KANSAS DEPARTMENT ON AGING

Sunflower Connection

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

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Senior Summit 2010 to look at future of long term care

The long term care system in Kansas and how it needs to grow, expand and change will be the focus of the 2010 Senior Summit on May 6.

Sponsored by the Kansas Department on Aging and the Kansas Area Agencies on Aging Association with support from the Sunflower Foundation: Health Care for Kansans, the summit will be held at the Maner Conference Center in Topeka.

Governor Mark Parkinson and Robyn I. Stone, executive director of the Institute for the Future of Aging Services at the American Association of Homes and Services for the Aging, will provide keynote addresses.

Breakout sessions will include a variety of topics of interest to professionals and volunteers serving Kansas seniors, including telemedicine, technology and community involvement, Medicaid billing, assisted living facilities and workforce needs.

The proposed conference schedule as well as on-line reservations can be accessed from the KDOA website:
http://www.agingkansas.org/SeniorSummit/senior_summit.html.

ROUTING SLIP

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

KANSAS DEPARTMENT ON AGING

Complaint Investigation Report and Witness Forms

Minor revisions have been made to the Complaint Investigation Report and Witness Forms. The forms are available in Word or PDF form under Complaints at: http://www.aging.state.ks.us/AdultCareHomes/AdultCareHomes_index.html.

Two items of information that should be especially noted are:

- Page 2 – Facilities are to document whether or not they made a referral to the Kansas Board of Nursing, if appropriate.
- Page 4 - A listing of the LCE Regional Managers is provided. Completed complaint investigations should be sent to the Regional Managers.

Please discard any old forms you may have. Feel free to contact Mary Jane Kennedy, Complaint Hotline Coordinator, via telephone (785) 296-1265 or email maryjane.kennedy@aging.ks.gov with any questions or comments.

LTC Facility Application for Medicare and Medicaid

A nursing facility must complete the Long Term Care Facility Application for Medicare and Medicaid (CMS-671) at every annual resurvey. At the time of the annual resurvey, the team leader of the survey team provides the administrator with an application and instructions for its completion. The application and instructions are also accessible at http://www.cms.hhs.gov/cmsforms/downloads/CMS671.pdf.

To avoid common errors when completing the application:

- Do not leave any "white" box blank unless the requested information does not apply to your nursing facility.
- Do not place any information in a "gray" box.
- Do not use a zero before any number.
- Record all data in only a whole number. Do not use any decimal or fractions.
- Print all numbers and other information legibly.

It is very important to provide accurate data on the application. CMS uses the data for calculation of Staffing Hours on Nursing Home Compare and the Star Ratings. If you have any questions about completing the application, please speak to the team leader during the survey or contact KDOA at any other time.

F441 Infection Control

Revisions were made on November 29, 2009, to the interpretative guidance for F441, CFR 483.65 Infection Control, under subsection, "Preventing the Spread of Illness Related to MDROs," regarding the mix of water to bleach and the examples for Severity Level 4. The regulation and interpretative guidance are available at http://www.cms.hhs.gov/manuals/downloads/som107ap_pp_guidelines_ltcf.pdf.

Although surveyors have cited facilities for failure to clean and disinfect a glucometer before or after its use as a deficient practice, at this time the Severity Level is not usually at a Level 4. The January 2010 Sunflower Connection has a helpful article entitled "Cleaning and Disinfecting Glucometers between Resident Use." It can be found at http://www.aging.state.ks.us/AdultCareHomes/Newsletters/Sunflower/2010Jan.pdf.

CMS Website Change

CMS has changed their web address domain to: www.cms.gov. This domain change will also affect their email addresses.

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

Transmission of Herpes Zoster

Shingles, also called herpes zoster (HZ) or zoster, is caused by the varicella zoster virus (VZV). VZV is the same virus that causes chickenpox. Anyone who has had chickenpox may develop shingles.

According to the CDC MMWR 5/15/2008, Prevention of Herpes Zoster Recommendations of the Advisory Committee on Immunization Practices (ACIP): "Zoster lesions contain high concentrations of VZV that can be spread, presumably by the airborne route (*76, 77*), and cause primary varicella (chickenpox) in exposed susceptible persons (*77, 78-83*). Localized zoster is only contagious after the rash erupts and until the lesions crust." http://www.cdc.gov/mmwr/preview/mmwrhtml/rr57e0515a1.htm

According to Epidemiology and Prevention of Vaccine-Preventable Diseases The Pink Book: Course Textbook 11th Edition (May 2009) published by the National Center for Immunization and Respiratory Diseases, Centers for Disease Control and Prevention: "Infection with VZV occurs through the respiratory tract. The most common mode of transmission of VZV is believed to be person to person from infected respiratory tract secretions. Transmission may also occur by respiratory contact with airborne droplets or by direct contact or inhalation of aerosols from vesicular fluid of skin lesions of acute varicella or zoster." http://www.cdc.gov/vaccines/Pubs/pinkbook/downloads/varicella.pdf

Abstract of the article "Detection of varicella-zoster virus DNA in air samples from hospital room" (Journal of Infectious Disease 1994 Jan: 169(1):91-4) noted: "Transmission of VZV is felt to occur following direct contact with an infected individual and by aerosol spread." http://www.ncbi.nlm.nih.gov/pubmed/8277202

The article "Transmission of a Newly Characterized Strain of Varicella-Zoster Virus from a Patient with Herpes Zoster in a Long-Term-Care Facility, West Virginia, 2004" documented: "Transmission of varicella from persons with localized HZ most commonly results from direct contact with skin lesions (22). Immunocompetent persons with HZ appear to be less contagious than persons with varicella, because the infection is localized and may not involve the respiratory tract. However, studies have supported the theory of airborne transmission and demonstrated the spread and excretion of VZV DNA from persons with localized HZ to the environment (7, 23–26). During this outbreak, no direct contact with the HZ index case patient was reported by the varicella case patients." http://www.journals.uchicago.edu/doi/pdf/10.1086/527419?cookieSet=1

According to the CDC Q&As for Providers: (Shingles) ways to prevent transmission of VZV from patients with shingles in healthcare settings are as follows:

Infection control measures depend on whether the patient with shingles is immunocompetent or immunocompromised, and whether the rash is localized or disseminated. In all cases, standard infection control precautions should be followed.

- If the patient is immunocompetent with a:
  - localized rash, Standard Precautions should be followed.
  - disseminated rash, Standard Precautions plus Airborne and Contact Precautions should be followed.
- If the patient is immunocompromised with a:
  - localized rash, Standard precautions plus Airborne and Contact Precautions should be followed, until disseminated infection is ruled out. Then Standard Precautions should be followed.
  - disseminated rash, Standard Precautions plus Airborne and Contact Precautions should be followed.

http://www.cdc.gov/vaccines/vpd-vac/shingles/dis-faqs-hcp.htm

Pasturized in the Shell Eggs

The current guidance to surveyors for F371, CFR 483.35(i) - Sanitary Conditions, requires that residents who request undercooked eggs receive eggs prepared with pasteurized in the shell eggs. The guidance also includes the following information. "The U.S. Department of Agriculture, Food Safety and Inspection Service, Salmonella Enteritidis (SE) Risk Assessment states 'A partial list of persons with increased susceptibility to infectious agents includes persons with chronic diseases, and nursing home residents. The elderly are particularly susceptible to infectious agents such as SE for a number of reasons. The disproportionate impact of severe complications and death from Salmonellosis in the elderly is illustrated by epidemiologic evidence.' Waivers to allow undercooked unpasteurized eggs for resident preference are not acceptable. Pasteurized shell eggs are available and allow for safe consumption of undercooked eggs."

Each egg that is pasteurized in the shell is clearly marked with a P inside a Circle.  It is important that all facility staff understand the mark and only use in the shell eggs with the pasteurized mark for undercooked eggs served to residents. It is not necessary to check the temperature of pasteurized in the shell eggs after cooking. However, facilities do need to serve these eggs to residents promptly after preparation so the temperature of the egg is enjoyable to each resident.

Maintaining egg safety and quality is important. As a potentially hazardous food, eggs require refrigeration. When preparing eggs for residents, staff should strive to remove only the needed number of eggs from the refrigerator to avoid holding eggs at room temperature or needing to return them to the refrigerator. It is always best to store eggs in the carton in which they were purchased rather than taking them out of the carton.

The guidance for F371 also includes the following information for unpasteurized eggs (in the shell eggs without the pasteurized mark): "Unpasteurized eggs when cooked to order in response to resident request and to be eaten promptly after cooking must be cooked to 145 degrees F for 15 seconds until the white is completely set and the yolk is congealed."

Role of Nutrition-NPUAP Advisory Panel White Paper

Nutrition is one intervention that plays an important role in the prevention and treatment of pressure ulcers.

The National Pressure Ulcer Advisory Panel (NPUAP) has recently released The Role of Nutrition in Pressure Ulcer Prevention and Treatment: National Pressure Ulcer Advisory Panel White Paper. This document reviews currently available scientific evidence related to nutrition and hydration for pressure ulcer prevention and treatment in adults.

Known risk factors for pressure ulcer development include compromised nutritional status, such as unintentional weight loss, undernutrition, protein energy malnutrition and dehydration, as well as low body mass index, reduced food intake and impaired ability to eat independently. In addition, undernutrition and protein energy malnutrition can negatively impact pressure ulcer healing.

Early nutrition screening, along with assessment and intervention by a registered dietitian are essential for preventing and/or treating pressure ulcers. The paper can be downloaded at http://www.npuap.org/Nutrition%20White%20Paper%20Website%20Version.pdf.

QM/QI Report

High and Low Risk Residents with Pressure Ulcers

The QM/QI Reports Technical Specification: Version 1.0 Appendix A available at https://www.qtso.com/download/mds/qiqm_rpt/QIQM_Appendix_A.pdf lists the specific MDS coding that causes a resident to trigger the different Quality Measure/Quality Indicator items. Accurate coding of the MDS is very important to ensure residents are correctly placed in a QM/QI measure.

The Chronic Care Domain - Skin Care - Measure 12.1 High risk residents with pressure ulcers identifies the coding on the MDS that places a resident in the high risk category. The resident must be coded as at least one of the following on the target assessment (most recent submitted MDS):

1. Impaired in bed mobility or transfer, G.1.a.A.= 3, 4, or 8 OR G.1.b.A.= 3, 4, or 8. This is a resident who requires extensive assistance or total assistance for bed mobility or transferring, or whose bed mobility or transferring did not take place during the assessment period.
2. Comatose on the target assessment, B.1.=1.
3. Suffers malnutrition on the target assessment, I.3.a. through I.3.e. = 260, 261, 262, 263.0, 263.1, 263.2, 263.8, or 263.9. This is a resident with a malnutrition or nutritional disease diagnosis with one of these ICD-9 codes.

All other residents who do not meet the criteria of high risk trigger the Chronic Care Measure 12.2 Low-risk residents with pressure ulcers. People often identify urinary incontinence as a causal factor for pressure ulcer development. According to the QM/QI, a resident with only urinary incontinence is considered low risk for pressure ulcer development. Residents in the low risk category are not expected to develop pressure ulcers.

Wound Dressings for Pressure Ulcers

There are hundreds of pressure ulcer dressings on the market. Choosing the right dressing optimizes wound healing. **Word of Caution:** Always read the package insert and follow the manufacturer's directions on all dressings prior to use.

According to the National Pressure Ulcer Advisory Panel and European Pressure Ulcer Advisory Panel, Prevention and Treatment of Pressure Ulcers: Clinical Practical Guideline, Washington, D.C.: National Pressure Ulcer Advisory Panel, 2009, the selection of the dressing should be based on:

- Nature and volume of drainage
- Tissue in the ulcer bed
- Condition of the skin around the ulcer bed
- Goals of the person with the ulcer

The Kansas Foundation for Medical Care, Primaris and TMF Health Quality Institute have lists of products by category that describe the appropriate dressing to use per wound stage as well as other useful information regarding pressure ulcers. Facilities may print the treatment product category list. Links to the websites are:
http://www.kfmc.org/providers/nh/tools/pu/kfmc/SOSToolkit.pdf
http://www.primaris.org/sites/default/files/resources/Pressure%20Ulcers/PU_treatment%20product%20categories_2008.pdf
http://nursinghomes.tmf.org/Portals/16/Documents/NH/Toolkits/PU/Pressur%20Ulce%20Toolkit.pdf

Pressure Ulcer Collaborative

In November 2008, the Kansas LANE (Local Area Network for Excellence) convened the "Pressure Ulcer Collaborative," a task force designed to address the high incidence of pressure ulcers in persons receiving health care in Kansas.

The purpose of the collaborative is to minimize or eliminate pressure ulcers within the state of Kansas, to promote evidence based pressure ulcer treatment, to shift the focus of pressure ulcers to a safety issue rather than a solely practice issue, and to encourage a transition between care settings that does not result in complicating or worsening the actual pressure ulcer.

During 2009, a survey was completed of healthcare providers and facilities. Of 841 healthcare professionals who responded, a total of 575 responses were used in the results. The following table shows the pressure ulcer informational items presented in the survey and the responses to three of the survey questions:

1. Informational items important for communication between health care providers and facilities.

2. The informational items the health care provider and facility typically provided when transferring or discharging a patient or resident to another care setting.

3. The informational items the health care provider and facility received when admitting a patient or resident from another health care setting.

The "Yes" responses are listed for the first two questions and the "Yes," "No," and "Sometimes" responses are listed for the third question. The percentages in bold and/or blue shows which information items were the most answered response.

Information Items	Items considered important for communi-cation - % of Yes answers	Items typically provided at transfer - % of Yes answers	Items typically received at admission		
			Yes	No	Sometime
Pressure ulcer risk	**85.1%**	**42.0%**	15.3%	**47.8%**	27.3%
Level/Score of pressure ulcer risk	**72.9%**	**34.3%**	13.5%	**51.8%**	25.3%
Presence of pressure ulcer	**98.3%**	**80.2%**	**49.5%**	3.8%	38.9%
Stage of pressure ulcer	**94.2%**	**69.6%**	28.9%	18.8%	**43.6%**
History regarding pressure ulcer(s)	**88.0%**	**49.4%**	12.7%	33.6%	**45.0%**
Wound measurement	**87.6%**	**55.1%**	17.7%	32.0%	**41.6%**
Date of identification of wound	**87.5%**	**46.1%**	13.5%	37.3%	**40.1%**
Date of last measurement	**81.9%**	**47.4%**	10.6%	**41.1%**	39.1%
Current Treatment	**97.2%**	**77.9%**	**46.0%**	7.0%	39.6%
Name of wound care professional/service currently providing treatment	**78.7%**	**56.3%**	27.7%	23.6%	**40.4%**
Laboratory results	**76.8%**	**50.1%**	32.4%	18.3%	**41.1%**
Nutrition risk status	**81.8%**	**41.2%**	15.9%	35.6%	**40.3%**
Recent weight loss	**83.6%**	**46.6%**	16.5%	30.5%	**45.3%**
Copy of wound care sheet	**78.7%**	**43.8%**	12.9%	**40.6%**	36.9%
Co-morbidities/Current infections	**93.1%**	**69.7%**	**42.5%**	11.6%	38.6%
Functional status, (mobility, positioning, etc.)	**95.2%**	**74.5%**	**44.0%**	10.6%	38.5%
Preventative skin care/devices (equipment, pressure relieving devices, DME, etc)	**91.2%**	**65.0%**	25.3%	21.6%	**45.2%**
Condition of home environment (cleanliness, presence of pests, etc.)	**70.6%**	**28.2%**	9.2%	**46.0%**	36.0%

Continued on page 7

Pressure Ulcer Collaborative

Continued from page 6

The conclusions from the survey were:

- Health care providers and facilities generally agreed upon the informational items needed by providers for the prevention and/or treatment of pressure ulcers.
- A discrepancy existed between information provided at discharge or transfer and the information received at admission. Health care providers and facilities are either not providing the information or the information is being sent but the professionals who actually use the information in the admitting facility are not receiving the information.

Recommendations from the survey are:

- Health care providers and facilities need to review communication in their place of work to determine if:
  - Information is being provided on discharge or transfer; and
  - All professionals who need the information to provide the appropriate care are receiving the information or have access to it.
- Health care providers and facilities need to improve communication with each other to promote sharing of information, including identifying appropriate contact persons.

The Pressure Ulcer Collaborative has begun work on a website to which resource information will be posted ongoing. The link is http://coa.kumc.edu/kpuc/. The collaborative is seeking to locate existing collaboratives among health care providers and facilities in local communities. (The focus does not need to be Pressure Ulcers.) If your facility is part of a collaborative and you are willing to share information, please contact Caryl Gill at caryl.gill@aging.ks.gov or Joe Ewert at jewert@kahsa.org

Ask Al

QUESTION: When a Nursing Facility (NF) or an Assisted Living Facility (ALF) is remodeling a resident toilet room and the door swings into the toilet room, can the new toilet room door continue to swing in?

ANSWER: No. The regulations state that all resident toilet room doors shall open outward.

KAR 28-39-16b (a) (2): The doors to each bathing and toileting room with direct access from a resident bedroom shall be capable of opening outward or shall be designed to allow ingress to the room without pushing against a resident who may have collapsed in the room.

KAR 28-39-256 (a) (1): Rooms containing bathtubs, showers or toilets available for use by residents shall be equipped with doors and hardware capable of being opened from the outside and shall permit access from outside the room in an emergency.

QUESTION: Does each resident room in a Home Plus facility need to have a window?

ANSWER: Yes. KAR 28-39-437 (e) (1) (E): There shall be at least one window to the outside.

QUESTION: Is a bathing room required in an ALF?

ANSWER: No. However, if the ALF decides to have a bathing room there are regulatory requirements.

KAR 28-39-154 (i): Bathing room (1) there may be a bathing room with a mechanical tub and sufficient floor space to allow accessibility for a resident using a wheelchair. (2) The room shall contain provisions for an individual heat control or a supplemental heat source and shall have an exhaust to the outside. (3) A toilet and lavatory shall be accessible without entering the general corridor.

Depression

KDOA CARE Team Division

Depression is easily the most common and reversible psychiatric disorder among the elderly in the nursing home setting. It frequently goes unrecognized and is commonly dismissed as part of the normal aging process in long-term care settings. The symptoms can be vague and variable, and may be manifested in symptoms that you would not commonly relate to depression, such as agitated behavior and withdrawal.

Nursing facility staff can improve the resident's quality of life by using effective caregiving strategies to improve emotional well-being. Many antidepressant medications have also proven to be highly effective in treating this disease.

Behaviors which may reflect depression:

- Expression of feelings of guilt, worthlessness, or inability to improve the situation
- Frequent crying
- Persistently sad or anxious; feelings of pessimism
- Loss of interest or pleasure in daily activities; poor personal hygiene
- Easily fatigued; decreased energy
- Loss of appetite
- Difficulty in concentrating
- Sleep problems
- Irritability and anger
- Suicidal thoughts, statements, attempt
- Recurrent aches and pains that are not responsive to treatment

Psychological Causes of Depression. Depression is generally a reaction to feelings of loss. Elderly people face a variety of losses, which can eventually build up and decrease their ability to cope. Typically people in nursing homes have faced many losses, of which the most important one is the loss of health. Other losses may include the loss of spouse, friends, job, home, financial security and community. Being admitted to a nursing home can be a traumatic experience, leading to feelings of depression, emotional distress, loneliness, fearfulness, and confusion.

Physical Causes of Depression. Many physical causes related to the aging process, effects of chronic illnesses, and side effect of medications may contribute to depression. Loss of organ function, such as liver, kidneys, brain, heart and muscles may precipitate the development of depressive symptoms, and may be linked with a change in a person's emotional state, such as feeling sad, useless, or out of control. Combinations of medications may also directly cause depression. The side effects of blood pressure, anti-Parkinson's, cardiovascular, and hypoglycemic medications, in addition to anti-microbials and steroids may contribute to depression.

Strategies for Helping the Depressed Resident:

- Treatment may involve psychotropic drug treatments, verbal therapies, or a combination of both. Staff should allow residents with depression to express their feelings.
- Speak in a caring tone of voice. This is often more important than the words that are said.
- Active listening is very important. Reflect back to the residents what they have said.
- Trying to cheer residents without recognizing and validating their feelings is inappropriate.
- Offer choices whenever possible to increase their self-esteem.
- Make every effort to encourage and praise the resident's efforts.
- Encourage the residents to become involved in activity programs.

Additional resources: Local community mental health centers; Alzheimer's Association in Kansas, 800-272-3900; the Office of the State Long Term Care Ombudsman at 877-662-8362 or 785-296-3017; the Kansas Department on Aging CARE program, 800-432-3535 or 785-296-4986; or your local Area Agency on Aging.

MDS 3.0 Statewide Education

KDOA Long Term Care staff are working with Kansas Association of Homes and Services for the Aging (KAHSA), Kansas Health Care Association (KHCA), and Kansas Adult Care Executives (KACE) to provide MDS 3.0 education throughout the summer of 2010. Please check the websites of KDOA and the associations for additional information.

To allow all facilities to receive education on the MDS 3.0 prior to its implementation on October 1, 2010, attendance at the summer sessions will be limited to two staff per facility that complete the MDS. KDOA staff will provide additional sessions throughout 2010 and 2011 for other facility staff. CMS has plans to produce webcasts and online training. The first webcast, which gave an overview of the MDS 3.0, is available at http://surveyortraining.cms.hhs.gov/pubs/Archive.aspx.

The entire MDS 3.0 manual is available at http://www.cms.hhs.gov/NursingHomeQualityInits/25_NHQIMDS30.asp. CMS has indicated the posted manual is still a draft and will have additional changes prior to the implementation of the MDS 3.0 in October.

MDS 2.0 Questions and Answers

QUESTION: A resident walks in his/her room and walks in the corridor as part of his/her therapy program with assistance of a therapist but does not walk in the room or in the corridor at any other time. How should Section G 1. c. Walk in Room and d. Walk in Corridor be coded?

ANSWER: The coding of these two activities of daily living (ADLs) is to identify the resident's self-performance and the staff support provided when he/she is walking in these specific locations with staff. Therapy in this scenario is the staff. Code the resident's self-performance and staff support based on the resident's walking with the therapist. The MDS Coordinator should observe the ADL take place to ensure the coding is based on the MDS 2.0 definitions of self-performance since it is different from the terminology often used by therapists.

QUESTION: Staff place a resident's urinal within his/her reach and empty the urinal when the resident has used it. The resident is able to complete all other aspects of toileting without staff assistance. How is toileting coded?

ANSWER: The MDS 2.0 User's Manual in Chapter 3 Page 99 provides a similar example in use of the bedpan. Staff placing the urinal within the resident's reach and emptying it is set up help. Code the resident independent (0) for self-performance and set up help (1) for staff support.

QUESTION: A resident has received education of his/her dietary needs related to having diabetes mellitus. The resident chooses to select foods that are not appropriate. Is it correct to code the resident in Section E4. as e. Resists Care?

ANSWER: No, the resident made a choice to select foods that are not appropriate. The MDS 2.0 User's Manual in Chapter 3 Page 66 under Resists Care states – "…This category does not include instances where the resident has made an informed choice not to follow a course of care (e.g. resident has exercised his or her right to refuse treatment and reacts negatively as staff try to reinstitute treatment.)"

MDS Submission and Casper Reports

KDOA Long Term Care Staff can no longer assist staff at nursing homes with ID information and a password to log in to the MDS Submission and Casper reports. Beginning January 2010 the CMS system began requiring person(s) at the nursing homes who are responsible for transmitting the MDSs and accessing the Casper Reports to obtain a Personal Log In ID and password. The person(s) will need to complete and submit required forms at https://www.qtso.com/accessmds.html. The form must then be faxed or emailed to the QTSO Help Desk. It can take up to 5 business days to process the form. Whenever a person who has a Personal Log-in ID leaves a facility or corporation, the administrator or responsible corporate person should prioritize removing the former person from the system and having a new person obtain a password to avoid delays in transmitting the MDSs and accessing the Casper reports. Additional information on the process is available at: https://www.qtso.com/ under MDS User Registration Link Removal - February 21, 2010.

If a corporate staff person is responsible for transmitting the MDSs he or she will also need to complete and submit the required form to obtain a corporate ID and password to submit its facilities' MDSs. However, at this time he or she still will need to use the state ID number (KSN) and the shared password originally generated by KDOA.

Resources

References to non-KDOA sources or sites are provided as a service and do not constitute or imply endorsement of these organizations or their programs by KDOA. KDOA is not responsible for the content of pages found at these sites. The uniform resource locator for internet addresses were current as of the date of this publication.

Caring for the Ages, American Medical Directors Association, contains a variety of articles on regulatory and clinical and non-clinical issues in long term care facilities that physicians encounter. The information is also helpful for other health care professionals in a facility. http://journals.elsevierhealth.com/periodicals/carage.

Clinical Practice Guidelines in the Long Term Care Setting, American Medical Director's Association. AMDA has published the following Clinical Practice Guidelines specifically for use in long term care settings. www.amda.com/tools/guidelines.cfm

Pioneer Network. Culture Change resources. http://www.pioneernetwork.net/

Action PACT. Culture Change resources. http://actionpact.com/

The Pink Book: Appendices

Epidemiology and Prevention of Vaccine Preventable Diseases Updated 11th Edition (May 2009)

The "Pink Book" is published by the National Center for Immunization and Respiratory Diseases, Centers for Disease Control and Prevention. It contains information regarding vaccine preventable disease**.** The book contains 20 chapters and eight appendices. The appendices contain information regarding vaccine storage, administration guide and other useful information. Facilities can download the book free of charge. The "Pink Book" is located at: http://www.cdc.gov/vaccines/pubs/pinkbook/pink-appendx.htm.

"Feet Can Last a Lifetime" is a toolkit to identify and diagnose foot problems. It includes instruction for foot exam procedures, foot exam instructions, patient education materials and a host of other useful information. "Feet Can Last a Lifetime" was produced by the National Diabetes Education Program. "Feet Can Last a Lifetime" is located at: http://ndep.nih.gov/media/Feet_HCGuide.pdf.

"Hanging Wet-to-Dry Dressings Out to Dry" by Lisa G. Ovington. This article appeared in the Advances in Skin & Wound Care: The Journal for Prevention and Healing, March/April 2002 edition. The article explains why wet-to-dry dressings are not effective in promoting wound healing. The article can be found at: http://www.deconsolidatenow.org/Documents/9_Ovington_Article.pdf.

Free Staff Education

Educational programs for unlicensed and licensed staff in long term care nursing facilities and long term care units of hospitals are again available through the Workforce Enhancement Grant.

This year KDOA awarded the grant to six entities:

1. Evergreen Living Innovation, Inc. (formerly named "GERTI") - (913) 477-8251 "Advanced Education"

2. Kansas Advocates for Better Care - (785) 842-3088 - "Teaming up to Create Home - The Person-Centered Approach"

3. Central Plains Geriatric Education Center at the University of Kansas Medical Center - (913) 588-1464- "Caring for Residents at the End-of-Life and Alterations in Skin Integrity"

4. Alzheimer's Association Central and Western Kansas (AACWK) - (316) 267-7333 "Dementia Care Basics"

5. Kansas Foundation for Medical Care, Inc. - (785) 273-2552 - "Keeping Up with Pressure" (PU Skills Fair)

6. Aging Services Transformation Alliance (ASTRA) – (785) 233-7443 "Timeslips Dementia Training and Communication Techniques for Nursing Home Staff"

Please contact the entities for additional information regarding their educational presentations.

Free Online Training for Wound Management

References to non-KDOA sources or sites are provided as a service and do not constitute or imply endorsement of these organizations or their programs by KDOA. KDOA is not responsible for the content of pages found at these sites. The uniform resource locator for internet addresses were current as of the date of this publication.

The **Global Wound Academy** offers online wound management educational modules. The module topics include: Skin Structure and Blood Composition, Mechanisms of Wound Healing, An Introduction to Wound Bed Preparation, Wound Assessment, Lower Extremity Ulcers, Pressure Ulcers: A Guide to Prevention, Diabetic Foot Ulcers: Prevention and Management, Dressing Selection, Infection Management and Collagen. Certificate of Education (CE) contact hours are also offered free of charge.

The website is located at http://www.globalwoundacademy.com/

National Database of Quality Indications offers modules on pressure ulcers and other wound types. CE contact hours are optional. There is no cost to obtain the CE contact hours. The modules can be accessed from: https://www.nursingquality.org/NDNQIPressureUlcerTraining/default.aspx

Coloplast offers free online wound and skin care educational modules. The website is located at: http://www.us.coloplast.com/academy.

Medicare Questions

Questions regarding Medicare issues, including if a resident qualifies for skilled Medicare Services, should be directed to the WPS Help Desk at 866-518-3285.

Medicare resources regarding upcoming and online education, questions and answers, etc. are available at http://www.wpsmedicare.com, then click on Part A, J5 MAC.

CNA Bridge Course for PTA and OTA

The Kansas Certified Nurse Aide Bridge Course for Certified Physical Therapist Assistants and Licensed Occupational Therapy Assistants has been revised and is available on HOC's website at: www.kdheks.gov/hoc. Follow the "Training Provider Resources" link. The course is listed under CNA and HHA Certification Resources.

PTAs and OTAs can be very valuable employees of an adult care home. Their educational preparation provides them with the background and skills to help residents improve their level of functioning. In order to remain in compliance with the Board of Healing Arts statutes and the Kansas Nurse Practice Act, PTAs and OTAs who want to work as Certified Nurse Aides in an adult care home setting must meet the nurse aide requirements. Federal and state laws allow individuals who are not nurses to provide personal care to residents as long as they have completed a state mandated nurse aide course and have successfully passed an examination. The Bridge Course is designed to prepare individuals who are PTAs or OTAs to meet the nurse aide requirements.

The revised bridge course outline requires 30 hours of training and is to be used in conjunction with the 90-Hour Certified Nurse Aide Curriculum Guidelines, which were extensively revised and released in June 2009. Increased emphasis on person-centered care and other key topics in the revised nurse aide guidelines is reflected in the revised bridge course, ensuring that it will be up to date with regulation and practice as of its release. Instructors should continue to update materials as necessary between revisions. Course instructors should obtain the most recent revision of the Kansas 90-Hour Certified Nurse Aide Sponsor and Instructor Manual from HOC's website.

Questions regarding the course may be directed to Mary Flin, HOC Education Coordinator, at: mflin@kdheks.gov or 785-296-0058.

PowerPoint Presentation Now Available

Health Occupations Credentialing has designed a PowerPoint presentation to help Sponsors, Coordinators and Instructors of State training courses avoid delays in the course approval processes.

Every attempt was made to design the presentation so that everyone can see it. Some people have Word 2003, and some have Word 2007. Various settings within a person's computer differ as well. These and other issues may affect the way the presentation opens, and some may not be able to view it at all. However, it is hopeful that most people will be able to open it and recommend it to those who are involved in their training programs.

To access the presentation, go to www.kdheks.gov/hoc. Click on "Training Provider Resources." Scroll all the way down to "What Holds Up Processing of Course Approvals" *PowerPoint Presentation*. Click on the link. It is designed to run as a slideshow. If it does not open as a slideshow, just follow the directions on the second slide. Questions and feedback may be directed to Mary Flin, at mflin@kdheks.gov.

CNA Resources

CNA Resources including the CNA Curriculum Guide is available online at http://www.kdheks.gov/hoc/cna.html.

Advancing Excellence Campaign

Advancing Excellence is a national campaign to encourage, assist, and empower nursing homes to improve the quality of care and life for residents. KDOA is pleased the following nursing facilities have joined the Advancing Excellence Campaign:

Aberdeen Village, Aldersgate Village, Alma Manor, Anderson County Hospital LTCU, Anthony Community Care Center, Apostolic Christian Home, Arma Care Center, Asbury Park Inc., Ashland Health Center LTCU, Ashland Health Center LTCU, Atchison Senior Village, Attica LTC, Baldwin Healthcare & Rehab Center, Belleville Health Care Center, Bethel Home Inc., Bethesda Home, Bonner Springs Nursing & Rehab Center, Brandon Woods at Alvamar, Brewster Health Center, Brighton Gardens of Prairie Village, Brighton Place West, Cambridge Place, Caney Nursing Center, Catholic Care Center, Cedar Village LTC, Centennial Homestead Inc., Chanute Healthcare Center, Chapman Valley Manor, Cherry Village, Cherryvale Nursing & Rehab Center, Chetopa Manor, Cheyenne Lodge Nursing Home, Citizens Medical Center Inc. LTCU, Clay Center Presbyterian Manor, Coffeyville Regional Medical Center SNF, Colby Care Center, College Hill Nursing & Rehab, Community Hospital Onaga LTCU, Council Grove HealthCare Center, Country Care, Countryside Health Center, Crestview Manor, Cumbernauld Village Inc., Dawson Place Inc., Decatur County Good Samaritan Center, Delmar Gardens of Lenexa, Delmar Gardens of Overland Park, Deseret Healthcare of Kensington, Deseret Nursing & Rehab–Wellington, Deseret Nursing & Rehab at Hutchinson, Deseret Nursing & Rehab-Wichita, Deseret Nursing & Rehab of Onaga (Golden Acres), Deseret Nursing & Rehab of Smith Center, Dexter Care Center, Eastridge, Ellis Good Samaritan, Ellsworth Good Samaritan Retirement Village-Villa Grace, Elmhaven West, Emerald Pointe Health & Rehab, Enterprise Estates Nursing Center, Eureka Nursing Center, Eventide Convalescent Center, Evergreen Community of Johnson County, Family Health & Rehab Center, Flint Hills Care Center, Fort Scott Manor, Fowler Residential Care, Frankfort Community Care Home Inc., Galena Nursing Center, Garden Terrace at Overland Park, Garden Valley Retirement Village Inc., Golden Heights Living Center, Golden Living Center–Wakefield, Golden Living Center–Wichita, Golden Living Center at Eskridge, Golden Living Center at Spring Hill, Golden Living Center Kaw River, Golden Living Center–Neodesha, Golden Living Center of Chase County, Golden Living Center of El Dorado, Golden Living Center of Fredonia, Golden Living Center of Lansing, Golden Living Center of Wakefield, Golden Living Center Parkway, Golden Living Center–Downs, Golden Living Center–Pittsburg, Golden Living Center–Wellington, Golden Living Center–Edwardsville, Golden Living Center–Wilson, Golden Plains Healthcare, Good Samaritan Center, Good Samaritan Society–Minneapolis, Good Samaritan Society–Prairie Manor, Good Samaritan Society Valley Vista, Good Samaritan Society–Dodge City, Great Bend Health & Rehab, Greeley County Health Services LTC, Greeley County Health Services LTC; Grisell Memorial Hospital LTC, Halstead Health & Rehab, Hamilton County Hospital Resthome Seasons of Life, Hays Good Samaritan Center, Haysville HealthCare Center, HCR ManorCare, Heritage Healthcare, Hickory Pointe Care & Rehab Center, High Plains Retirement Village, Highland Healthcare & Rehab, Hillside Village of DeSoto, Hilltop Lodge Inc., Hilltop Manor Inc., Hodgeman County Health Center, Hoeger House, Holiday Resort of Emporia, Holiday Resort of Salina, Homestead Health & Rehab, Homestead Health Center, Howard Twilight Manor, Hutchinson Good Samaritan Village, Indian Creek Healthcare Center, Indian Meadows Healthcare Center, Jefferson County Memorial Hospital Inc., Jewell County Hospital LTCU, Junction City Good Samaritan Center, Kansas Christian Home, Kansas City Presbyterian Manor, Kansas Masonic Home, Kansas Rehabilitation Hospital, Kidron Bethel Health Care Centre, Kiowa Hospital District Manor, LakePoint Nursing Center, LakePoint Nursing Center of El Dorado, LakePoint of Rose Hill, LakePoint Retirement & Rehab of Wichita, Lakeview Village, Lakewood Rehab Center of Haviland, Lakewood Senior Living–Pratt, Lakewood Senior Living of Seville, Larksfield Place Health Care, Larned HealthCare Center, Lawrence Memorial Hospital SNF, Legacy Park, Leisure Homestead at Stafford, Leisure Homestead Association, Leonardville Nursing Home, Lexington Park Nursing & Post Acute, Life Care Center of Andover, Life Care Center of Burlington, Life Care Center of Kansas City, Life Care Center of Osawatomie, Life Care Center of Seneca, Life Care Center of Wichita, Lincoln Park Manor Inc., Linn Community Nursing Home, Logan County Hospital LTCU, Logan Manor Community Health Service, Lone Tree Retirement Center, Louisburg Healthcare & Rehab Center LLC, Lyons Good Samaritan Center, Manor at Park West Plaza, Manor Care Health Services-486, ManorCare Health Services, Maple Heights Nursing & Rehab, Maple Heights of Hiawatha, McCrite Plaza Health Center, McPherson Care Center, Meadowbrook Rehab Hospital, Meadowlark Hills Retirement Community, Medicalodge Clay Center, Medicalodge East Healthcare Center, Medicalodge Gardner, Medicalodge Leavenworth, Medicalodge of Atchison, Medicalodge of Columbus, Medicalodge of Coffeyville, Medicalodges Douglass, Medicalodges Fort Scott, Medicalodges Goddard, Medicalodges Herington, Medicalodges Jackson County, Medicalodges Kansas City, Medicalodges Kinsley, Medicalodges Paola, Medicalodges Pittsburg South, Medicalodges Post Acute Care Center, Medicalodges Wichita, Medicalodges Eudora, Memorial Home Inc., Memorial Hospital LTCU, Mennonite Friendship Manor, Meridian Nursing & Rehab Center, Minneola District Hospital LTC, Mitchell County Hospital Health Systems LTCU, Moran Manor, Morton County Care Center, Mt. Joseph Senior Village, Mt. Carmel Regional Medical Center SNF, Mt. Hope Nursing Center, Newton Presbyterian Manor, North Point Skilled Nursing by Americare, Olathe Good Samaritan Center, Osage Nursing Center, Oswego Nursing & Rehab, Ottawa County Health Center LTCU, Ottawa Retirement Village Manor, Overland Park Nursing & Rehab, Park Lane Nursing Home, Park Villa Nursing Home, Parkside Homes Inc, Parkview Care Center, Parsons Good Samaritan Center, Phillips County Retirement Center, Pinecrest Nursing Home, Pinnacle Park, Pinnacle Ridge Nursing & Rehab Center, Pioneer Lodge, Pioneer Ridge Nursing, Plaza West Regional Health Center, Pleasant Valley Manor, Pleasant View Home, Prairie Mission Retirement Village, Prairie Sunset Home, Pratt Rehab & Residence Center, Providence Place, Quaker Hill

Continued on page 14

Advancing Excellence Campaign (continued)

Manor, Ray E. Dillon Living Center, Redbud Village, Republic County Hospital LTCU, Richmond Healthcare & Rehab Center, Riverview Estates Inc., Riverview Manor Inc., Rolling Hills Health Center, Rossville HealthCare & Rehab Center, Royal Terrace Nursing & Rehab Center, Rush County Memorial LTCU, Rush County Nursing Home, Russell Regional Hospital LTCU, Sabetha Manor, St. Francis Good Samaritan Village, St. John's Rest Home Victoria Campus, Salem Home, Sandpiper Healthcare & Rehab Center llp, Sandstone Heights, Schowalter-Villa, Sedgwick HealthCare Center, Sharon Lane Health Services, Shawnee Gardens Healthcare & Rehab, Sheridan County LTC, Sherman County Good Samaritan Center, Smith County Hospital LTCU, Smoky Hill Rehab Center, Solomon Valley Manor, Southwest Medical Center SNU, St. Joseph Village Inc., St. Luke Living Center, Sterling Presbyterian Manor, Stoneybrook Retirement Community, Sumner Regional Medical Center SNU, Sunset Home Inc., Sunset Manor, Sunshine Meadows Retirement Community, The Cedars, The Forum at Overland Park, The Good Samaritan Society-Liberal Center, The Heritage, The Legacy at Park View, The Nicol Home Inc., The Regal Estate of Glenwood, The Shepherd's Center, Tonganoxie Nursing Center, Topeka Community Healthcare Center, Trego Co-Lemke Memorial Hospital LTCU, Trego Manor Inc., Trinity Manor, Trinity Nursing & Rehab Center, Valley Health Care Center, Via Christi Hope Health Center, Villa Maria, Villa St. Joseph, Villa St Francis, Village Shalom, Wathena Healthcare & Rehab Center, Wellsville Retirement Community, Wesley Towers Inc., Westview of Derby, Westwood Manor, Westy Community Care Home, Wheat State Manor, Wheatland Healthcare Center, Wheatland Nursing Center, Wheatridge Park Care Center, Windsor Estates, Windsor Place at Iola, Windsor Place LLC, Windsor Place of Independence LLC, Winfield Good Samaritan Village, Woodhaven Care Center, and Yates Center Healthcare & Rehab.

If your nursing facility has not signed up for the Campaign, registration is still possible.

http://www.nhqualitycampaign.org/star_index.aspx?controls=welcome

4th Quarter 2009 Deficiency-Free Surveys

FACILITY	CITY	TYPE	NO DEF SURVEY	SURVEY DATE
Country Place Senior Living of Belleville	Belleville	ALF	X	10/7/09
Salina Presbyterian Manor	Salina	SNF/NF	X	10/26/09
Linnwood Home Plus	Valley Falls	HP	X	10/29/09
Country Place Senior Living of Marysville	Marysville	ALF	X	10/30/09
Assisted Living at Windsor Place	Coffeyville	ALF	X	11/3/09
Arrowood Lane	Humboldt	RHCF	X	11/5/09
Shawnee Heartland	Shawnee	ALF	X	11/19/09
Shawnee Heartland	Shawnee	ALF	X	11/19/09
Sterling House of Hays	Hays	ALF	X	11/24/09
Peggy House 1	Topeka	RHCF	X	12/2/09
Golden LiIvingCenter - Wellington	Wellington	SNF/NF	X	12/2/09
The Homestead of Garden City	Garden City	ALF	X	12/2/09
Vintage Park at Eureka	Eureka	ALF	X	12/9/09
Vintage Park at Neodesha	Neodesha	ALF	X	12/10/09
Kansas Place	Holton	ICF/MR	X	12/10/09
Deer Park Senior Group Home N	Meriden	HP	X	12/15/09
Linn Place	Emporia	ICF/MR	X	12/17/09
The Homestead of Leawood	Leawood	ALF	X	12/17/09
Fairlawn Heights Residential Center	Topeka	RHCF	X	12/18/09
Valley Health Care Center	Valley Falls	NF/MH	X	12/22/09
Vintage Park at Lenexa	Lenexa	ALF	X	12/22/09
Comfort Care Homes #147	Wichita	HP	X	12/30/09
Twin Oaks Assisted Living	Lansing	ALF	X	12/31/09

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

2009 Enforcement Actions

Assisted Living, Residential Health Care, Home Plus, Adult Day Care and Boarding Care Facilities; Intermediate Care Facilities for the Mentally Retarded	1st JAN-MAR	2nd APRIL-JUNE	3rd JULY-SEPT	4th OCT-DEC
Abuse, Neglect, Exploitation	6	4	0	0
Adult Day Care	1	1	1	0
Administration	0	1	9	10
Admission, Transfer, Discharge	1	2	1	2
Delegation of Duties	3	1	1	2
Dietary Services	3	0	0	2
Emergency Preparedness	3	1	0	3
Employee Records	3	3	0	0
Environmental Issues	14	12	6	3
Functional Capacity Screen	11	12	2	5
Health Care Services	6	3	2	5
Inadequate Staffing	0	0	0	0
Infection Control	9	13	4	7
Medication Management	26	27	11	31
Negotiated Service Agreement	20	14	7	7
Professional Standards of Quality	0	0	0	0
Quality of Care Issues	1	0	0	0
Resident Funds	0	0	0	0
Resident Records	11	4	3	4
Resident Rights	4	2	0	2
Restraints – chemical, physical	2	0	0	0
Special Care Unit	0	0	1	0
Staff Development	1	0	1	0
Staff Qualifications	19	10	2	0
Civil Money Penalties	3	7	4	3
Correction Orders *	38	38	16	23
Ban on New Admissions	4	3	4	3

FEDERAL REMEDIES Nursing and Skilled Nursing Facilities; Nursing Facilities for Mental Health	1st	2nd	3rd	4th
Civil Monetary Penalties Recommended	5	5	5	6
Denial of Payment for New Admissions imposed **	10	7	9	10
Terminations	0	0	0	0
No Opportunity to Correct	10	9	10	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**

HEALTH RESURVEY DEFICIENCY DATA
January 1, 2009 – December 31, 2009

Top Federal Regulation Citations NF and LTCU

F279 Comprehensive Care Plans
F323 Accidents and Supervision
F329 Unnecessary Drugs
F371 Sanitary Conditions
F315 Urinary Incontinence
F309 Quality of Care
F253 Housekeeping/Maintenance
F280 Comprehensive Care Plans
F428 Drug Regimen Review
F272 Comprehensive Assessment
F314 Pressure Ulcer

Top G level Federal Regulation Citations NF and LTCU

F314 Pressure Ulcers
F309 Quality of Care
F323 Accidents and Supervision
F325 Nutrition
F315 Urinary Incontinence
F318 ROM
F317 ROM
F329 Unnecessary Meds
F310 ADLs

Top State Licensure Regulation Citation Residential Adult Care Homes

Negotiated Service Agreement
Medication Storage
Functional Capacity Screen
Facility Management of Medications
Infection Control
Mechanical Requirements
Drug Regimen Review
Resident Record

Top G Level State Licensure Regulation Citations Residential Adult Care Homes

Staff Treatment of Residents
Negotiated Service Agreement