



KANSAS DEPARTMENT ON AGING Sunflower Connection

http://www.aging.state.ks.us/AdultCareHomes/Newsletters/Newsletter_Index.html

April 2009

Volume 6, Number 2

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Proposed ACH Regulations Update

The public hearing for the proposed adult care home regulations took place on February 24, 2009. KDOA appreciates all the individuals who took time to attend the hearing and who provided oral and written comments.

Comments received prior to the hearing and at the hearing have resulted in minor revisions of the proposed regulations that will allow the process of adoption to continue. The process includes changes in specified economic impact statement, review of revised proposed regulations by the Department of Administration and Office of the Attorney General, preparation of the Declaration of Adoption, and a final filing of the regulations and required accompanying documents with the Secretary of State.

In general, one to three weeks after the regulations are filed with the Secretary of State, they are published in the Kansas Register. The Kansas Register is published every Thursday. The regulations take effect 15 days after their publication.

The LTC Division staff will send an email notice to all adult care home providers for whom they have an email address when the proposed regulations are ready for publication in the Kansas Register. (If you are receiving notice of this SF Connection, your email is in the LTC Division data base.)

The original proposed adult care home regulations remain available on KDOA's website at www.agingkansas.org.

Sunflower Connection
is published by the
Kansas Department on Aging

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Kathy Greenlee, Secretary

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ROUTING SLIP

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

Revised Interpretative Guidance

F309, CFR 4823.25 Quality of Care

Although a new interpretative guidance for F309 became effective March 31, 2009, the regulation remains the same. The regulation states, “Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.” The guidance states, “Highest practicable physical, mental, and psychosocial well-being” is defined as the highest possible level of functioning and well-being, limited by the individual’s recognized pathology and normal aging process. Highest practicable is determined through the comprehensive resident assessment and by recognizing and competently and thoroughly addressing the physical, mental or psychosocial needs of the individual.”

The guidance is applicable to quality of care not covered by CFR 483.25 (a)-(m). It includes but is not limited to end of life and hospice, diabetes, renal diseases and dialysis, fractures, congestive heart failure, non-pressure-related skin ulcers, pain, and fecal impactions. The regulation and interpretative guidance in the State Operations Manual, Appendix PP – Guidance to Surveyors of Long Term Care Facilities can be accessed at: http://cms.hhs.gov/manuals/Downloads/som107ap_pp_guidelines_1tcf.pdf.

Outline of Interpretative Guidance

- I. General Investigative Protocol
 - A. Observations of Resident’s Care
 - B. Interview of Resident and/or their Representative
 - C. Interview of Nursing Staff
 - D. Record Review
 - 1. Accurate and Comprehensive Assessment
 - 2. Care plan Development and Revision as needed
 - E. Interview with Health Care Practitioners and Professionals
 - F. Determination of Compliance and Corresponding Regulations
 - G. Deficiency Categorization
- II. Resident with a Non-Related Skin Ulcer/Wound
- III. Resident receiving Hospice Services
- IV. Resident receiving Dialysis Services
- V. Resident who has Pain Symptoms, is being Treated for Pain, or has Potential for Pain Symptoms related to Conditions or Treatments
 - C. Recognition and Management of Pain
 - D. Definitions
 - E. Overview of Pain Recognition and Pain Management
 - F. Resources
 - G. Care Process for Prevention and Management of Pain
 - H. Recognition, Assessment, Management
 - I. Management
 - J. Non-pharmacological and Pharmacological Interventions
 - K. Monitoring, Reassessment, and Care Plan Revision
 - L. Investigative Protocol

All links are active. Clicking on them will take internet-ready readers directory to the website mentioned.

Survey and Certification Letters

<http://www.cms.hhs.gov/SurveyCertificationGenInfo/PMSR/list.asp>

Subject: Revised Guidance F309, Minor changes to Appendix P and PP

Date: January 23, 2009

Ref: S&C-09-22

Memorandum Summary:

- Revised Guidance for F309, Quality of Care, including new general investigative protocol and pain management and guidance, effective March 31, 2009
- Hospice and Dialysis investigative protocol language moved from Appendix P to F309
- Weight Loss investigative protocol removed from Appendix P as moved in June 2008 to F325 investigative protocol
- Need for storage of paper copy of MDS in facility that is using all electronic medical records deleted from guidance of F286, 483.20 (d), Use (MDS)
- New Liability Notices and Beneficiary Appeal Rights, Task 5C

Five-Star Quality Rating System Web Page

http://www.cms.hhs.gov/CertificationandCompliance/13_FSQRS.asp

Check out the above link for the new version of the Five-Star Quality Technical Users' Guide and Summary of Updates to the Technical Users' Guide document.

The Five-Star data is updated weekly on the Nursing Home Compare Website. A help line is available to providers for one week prior to the update. The number for the help line is 1-800-839-9290 and is open from 8 a.m. to 4 p.m. CST through April 30. Plans now are for it to be discontinued after April. Emails with questions, comments and suggestions may be sent anytime to CMS at BetterCare@cms.hhs.gov. CMS will respond to each email although the response time may be delayed due to volume.

Chemical Hazards

C.F.R. 483.25(h) Accidents (F323

K.A. R. 28-39-152, Quality of Care (i) Accidents.

A question recently emailed to Long Term Care Division staff asked. "If a housekeeping cart is not locked must it be kept within the eyesight of the housekeeper?"

Facility staff need to know what items are kept on the housekeeping cart. According to the guidance of F323 Accidents, "Supervision and/or containment of hazards are needed to protect residents from harm caused by environmental hazards. Examples of such hazards can range from common chemical cleaning materials to those caused by adverse water temperatures or improper use of electrical devices." Both state and federal regulations require a facility to ensure that the resident's environment remains free of accident hazards.

Some housekeepers keep cleaning supplies in a hand-held caddy and take it with them into the room or the toilet room they will be cleaning. If this is not possible, the cart must be kept locked or kept within eyesight of the housekeeper or other facility staff. Other places where facility staffs need to ensure chemicals are kept locked or within their eyesight include spas or bathing rooms, utility rooms, janitor closets, and central supply rooms. Staff should check the label on all products and Material Safety Data Sheets (MSDS) for safety warnings to ensure the residents are protected from any hazardous chemicals.

MDS Corner

MDS 3.0 Update

New Implementation Date 10/1/2010

Upcoming MDS Education

MDS 2.0 The Basic, RAPs, and Care Planning

April 27 and April 28 8:30 a.m. to 4 p.m. (Registration 8 a.m.)

SRS Learning Center

2600 SW East Circle Drive South

Topeka, KS 66606

Attendees need a MDS 2.0 User's Manual. It can be downloaded at:

http://www.cms.hhs.gov/NursingHomeQualityInits/20_NHQIMDS20.asp#TopOfPage

Registration taken until April 9, 2009.

http://www.aging.state.ks.us/AdultCareHomes/Education_Info/0109MDSenrollmentform.pdf

MDS 2.0 User's Manual Update December, 2008

<http://www.cms.hhs.gov/NursingHomeQualityInits/Downloads/MDS20Update200812.pdf>

Chapter 2 - Completion of Medicare Assessment when a resident dies or discharges.

Chapter 3 – Section I – UTI ; Section O – IV additives; Section P - IV additives, Therapy;
Section T – Therapies

Chapter 5 – MDS Data Specification link

Education and Resources for MDS Coordinators

http://www.agingkansas.org/ProviderInfo/Education_Info/Education_index.html

Medication Distribution Systems in ACHs

A majority of Adult Care Homes use a unit dose system for medication administration. A number of residents who are veterans are able to obtain their medications through the Veterans Administration (VA). Some residents are able to obtain their medications through mail order. The VA and mail order pharmacies do not package medications provided to residents in adult care homes in a unit dose system.

Due to the high cost of medications, many facilities have administered drugs dispensed by a VA or mail order pharmacy. Facilities have contacted the division staff inquiring if this is an accepted practice.

The issue is administration of medications. Facilities may choose not to require unit dose systems as long as they are able to ensure accurate medication administration.

The VA and mail order pharmacies dispense controlled drugs in quantities of 100 or more. Accounting for large quantities of controlled drugs is time consuming and sometimes inaccurate. According to the Kansas State Board of Pharmacy, the following procedure would not be in conflict with the Kansas Pharmacy Act.

When a pharmacy (VA or other) dispenses controlled substances in a large quantity, the facility can request that the pharmacy also provide the facility with a second container that contains the **required prescription label**. A **licensed nurse** in the facility could transfer a small quantity of the controlled drug to the second bottle. This activity would be recorded on the controlled substance tracking record. The amount remaining in the first container would be recorded and the amount transferred to the second container would also be recorded.

Both bottles would need to be maintained in a locked cabinet or in the controlled substance drawer in a medication cart. Staff would count the number of doses left in the second bottle as required by facility policy. The first bottle would be counted at the time another quantity of the medication was transferred to the second bottle.

It will be very important that staff receives education about this process and that all new employees who administer medications are also educated prior to administering medications. It is still the responsibility of the facility to maintain a system that ensures that all doses of a controlled substance are accounted for in a manner that prevents misuse of these medications.

Heel Protectors and Pressure Ulcers

Question: Are heel protectors sufficient in preventing heel pressure ulcers?

Answer: According to an article in Ostomy Wound Management, padding devices such as sheep skin and bunny boots protect the heels but they do not remove all pressure. Literature includes evidence that pillows are accepted as offloading devices but the manner in which they are used for offloading varies. Heel offloading devices (HOLDS) are more efficient than pillows. Other advantages of HOLDS are that they not only reduce friction and shear but they also completely offload the heel.

The complete article titled: Practice Recommendations for Preventing Heel Pressure Ulcers is located at <http://www.o-wm.com/content/practice-recommendations-preventing-heel-pressure-ulcers>

Web Resources

CNA Inservice Education Resource

NursingAssistantEducation.com is a website with online and printed classes just for nursing assistants. Preventing Pressure Ulcers is one of the many courses offered. The course can be printed free of charge. The content of the material can be used for an inservice to the certified nurse aides. The course is located at: <http://www.nursingassistanteducation.com/site/courses/eng/nae-ppu-eng.php>.

Disaster Preparedness Website

A new Centers for Disease Control webpage that provides all types of health care facilities, including long term care facilities, resources for all hazards and emergency preparedness is available at: <http://emergency.cdc.gov/>

Dietary Tidbits

Dietary Managers Approved Training Programs

K.A.R. 26-39-144, Definitions

(s) "Dietetic services supervisor" means an individual who meets one of the following requirements:

- (1) is licensed in the state of Kansas as a dietitian;
- (2) has an associate's degree in dietetic technology from a program approved by the American dietetic association;
- (3) is a dietary manager who is certified by the board of the dietary managers' association; or
- (4) has training and experience in dietetic services supervision and management that are determined by the secretary of health and environment to be equivalent in content to the requirement specified in paragraph (2) or (3) of this subsection.

Becoming a Certified dietary manager requires completion of an approved education program and successfully passing a national examination. The current approved programs are listed at: <http://www.dmaonline.org/Training/programs.shtml>

Ethical, Legal Issues in Nutrition, Hydration, Feeding

Across the lifespan, there are multiple instances when providing, withdrawing or withholding nutrition and hydration creates ethical dilemmas. There is strong clinical, ethical and legal support both for and against administration of food and water when issues arise regarding what is or is not wanted by the patient and what is or is not warranted by empirical clinical evidence.

A Position Paper issued by the American Dietetic Association in May of 2008 may be of assistance to facility team members, residents and families:

http://www.eatright.org/cps/rde/xchg/ada/hs.xsl/advocacy_adar0502_ENU_HTML.htm

Thinking about Culture Change in Your Dining Program?

“Nourish the Body and Soul/How to Make the Kitchen the Heart of Your Home.”

This DVD and workbook by Action Pact, Inc., provides practical ideas for improving dining through choice at any stage of nursing home culture change. The video has been added to LCE’s library. Please contact Caryl Gill at (785) 296-4222 if you would like to borrow the video.

HOC

KDHE/HOC Website: a Great Place to Find Information

The KDHE/Health Occupations Credentialing (HOC) website is your source of information if you have questions concerning training and other information pertaining to personnel who work in Adult Care Homes in Kansas. When you have a minute, get a cup of coffee and browse the site at www.kdheks.gov/hoc. You can click in the box on the left and learn about the new Online Criminal Record Check options, or explore the Criminal Record Check program from the bulleted list. Do you want to know where training courses are being held? Click on the bullet entitled, “Nutrition Assistant/Activities Director/Social Services Designee/Operator Courses,” and a list pops up that is updated with current courses monthly. There are also current course listings under the respective aide headings: CNA, CMA, HHA.

Did you lose your copy of the CMA Sponsor/Instructor Guidelines ... or, you never received one? Click on “Training Provider Resources.” There it is! While you’re there, read through the list of forms and other information available, in case you need a fresh copy of anything.

Are you having trouble keeping track of who does what, and the phone numbers you need? Or...are you new in your position and trying to figure out who’s who? Click “Contact Us.” The staff is listed with current contact information.

Administrator resources are listed, as is information for Dietitians and Speech Language Pathologist/Audiologists. There is a link to the Kansas Nurse Aide Registry, and HOC’s Information Update Newsletter can be accessed when you want to catch up on the latest news.

You’ll discover all of the information available when you visit the site. Now would be a great time to check it out because the proposed changes to nurse aide training regulations are posted, along with the revised Kansas Certified Nurse Aide Curriculum Guidelines (90 Hours), and the revised CNA Sponsor/Instructor manual.

HOC is making more options available online as quickly as possible. Several new online processes are highlighted, and, soon, you will be able to access most of the training programs and manuals online.

Don’t think having a website means HOC doesn’t want to hear from you. The staff is glad to answer questions concerning training programs, problems with courses, or regarding criminal record check, certification or licensing issues. However, the website gives you immediate access to much of the information you need. Stop in often and be sure you have the resources that will help you be successful.

4th Quarter Exemplary and No-Deficiency Surveys

Facility	City	Type	Exemplary	No Deficiency	Survey Date
Sterling House of Salina	Salina	ALF		X	10/7/08
Country Place Sr. Living of Clay Center	Clay Center	ALF		X	10/8/08
Assisted Lifestyle of Blackhawk	Spring Hill	ALF		X	10/9/08
The Court of Overland Park	Overland Park	ALF		X	10/15/08
Meadowlark Care Home 5	Wichita	HP		X	10/21/08
Bethany Home Association	Lindsborg	SNF/NF	X		10/23/08
North Point Skilled Nursing Center	Paola	SNF/NF	X		11/6/08
The Homestead Adult Daycare Center	Kansas City	ADC		X	11/12/08
Good Samaritan Society	Hays	SNF/NF		X	11/13/08
Pleasant View Home	Inman	SNF/NF		X	11/17/08
Locamp LLC Adult Daycare	Kansas City	ADC		X	11/18/08
Quaker Hill Manor	Baxter Sprgs	ALF	X		11/18/08
Vintage Park at Louisburg	Louisburg	ALF		X	12/2/08
Prairie Mission Retirement Village	St. Paul	ALF	X		12/2/08
Hilltop Manor	Cunningham	NF		X	12/10/08
Comfort Care Home 147	Wichita	HP		X	12/11/08
Comfort Care Home 6505	Wichita	HP		X	12/15/08
The Sweet Life at Rose Hill	Rose Hill	SNF		X	12/17/08
Lighthouse Guesthouse	Atchison	HP		X	12/29/08
Comfort Care Home 6504	Wichita	HP		X	12/29/08

ALF: Assisted Living Facility; RHCFC: Residential Health Care Facility; BCH: Boarding Care Home; HP: Home Plus; NF: Nursing Facility; SNF: Skilled Nursing Facility.

Top 10 Tag	NF Health Resurvey Deficiency Data Jan. 1, 2008-Dec. 31, 2008
323	Accidents and Supervision
315	Urinary Incontinence
314	Pressure Sores
279	Comprehensive Care Plans
329	Unnecessary Drugs
371	Sanitary Conditions-Food Prep and Security
253	Housekeeping/Maintenance
281	Comprehensive Care Plans
309	Quality of Care
280	Comprehensive Care Plans

Top G+ Tag	NF Health Resurvey Deficiency Data Jan. 1, 2008-Dec. 31, 2008
314	Pressure Sores
325	Nutrition
309	Quality of Care
323	Accidents and Supervision
315	Urinary Incontinence
310	Activities of Daily Living
317	Range of Motion
318	Range of Motion
319	Mental and Psychosocial Functioning

Top ALF/RHCF Health Resurvey Deficiency Data Jan. 1, 2008-Dec. 31-2008
Staff Qualifications
Negotiated Service Agreement
Infection Control
Functional Capacity Screen
Facility Management of Meds
Storage
Resident Record
Background Checks of Employees
Mechanical Requirements

2008 Enforcement Actions

Assisted Living, Residential Health Care, Home Plus, Adult Day Care and Boarding Care Facilities; Intermediate Care Facilities for the Mentally Retarded	1 st	2 nd	3 rd	4 th
	JAN-MAR	APRIL-JUNE	JULY-SEPT	OCT-DEC
Administration	13	12	6	10
Admission, Transfer, Discharge	1	2	0	0
Abuse, Neglect, Exploitation	4	3	3	1
Dietary Services	8	6	4	0
Disaster Preparedness	2	0	8	3
Employee Records	9	7	17	10
Environmental Issues	15	17	21	15
Functional Capacity Screen	12	6	15	6
Health Care Services	13	9	8	5
Inadequate Staffing	1	3	2	0
Infection Control	12	3	7	6
Medication Management	19	17	31	11
Negotiated Service Agreement	20	11	21	11
Professional Standards for Licensed/Unlicensed Personnel	0	0	0	0
Quality of Care Issues	1	2	0	0
Resident Funds	0	0	1	0
Resident Records	14	6	11	4
Resident Rights	3	0	4	4
Restraints - chemical, physical	0	0	1	0
Special Care Unit	0	0	0	0
Staff Development	1	0	1	0
Civil Money Penalties	4	3	9	4
Correction Orders*	34	28	47	29
Ban on New Admissions	5	6	1	7

FEDERAL REMEDIES Nursing and Skilled Nursing Facilities; Nursing Facilities for Mental Health	1 st	2 nd	3 rd	3 rd
Civil Monetary Penalties Recommended	5	3	8	3
**Denial of Payment for New Admissions imposed	13	14	12	11
Terminations	0	0	0	0
No Opportunity to Correct	15	19	15	12

*A correction order on civil penalty may consist of multiple issues summarized

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