KANSAS DEPARTMENT ON AGING
Sunflower Connection

July 2010   Volume 7, Number 2

PEAK Winners

The 2010 PEAK Nursing Home Award winners have been selected. This year's award winners will be honored at presentation ceremonies at their homes. They will also be recognized at various trade association conferences and by a Governor's proclamation. The 2010 PEAK winners are (homes in bold are repeat winners);

- Bethesda Home, Goessel
- **Brewster Health Center, Topeka**
- **Evergreen Community of Johnson County, Olathe**
- Lone Tree Retirement, Meade
- Kansas Masonic Home, Wichita
- **Parkside Homes, Hillsboro**

KDOA Website Redesigned

On June 1, the Kansas Department on Aging general website debuted with a new look and feel.

The redesign strives not just to give a fresh look, but also to make the site more user friendly with updated information. Some of the content will have been moved to what we hope is more accurate placement, making it easier for users to find needed information.

Because of the changes, you may have to change some of the bookmarks you had previously.

The provider site content has not changed.

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

Semi-Annual Reports Due July 20

NF and NFMH, ICFMR, ALF, RHCF and Homes Plus must submit the semi-annual report of facility, resident and staffing information by July 20, 2010.

The reference week for the semi-annual report is April 18-24, 2010.

A link to the form instructions is available on the KDOA Provider Information Resource Website and on each page of the report. **A link to a blank form is on the form's instructions.**

The **revised** process is as follows:
On the KDOA Provider Information Resource Website http://www.aging.state.ks.us/ in the "New or Updated Information" section, select Facility Statistical Reports "Log-In" to go to the facility log-in page. On the log-in screen, each facility will need to:

- Enter the facility State ID number. *Note: Facility type will be entered later.*

- Enter the facility password (access code). The password is the same used to complete the report in January 2010. If you have forgotten the password, click on the link to send an email to the Helpdesk. Include the facility state ID number in the email.

If the facility submitted its January 2010 semi-annual 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.

After logging in, the Facility home page will appear. Be certain the facility information, including e-mail address and the administrator's name and e-mail address are correct on the Facility Home page. If it is not correct, click the appropriate "Request Change" button and enter the changes. Select the "Submit" button to submit the form. This replaces mailing a paper form for change requests.

To start entering a report,
Step 1: Click the "Create New Report" button at the bottom of the Facility Home page.

Step 2: Select the facility type and click on "Create Report" button.
Facilities with more than one type will need to return to the Facility Home page and repeat steps 1 and 2 above to start entering a report for the additional facility types.

Step 3: If necessary, make changes to the "Report Contact Email" for this reporting period. Check the box to confirm the email address is correct. (If you submitted a change request for Change of Administrator or Facility Email, the changes will not be reflected so make the changes for the Report Contact Email.)

Step 4: Check to make sure the "Resident Capacity" displayed is correct for the last day of this reporting period (June 30th or Dec 31st). If it is not correct, return to the Facility Home page and create a "Request For Change in Resident Capacity." The resident capacity will be revised in the report when the change request is approved by KDOA. This must be done before the report can be submitted. An email will be sent to the Administrator email on file when the change request is approved.

Step 5: 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.

Step 6: When you have completed the report, click the "Submit" button to submit the report to KDOA for review. A notice that the report was submitted to KDOA appears inside a blue box. This is confirmation that KDOA received the report. Click the "Return" button to return to the Facility Home page.
If desired, print a copy of the reports for your

Semi-Annual Reports

records.

If errors are noticed after submitting a report to KDOA, email Sandra Dickison at: Sandra.Dickison@ aging.ks.gov to reset 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.

Agency Staff Background Checks

When a facility contracts with an agency for staff, the agency or contractor should obtain information from the previous employers and provide this to the facility. The agency needs to have the criminal background check done through Kansas Department of Health and Environment (KDHE) and to supply this to the employee as well. The facility is ultimately responsible to ensure it has the required information on the staff person.

According to 42 CFR §483.13(c) (Federal tag F226), "The facility must develop and operationalize policies and procedures for screening and training employees, protection of residents and for the prevention, identification, investigation, and reporting of abuse, neglect, mistreatment, and misappropriation of property. The facility must develop and implement policies and procedures that include the seven components: screening, training, prevention, identification, investigation, protection and reporting/response… Screen potential employees for a history of abuse, neglect or mistreating residents as defined by the applicable requirements at 42 CFR 483.13(c)(1) (ii)(A) and (B). This includes attempting to obtain information from previous employers and/or current employers, and checking with the appropriate licensing boards and registries." Additionally, Kansas law specifies that KDHE accesses criminal history information through KBI records for all adult care homes.* Please refer to Frequently Asked Questions -Criminal Record Checks KSA 39-970 and KSA 65-5117 located at **http://www.kdheks.gov/hoc/ ach_adm_resources/cbc/Criminal_background_ checks_FAQs.pdf**
(*Corresponding State Regulations: KAR 26-41-102(d), KAR 26-42-102(d) and KAR 26-43-102(d))

Authorization to Take, Display Photographs

A facility must receive authorization from the resident, family member, or legal guardian prior to taking photographs of residents that will be displayed in publications and/or used in other types of displays. According to the Summary of the HIPAA Privacy Rule: Protected Health Information, the Privacy Rule protects all *"individually identifiable health information"* held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral. The Privacy Rule calls this information *"protected health information (PHI)." "Individually identifiable health information"* is information, including demographic data, that relates to:

- the individual's past, present or future physical or mental health or condition,
- the provision of health care to the individual, or
- the past, present, or future payment for the provision of health care to the individual, and that identifies the individual or for which there is a reasonable basis to believe can be used to identify the individual.

Individually identifiable health information includes many common identifiers (e.g., name, address, birth date, Social Security Number)."

Information obtained from:
http://www.hhs.gov/ocr/privacy/hipaa/understanding/ summary/privacysummary.pdf

Use of Locally Grown Fruits and Vegetables

Question: CFR 483.35(h)(1) (Federal tag F370), states, "Procure food from sources approved or considered satisfactory by Federal, State or local authorities." Does this allow the purchase of locally grown fresh fruits and vegetables?

Answer: Yes. A facility may purchase and use uncut quality locally grown fruits and vegetables.

Unless the fruits or vegetables are organically grown, the grower should provide a written statement that herbicides and pesticides have been used according to label directions.

Facilities may also purchase items from a regulated farmers market. The Kansas farmers market website lists farmers markets regulated by the Kansas Department of Agriculture. http://www.ksfarmersmarkets.org/organizers/markets

A facility may also serve residents produce grown in a facility garden if all chemicals are used according to label directions. If a facility accepts donated uncut fresh fruits or vegetables, the facility shall ensure the produce smells and appears of good quality. A facility shall be assured that the donated produce has met the pre-harvest interval between the last application of pesticide and the date of harvest. The facility shall thoroughly wash all produce prior to serving them to the residents.

Resource:http://www.ksre.ksu.edu/library/fntr2/foodasyst/3veg.pdf pages 5 and 6.

CMA's Assistance with Insulin

Is the resident assessed to s**elf-administer their medication**?

Based on an assessment by a licensed nurse documented in the resident's record, a resident may self-administer and manage medication independently if they can physically, cognitively, and functionally take their medication without staff assistance. The resident can ask a licensed nurse, pharmacist, family member or friend to prefill a medication container or syringe (if manufacturer recommendations allow) and label it for them. The resident can store the medication in their room or may request that the facility store the medication for them.

CMA role: A resident may request a CMA bring their prefilled insulin syringe to them for injection. The CMA does not provide any assistance with preparation of the syringe or the injection.

Does the **Facility manage the resident's medication**?

If the facility is responsible for the management of the resident's medication because the resident is not physically, cognitively or functionally able to self administer, the licensed nurse can determine if the resident is capable of safely and accurately injecting their insulin when provided with an insulin pen that is ready to inject. Remember, the right route is only one of the 5 rights of medication administration. With facility management of medication, the licensed nurse or CMA is responsible for the other 4 rights – the right resident, the right medication, the right dose and the right time.

CMA role: A licensed nurse may delegate the preparation of the insulin pen (dialing the dose, priming the pen, changing the needle, etc.) to the CMA following the Delegation of Nursing Tasks Position statement: http://www.aging.state.ks.us/AdultCareHomes/Medication_Aides_Nurse_Aides_Position_Statement.pdf

The delegation may also include completing the blood glucose monitoring and dialing the appropriate dose based on a specific sliding scale.

The licensed nurse cannot prefill insulin syringes for the CMA to provide to the resident. Both nurses and CMAs have been taught in their curricula that they can administer only medication that they have "set up" and never to administer medications prepared by someone else.

Please refer to the regulations: KAR 26-39-100 (nnn) Self administration of Medication and KAR 26-41-205, KAR 26-42-205, KAR 26-43-205 Medication Management.

Smoke-Free Law Starts July 1

The Kansas Indoor Clean Air Act, which went into effect on July 1, 2010, prohibits smoking in most public locations. Adult care homes and long-term care facilities may have designated smoking areas. More information and materials about the law are available at: http://www.kssmokefree.org/ Facilities need also be aware of local laws and regulations. Facilities must follow the most stringent set of laws and regulations.

HOC

Nurse Aide Training Checklist Clarification

Kansas Nurse Aide Part I NATCEP Task Checklist

Before students can proceed to Part II of the 90-Hour CNA course, they must have successfully completed the 40 hours of classroom and lab practice for Part I (Units 1 through 12) of the 90-Hour Nurse Aide Curriculum Guidelines. When all tasks have been successfully demonstrated to the course instructor, the **Kansas Nurse Aide Part I NATCEP Task Checklist** sheet must be completed, signed, and issued to the student, unless the student is repeating this course.

Students who are repeating the course are not allowed another Trainee II status. They must successfully complete the checklist, and it must be signed, but the instructor will retain it; it will not be given to the student.

Students are also given a certificate of completion of paid nutrition assistant (PNA) training at this time. Please refer to page 18 of the Kansas 90-Hour Certified Nurse Aide Sponsor and Instructor Manual if you have any questions.

Kansas Nurse Aide Task Checklist for Verification of Employment

The Kansas Nurse Aide Task Checklist for Verification of Employment is a separate document from the 40 Hour NATCEP Task Checklist. This document is used to verify competency in CNAs who are no longer active because they have not worked for 2 years.

The Verification of Employment checklist must be requested by the nurse who will administer it. It can never be given to the CNA. The inactive CNA may either have the checklist administered, or take the Refresher Course. **Nurses who need a Checklist for Verification of Employment in order to help a CNA become active should call Betty Domer at 785-296-0058.**

Ask Al

Question: In Nursing Facilities, what are the water temperatures for bathing facilities and lavatories in resident use areas?

Answer: According to KAR 28-39-162c (h) (F) (v): Water distribution systems shall be arranged to provide hot water at hot water outlets at all times. A maximum variation of 98° F to 120° F shall be acceptable at bathing facilities and lavatories in resident use areas.

Question: Can a Home Plus Facility also have adult day care services in their facility?

Answer: Yes. KAR 26-42-203 (b) (3): At least 60 square feet of common use living, dining, and activity space is available in the home for each resident of the home and each resident receiving adult day care services.

A home plus facility choosing to add adult day care to the services it currently provides should contact KDOA and provide evidence that the required square feet does exist.

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.

The Alzheimer's Resource Center of Connecticut, Inc., has a free online 20 minute training Video, "Dining with Friends ™: An Innovative Approach to Dining for People with Dementia"
http://www.alzheimersresourcecenter.org/dining_with_friends_overview.php

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

Residents and Staff Sharing Mealtime

Allowing staff to eat their meals with the residents can create a pleasant mealtime for the residents and provide modeling for cognitively impaired residents. Facilities need to educate staff and monitor meal times to ensure when implementing the practice that staff promote the resident's quality of life, adhere to infection control practices, and provide residents the needed assistance.

42 CFR 483.15(b) (Federal tag F242) Self-Determination and Participation states, "The resident has the right to (3) make choices about aspects of his or her life in the facility that are significant to the resident." Each resident, and if the resident is unable, their family or legal representative should be involved in the decision making of the new practice of having staff eat with them at mealtime.

42 CFR 483.15 (Federal tag F240) Quality of Life states, "the facility must care for its residents in a manner and in an environment that promotes maintenance and enhancement of each resident's quality of life." Meal time etiquette must include staff not eating their food prior to all residents at the table receiving their food and, if needed, not until additional staff are at the table to assist them to eat."

42 CFR 483.65 (Federal tag F441) Infection Control includes the following situations as times when hand hygiene is needed.

- Before and after eating or handling food (hand washing with soap and water).
- Before and after assisting a resident with meals (hand washing with soap and water).
- Upon and after coming in contact with a resident's intact skin.
- After blowing or wiping nose.
- After coming in contact with a resident's mucus membrane.

42 CFR 483.25(a)(3) (Federal tag F312) states that a resident who is unable to carry out the activity of daily living receives the needed assistance from staff to maintain good nutrition. Staff need to remember assisting the resident(s) to eat their food must take priority over the staff eating their food.

Some facilities have found when initially implementing the practice of staff and residents eating their meals together, less issues arose when staff were seated with residents who ate independently or required only supervision and cuing during the meal.

Lift Chair: Potential Accident Hazard

42 CFR 483.25(h) (Federal tag F323) Accidents states, "The facility must ensure that the resident's environment remains as free from accident hazards as is possible."

The intent of the regulation further states that the facility must identify hazard(s) and risk(s); evaluate and analyze hazard(s) and risk(s); implement interventions to rescue hazard(s) and risk(s) and monitor for effectiveness and modify interventions when necessary.

Information in the guidance to the regulation under "Resident Risks and Environmental Hazards" states, "In order to be considered hazardous, an element of the resident environment must be accessible to a vulnerable resident. Resident vulnerability is based on risk factors including the individual resident's functional status, medical condition, cognitive abilities, mood, and health treatments (e.g. medications). Resident vulnerability to hazard may change over time. Ongoing assessment helps identify when elements in the environment pose hazards to a particular resident."

The guidance also states that furniture not appropriate for a resident is a potential hazard.

Facilities will want to apply this regulatory guidance when determining the appropriateness of using reclining lift chairs for a resident initially and ongoing. Although a lift chair can help assist a resident to easily assume a comfortable sitting/reclining position or a standing position, the controls of a lift chair in the hands of a vulnerable resident, e.g. cognitively impaired or forgetful, incorrectly believes they are still capable of standing or walking or who fidgets with objects within reach, can be an accident hazard resulting in serious falls causing injury and even death.

Notice of Medicare, Medicaid Benefits

F156 §483.10(b)(10) -- "The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits."

Facilities should include contact information of the local SRS and Social Security offices that can provide information of Medicaid and Medicare benefits respectively. The Kansas Department on Aging does not provide posters with the information to meet this regulation.

Potential Restraint

During the Resident Interview and Resident Observation in Stage I of the QIS, surveyors are directed to answer the questions, "Does the resident have a potential restraint in place (physical device or equipment that may potentially restrict a resident's movement and /or access to her/his body?" and "What potential restraints are being used? (a) Potential limb restraint; (b) Potential trunk restraint; (c) Chair potentially prevents rising; (d) Bed side rails (excluding beds with only ¼ rail that is on the side of the bed against the wall); (e) Other, (e.g. mittens), please describe."

In gathering information to answer these questions, surveyors may ask facility staff these questions when they observe a device or equipment in use regardless of the resident's mobility status. Their asking the question is not saying the device or equipment is a restraint.

If the facility has assessed the effect of a device or equipment on a resident, they will be prepared with a response to give to the surveyor. The interpretative guidance of 42 CFR 483.13(a) (Federal tag 222) provides helpful information for conducting the assessment.

Some recent devices, equipment, and practices observed by surveyors that prompt them to ask the question of it being a potential restraint include the use of recliners, supports under the foot of recliners, geriatric chairs, bolsters along the perimeter of a bed, scoop mattresses, side rails, and placement of furniture along the open edge of a bed not enclosed by a side rail.

Advancing Excellence Campaign

http://www.nhqualitycampaign.org/

The Advancing Excellence website has been updated. Newly posted resources include a Staff Turnover Calculator and Consistent Assignment Tool; a Consumer Tip Sheet and a Consumer Guide; and quarterly Newsletters. Participating facilities are encouraged to check the website and all the resources available to help in reaching their goals.

Staff Assistance with Dining

Question: May staff who have not completed the Paid Nutrition Assistant training assist in a resident dining room?

Answer: With proper training, facility staff may assist with many tasks in the dining room that do not involve direct care assistance with eating. Tasks such as meal delivery and pick up, meal set-up, percent eaten documentation, provision of verbal cuing, socialization during mealtime and offers and retrievals of alternative foods may be done by any properly trained staff.

42 CFR 483.35(h) and KAR 26-39-100 provide information regarding the role of paid nutrition assistants. Oversight for the training program is provided by Health Occupations and Credentialing, KDHE.

MDS

MDS 3.0 Effective October 1, 2010
MDS 3.0 Workshop Information

Kansas State Resident Assessment Instrument (RAI) Coordinator, Vera VanBruggen, RN BA and Nurse Consultant; Cary Gill, RN, BSN, are presenting 2-day workshops on the MDS 3.0 across the state. The sessions will be co-sponsored by Kansas Health Care Association (KHCA), Kansas Adult Care Executives (KACE), and Kansas Association of Homes and Services for the Aging (KAHSA).

MDS (continued)

The workshop is a <u>basic course</u> in the completion of the MDS 3.0 item by item. It will include both a review of the items of the MDS 2.0 that are unchanged and the new items of the MDS 3.0.

MDS Coordinators and other staff who actually complete the MDS are the targeted audience. All participants are requested to bring the MDS 3.0 manual to training. It can be downloaded at <u>http://www.cms.gov/NursingHomeQualityInits/45_NHQIMDS30TrainingMaterials.asp#TopOfPage</u>. The brocure and registration form is available at <u>http://www.aging.state.ks.us/AdultCareHomes/Education_Info/Education_index.html</u>

KACE

Please register with KACE for the following training dates:

July 21 & 22 in Topeka
Aldersgate Village
Wesley Hall
7220 SW Asbury Drive
Topeka, KS 66614
785-478-9440

KAHSA

Please register with KAHSA for the following training dates:

July 14 & 15 in Wichita
Kansas Masonic Home
401 S Seneca
Wichita, KS 67213
316-267-0271

August 4 & 5 in Topeka
Aldersgate Village
Wesley Hall
7220 SW Asbury Drive
Topeka, KS 66614
785-478-9440

October 20 & 21 in Salina
Bi-Centennial Center
800 The Midway
Salina, KS 67401
785-826-7463

KHCA

Please register with KHCA for the following training dates:

September 1 & 2 in Topeka
Holiday Inn Express
4011 North Parkview Drive
Pittsburg, KS 66762
620-231-1177

September 15 & 16 in Topeka
Holiday Inn
605 SW Fairlawn Road
Topeka, KS 66606
785-272-8040

September 29 & 30 in Augusta
Lakepoint of Augusta
901 LakePoint Drive
Augusta, KS 67010
316-775-6333

Are You Ready for the MDS 3.0 Section M - Skin Conditions?

Section M in the MDS 3.0 has changed from the MDS 2.0. To accurately code Section M of the MDS 3.0, facility staff may require additional education. Facilities will want to have current pressure ulcer policies and procedures that address the process for determining pressure ulcer risk, documentation, data collection, and care planning. Facility staff will need to know how to identify the different ulcers, and how to accurately measure and stage pressure ulcers. New items in Section M include:

M0100: Determination of Pressure Ulcer Risk (risk assessment to determine pressure ulcer risk):

- Was a formal assessment instrument/tool (Braden, Norton, or other formal assessment instrument/tool completed?

- Is the resident's risk for pressure ulcer development based on a clinical assessment? This includes a review of medical record, head to toe assessment, observation as well as considering other risk factors unique to that resident.

MDS (continued)

M0300: Current number of Unhealed Pressure Ulcers at Each Stage:

- CMS has incorporated definitions recommended by the National Pressure Ulcer Advisory Panel.

  - Do not reverse the stage of a pressure ulcer as it improves.

  - Pressure ulcer blisters, filled with fluid, or blood, etc. are stage based on the appearance of the skin surrounding them.

- Determine the Deepest Anatomical Stage.

  - Ulcer staging is based on the ulcer's deepest visible anatomical level.

  - If a pressure ulcer has been classified at a deeper stage than what is currently observed it should be continued to be classified at the deeper stage. (No more reverse staging).

- Date of the oldest Stage 2 pressure ulcer.

- Coding if pressure ulcers were present upon admission **or** reentry.

  - If a resident has a pressure ulcer that was present upon admission **or** reentry to the facility and it worsens to a higher stage during the resident's stay in the facility, the pressure ulcer is coded at the higher stage and is not considered present on admission.

  - If a resident who has a pressure ulcer is hospitalized and returns with the pressure ulcer at the same stage, the pressure ulcer is not coded as present upon admission.

- Separate items for unstageable and suspected deep tissue injury pressure ulcers.

  - Unstageable categories include: non-removable dressing device, slough and/or eschar and suspected deep tissue injury.

M0610: Dimensions of Unhealed Stage 3 or 4 pressure ulcers or unstageable pressure ulcer due to slough or eschar.

- Record the length, width, and depth of the pressure ulcer with the largest surface area in centimeters.

M0700: Identify the most severe tissue type in the wound bed of any pressure ulcer.

- Epithelial, granulation, slough and necrotic tissue.

M0800: Worsening in pressure ulcer status since prior assessment.

- Identify the number of pressure ulcers at Stage 2, 3, and 4.

M1030: Number of venous and arterial ulcers.

M1040: Other ulcers, wounds and skin procedures:

- No major changes between MDS 2.0 and MDS 3.0

Expired MDS Individual User ID Password Enforcement

Beginning July 12, 2010, MDS individual user IDs with an expired password will be unable to access the MDS Submission System. The change to enforce expired passwords is being introduced as a part of the ongoing effort to ensure ARS (Acceptable Risk Safeguard) security compliance.

The code change to enforce expired passwords will be deployed at for Kansas on July 12. All persons currently responsible for the transmission the MDS, should now attempt to log in for transmission to determine if their password is expired. If it is expired, they will need to seek a new password. The needed forms are available at: https://www.qtso.com/accessmds.html.

Please notify MDS coordinator and other appropriate personnel.

1st Quarter 2010 Deficiency-Free Surveys

FACILITY	CITY	TYPE	SURVEY DATE
Country Place Senior Living	Ellinwood	HP	1/6/10
Evergreen Community of Johnson County	Olathe	SNF/NF	1/11/10
Heritage Harbor	Smith Center	BCH	1/12/10
Country Place Home Plus	Scandia	HP	1/13/10
Winter Meadows Homes I	Topeka	HP	1/13/10
Vintage Park at Louisburg	Louisburg	ALF	1/14/10
Moundridge Manor	Moundridge	NF	1/21/10
Sterling House of Emporia	Emporia	ALF	1/25/10
Assisted Living at Windsor Place	Coffeyville	ALF	1/26/10
The Autumn Place	Baxter Springs	RHCF	1/26/10
The Gansel House	Independence	RHCF	1/26/10
Mary Martin's Retirement	Wichita	BCH	1/26/10
Guest Home Estates of Pittsburg	Pittsburg	RHCF	1/27/10
Coopers Home Care 2	Lawrence	HP	1/28/10
Country Place Senior Living	Larned	ALF	2/2/10
Heartland Haven	Inman	HP	2/11/10
Reflection Living LLC	Wichita	HP	2/11/10
Independent Living	Smith Center	BCH	2/17/10
Bethany Home Association	Lindsborg	SNF/NF	2/17/10
Vintage Place of Russell, Inc	Russell	ALF	2/23/10
Bethel Home	Wichita	HP	2/25/10
Hutchinson Home Plus	Hutchinson	HP	2/25/10
Cedarview Assisted Living	Hays	ALF	2/25/10
Medicalodges Kinsley	Kinsley	SNF/NF	3/4/10
Guest Home Estates IV	Ft. Scott	RHCF	3/8/10
Arbor Home - Farmstead	Wichita	HP	3/8/10
Sunrise Assisted Living of Overland Park	Overland Park	ALF	3/9/10
Sunflower Adult Day Care	Kansas City	ADC	3/10/10
Mountain View Adult Day Care	Kansas City	ADC	3/11/10
Prairie Mission Retirement Village	St. Paul	SNF/NF	3/15/10
Vintage Place of Pittsburg	Pittsburg	ALF	3/15/10
The Homestead of Leavenworth	Leavenworth	ALF	3/15/10
Countryside Home	Abilene	RHCF	3/15/10
Country Place Home Plus if Hoisington	Hoisington	HP	3/16/10
Vintage Park at Ottawa	Ottawa	ALF	3/16/10
Meadowlark Adult Care Home I	Wichita	HP	3/16/10
The Pines of Holton	Holton	HP	3/17/10
Vintage Park at Baldwin City LLC	Baldwin City	ALF	3/18/10
Fort Scott Presbyterian Village	Fort Scott	ALF	3/23/10
Marion Assisted Living	Marion	ALF	3/24/10
Loving Care of McPherson	McPherson	HP	3/24/10
Franklin House	Fort Scott	HP	3/24/10
Eaglecrest Retirement Community	Salina	ALF	3/25/10
Sterling House of Junction City	Junction City	ALF	3/25/10

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

2010 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
Abuse, Neglect, Exploitation	7
Adult Day Care	1
Administration	1
Admission, Transfer, Discharge	2
Delegation of Duties	1
Dietary Services	0
Emergency Preparedness	1
Employee Records	3
Environmental Issues	12
Functional Capacity Screen	12
Health Care Services	3
Inadequate Staffing	0
Infection Control	13
Medication Management	27
Negotiated Service Agreement	14
Professional Standards of Quality	0
Quality of Care Issues	0
Resident Funds	0
Resident Records	4
Resident Rights	2
Restraints – chemical, physical	2
Special Care Unit	0
Staff Development	0
Staff Qualifications	10
Civil Money Penalties	7
Correction Orders *	38
Ban on New Admissions	3

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

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

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