



KANSAS DEPARTMENT ON AGING Sunflower Connection

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Cleaning and Disinfecting Glucometers Between Resident Use

CFR 483.65 F441 reads that “The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.” Sharing of medical devices, personal items like towels, razors and tweezers can transmit disease.

According to the March 11, 2005, Centers for Disease Control Morbidity & Mortality Weekly Report, there are documented cases of transmission of the Hepatitis B virus in individuals receiving blood glucose monitoring in long term care facilities. One recommended practice to prevent the transmission of the Hepatitis B virus includes if glucometers are shared, the glucometer must be cleaned and disinfected between each resident use.

According to the APIC Position Paper: Safe Injection, Infusion and Medication Vial Practices in Healthcare: “Thoroughly clean all visible soil or organic material (e.g., Blood) from the glucometer prior to disinfection. Disinfect the exterior surfaces of the glucometer after each use following the manufacturer’s direction. Use an EPA-registered disinfectant effective against HBV, HCV, and HIV, or a 1:10 bleach solution (one part bleach to 9 parts water.)”

Homes should also contact the manufacturer of the glucometer they use and obtain documentation showing that the glucometer is for multi-use.

The March 11, 2005, MMWR is located at:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5409a2.htm>

The APIC Position Paper is located at:

http://www.apic.org/Content/NavigationMenu/GovernmentAdvocacy/PublicPolicyLibrary/Safe_injection_policy_paper_06_2009.pdf

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Annual and Semi-Annual Reports Due by Jan. 20

NF and NFMH, ICFMR, ALF, RHCf and Homes Plus must submit the annual and semi-annual reports of facility, resident and staffing information by January 20, 2010.

The link to the website is: http://www.aging.state.ks.us/forms/LTC_Reports.html.

The reference week for the semi-annual report is December 6-12, 2009.

The process is as follows:

- Click on the Web Application Log-In link under the “Long Term Care Resident Statistics Web Application” heading.
- On the log-in screen for the Long Term Care Resident Statistics Web Application, each facility will need to:
- Enter the facility State ID number. Facilities with both NF and ALF/ RHCf facility types, enter a capital A at the end of the ID number to access the NF reports and a capital B at the end of the number to access the ALF/RHCf reports.
- Select the facility type from the drop down box.
- Enter the facility access code (password). The access code is the same code used to complete the report in July 2009. If you have forgotten the access code, you can click on a button that will send the access code to the facility’s e-mail address entered on the last report in January 2009.
- If the facility submitted its January to July 2009 semiannual report via this website, **do not** check the box labeled “Check this box if this is your first time to access the system.”

If this *is* the first time the facility has accessed the reports via the website, check the box.

- Be certain the facility e-mail address and the administrator’s name and e-mail address are correct on the facility information screen, which appears after logging in. If it is not, select Edit, to make the changes. Then select post changes.
- Both report forms are listed. Select Create for each form.
- Save each section and page of the report as it is completed.
- It is very important to submit accurate information. Select the “Print View” tab to view the answers to all questions. Please double check to ensure each question is answered and the answers are correct. Although safeguards have been placed in the report completion process to prevent submission of a report with obvious errors, it can still happen.
- Entering the completion date at the end of the report changes the status of the report to “Signed.” A notice the report was submitted to KDOA appears inside a blue box. This is confirmation KDOA received the report. *An e-signature is not required.*
- If desired, print a copy of the reports for your records.
- If errors are noticed after submitting a report to KDOA, email Sandra Dickison at: Sandra.Dickison@aging.ks.gov to request resetting the report so you may edit the report.

KDOA staff review each report for obvious errors. Reports with obvious errors are reset to “Edit” and a note in a yellow box describes the error. An email will also be sent to the facility to correct these errors. Please promptly correct any errors.

After the reports are reviewed, reports without obvious errors will show as “Posted.”

As in the past, please call the KDOA Computer Help Desk at 785-296-4987 with web application log-in questions and Sandra Dickison, LCE, at 785-296-1245 for questions on the report content.

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

Security of Controlled Medication: Prevention and Detection Diversion

Adult Care Home administrators and operators frequently report diversion of controlled medications when incidents occur that include a resident's report that they did not receive their pain medication or missing controlled medications are identified during reconciliation. All adult care homes are required to have a system to account for the receipt, usage, disposition, and reconciliation of all controlled medications. The regulations and guidance for nursing homes, CFR 483.60, F431, are accessible at:

http://cms.hhs.gov/manuals/Downloads/som107ap_pp_guidelines_ltcf.pdf.

The regulations for the assisted living and residential health care facilities, homes plus, and adult day care are accessible at K.A.R 26-41-205, K.A.R 26-42-205, and K.A.R 26-43-205. In addition to the regulatory requirements, Jill Hennington RN BSN LHA, a Nurse Consultant who has conducted controlled medication diversion investigation for a long term care pharmacy, has provided the following recommendations for adult care homes to consider in developing policies and practices for preventing the occurrence. Unless specified as a "regulatory prohibition or requirement" adult care home staff need to be aware these are recommendations and are not state or federal regulatory requirements or interpretative guidance.

Considerations that may help prevent diversion of controlled medications:

- Conduct regular monitoring of medication records.
- Prohibit staff that is authorized to administer medications from sharing the key(s) or key ring to the medication cart, room, or cabinets with staff who are not authorized to administer medication. (This is a regulatory prohibition.)
- Monitor documentation of controlled medication dose that is wasted. Waste of controlled medication due to split tablet or refused medication should be witnessed and documented per policy of the home.
- Prohibit taping punched controlled medication back into bubble-pack.
- Store all controlled medications in locked cabinets or drawers in a separately locked medication room or cart. This includes controlled medication that has been discontinued or is in the emergency kit. (This is a regulatory requirement.)
- Implement a buddy-system to reconcile all controlled medication currently in use, discontinued, and in the emergency kit.
- Include the security tag number of the emergency kit in reconciliation of the controlled medications in the e-kits.
- Count all controlled medications, including those refrigerated or in the emergency kit each shift or when different staff assume responsibility for administering medications.
- Require reporting all medication irregularities immediately upon discovery 24/7.
- Institute Count-the-Count Sheet Form

Example: A narcotic box contains ten bubble pack cards for ten different residents. The narcotic count book contains ten count sheets that correspond to each of the bubble pack cards. A Count-the-Count Sheet would reflect a total inventory of count sheets totaling 10. Many times when a card of medication is taken the count sheet is also taken and may not be missed for several shifts or at all. The count-the-count sheet makes diverting cards of medication much harder.

A drug diversion pattern that has a more insidious onset may first appear as an omission on Medication Record Administration (MAR), sharing of keys, or inconsistency in the time or quantity listed on narcotic record with physician order. It is helpful when conducting an audit of controlled medication in a home, for the director

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Controlled Medication Security

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of nursing to obtain an electronic record from the pharmacy to assess a 4-6 week look back period. Controlled medications listed on the pharmacy report should be reconcilable by comparing prescriptions to controlled medication count sheets, currently in the count, in the destruction bin, in the overflow records, or in closed records. If a controlled medication count sheet can not be located (perhaps misfiled) a comparison to the MAR should be completed to account for use. If prescriptions filled and delivered can not be reconciled, determination should be made of who ordered and signed for the medication. As the investigation continues, trends and patterns often become evident when taking the following additional information into consideration:

- Does one nurse or CMA (certified medication aide) document the administration of more PRN medications than other nurses or CMAs?
- Was the resident on the unit when medications were administered?
- Was the dose signed out from the narcotic supply but not documented in the medication administration record and/or nurse's notes?
- Was the medication reordered "too soon" from pharmacy?
- Did the nurse or CMA volunteer to stock/clean/reorder medications on another staff member's cart?
- Did the nurse or CMA medicate a resident who another nurse or CMA was administering medication?
- Does the nurse or CMA say s/he was "too busy" or "forgot" to obtain a witness to waste the controlled substance?
- Does the nurse or CMA sign out a larger dose of controlled substance when the ordered dose is available and sign the remaining medication as wasted?
- Did the nurse or CMA say s/he gave the keys to another staff member?
- Are residents reporting the pain medication ordered does not relieve their pain on the nurse or CMA's shift?
- Is the controlled medication count inaccurate when the nurse or CMA works?
- Do initials or signatures appear forged?
- Do liquid medications have regular and customary color, clarity, odor, and consistency?
- Does the nurse or CMA request to work shifts with less supervision or with cognitively impaired residents?
- Was medication administered after a resident's discharge or when the nurse or CMA was not on duty?
- Does the nurse or CMA have frequent corrections to the count sheet?
- Could you divert drugs without being noticed? (If you can, so can your staff)

A number of recent national studies have indicted an alarming rise in the abuse of controlled substances in the United States. According to the most recent National Survey on Drug use and Health, 6.4 million Americans abused prescription drugs in 2005, compared to 3.8 million in 2000. This represents a 68% increase in five years. It is recommended that when the investigation is complete, the concerns be addressed with the nurse requesting written explanation, with a witness present, and a referral to Kansas Nurse Assistance Program (KNAP) offered. Narcotic audit results alleging diversion should follow facility policy for reporting to executive staff, state officials, law enforcement, and the dispensing pharmacy/pharmacist consultant.

Evaluating a Device as a Restraint

The interpretative guidelines for CFR 483.13(a) F222 Physical Restraints defines physical restraint "as any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body."

Many nursing home providers have reduced the use of bedrails due to their being a physical restraint or safety hazard for the residents. Manufacturers have responded by creating various alternative devices, including a scoop mattress. Nursing home providers need to evaluate each device individually for each resident to determine if it meets the definition of a restraint for the resident.

Ask AI

QUESTION: Does the owner, administrator, or operator of an adult care home need to submit a letter of intent before all floor plans for new construction, new additions and remodeling of adult care homes are submitted to KDOA?

ANSWER: Yes. The owner, administrator, or operator of the adult care home needs to submit a letter of intent for all new construction, new additions, alteration and remodeling before floor plans or drawings are sent to KDOA. The letter of intent needs to describe the project and be submitted to Ms. Rita Bailey, Administrative Officer of KDOA. Her telephone number is 785-296-1259 and her email address is rita.bailey@aging.ks.gov.

KAR 26-39-101 Licensure of adult care homes.

- Initiation of application process KAR 26-39-1019(a)
- For new construction or conversion of an existing unlicensed building to an adult care home follow KAR 26-39-101(d)
- For alteration and remodeling of licensed adult care homes involving structural elements follow KAR 26-39-101(e)
- For alteration, remodeling, and relocation of required rooms and areas in adult care homes not involving structural elements follow KAR 26-39-101(f)

The link to the regulations is:

http://www.aging.state.ks.us/PolicyInfo_and_Regs/ACH_Current_Regs/ACH_Reg_Index.html

QUESTION: What is one of the most common areas of non-compliance identified during a final inspection in adult care homes?

ANSWER: The most common area of non-compliance is the lighting requirements. The lighting requirements are KAR 28-39-162c (i) Electrical requirements and KAR 28-39-256 (c) (3) Electrical requirements, nursing homes and assisted living and residential health care facilities respectively. The link to the regulations is:

http://www.aging.state.ks.us/PolicyInfo_and_Regs/ACH_Current_Regs/ACH_Reg_Index.html

STATE and FEDERAL REGULATIONS

Nursing Facilities, Nursing Facilities for Mental Health, Long Term Care Units

All nursing facilities, nursing facilities for mental health, and long term care units of hospitals that are **only licensed** by the state must follow the state regulations. The state regulations for nursing facilities and nursing facilities for mental health are available at:

http://www.aging.state.ks.us/PolicyInfo_and_Regs/ACH_Current_Regs/ACH_Reg_Index.html

These facilities are licensed by the Kansas Department on Aging (KDOA). The regulations for long term care units are available at http://www.kdheks.gov/bhfr/download/ks_hosp_regs_02092001.pdf

K.A.R. 28-34-29a. Long Term Care Units are a unit of the hospital licensed by the Kansas Department of Health and Environment.

All nursing facilities, nursing facilities for mental health, and long term care units that are **both state licensed and Medicare and/or Medicaid certified** must also follow the Federal Regulations. They are available at http://www.cms.hhs.gov/manuals/Downloads/som107ap_pp_guidelines_ltcf.pdf

KDOA conducts the annual resurveys and revisits of all nursing facilities, nursing facilities for mental health, and long term care units of hospitals.

Bipolar Disorder

By KDOA CARE Division

Bipolar disorder is a disorder marked by extreme changes in mood, thought, energy, and behavior. Bipolar disorder also is known as manic depression because a person's mood can alternate between mania (highs) and depression (lows). The changes in mood can last for hours, days, weeks, or months, and are usually separated by periods of "normal" mood.

Genetic factors contribute substantially to the likelihood of developing bipolar disorder as may life events and experiences. Many adults diagnosed with bipolar disorder report traumatic/abusive experiences in childhood, and early experiences of adversity and conflicts are likely a potentiating factor in those at risk of developing bipolar disorder.

It is estimated that bipolar disorder affects more than 2 million adult Americans. It usually begins in late adolescence, and an equal number of men and women develop the illness. Men tend to begin with a manic episode, women with a depressive episode. In the elderly, recognition and treatment of bipolar disorder may be complicated by the presence of dementia, or the side effects of medications being taken for other conditions.

The mainstay of pharmaceutical treatment is mood stabilizer medication such as lithium, and anti-seizure medications such as Lamictal, Depakote, and others. Treatment of the agitation in acute manic episodes often requires the use of antipsychotic medications.

SYMPTOMS OF MANIA

- Increased physical and mental activity and energy
- Heightened mood, exaggerated optimism and self-confidence
- Excessive irritability, aggressive behavior
- Decreased need for sleep
- Racing speech, thoughts, and flight of ideas
- Reckless behavior

DEPRESSIVE SYMPTOMS

- Prolonged sadness or unexplained crying spells
- Significant changes in appetite and sleep patterns
- Irritability, anger, worry, agitation, anxiety
- Pessimism, loss of energy, persistent lethargy
- Feelings of guilt and worthlessness
- Inability to concentrate, indecisiveness
- Recurring thoughts of death and suicide

INTERVENTIONS

Assess the resident for suicidal ideation, and initiate safety checks and procedures as needed.

Rationale: Residents with depression may have suicidal feelings and thoughts, and may need protection from harm.

Administer prescribed medications. Assess the effectiveness of the medication. Monitor the resident for potential side effects.

Rationale: Medication is an effective treatment for bipolar disorder.

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Bipolar Disorder

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Reduce the environmental stimuli for residents experiencing a manic episode.

Rationale: Residents are generally quite easily distracted when they are experiencing a manic episode.

Provide structure and set limits as guides for a resident experiencing a manic episode.

Rationale: Generally, residents who are experiencing a manic episode show poor judgment and impulsivity; they may need guidance.

Help the resident determine appropriate ways of expressing anger.

Rationale: Residents with a moderate amount of depression are often angry.

Encourage residents to increase their interpersonal contacts.

Rationale: Interpersonal relationships can reduce feelings of social isolation.

Assess the resident's sleep patterns and determine methods to either reduce or increase sleep.

Rationale: Disturbances in sleep patterns are common in residents with depression or bipolar disorder.

Allow the resident to cry in a supportive environment.

Rationale: The resident may relieve pent-up feelings by crying.

We hope this fact sheet will assist you as you work with a resident experiencing bipolar symptoms.

For further information or questions please contact your local Community Mental Health Center. You may wish to visit with the Alzheimer's Association in Kansas if you are dealing with a person who also has dementia in addition to a mental health issue. Contact them at 1-800-272-3900. The Office of the State Long Term Care Ombudsman is available to advocate for persons in long term care facilities as an objective problem solver of resident concerns. Contact them at 1-877-662-8362 or 1-785-296-3017.

You may also wish to visit with CARE staff at the Kansas Department on Aging at 1-800-432-3535 or 1-785-296-4986.

Infection Control

Guideline for Prevention of Catheter-Associated UTIs

In November 2009, the Centers for Disease Control and Prevention (CDC) released updated guidelines for prevention of catheter-associated urinary tract infections. The previous guidelines were published in 1981. The 2009 guidelines detail the following:

- Appropriate urinary catheter use
- Proper technique for urinary catheter insertion
- Proper technique for urinary catheter maintenance
- Implementing quality improvement programs addressing appropriate use and reducing catheter associated urinary tract infections
- Administration Infrastructure (education and training, documentation, surveillance resources)
- Surveillance

The guidelines also include questions and answers. There is also an appendix separate from the guidelines.

The guidelines and appendices are both retrievable from:

http://www.cdc.gov/ncidod/dhqp/dpac_uti_pc.html.

H1N1 - N95 Respirators

In October 2009 the Centers for Disease Control and Prevention (CDC) released “Interim Guidance on Infection Control Measures for 2009 H1N1 Influenza in Healthcare Settings, Including Protection of Healthcare Personnel.” A question-and-answer supplement to the guidance includes conserving supplies of N95 respirators.

According to the supplement the approach to conserving the N95 respirators is organized into the following broad categories.

Minimize the number of individuals who need to use respiratory protection through the use of engineering and administrative controls.

Use alternatives to disposable N95 respirators where feasible.

Extend the use, and consider reuse of disposable N95 respirators.

Prioritize the use of N95 respirators for those personnel at highest risk of exposure.

Options available if disposable N95 respirators are in short supply:

Training personnel to not remove between encounters or to re-use them. This practice could risk contact transmission.

Other classes of disposable respirators similar in design and shape to the N95 can be considered.

The interim guidance is located at: http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm

The question and supplement is located at:

http://www.cdc.gov/H1N1flu/guidance/control_measures_qa.htm

Survey and Certification Letter

http://www.cms.hhs.gov/SurveyCertificationGenInfo/downloads/SCLetter10_06.pdf

SUBJECT: 2009-H1N1 Influenza Pandemic – Presidential Emergency Declaration and U.S. Department of Health and Human Services Section 1135 Waiver Authorization

Date: November 6, 2009

Ref: S&C-10-06

Memorandum Summary:

H1N1 Pandemic FAQs: CMS has developed a Provider Survey & Certification Frequently Asked Question document in response to questions resulting from the 2009-H1N1 influenza pandemic and authorization for 1135 waivers.

FAQs for nursing home providers is located in Section L.

Revised NPUAP-EPUAP PU Guidelines Released

The revised International Pressure Ulcer Prevention and Treatment Quick Reference Guides are available at no cost on the National Pressure Ulcer Advisory Panel (NPUAP) Web site. The guidelines, developed by the NPUAP, in collaboration with the European Pressure Ulcer Advisory Panel (EPUAP), provide specific recommendations regarding many aspects of pressure ulcer prevention and treatment as well as research supporting each recommendation. To access the Quick Reference Guides, use the following link:

<http://npuap.org/resources.htm>.

Nursing homes need to remember that CMS is still requiring nursing homes to code the Section M. Skin Conditions, M1. Ulcers per the MDS 2.0 User’s Manual guidelines. (See the MDS Corner for further information.)

Proper Cleaning of Microwave Ovens

A deficient practice cited under CFR 483.35(i) (2) F371, “The facility must store, prepare, distribute and serve food under sanitary conditions,” is the lack of proper cleaning of microwave ovens. The microwaves included in citations were located in the central kitchen or other areas of the home.

Food safety is important in all areas of a home. Two sections of the food code related to cleaning microwave ovens are:

4-602.12 Cooking and Baking Equipment.

(A) The FOOD-CONTACT SURFACES of cooking and baking EQUIPMENT shall be cleaned at least every 24 hours. *This section does not apply to hot oil cooking and filtering EQUIPMENT if it is cleaned as specified in Subparagraph 4-602.11(D)(6).*

(B) The cavities and door seals of microwave ovens shall be cleaned at least every 24 hours by using the manufacturer’s recommended cleaning procedure.

4-602.13 Nonfood-Contact Surfaces.

NONFOOD-CONTACT SURFACES of EQUIPMENT shall be cleaned at a frequency necessary to preclude accumulation of soil residues. See Chapter 4 at:

<http://www.fda.gov/downloads/Food/FoodSafety/Retail-FoodProtection/FoodCode/FoodCode2005/ucm123980.pdf>.

State regulations also requiring proper cleaning of microwave ovens are:

K.A.R. 28-39-158. Dietary Services (g) (2) The facility shall store, prepare, display, distribute, and serve foods to residents, visitors and staff under sanitary conditions.

K.A.R. 26-41-206. Dietary Services (d) Food preparation. Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature.

K.A.R. 26-42-206. Dietary Services (e) Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature.

K.A.R. 26-43-206 Dietary Services (d) Food preparation. Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature.

Selective Menus or Buffets and Nutritional Care

When a nursing home changes from a planned menu with few choices to a selective menu or to buffet service, the dietary and nursing staffs must also review and change their plan as needed for monitoring the nutritional adequacy of all the foods chosen by each resident. The method used for monitoring to ensure nutritional approaches included in the plan of care are followed may also need changing. Monitoring is especially important when the resident has a physician’s order for a therapeutic diet and/or the resident is cognitively impaired.

If selective menus are not written to reflect the foods and beverages allowed for a specific therapeutic diet order, it is important for dietary and nursing staff to know: (1) the resident’s current diet order and nutritional approaches included in their plan of care, including eating habits and preferences; (2) who reviews the resident’s menu selections to ensure selections are allowed on the physician’s diet order and include plan of care approaches; and (3) that staff reviewing the resident’s menu or selecting for cognitively impaired residents can accurately describe the resident’s diet order limitations and know cognitively impaired resident’s preferences.

With buffet service it is important for all residents to be offered and assisted to obtain foods from all food groups offered on the buffet. Providing serving utensils which are a standard serving size, for example ½ cup for vegetables and fruits, is helpful for both staff and residents to monitor food amounts for good health.

Staff’s review or assistance with menu selection or buffet service is especially important for residents with weight loss or other nutritionally-related conditions such as diabetes.

2009 Food Code Released

The Food Code Web site has changed and the U. S. Food and Drug Administration (FDA) has released the 2009 Edition of the FDA Food Code. The 2009 and earlier Food Codes are available at: <http://www.fda.gov/FoodCode>. The Food Code is a reference for food service in all the state regulations for the adult care homes and in the federal regulations for nursing facilities and nursing facilities for mental health.

Promotion of Quality of Life is Expected Standard

CFR 483.15(a) F241 Dignity

CFR 483.15(a) F241 Dignity states, “The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident’s dignity and respect in full recognition of his or her individuality.” The interpretative guidelines revised in June 2009, states dignity means “in their interaction with residents, staff carries out activities that assist the resident to maintain and enhance his/her self-esteem and self-worth” regardless of the resident’s cognitive status or communication ability.

Practices nursing home staff need to consider in the provision of dignity is honoring the resident’s desire of style for grooming, i.e. hair length, facial hair, and clothing. Wearing clothing that is soiled, in disrepair, mismatched in color or print, improperly fitted, or inappropriate for the time of day or season does not enhance a person’s self-worth. Outdated practices of having a resident routinely wear hospital-type gowns when they could wear their own clothing and writing the resident’s name on the outside of their clothing should no longer be seen.

Tips provided at the Pioneer Network Conference in August 2009 for promoting positive resident grooming and clothing included contacting the resident’s personal barber or beautician to provide their haircuts. Have staff or volunteers conduct periodic checks of the resident’s clothing and notify the resident’s family of their clothing needs. For the resident on a limited income, affordable clothing may be found at consignment stores.

Although the language has become more dignified, the clothing has remained the same; for example, clothing protectors are bibs. Use of clothing protectors versus napkins has long been ingrained in the culture of nursing homes and will take time even for some residents to consider discontinuing their use. If a home is still using clothing protectors, staff need to ask each resident their preference at each meal. A proactive nursing home administrator recently stated at a workshop, “If the person does not bring a bib in their suitcase, we don’t give them one at our home.”

The dining room is a location where undignified practices are frequently seen. Plastic cutlery and paper or plastic dishware needs to be saved for picnics or emergencies. Residents should not be referred to as “feeders” or “cuers” on clipboards, or as a designated table or dining room. When assisting a resident to eat, staff need to sit, not stand, and provide the resident with their food and liquids in a manner that avoids or minimizes food debris on their face. If food debris is on the resident’s face, staff should remove it with a napkin, not a spoon, cup, or clothing protector.

The dining room itself should not become a treatment room where staff prick the residents’ fingers for accuchecks, administer insulin injections, or conduct physician rounds. Tips provided at the Pioneer Network Conference in August 2009 to help promote dignified dining practices include assigning a staff person to monitor meal activity, keeping resident-specific information in a binder stored in a private location, and training staff in fine dining and customer service.

Maintaining a resident’s privacy in public areas of the nursing home is required to maintain a resident’s dignity. When a resident goes to the bathing area, their body must be covered sufficiently to avoid being exposed. Residents must also not wear clothing soiled with urine.

Keeping confidential clinical or personal resident information from being viewed or overheard by other residents and visitors respects a resident’s dignity. Staff may post resident information inside the resident’s closet. If requested by the resident or their responsible party, staff may also post specific care information in the resident room, (e.g. do not take blood pressure in right arm).

It is acceptable to have a resident’s name on their door and with the consent of the resident or their responsible party to have memorabilia or biographical information posted in their room or outside their door.

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Promotion of Quality of Life

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When a resident is in isolation precautions, staff may post signage-instructing people to “see the nurse” or to wear specific personal protective equipment. However, the signage should not identify the type of infection.

Work areas should not contain notes or resident information that individuals, residents, visitors, or non-authorized staff can read. Additional caution is needed when the work area is a desk in the residents’ living area.

Several long-term institutional practices need elimination in order to promote resident’s self esteem or self worth. Catheter drainage bags need covering. The clearing of dining room tables that involves bringing trash buckets and food waste pans should wait until after all residents have left the dining room. Residents who need to use the toilet at mealtime must not be told they have to wait until the meal is completed. Residents must also not be restricted from using restrooms that are located in the lobby or other common areas unless they are too small for the resident to access with his or her wheelchair or other mobility device, lack a call system, or the resident has an infection for which transmission precautions are required.

Staff need to interact with the residents in a respectful manner. At a recent workshop, a speaker stressed how important it was for a resident to know who would be their caregiver and that it could be done very simply by staff greeting each resident at the beginning of the shift. As staff interact with the residents throughout the day, they should engage the resident in conversation and explain the assistance they will provide. Staff should ask each resident the name they prefer staff to use when addressing them. Residents should also never be spoken to in a degrading manner.

Staff need to respect each resident’s personal belongings, including leaving TV and radios set to channels and stations of their preference. Allowing residents to keep their doors closed and waiting for permission to enter a resident’s room after knocking on the door shows respect of the resident’s personal space.

All home staff can evaluate their care and the home’s environment in regards to dignity by simply asking themselves, “Is this how I would like to be treated or live?” Promoting care in a manner and in an environment that maintains or enhances each resident’s dignity and respect in full recognition of his or her individuality is a key to promoting a resident’s quality of life.

Customer Relations

What is happening in the dining room at your nursing home on the evening shift and weekends? Is there sufficient staff to assist the residents to eat? Are visitors expected to assist their family member and other residents to finish their meal? Do residents have to sit with half eaten meals because staff are leaving to assist other residents who want to return to their room? Are residents who need assistance to leave the dining room still seated there long after the meal is finished?

Did you know the regulations support customer relations?

QIS Process Statewide

The Quality Indicator Survey (QIS) process was implemented statewide in October 2009. The QIS Manual is accessible at <http://www.aging.state.ks.us/Manuals/QISManual.htm>

The manual explains the survey process and tells what information the administrator or his or her designee must provide the survey team upon their arrival and within one hour, four hours and 24 hours of their arrival.

The manual also contains the forms the surveyors use to review the residents’ clinical records; to conduct resident, family, and the resident council president interviews; to investigate facility level tasks; and to investigate the clinical areas that have triggered for review (Critical Element Pathway).

An administrator who desires to ensure the staff are promoting the residents quality of life and providing quality of care will want to incorporate the various forms in the home’s quality assurance process.

MDS Corner

MDS 3.0 Update

The MDS 3.0 is on track for implementation October 2010. The MDS 3.0 Manual and forms are available at http://www.cms.hhs.gov/NursingHomeQualityInits/25_NHQIMDS30.asp

A webcast presented on December 17, 2009, is available for viewing at:

<http://surveyortraining.cms.hhs.gov/>

After attending the CMS MDS 3.0 training in March 2010, KDOA staff will present education statewide for MDS Coordinators between May and September 2010. Please watch for additional information on the KDOA, KACE, KHCA, and KAHSA websites.

CMS has continued to stress that it is in the best interest of nursing home providers and staff to not attend MDS 3.0 workshops prior to CMS providing the MDS training in March.

Although KDOA staff will not present any further MDS 2.0 educational sessions, MDS 2.0 web-based training and webcasts are available. Please check the KDOA website for links:

http://www.aging.state.ks.us/AdultCareHomes/Education_Info/MDSResources_1.pdf

Vera VanBruggen, state RAI coordinator, and Caryl Gill, nurse consultant, will continue to answer questions on the MDS 2.0.

Code Pressure Ulcers Accurately

The MDS 2.0 User's Manual on pages 159 and 160 of Chapter 3 for Section M – Skin Conditions M1. Ulcers provides the following definitions and coding information.

Definitions

a. Stage 1. A persistent area of skin redness (without a break in the skin) that does not disappear when pressure is relieved.

b. Stage 2. A partial thickness loss of skin layers that presents clinically as an abrasion, **blister**, scab or shallow crater.

c. Stage 3. A full thickness of skin is lost, exposing the subcutaneous tissues. Presents a deep crater with or without undermining adjacent tissue.

d. Stage 4. A full thickness of skin and subcutaneous tissue is lost, exposing muscle or bone.

Coding information includes:

If **necrotic eschar** is present, prohibiting accurate staging, code the skin ulcer as **Stage “4”** until the eschar has been debrided (surgically or mechanically) to allow staging.

MDS Coordinators need to recognize the definition of Stage 2 does not differentiate between a serum-filled blister or a blood-filled blister. A skin area with either type of blister is coded as a Stage 2. It is also necessary to be aware that the coding information directs coding a pressure ulcer with necrotic eschar that prohibits accurate staging as Stage 4. MDS Coordinators further need to recognize that none of the MDS 2.0 stages for ulcers refer to a “suspected deep tissue injury.” Suspected deep tissue injury is a category of the National Pressure Ulcer Advisory Panel (NPUAP). **CMS has repeatedly stated there is no place on the MDS 2.0 to code suspected deep tissue injury.** Coding on the MDS 2.0 for Section M – Skin Conditions M1. Ulcers requires coding the skin area based on the actual visual appearance of the ulcer, not what is suspected to be the extent of injury to the skin.

Regardless of the guidance a nursing home may receive from a consultant, it is the nursing home that is held responsible for coding the MDS per the MDS 2.0 User's Manual guidelines. F278 addresses the regulatory requirement for the accurate completion of the MDS, certification of accuracy by individuals completing sections of the MDS, and the penalty for knowingly falsifying information on the MDS.

MDS Corner (continued)

MDS Question and Answers

Question: May visits by medical students be coded as Physician Visits at Section P. Special Treatments and Procedures 7. Physician Visits?

Answer: Although it is wonderful to have medical students visiting residents in nursing homes, their visits to residents cannot be coded as Physician Visits. The MDS 2.0 User's Manual Chapter 3- Page 205 defines Physician as "Includes MD, DO (osteopath), podiatrist, or dentist who is either the primary physician or a consultant. Also includes authorized physician assistant, nurse practitioner, or clinical nurse specialist working in collaboration with the physician."

Health Occupations Credentialing

NATCEP Bans on Training – Application for Waiver

When an adult care home is under Nurse Aide Training and Competency Evaluation Program (NATCEP) ban, the facility is ineligible to sponsor a nurse aide training course during the two-year period the ban is in effect. After a survey by the Kansas Department on Aging (KDOA) has determined the deficiency that triggered the ban has been resolved and the facility is back in compliance, another eligible entity, such as a community college, technical college/school or facility that does not have a ban, may be granted approval to sponsor a course at the facility under NATCEP ban. This eligible college/school/facility must submit an application for approval of an aide training course and an application for waiver of the NATCEP ban for each nurse aide at least four weeks prior to the start date of the course.

Several different scenarios may come into play.

If a ban on training is imposed after an approved course has begun, the course is permitted to continue as approved. If the course has not yet started, other arrangements must be made.

If a waiver application has been submitted, and the course has been approved, the course is permitted to continue as approved if a new ban on training is imposed.

If a regular course application has been approved and a ban on training is imposed prior to the course begin date, a waiver application must be submitted. If a sponsorship application was submitted, both a regular course application and a waiver application must be submitted. The course cannot be approved until the facility is back in compliance. If or when the facility is back in compliance, the course will be approved provided all other requirements are met.

Waiver courses require the submission of evaluations from the facility, the instructor and the coordinator within 10 days of course completion. Additional waiver courses cannot be approved until the evaluations have been received by KDHE, Health Occupations Credentialing.

If multiple course approval and waiver applications are submitted, they will be approved if the facility is in compliance and evaluations from previous courses have been received. Once approved, the courses may proceed. The outstanding evaluations condition will apply if a new application is received following any of those courses and evaluations have not been submitted to KDHE.

If there will be multiple clinical sites for a CNA course, a separate application for waiver is required for each facility that is under NATCEP ban and facility evaluations for each of the clinical sites under NATCEP ban will be due after the course has been completed.

If a sponsor has submitted an application for a waiver and has not received approval, contact Health Occupations Credentialing at 785-296-6796 or by email at dstaab@kdhe.state.ks.us to check the status of the application.

Advancing Excellence Campaign - Phase 2



Re-Enroll or Register Now

Advancing Excellence in America's Nursing Homes, the national campaign to encourage, assist and empower nursing homes to improve the quality of care and life for residents, is now moving into Phase 2. <http://www.nhqualitycampaign.org/>

Thank you to every nursing home that has already re-enrolled in Phase 2 of the Advancing Excellence campaign.

Nursing homes that re-enroll by January 31, 2010, will receive special recognition and designation as an Advancing Excellence Charter Member on the Nursing Home Compare website. It will show that your facility has been with the campaign since the beginning and are continuing your commitment to quality improvement.

Nursing homes may re-enroll for Phase 2 of the Campaign by [logging](#) in to select new goals and to update their profile. Nursing homes must choose 3 out of 8 goals: staff turnover, consistent assignment, restraints, pressure ulcers, pain, advance care planning, resident and family satisfaction, and staff satisfaction.

How do I know if my nursing home is a participant?

Look for your nursing home by state on the [participant list](#). If your nursing home is already listed and you need help logging in, use the reminder links on the [Login](#) page. If you need additional log-in assistance, please contact Kim Hensley at 785-273-2552 or khensley@ksqio.sdps.org

Why join the campaign?

Phase 2 of the campaign has greatly improved resources for your facility to use to improve care and quality of life for residents. Retain staff. Learn best practices. Be part of a voluntary national effort. Get ready for pay-for-performance. Learn to use data with computer assistance. Good care costs less.

Phase 1 statistics showed nursing homes that participated in the campaign and selected a goal improved more than those that did not.

For the clinical goals, the great news is according to CMS data for the quarter ending March 2009, publicly reported on the Nursing Home Compare website www.medicare.gov/NHCompare/Home.asp, Kansas nursing homes had only 0.9% restraints use compared to 3.7% nationwide. Nursing homes in Kansas also made improvement in reducing the number of high risk residents with pressure ulcers to 9.6%, ranking Kansas number 14 compared to other states. However, Kansas ranked only number 41 compared to other states regarding pain care.

In Phase 1, 70 percent of Kansas nursing facilities enrolled in the Advancing Excellence Campaign. In Phase 2, the Kansas Local Area Network for Excellence (LANE) has set a goal of 100 percent participation by Kansas nursing homes. If you have not already re-enrolled or registered, just do it today.

3rd Quarter 2009 Exemplary Letter

FACILITY	CITY	TYPE	DATE
Cheney Golden Age Home	Cheney	SNF/NF	9/16/09

3rd Quarter 2009 Deficiency-Free Surveys

FACILITY	CITY	TYPE	DATE
Georgetown Village	Wichita	ALF	7/1/09
Heritage Estates Assisted Living	Harper	ALF	7/1/09
Arbor Home - Siefkin	Wichita	HP	7/2/09
Senior Care Home II LLC	Overland Park	HP	7/7/09
The Fountains	Andover	ALF	7/9/09
The Meadows	Burlington	ALF	7/13/09
Sterling House of Arkansas City	Arkansas City	ALF	7/13/09
Guest Home Estates	Caney	RHCF	7/15/09
Atchison House	Atchison	ICF/MR	7/16/09
Vintage Park at Fredonia	Fredonia	ALF	7/20/09
Atria Hearthstone West	Topeka	ALF	7/22/09
Lakepoint Nursing Center	Augusta	SNF/NF	7/27/09
Harmony Adult Home Plus	McPherson	HP	7/28/09
Liberal Springs	Liberal	ALF	7/28/09
Clare Bridge of Wichita	Wichita	RHCF	8/6/09
Memorial Living	Johnson City	ALF	8/6/09
Ottawa Retirement Plaza	Ottawa	ALF	8/12/09
Lighthouse Guesthouse	Hiawatha	HP	8/12/09
CRC The Village	Clearwater	ALF	8/18/09
Grace Gardens	Leawood	ALF	8/19/09
Joy Home	Oxford	HP	8/20/09
Bethesda Lutheran/Faith Village #1	Shawnee Mission	ICF/MR	8/25/09
Caring Hearts for Senior Living	Wichita	HP	8/25/09
Carriage House of Greensburg	Greensburg	ALF	9/9/09
Lakeside Terrace	Sabetha	ICF/MR	9/14/09
Trinity Nursing and Rehabilitation Center	Merriam	SNF/NF	9/16/09
Rolling Hills Assisted Living Apartments	Topeka	ALF	9/22/09
The Homestead of Topeka	Topeka	ALF	9/23/09
The Homestead of Olathe North	Olathe	ALF	9/24/09
Progressive Care Home Plus	Alton	HP	9/28/09
Vintage Park at Stanley	Stanley	ALF	9/29/09
Sterling House of Abilene II	Abilene	ALF	9/30/09

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

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

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