SUNFLOWER CONNECTION

Kansas
Department for Aging
and Disability Services

Table of Contents

Meet our New Director

Melissa Mille has been named the new Director of Nursing Facility Survey and Certification for the Kansas Department for Aging and Disability Services (KDADS).

Ms. Mille joined the former Department of Aging in 2007 as a Health Facility Surveyor and later worked as a quality improvement coordinator. Most recently she served as Staff Development and Quality Improvement Director in the KDADS' Survey, Certification and Credentialing Commission.

Survey, Certification and Credentialing Commissioner Codi Thurness said, "Melissa has extensive knowledge of the federal and state survey process. Her understanding of federal and state regulations will make her an exceptional asset to the agency in the role of Director of Survey and Certification."

A native of Rantoul, Kansas, Ms. Mille is a graduate of the Mary Grimes School of Nursing in Ottawa and will receive her BSN from MidAmerica Nazarene University in Olathe in July.

Antibiotic Stewardship According to the CDC

Nursing home monitors both antibiotic use practices and outcomes related to antibiotics. There are areas that need to be tracked; how and why antibiotics are prescribed, how often and how many antibiotics are prescribed, and the adverse outcomes and costs from antibiotics.

Tracking how and why antibiotics are prescribed:

Review medical records for new antibiotic orders and determine if the clinical assessment, prescription documentation and antibiotic selection complied with the facility's policies and practices.

Tracking how often and how many antibiotics are prescribed:

Track the amount of antibiotic use there is to see if there are patterns of use. Interventions designed to shorten the duration of antibiotic courses, or discontinue antibiotics based on post-prescription review, may not change the rate of antibiotic starts, but would decrease the antibiotic days of therapy.

Tracking the adverse outcomes and costs from antibiotics:

Monitor rates of C-diff, antibiotic-resistant organisms or adverse drug events to prove antibiotic stewardship activities are successful in improving outcomes.

Ask John

Q – Does the therapy room have to have a sink?

A – Yes, the hand-wash sink is listed as required in the room:

26-40-302, Physical Environment; Applicants for Initial Licensure and New Construction (g) Common rooms and support areas…

(A) The rehabilitation room shall include the following:

(i) Equipment for carrying out each type of therapy prescribed for the residents;

(ii) a hand-washing sink accessible according to ADAAG, as adopted by reference in K.A.R. 26-39-105;

(iii) an enclosed storage area for therapeutic devices; and

(iv) provisions for resident privacy.

26-40-303, Physical Environment; Existing Nursing Facilities (f) Common rooms and support areas… (5) Rehabilitation room.

(A) The rehabilitation room shall include the following:

(i) Equipment for carrying out each type of therapy prescribed for the residents;

(ii) a hand-washing sink;

(iii) an enclosed storage area for therapeutic devices; and

(iv) provisions for resident privacy.

Q – Do the memory care Residential Healthcare Units/Apartments need locks on the doors?

A – Yes, the room door must have a locking door handle that can be unlocked with one motion to exit the room:

28-39-254, Construction, General Requirements (g) General building interior.

(3) Each residential health care facility shall provide individual living units which include at least the following:

(D) an entrance door which has only one locking device which releases with operation of the inside door handle. This lock shall be master-keyed from the corridor side;

QAPI Five Elements

1 **Design and Scope**

The QAPI program must be ongoing and comprehensive, dealing with all the services offered by the facility including all the departments. The program must address all systems of care and practices which should include clinical, quality of life and resident choice. It strives for safety and high quality with all interventions. The facility must have a written QAPI plan.

2 **Governance and Leadership**

The nursing home administration develops a culture that promotes input from facility staff, residents, and families. Adequate resources are made available. Designate one or more persons to be accountable for QAPI, conduct facility wide training on QAPI and make sure there is time, equipment and training as needed. Make sure QAPI is a priority. Set expectations; ensure quality, residents rights, choices, and respect. Staff needs to feel comfortable identifying and reporting problems and suggest improvements.

3 **Feedback, Data Systems, and Monitoring**

Put systems in place to monitor care and services, getting data from several sources. The feedback is input from staff, residents, families and others. Use Performance Indicators to monitor care processes and outcomes, and review findings against benchmarks. Also included are tracking, investigating and monitoring Adverse Events that must be investigated every time they happen and action plans are put in place.

4 **Performance Improvement Projects (PIPs)**

PIP is making and effort on a certain problem; this involves getting information to clarify issues or problems and intervening for improvements. PIPs are done to improve in areas that need attention.

5 **Systematic Analysis and Systemic Action**

Use an approach to determine when in-depth analysis is needed to understand the problem, its causes, and need for a change. Use a thorough structured approach to determine how problems are may be caused by the way care and services are organized. Need to develop policies and procedures and be proficient in the use of Root Cause Analysis. Look at all systems to prevent future events and sustain improvement. This requires continual learning and continuous improvement.

Blocked Egress

History can be our greatest teacher in all different situations. From personal life, sports, government, and even to the way fire codes are changed and developed.

An example of this is the 1903 Iroquois Theater Fire. This historic theater in downtown Chicago was thought to be the most beautiful theater in Chicago, drawing men, women and children to attend. Not only was the building amazingly beautiful, but it was billed as "absolutely fireproof" in advertisements and playbills. This sadly was not the case. On December 30th, the theater was extra crowded. The performance was sold out, with hundreds more standing room tickets sold. During the performance, sparks from an arc lamp ignited the curtain. The fire quickly spread from there and the packed theater goers tried to escape the "fireproof" theater. Some of the exit doors opened inwards preventing everybody from being able to escape. The exit doors were unmarked, many covered by curtains. 27 of the 30 exit doors were locked to prevent gate crashers. There was no phone, no fire alarm, and no sprinklers. This tragedy killed 602 people making it one of the deadliest fires in American history.

It is important that we learn from disasters like this. The Fire Code was updated to make sure that clear exit passageways are maintained in all facilities now. Although not blocking exits is in the code, we all know storage can be an issue in some facilities. Recently, our inspectors have seen an increased amount of egress routes being blocked by boxes, equipment, wheelchairs and other random things. So when walking through your facility, please make sure that if there are objects blocking exits doors, move them right away and please train staff to be aware of this rule as well.

The theater had only one entrance. A broad stairway which led from the foyer to the balcony level was also used to reach the stairs to the gallery level. Theater designers claimed this allowed patrons to "see and be seen" regardless of the price of their seats. However, the common stairway ignored Chicago fire ordinances that required separate stairways and exits for each balcony.

License Renewal Notices

Health Occupations Credentialing mailed license renewal notice postcards in mid-May to those Adult Care Home Administrators whose licenses expire June 30, 2017. Administrators may renew online at **www.kdads.ks.gov/hoc** or download paper applications at the same site. The online option is quick, easy, provides an immediate receipt for payment and is available 24/7 beginning May 15, 2017. In addition, the license renewal can be confirmed online the next day at **www.kdadslicenseverification.org** while waiting for the paper license document to arrive in the mail.
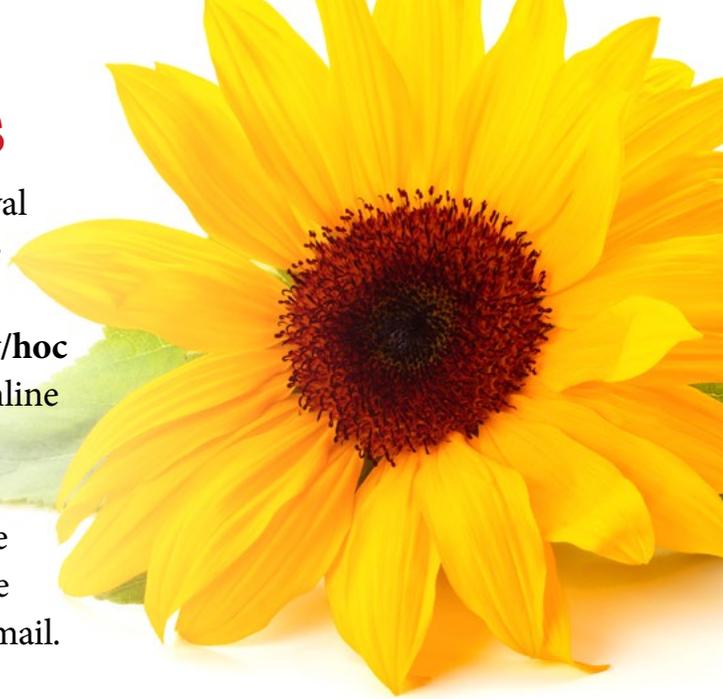
Guidance to Corrective Action Planning

Below is a guide to surveyors on Corrective Action Plan review

Correction Action for Incidents

As with any incident, immediately begin an investigation and complete a root cause analysis.

A. Questions to answer during the investigation:
1. What happened?
2. How did it happen?
3. What system failed that allowed this to happen?
4. What does the facility need to change immediately to keep the residents safe and ensure it doesn't happen again?

B. The plan needs include corrective action for the situation:
1. What are you implementing immediately to correct the issue?

C. Training:
1. What was covered?
2. Was the policy revised?
3. Did you complete re-education on the current policy?
4. What date and time was training completed for all staff?
5. Send the sign-in sheets for all staff to the state agency by fax or scan and email.

D. Follow-up monitoring:
1. Who is responsible, how often and for how long?

Examples

The following examples are rough drafts. Each situation will be different. There is not one size fits all POC.

Example 1

Follow the general outline to determine the root cause and determine what you will implement to correct it.

What happened? Hot water temperatures in excess of 140 degrees with resident access.

How did it happen? The water temperatures were not checked in the dining room and were tied to the kitchen hot water temperatures.

What failed? Routine water checks did not include the dining room sink.

What does the facility need to change to ensure it does not happen again? The facility will check every water source daily x 1 week then weekly, including the dining room sink.

The Plan:

Include documentation of the following:

The immediate corrective action for the situation.

What are you implementing immediately to correct the issue? *Water shut off to that sink until a plumber was able to get a part and come to the facility.*

Training:

What is covered? What is the date and time staff were all trained? Send sign-in sheets for all staff. Will educate all maintenance staff of water temperature requirements and documenting on the water temperature log. In-service will include the revised policy. What to do it temperatures are found in excess of 120 degrees. Policy will be revised and discussed during the training.

Follow-up Monitoring:

Who is responsible, how often and for how long? Maintenance director will review the logs then give a report to the administrator monthly.

Example 2

What happened? A resident exited the facility without staff knowledge.

Who did it happen? The resident left out the front door and it did not alarm to alert staff.

What system failed? Maintenance documented the door alarm functioned intermittently during checks, yet he/she only checked the function of the door alarm once a month.

What does the facility need to change to ensure it does not happen again? The facility will check the function of the door alarms daily and contact the door alarm company if they identify concerns.

The Plan:

Include documentation of the following:

The immediate corrective action for the situation.

What are you implementing immediately to correct the issue? A staff member will remain at the front door until the door alarm company comes to the facility to repair the door alarm.

Training:

What is covered? The revised elopement policy. This includes the responsibilities of staff if the door alarm does not function and that staff will check the door alarms for function daily.

Follow-up Monitoring:

Who is responsible, how often and for how long? The administrator will monitor door alarm log weekly x 4 then monthly.

2017 Zero Deficiency Surveys

The following facilities received "zero" deficiencies on their 2017 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
Avita Senior Living at Derby	Derby	ALF	1/5/17
Premier Living by Warden LLC	Wichita	HP	1/10/17
Minneola District Hospital LTCU	Minneola	LTCU	1/11/17
Seniorcare Homes Nantucket House	Overland Park	HP	1/18/17
Seniorcare Homes Vineyard House	Overland Park	HP	1/19/17
Cumbernauld Village	Winfield	SNF/NF	1/20/17
Country Place Home Plus of Scandia	Scandia	HP	2/7/17
Care Haven Homes - Overbrook	Leawood	HP	2/12/17
Avonlea Cottage of Olathe	Olathe	ALF	2/14/17
The Heritage of Garden City	Garden City	ALF	2/27/17
Rose Estates Assisted Living Community	Overland Park	ALF	2/28/17
Wheat Ridge Acres Assisted Living	Goodland	ALF	3/2/17
Moundridge Manor	Moundridge	NF	3/6/17
Bridge Haven Care Cottage	Lawrence	HP	3/14/17
Keen Boarding Care Home	Clay Center	BCH	3/30/17
Vintage Park at Ottawa LLC	Ottawa	ALF	4/20/17
Independent Living	Smith Center	BCH	4/24/17
Care Haven Homes - Broadmoor	Overland Park	HP	4/25/17
The Prairie Elder Homes	Overland Park	HP	4/26/17
The Homestead of Auburn	Auburn	ALF	4/27/17
Meadowlark Adult Care Home 4	Wichita	HP	5/1/17
Meadowlark Adult Care Home 2	Wichita	HP	5/4/17
Sug's Home Care	Conway Springs	HP	5/4/17
Comfortcare Homes Millie's Place	Pittsburg	HP	5/9/17
Vintage Park at Neodesha LLC	Neodesha	ALF	5/9/17
Gran Villas Pittsburg	Pittsburg	ALF	5/10/17
The Autumn Place Memory Care Unit	Columbus	RHCF	5/10/17
Advanced Health Care of Overland Park	Overland Park	SNF/NF	5/11/17
Country Place Senior Living of Seneca	Seneca	ALF	5/18/17
Hmong Adult Home Care	Kansas City	ADC	5/18/17
Majorie's Home LLC	Wichita	HP	5/18/17
Fort Scott Presbyterian Village	Fort Scott	ALF	5/23/17
Sandstone Heights	Little River	ALF	5/24/17
The Pines of Hiawatha - South	Hiawatha	HP	5/24/17
Glenn Moore Meadows	Holton	HP	5/25/17