371 Food Procure, Store/Prepare/Serve – Sanitary
- F428 Drug Regime Review, Report Irregular, Act on
- F280 Right to Participate Planning Care-Revise CP
- F309 Provide Care/Services for Highest Well Being
- F225 Investigate/Report Allegations/Individuals
- F253 Housekeeping & Maintenance Services
- F279 Develop Comprehensive Care Plans

Care Program and Completed Care

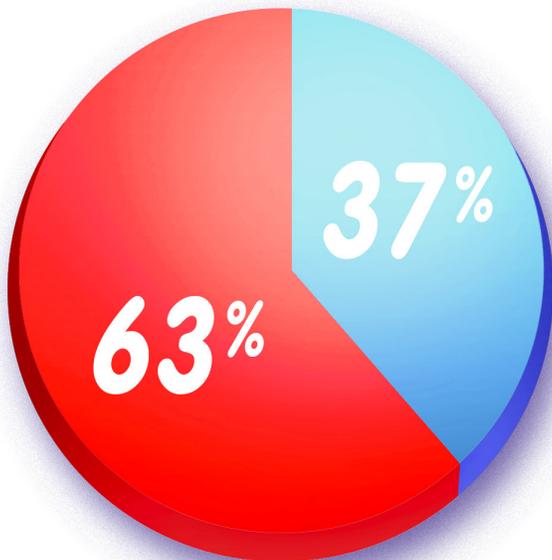
Let's imagine for a minute that your nursing facility doesn't have a Quality Assurance (QA) processes in place. What will happen to the quality of your work? My guess is that it will deteriorate or, at the very least, plateau. I can't say yes or no one way or the other, but let's be honest: QA is a system of checks and balances that sets a high standard for all work, no matter what position an employee holds. Set the QA bar at a clear standard, and your work will rise to meet that standard—or better yet, exceed it!

The CARE Program receives 3164's from the Clearinghouse to verify that the resident has the required PASRR information to admit to a Medicaid certified nursing facility.

In the month of October the Clearinghouse requested verification for 737 residents. Of the 737 verification request the CARE Program was able to complete 434 of the request without requesting additional information from the nursing facilities.

Unfortunately, we are consistently missing 37% of the documentation, and it is usually the less than 30-day order from the nursing facility.

This means we are making 300 phone calls to the nursing facilities every month.



Completed CARE's by NF for October

For the month of October 737 CARE assessments were completed and of the total completed assessments 434 were done accurately.

● Completed ● Total CARE's

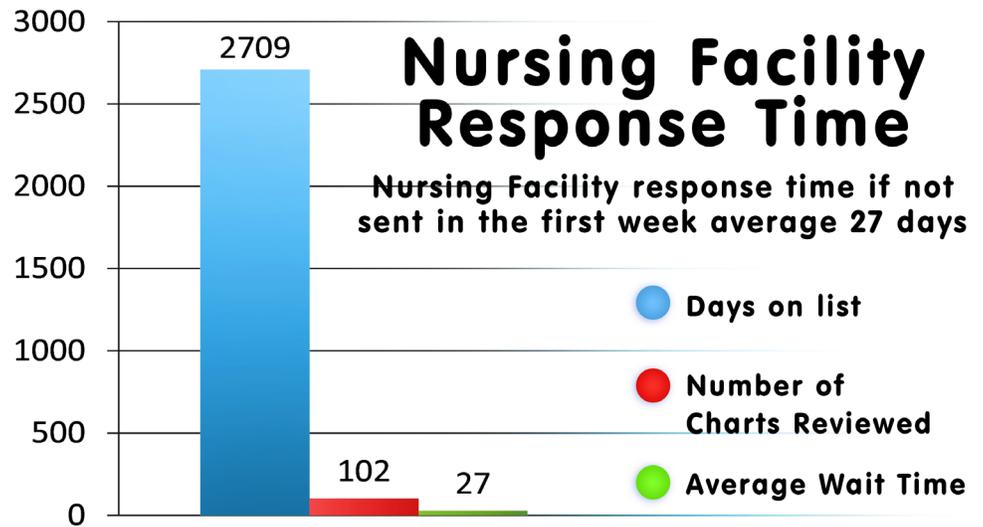
If the nursing facility did not respond to our phone call request within the first five days, the wait time averaged 27-days to process the verification.

CARE's

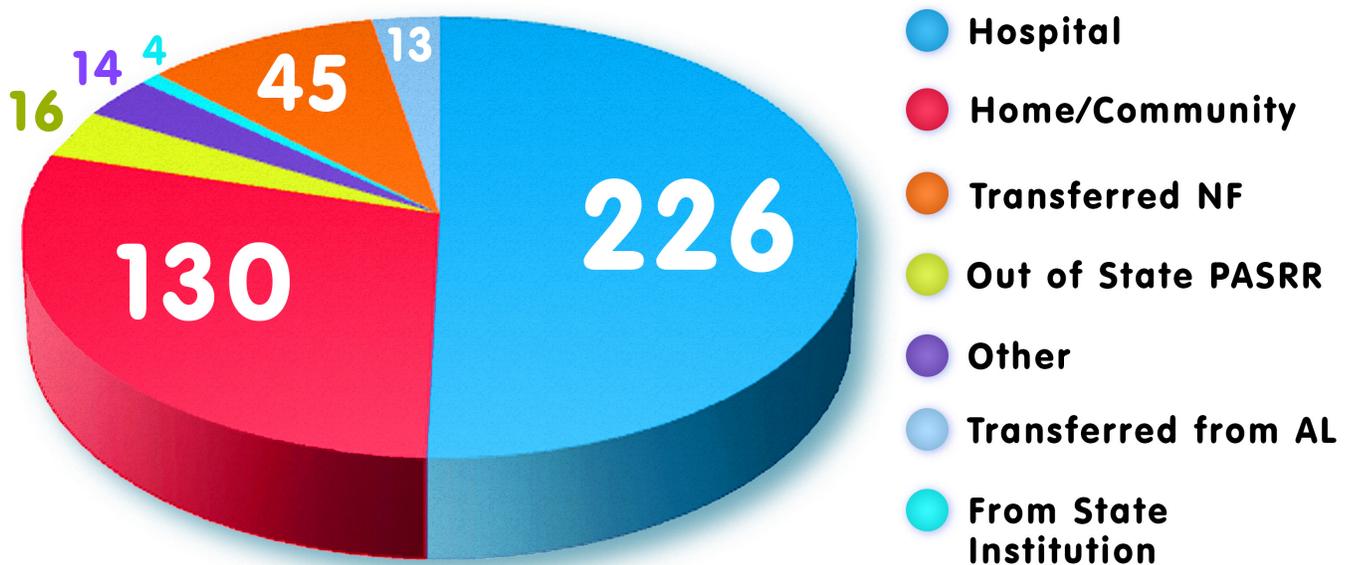
● Total CARE's
● Level II



Late CARE assessments were defined as not being completed before day 32. The sample size was 737 assessments. Three CARE assessments were between 219 and 853 days late. Two CARE assessments were over 100 days late and 12 CARE assessments were between 37-90 days late.



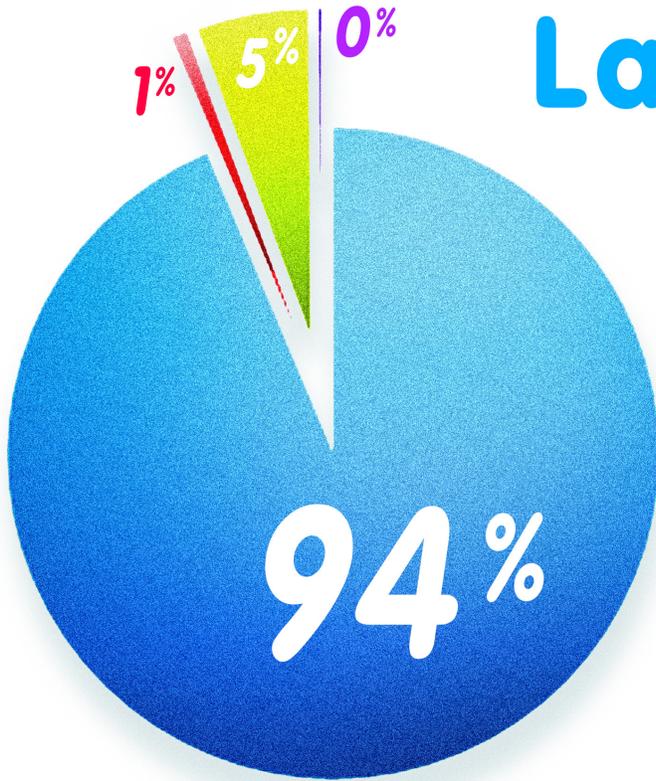
Where Residents Are Admitted From



Based on this information the majority of the residents in October came from the hospital. The hospital should be conducting the CARE assessment in the hospital on or before admitting to the nursing facility. If the hospital does not complete the assessment, the social worker from the hospital should contact the ADRC to request the assessment be completed on or before the resident enters the nursing facility. If this does not occur, the nursing facility needs to contact their local ADRC to complete the Level I screening within 5-days (Level I Training Manual, Section 1, C.2).

Proof of PASRR is required for all residents admitting to your facility. Do not wait until day 20 to contact your ADRC if the resident does not have a less than 30-day order, Emergency Admit, Out of State PASRR or a CARE Certificate.

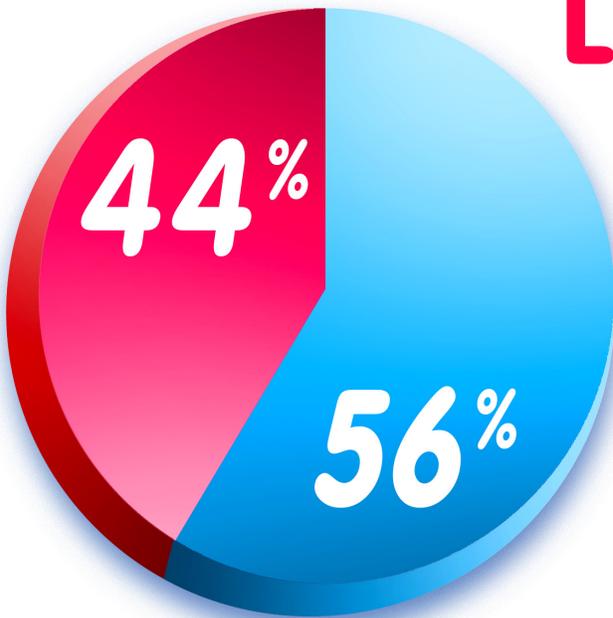
Late CARE's



A late CARE is defined as starting on day 32
 3 CARE's were between 219 - 853 days
 2 CARE's were over 100 days
 12 CARE's were between 37 - 90 days
 Sample Size is 737

- Days
- Incidents
- Average Number of Days
- Average Number of Days

(below) The number of incomplete assessments prior to admission from the **hospital** and **home and community** to the nursing home are nearly equal.



Late CARE's from Hospital & Community

- Hospitals
- Home and Community

We all have different ways of ensuring quality. However you decide to implement a QA process, remember that it can—and should—be constantly refined and improved. Essentially, you should continuously assure the quality of your assurance process.

MDS 3.0 Q&A

Q: Resident admitted Part A on 11/18/2016 due to having a rectal prolapse repair. Therapy was refused and was skilled under nursing for one week. Last Part A day was 11/29/2016. Received Therapy orders 12/05/2016 so would be back on Part A. Is a start of therapy needed and do I need to start Section GG?

A: The resident has been off Part A altogether so a SOT OMRA would not be appropriate. The Part A schedule starts all over again with a 5-day assessment, which includes Section GG.

Q: If other staff does not walk a resident 50 feet but walks 30 feet due to a medical condition, how do you code GG170H1?

A: GG170H1 is simply asking whether the resident walks. This doesn't have anything to do with distance. The purpose of the question is to determine whether to go on to J or whether to skip out of the walking tasks.

Q: A resident had a planned discharge to the hospital for a scheduled surgery. The software is blocking out the discharge GG section because they went to a hospital. It was a planned discharge. Wouldn't I have to do the discharge GG?

A: GG on the discharge side will not be required if any of the following are met: d/c is unplanned, d/c location is acute hospital, stay is less than 3 days.

Q: Resident admitted Part A on 12/5, D/C to hospital on 12/8, had therapy on 12/6/7/8 with a total of 367 minutes. Trying to do a short stay but Section Z won't close; says "does not match calculated value". Does this qualify for a short stay?

A: Make sure you have at least one therapy coded as on-going and A2400C is 12/8/16

Q: What are the 2 reasons a foley catheter may be used for MDS purposes that would not count against the rate for foley usage?

A: The only exclusions (meaning they won't trigger) for foley caths Quality Measure-wise are neurogenic bladder and obstructive uropathy.

Q: Med A resident is under nursing so on the 5 day the GG goals would not be assessed due to medical condition?

A: On the 5-day, section GG must be documented for all the items and a goal for discharge must be set for at least one of the 12 self-care and mobility items regardless of whether therapy is involved or not.

Q: Can I combine the Med A discharge with a significant change due to hospice services starting?

A: You are required to do the Part A PPS Discharge MDS with the last Medicare covered day (A2400C) as the ARD. Since the ARD for the SCSA related to hospice must be after hospice has started, the SCSA would not be able to be combined with the PPS Discharge.

Q: A resident was out of the facility on a 7 day therapeutic leave and he passes away. What MDS assessment is required?

A: You would do a Death in Facility. See RAI Manual page 2-36

Q: A resident fell and hit their head. They also lost consciousness and vomited. The ED visit indicated a discharge diagnosis as "Minor Head Injury". Should this be coded as a fall with major injury or not?

A: Since they lost consciousness and was diagnosed with minor head injury, code it Fall with major injury. RAI definition of major injury is: Included bone fractures, joint dislocations, closed head injury with altered consciousness, subdural hematoma.



A Holiday Message for Hard Working RACs Everywhere

On the first day of Christmas CMS gave to me:

A New MDS Section GG

On the second day of Christmas CMS gave to me:

Two Discharge Assessments and A New MDS Section GG

On the third day of Christmas CMS gave to me:

Three Claims Based Measures, Two Discharges Assessments and A New MDS Section GG

On the fourth day of Christmas CMS gave to me:

Four Short Stay Measures, Three Claims Based Measures, Two Discharges Assessments and A New MDS Section GG

On the fifth day of Christmas CMS gave to me:

Five Star Ratings, Four Short Stay Measures, Three Claims Based Measures, Two Discharges Assessments and A New MDS Section GG

On the sixth day of Christmas CMS gave to me:

Six New QMs, Five Star Ratings, Four Short Stay Measures, Three Claims Based Measures, Two Discharge Assessments and A New MDS Section GG

On the seventh day of Christmas CMS gave to me:

Seven day COT Check Points, Six New QMs, Five Star Ratings, Four Short Stay Measures, Three Claims Based Measures, Two Discharge Assessments and A New MDS Section GG

On the eighth day of Christmas CMS gave to me:

Eight Managed Care Reviews, Seven day COT check points, Six new QMs, Five Star Ratings, Four Short Stay Measures, Three Claims Based Measures, Two Discharge Assessments and A New MDS Section GG

On the ninth day of Christmas CMS gave to me:

Nine PHQ Questions, Eight Managed Care Reviews, Seven day COT check points, Six new QMs, Five Star Ratings, Four Short Stay Measures, Three Claims Based Measures, Two Discharge Assessments and A New MDS Section GG

On the tenth day of Christmas CMS gave to me:

Ten Minute Lunches, Nine PHQ Questions, Eight Managed Care Reviews, Seven day COT check points, Six new QMs, Five Star Ratings, Four Short Stay Measures, Three Claims Based Measures, Two Discharge Assessments and A New MDS Section GG

On the eleventh day of Christmas CMS gave to me:

Eleven Care Plan Meetings, Ten Minute Lunches, Nine PHQ Questions, Eight Managed Care Reviews, Seven day COT check points, Six new QMs, Five Star Ratings, Four Short Stay Measures, Three Claims Based Measures, Two Discharge Assessments and A New MDS Section GG

On the twelfth day of Christmas CMS gave to me:

Twelve Mega Rule Headaches, Eleven Care Plan Meetings, Ten Minute Lunches, Nine PHQ Questions, Eight Managed Care Reviews, Seven day COT check points, Six New QMs, Five Star Ratings, Four Short Stay Measures, Three Claims Based Measures, Two Discharge Assessments and A New MDS Section GG

Happy Holidays and A Wonderful 2017 to ALL!!!

Author: Rebecca LaBarge, RN, RAC-MT

2016 Zero Deficiency Surveys

The following facilities received “zero” deficiencies on their 2016 survey.

SNF/NF: Skilled Nursing Facility ALF: Assisted Living Facility RHCF: Residential Health Care Facility

HP: Home Plus ADC: Adult Day Care

FACILITY	CITY	FACILITY TYPE	SURVEY DATE
The Meadows	Burlington	ALF	1/5/16
Reflection Living Maize Ct 1	Wichita	HP	1/7/16
Country Living Inc	Anthony	ALF	1/12/16
Guest Home Estates III	Chanute	RHCF	1/13/16
Reflection Living Maize Ct 2	Wichita	HP	1/14/16
Meadowlark Adult Care Home 2	Wichita	HP	1/20/16
Cypress Springs - Kansas City	Overland Park	RHCF	1/26/16
Neuvant House of Lawrence	Lawrence	ALF	1/28/16
Brookdale McPherson	McPherson	ALF	2/2/16
Harmony Adult Home Plus	McPherson	HP	2/3/16
Independent Living	Smith Center	BCH	2/4/16
Brookside Retirement Assisted Living	Overbrook	ALF	2/9/16
Kelly House of Meridien South	Meriden	HP	2/11/16
Guest Home Estates VII	Garnett	RHCF	2/15/16
Residencies at Pleasanton	Pleasanton	RHCF	2/15/16
Guest Home Estates IV	Pittsburg	RHCF	2/17/16
Midland Care Lawrence Adult Day Health	Lawrence	ADC	2/17/16
Bethel Home	Montezuma	SNF/NF	2/23/16
Care Haven Homes - Fontana	Overland Park	HP	2/24/16
Vintage Park at Hiawatha LLC	Hiawatha	ALF	2/25/16
The Forum at Overland Park (RHCF)	Overland Park	RHCF	3/2/16
The Homestead of Leavenworth	Leavenworth	ALF	3/2/16
Vintage Park at Baldwin City LLC	Baldwin City	ALF	3/2/16
Vintage Park at Tonganoxie LLC	Tonganoxie	ALF	3/7/16
Peggy Kelly House I	Topeka	RHCF	3/10/16
Waldron Place	Hutchinson	ALF	3/14/16
Via Christi Village Georgetown, Inc.	Wichita	ALF	3/15/16
Stratford Home	Wichita	HP	3/16/16
Peggy Kelly House II	Topeka	RHCF	3/17/16
Founder's Crest LLC	Wichita	RHCF	3/21/16
The Heritage of Overland Park	Overland Park	RHCF	3/21/16
Vintage Park at Holton LLC	Holton	ALF	3/22/16
Caring Hearts for Senior Living	Wichita	HP	3/24/16
Covenant Care Senior Living	Wichita	HP	4/4/16
Haven House	Haven	HP	4/11/16
Prairie Homestead Assisted Living	Wichita	ALF	4/13/16
Country Living of Larned	Larned	ALF	4/19/16
Westridge	Girard	ALF	4/22/16
Medicalodges Columbus	Columbus	SNF/NF	4/26/16
Heartland Haven Home Plus	Inman	HP	4/25/16
Pine Village	McPherson	SNF/NF	4/27/16
Victory Hills Senior Living Community	Kansas City	ALF	5/4/16
Care Haven Homes - Sunflower	Leawood	HP	5/5/16
Sunflower Adult Day Services	Salina	ADC	5/9/16
Cedarview Assisted Living	Hays	ALF	5/10/16

Vintage Place of Russell	Russell	ALF	5/12/16
Sharon Lane Health Services	Shawnee	SNF/NF	5/16/16
Marjorie's Home LLC GP	Garden Plain	HP	5/23/16
Brookdale Tallgrass	Wichita	ALF	5/26/16
Cornerstone Assisted Living, Inc.	Wichita	ALF	5/26/16
Seniorcare Homes Waveny Park House	Overland Park	HP	6/9/16
Village Shalom, Inc.	Overland Park	SNF/NF	6/15/16
Golden LivingCenter of Wakefield	Wakefield	SNF/NF	6/16/16
Vintage Place of Derby	Derby	ALF	6/22/16
Peterson Health Care	Osage City	SNF/NF	6/27/16
Winter Meadow Homes II	Topeka	HP	6/30/16
Gansel House	Independence	RHCF	6/27/16
Eagle Estates Inc.	Independence	RHCF	6/30/16
RL Fountainwood 1	Hutchinson	HP	7/5/16
Marion Assisted Living LLC	Marion	ALF	7/7/16
Maria Court	Mulvane	ALF	7/11/16
Kenwood Plaza Inc.	St. John	ALF	7/21/16
Salina Presbyterian Manor Assisted Living	Salina	ALF	7/21/16
Brookdale Hays	Hays	ALF	7/26/16
Colwich Gardens, LLC	Colwich	ALF	8/1/16
Eastridge	Centralia	SNF/NF	8/4/16
Eaglecrest Retirement Community	Salina	ALF	8/4/16
Hillside Village of DeSoto	DeSoto	ALF	8/5/16
The Autumn Place	Columbus	RHCF	8/9/16
Medicalodges Columbus	Columbus	ALF	8/10/16
Aberdeen Village	Olathe	ALF	8/17/16
Park Meadows Senior Living	Overland Park	RHCF	8/24/16
Prairie Elders Homes - Harmony House	Overland Park	HP	8/25/16
Rolling Hills Assisted Living Apartments	Topeka	ALF	8/30/16
Catholic Care Center ALF/RHCF	Bel Aire	ALF/RHCF	9/1/16
Reflection Living of Hidden Lakes LLC	Wichita	HP	9/6/16
Country Place Senior Living of Clay Center	Clay Center	ALF	9/15/16
Sterling Presbyterian Manor	Sterling	SNF/NF	9/15/16
Vintage Park at Fredonia LLC	Fredonia	ALF	9/20/16
Parkwood Village	Pratt	ALF	9/22/16
Phillips County Retirement Center ALF	Phillipsburg	ALF	9/26/16
Chaucer Estates LLC	Wichita	ALF	9/28/16
Dooley Center	Atchison	NF	11/3/16
Heritage Health Care Center	Chanute	SNF/NF	11/9/16
Silvercrest at Deer Creek	Overland Park	ALF	11/15/16
Vintage Park at Stanley LLC	Overland Park	ALF	11/17/16
The Homestead of Olathe North	Olathe	ALF	11/22/16
Country Place Memory Care	Hoisington	HP	11/30/16
Country Place Senior Living	Hoisington	ALF	12/1/16
Arkansas City Presbyterian Manor ALF	Arkansas City	ALF	12/7/16

