



KANSAS DEPARTMENT ON AGING Sunflower Connection

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

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2009 PEAK Winners Announced

The Kansas Department on Aging (KDOA) is committed to ensuring high quality services for nursing home residents. Nursing homes that have initiated non-institutional models of care that focus on improving the quality of life for both residents and staff by changing the home's culture to increase resident control, empower front-line staff, enhance the physical environment, and increase community involvement receive the "Promoting Excellent Alternatives in Kansas Nursing Homes" (PEAK) Award. The nursing homes submit an application that is reviewed by a panel of professionals who recommend the nursing home receive an onsite visit by a second panel of professionals.

2009 Recipients

- Brookside Retirement Community, Overbrook
- Cornerstone Village, Pittsburg
- Greeley County Health Services Long Term Care Unit, Tribune
- Grisell Memorial Hospital Long Term Care Unit, Ransom
- Meadowlark Hills, Manhattan
- Pleasant View Home, Inman
- Rush County Nursing Home, LaCrosse
- Village Shalom, Overland Park

Applications for the 2010 PEAK Award will be accepted between October 15 and December 15. More information, including a sample application, is available at:

<http://www.agingkansas.org/CultureChange/PEAK/peak.htm>

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**Licensure, Certification
and Evaluation Commission**

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ROUTING SLIP

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

Keep the H1N1 Bug Bite to a Minimum

Due to the limited amount of the H1N1 vaccine available and reported increased hospitalizations and deaths due to complication of the H1N1 virus among populations under 65 years of age, residents of most adult care homes will not be among the people who will initially receive the H1N1 vaccine. Information presented at the Governor's H1N1 Pandemic Influenza Summit in August said that businesses should prepare for 10% of their workforce to be absent during workdays in the next two years as the H1N1 virus reaches its cyclic peaks.

Not only are many staffs themselves at risk but their children are even more susceptible to the virus and often become more ill. All administrators and operators should consider developing business plans that include reviewing sick leave policies, cross training staff, prioritizing care, and educating staff, residents and visitors of preventative measures. Check out the website www.flu.gov for the latest information and a variety of tools. You may also want to check with the provider organizations and community health agencies for additional resources they have available.

One important preventative measure is encouraging staff to receive the vaccination for themselves and their children. Health care workers and children between 6 months and 24 years of age are included in the priority group for receiving the vaccine. Providing incentives to staff, i.e. a gift certificate for a large pizza, when they provide evidence that they and their children have received the vaccine may encourage them to receive the immunization. This is much less costly than having to replace staff when they call in ill for themselves or their children. However, if staff do not wish to receive the vaccine or vaccinate their children for reasons of their choice, their decision should be respected.

Another important preventative measure is hand washing or hand hygiene. Alcohol gel is an acceptable cleanser in non-food service areas. Consider placing a wall dispenser at the time clock for staff to use upon arrival and when leaving work. Look at other locations that will serve as reminders to staff of the need for hand hygiene, in addition to usual infection control practice of hand hygiene before and after resident care.

Posting signs of good health habits for prevention of the H1N1 transmission in staff lounges and restrooms can serve as needed reminders. Health officials stress the need to not have ill staff come to work. Staff should be afebrile for 24 hours without the use of any fever-reducing medications.

With minimal adaptations, adult care homes can use their seasonal flu infection control plan to prepare and respond to the H1N1 flu episodes. Leadership staff of the adult care homes should talk to their local hospitals regarding the likelihood of the limited ability to transfer residents to the hospital during cyclic peaks of the H1N1 outbreak. The leadership staff should create a plan with their Medical Director (if a nursing home) regarding the provision of care in the home, including possible additional education of licensed nursing staff.

Good communication with residents and their families of preventative measures they can observe and the potential limited access to hospital care is important. The Ombudsman may be helpful in assisting with family communication.

Adult care homes may be asked to accept additional residents during the outbreak of H1N1. The leadership staff need to determine that they have both the appropriate numbers and type of staff available and appropriate living accommodations. Please contact KDOA if you would like to admit more residents than is the facility's current licensed resident capacity.

Advance planning can help lessen the effect of H1N1 in your adult care home.

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

Ask AI

QUESTION: When a building that is the residence for “independent living” persons is converted to an assisted living facility (ALF), what physical plant requirements must be met?

ANSWER: Buildings often referred to as independent living (IL) are not licensed adult care homes. ALFs are licensed adult care homes. When the owner of an IL building chooses to change the building and business to an ALF, the building must meet K. A. R. 28-39-254 through K. A. R. 28-39-256. One challenge in meeting the regulation is the ADA requirements for the apartment bathrooms to have showers that measure 3 feet x 5 feet and have no greater than a ½ inch threshold.

The owner should contact Al Gutierrez, the Environmental Specialist for the Long Term Care Division, with any questions. His email address is al.gutierrez@aging.ks.gov.

Although IL buildings are not licensed by KDOA, it would be wise for the owner constructing a new IL to consider following the ALF regulations in looking at potential future transitions.

QUESTION: What are the regulations for laundry rooms and machines in nursing homes?

ANSWER: K.A.R. 28-39-161(c) Linens and resident clothing, K.A.R. (n) On-site Laundry:
http://www.aging.state.ks.us/PolicyInfo_and_Regs/ACH_Current_Regs/ACH_RegSets/NF_Regs_Complete.pdf
and F441, CFR 483.65(c) Linens:
http://www.cms.hhs.gov/manuals/downloads/som107ap_pp_guidelines_ltcf.pdf

Facilities need to contact their vendors to assist with compliance with the revised interpretative guideline for high and low temperature washing. It became effective September 30, 2009. (See pages 8 and 13.)

Guardianship and Conservatorship Resources

A Guide to Kansas Laws on Guardianship and Conservatorship

Kansas Guardianship Program

www.ksgprog.org

Proper Use of Sanitizers

All sanitizers have instructions for use to ensure their effectiveness. The instructions include the sanitizer’s relationship with a combination of temperature, concentration, PH, and contact time. If any part of the instructions is not followed the sanitizer is not effective.

An example of a deficient practice is: The use instructions state the contact time of the sanitizer with a surface is 10 minutes, but staff apply the sanitizer and immediately wipe off the sanitizer. The problems with this practice are first, the contact time was not 10 minutes, which resulted in ineffective sanitization of the surface, and secondly, wiping a surface that was ineffectively sanitized may cause new cross contamination. Another deficient practice of ineffective or unsafe sanitization is using a solution that has not been diluted properly. Each facility needs a method such as test strips for staff to use to ensure the correct concentration of the sanitizer solution.

Since staff rarely uses sanitizers outside facilities, it is especially important to educate all staff to read and follow each step of each sanitizer’s instructions.

Semiannual and Annual Reports

Semiannual and Annual Adult Care Home Reports of residents, staffing, and occupancy are now available online at http://www.agingkansas.org/CultureChange/occupancy_staff_data/occupancy_staffing.html

Preventing Cross Contamination in the Dining Room

All facility staff who display, dispense, and handle utensils and service ware including plates, cups and glasses should avoid touching the food and lip-contact surfaces of these items with their hands. Staff who assist residents to eat their food and drink their liquids at meal time or provide medications at meal time need education and practice with all the different utensils and dinnerware used in a dining room so they will always remember not to touch the food or lip-contact surfaces.

When a facility's practice changes from traditional dining to open dining facility staff need food safety knowledge for preset tableware. Chapter 4 of the food code explains the practice and is available at the following link <http://www.fda.gov/Food/FoodSafety/RetailFoodProtection/FoodCode/FoodCode2005/default.htm>.

According to the code, when TABLEWARE is preset, exposed, unused settings at a table shall be:

1. Removed when a resident is seated; or
2. Cleaned and SANITIZED before further use if the settings are not removed when a resident is seated at a table.

For example: a table is preset with tableware (utensils, glasses etc.) for four residents. If only one resident comes to the table, the tableware preset at the 3 unoccupied places needs to be removed as soon as the one resident comes to the table. IF the table service was not removed when this one resident is finished with eating, all items from that table would need to be removed and cleaned and sanitized.

In general, it is probably more efficient not to preset tables with open dining.

Regulation Reference: 483.35(i)(1)(2)

Following the Planned Menu

Both Federal regulations for nursing facilities and nursing facilities for mental health, and state regulations for all adult care homes require a facility staff, dietetic services supervisor, or licensed dietitian to plan a menu in advance in accordance with dietary guidelines or the Dietary Reference Intakes (DRIs) to serve to the residents.

A purpose of a planned menu is to ensure the residents are offered nutritious foods. When staff chooses to prepare and serve food differently from the planned menu, residents may not receive important nutrients that were provided in the planned menu. For example, if staff prepare and serve pureed peas instead of pureed carrots residents will not receive the Vitamin A that carrots on the planned menu would provide. Staff need education and reinforcement of following the planned menu and information to ensure when substitutes are made they are of equivalent nutritional value.

Although not required, it is helpful to identify important nutrients on the menu. This is especially helpful when facilities offer residents more food choices at meals. When food choices are offered, staff is still required to evaluate nutritional adequacy for each resident. Good nutrition is essential for good health and identifying important nutrients on the menu provides important information for both residents and staff. As with all individualized resident care, individualized nutritional care requires more staff effort; however, allowing the residents food choices does decrease food waste.

Regulatory References : CFR 483.35(c)(2) and (3); KAR 28-39-158; KAR 26-41, 42, 43,-206; KAR 29-39-405

Height Calculation

Question: How is a person's height determined if they are missing their lower extremities?

Answer: According to the Consultant Dietitians in Health Care Facilities Pocket Resource for Nutrition Assessment 2005 Revision: "Arm span Measurement –The measurement of the arm span is roughly equal to the maximal height of both men and women at maturity (within approximately 10%). (1) Arm span measurement is calculated as follows: With the upper extremities, including the hands, fully extended and parallel to the ground, measure the distance between the tip of middle finger to the tip of the other middle finger. If necessary, the measurement from mid-sternum to tip of middle finger on the dominant hand when multiplied by 2 can also be used to estimate height. The arm span measurement remains constant in spite of decreasing height and is an acceptable method for establishing height."

Health Occupations Credentialing

Implementation of New Training Programs

KDHE/Health Occupations Credentialing (HOC) is pleased to announce that the revised Unlicensed/Uncertified Personnel Training Course Guidelines are now available online at www.kdheks.gov/hoc. This document contains the new State training programs for operators, activity directors and social services designees, along with the current program for paid nutrition assistants.

Instructors of these courses will find additional material and detailed instructions on the website. Course hours for each of the three courses have been increased to 45, and new tests have been developed for the operator course.

Implementation for the revised courses will take place on October 26. All courses **beginning on or after October 26** should use the revised course materials and instructions. Although we do not anticipate changes, coordinators and instructors should not consider the materials final until implementation. Questions concerning the revisions may be directed to Mary Flin at 785-296-0058, or mflin@kdheks.gov.

We at HOC would like to express our appreciation to the committee members, schools and associations who worked on the three revision committees involved in this major project. Committee members include the following:

Social Services Designee revision committee: Laurie Bunker, SSD, Plaza West Health Center; Dawn Johnico, LMSW; Robin Gilbert, LBSW, KHCA; Tamara Reynolds, KACE; Vera VanBruggen, Long Term Care Director, KDOA; LouAnn Voth, LBSW, A.C.B.S.W., KAHSa; Laurie Kloepper, ADC/SSD, Dooley Center; Michelle Canady, SSD, Lexington Park Post Acute and Nursing Facility; Angala Anderson, SSD/AD, Brewster Place Retirement Community.

Activity Director revision committee: Vera VanBruggen, Long Term Care Director, KDOA; Linda MowBray, KHCA; Ruby M. Dudley, Certified Director of Recreational Services; Beth Norris, ADC, Medicalodges of Atchison; Tina Ashford, CTRS, Activity Director Consultant and online Instructor; Laurie Kloepper, ADC/SSD, Dooley Center, KAHSa.

Operator revision committee: Susan Fout, Director, Mental Health & Residential Facilities, KDOA; Susan Bullock, The Homestead of Topeka; Neil Barnett, Comfort Care Homes of Kansas City; Linda MowBray, KHCA; Bev Blassingame, Lexington Park ALF, KCAL; JoAnne L. Rogers, Via-Christi Cornerstone Broadmoore ALF; KAHSa; Kim Halbert, Sandstone Heights, KACE.

SCHIZOPHRENIA FACT SHEET

By the KDOA CARE Division

Schizophrenia is a group of serious brain disorders in which reality is interpreted abnormally, and may result in hallucinations, delusions, paranoia, and disordered thinking and behavior. People with schizophrenia often suffer terrifying symptoms such as hearing internal voices not heard by others, or believing that other people are reading their minds, controlling their thoughts, or plotting to harm them.

Although the cause of schizophrenia is not known, researchers believe it may be an interaction of genetics and environment. Problems with certain naturally occurring brain chemicals, including the neurotransmitters dopamine and glutamate, may also be a factor. Neuroimaging studies show differences in the brain structure and central nervous system of people with schizophrenia. While researchers aren't fully certain about the significance of these changes, they support evidence that it is a brain disease.

Schizophrenia ranges from mild to severe. About 30% of people with schizophrenia recover completely. Most of the remainder show some improvement, while others need specialized, intensive care. Some individuals with schizophrenia have co-existing medical conditions that may require nursing facility level of care.

Antipsychotic medications have been available since the mid-1950s. They have greatly improved the outlook for individual people. These medications often are able to reduce the psychotic symptoms of schizophrenia, and may allow the individual to function more effectively and appropriately.

People with schizophrenia often:

- are anxious around other people,
- have difficulty organizing thoughts,
- have trouble paying attention.

MANIFESTATIONS OF PSYCHOSIS

- Delusional – Convinced of things even though they have no basis in fact.
- Hallucinations – See, hear, taste, smell or feel things that do not exist.
- Unconnected thoughts, making it difficult to clearly communicate.
- Mood changes, making it difficult to express feelings.

NEGATIVE SYMPTOMS THAT MAY BE PRESENT

- Lethargy, far less physically active than normal.
- Unmotivated, have problems finishing tasks.
- Lose interest in the feelings of others.
- Unable to complete mundane tasks like bathing or dressing appropriately.
- Do not care how they look.

INTERVENTIONS

- Staff should not argue or flatly deny the reality of the person's psychotic beliefs. Agreeing with the person, on the other hand, risks compounding and reinforcing such beliefs. A neutral attitude is most effective.
- Avoid unsolicited touch of the person.
- Do not approach the person from behind. Place yourself beside the person rather than face-to-face. The side-by-side position tends to deflect the person's paranoid fears away from you.
- Avoid direct eye contact with the person. Direct eye contact often makes a person who is paranoid feel even more so. Look elsewhere.
- Identify with, rather than argue, with the person. Whenever possible, your attitudes and emotional expressions should parallel the person's attitudes and expressions.

CONTACT RESOURCES

For further information or questions please contact your local Community Mental Health Center.

If you are dealing with a person who also has dementia in addition to a mental health issue, you may want to contact the Alzheimer's Association in Kansas 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 the Ombudsman staff at 1-877-662-8362 or 1-785-296-3017.

You may also contact CARE staff at the Kansas Department on Aging KDOA at 1-785-296-4986.

42 CFR 483.65 F441 Infection Control

New interpretative guidelines (IG) were implemented on September 30, 2009, for CFR 483.65, F441 Infection Control. It now includes the regulatory language and guidance for the previous FTags 441, 442, 443, 444, and 445. F442, 443, 444, and 445 were deleted as separate F tags. They are available at:

http://www.cms.hhs.gov/manuals/downloads/som107ap_pp_guidelines_ltcf.pdf

According to the IG, facilities must ensure that current Centers for Disease Control guidelines are followed when establishing infection control policies and practices.

The four regulatory components of CFR 483.65 F441 Infection Control are:

- 483.65 Infection Control

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.

- 483.65(a) Infection Control Program

The facility must establish an Infection Control Program under which it –

- (1) Investigates, controls, and prevents infections in the facility;
- (2) Decides what procedures, such as isolation, should be applied to an individual resident; and
- (3) Maintains a record of incidents and corrective actions related to infections.

- 483.65(b) Preventing Spread of Infection

- (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.
- (2) The facility must prohibit employees, with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.
- (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.

- 483.65(c) Linens

Personnel must handle, store, process and transport linens so as to prevent the spread of infection.

Outline of Interpretative Guidelines

I. Intent of Regulation

II. Definitions related to IC practices in nursing homes

III. Infection Prevention and Control Program

IV. Components of an Infection Prevention and Control Program

- Policies and Procedures
- Infection Preventionist (IP)
- Surveillance – Process and Outcome
- Documentation
- Monitoring
- Data Analysis
- Communicable Disease Reporting
- Education
- Antibiotic Review

Continued on next page

- V. Preventing the Spread of Infection**
 - Factors Associated with the Spread of Infection in Nursing Homes
 - Contact, Droplet, Airborne
 - Individual and Institutional Factors
 - Direct Transmission (Person to Person) and Indirect Transmission
 - Example of Indirect Transmission include: Sharing of resident care devices that are contaminated with blood or body fluids without cleaning/disinfecting between each resident use.
- VI. Prevention and Control of Transmission of Infection**
- VII. General Approaches to Prevention and Control**
 - Standard Precautions
 - Hand Hygiene - Includes list of some situations that require hand hygiene.
 - Do not use alcohol based hand rubs in place of proper hand washing techniques in a food service setting
 - Other Staff-Related Preventive Measures
 - Staff with communicable diseases and open lesions should not have direct contact with residents or handle food
 - Maintaining clean, neat, and trimmed fingernails
 - Wearing intact disposable gloves and changing after each use
 - Using hair restraints while in kitchen area
 - Keeping jewelry to a minimum & removing or covering hand jewelry when handling food.
 - Transmission-Based Precautions
 - Category determines type of personal protective equipment (PPE) to use & have readily available
 - Communicate to all personnel, & all personnel comply with requirements
 - Pertinent signage and verbal reporting between staff to increase compliance
 - Documentation in medical record of rationale for precautions
 - Airborne, Contact, and Droplet Precaution
- VIII. Implementation of Transmission-Based Precautions**
 - PPE readily available near entrance of resident's room.
 - Signage posting on resident's door instructing visitors to see nurse before entering the room.
- IX. Safe Water Precautions**
 - Nationally recognized standards set by the FDA for drinking water (<500 CFU/mL per heterotrophic plate count.)
- X. Handling Linens to Prevent and Control Infection Transmission**
 - Hot water laundry washing temperatures above 160 °F (71°C) for 25 minutes
 - Low temperature laundry washing temperature at 71 to 77 degrees F (22-25 degrees C) plus a 125-part-per million (ppm) chlorine bleach rinse
- XI. Recognizing and Containing Outbreaks**
- XII. Preventing Spread of Illness Related to (Multiple Drug Resistant Organism) MDROs, including MRSA, VRE and C. Difficile**
- XIII. Preventing Infections Related to Use of Specific Devices**
- XIV. Investigative Protocol for Infection control**
- XV. Determination of Compliance Criteria For Compliance**
- XVI. Potential Tags for Additional Investigation & Deficiency Categorization**

Care Planning Medication Management

When a resident receives a medication, i.e. digitalis, warfarin, amiodarone, that can have a potential clinically significant impact on them or has side effects placing them at a particular risk, their care plan needs to address the medication.

The care plan based on a comprehensive assessment of the resident to ensure its individualization should identify the goals and objectives for the resident receiving the medication and the interventions for monitoring the resident to determine the medication's effectiveness and the presence of adverse effects. The consultant pharmacist should also keep facilities informed of medications that have "black box warnings." When a resident is receiving a medication with such a warning, staff need to address it in the resident's care plan.

Although staff does not need to specifically identify every medication a resident receives on their care plan, the care plan does need to include sufficient information to ensure the resident receives the needed care and monitoring. For example, for a resident who has the problem of constipation and receives a laxative, the care plan should identify the intervention of bowel monitoring and other nonpharmacological interventions.

Facilities may list the side effects of non-clinically significant medications on the monthly Medication Administration Record with each medication. They may also identify monitoring data in the Treatment Administration Record, flow sheets, or clinical record. Facility staff need to know where medication information is located in each resident's clinical record.

Helpful information for medication management care planning is available in the Interpretative Guidelines of CFR 483.25(l) F329 Unnecessary Medications:

http://www.cms.hhs.gov/manuals/downloads/som107ap_pp_guidelines_ltcf.pdf and the Critical Element Pathway for Psychoactive Medications at <http://www.aging.state.ks.us/Manuals/QIS/TabIndex.html>

CARE Newsletter to Be Published Two Times a Year

Effective September 2009, the CARE Newsletter for CARE Assessors will be posted in September and March only. Future CARE Assessor Training, Alert information and valid proofs of PASRR will be included. The attached link provides access to CARE/PASRR information

http://www.aging.state.ks.us/CARE/CARE_index.htm

New DON Requires Notification of KDOA

K.A.R 26-39-101 (i) Change of administrator, director of nursing, or operator. Each licensee of an adult care home shall notify the department within two working days if there is a change in administrator, director of nursing, or operator.

When a new administrator or director of nursing is employed, the licensee shall notify the department of the name, address, and Kansas license number of the new administrator or director of nursing.

When a new operator is employed, the licensee shall notify the department of the name and address of the new operator and provide evidence that the individual has completed the operator course as specified by the secretary of the Kansas department of health and environment pursuant to K.S.A. 39-923 and amendments thereto.

Promotion of Quality of Life is an Expected Standard

The new and revised interpretative guidelines, effective June 17, 2009, relate to three Quality of Life Tags, CFR 483.10(j), F 172 Access and Visitation; CFR 483.10(m), F175 Married Couples; and CFR 483.15(e) (2), F247 Notice Before Room or Roommate Change. These changes relate directly to the concepts of resident directed care of choice, dignity, and rights.

F172 – Access and Visitation

The first regulation is CFR 483.10(j), F172 Access and Visitation. The regulation and interpretative guidelines (IG) still require nursing home staff to provide immediate access to the resident by surveyors who are representatives of the Secretary of Health and Human Services and KDOA; the ombudsman; and protection and advocacy representatives for individual with mental illness and developmental disabilities. Visits by these people are not subject to visiting hour limitations.

F172 also continues to require nursing home staff to allow the resident to have visits by their immediate family and other relatives 24 hours a day, seven days a week if that is the resident's choice. The IG now states that visits by non-relatives to a resident must be allowed similarly.

Implementation of "reasonable restrictions" to accommodate the visits is permissible. Reasonable restrictions are identified as what is needed for a nursing home to protect the security of all the people living in the nursing home. Examples included in the IG are: "keeping the facility locked at night; denying access or providing limited and supervised access to a visitor if the individual has been found abusing, exploiting, or coercing a resident; denying access to a visitor who is found to have been committing criminal acts of theft; or denying access to visitors who are inebriated and disruptive." Locking the facility at night is to prevent entrance into the facility not exiting.

F172 requires nursing home staff to also allow an individual or representative of an agency that provides health, social, legal, or other services to the resident to have reasonable access to the resident. If privacy is not provided for the resident to meet with representatives, the situation can be reviewed as a violation of F164, Privacy and Confidentiality.

As nursing home staff review and update the policies and procedures on access and visitation, the following recommendations offered at a recent breakout session at the Pioneer Network Conference may be helpful.

- Identify safety and security issues, both in the nursing home building and practices.
- Assess the physical design and layout, i.e. entrances, exits. What is the purpose of their use? What individuals are using them? How are they monitored?
- Review your home's history of denying access to the residents.
- Create a policy and procedure for denying visits and supervising visits.
- Assess the appropriateness of visitation postings and signage.
- Conduct an ongoing assessment of each resident's visitation preferences.
- Identify each resident's schedules and usual visitation patterns.
- Provide a visitor guideline on how to promote meaningful visits.
- Educate staff in access and visitation procedures and how to promote a culture of a welcoming environment.

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Promotion of Quality of Life

Continued from page 10

F175 Married Couples

The second regulation, CFR 483.10(m) F175 Married Couples, states that married couples have the right to share a bedroom when they live in the same nursing home and both spouses agree on the arrangement. The Interpretative Guidance (IG) provides additional considerations for compliance with the regulation.

When a couple request to share a bedroom, nursing home staff must honor their request as soon as possible. Granting the request may require the couple to wait until a suitable vacancy is available and it cannot require another resident to move involuntarily into a different bedroom. Also if one member of the couple is living in a bedroom in a distinct unit of the nursing home that has a specific payer source, i.e. Medicare certified only, the nursing home does not have to allow the couple to share a bedroom in the distinct unit unless the non-covered spouse chooses to pay the cost of his or her own care.

An addition to the IG is that the regulation does not prohibit the nursing home from accommodating other nursing home residents who wish to share a bedroom. This may include parents and children, family members, friend of the same or opposite sex, and an unmarried couple. The regulation specific to honoring these residents' requests to sharing a bedroom is F242 Self-determination and Participation: "The resident has the right to make choices about aspects of his or her life in the facilities that are significant to the resident."

F247 - Notice Before Room or Roommate Change

The third regulation, CFR 483.15(e)(2) F247 Notice Before Room or Roommate Change, requires the nursing home staff to notify the resident before their bedroom or roommate is changed. The new IG strives to promote nursing home staff's recognition of the emotional impact a resident may feel when the bedroom that has become their personal space (home) is changed or the relationship they have established with their roommate ceases due to the relocation or death of the roommate.

The IG tells facility staff to learn of each resident's preferences and to consider them when needing to have the resident change their room or in the timing of the changes. Prior to the change, staff should explain to the resident the reason for the change, share non-confidential information about their new roommate, and allow the new roommates to meet each other.

When the move to a different bedroom or receiving a new roommate is due to the death of a roommate, the IG recommends staff when possible should allow the resident to have a couple of days before the change takes place. It is also important in the situation of the death of a roommate to provide the needed social services to assist in the grieving process (F250, Social Services).

Tips for compliance of this regulation presented at the Pioneer Network Conference include:

- Ongoing staff communication of residents' changes in rooms and roommates
- Awareness of residents' preferences in room arrangements, i.e. windows, toilet room, distance from public areas
- Recognizing residents who enjoy interacting with each other and have the potential for being roommates if the need arises
- Developing a priority list of available rooms
- Creating Risk Guidelines on adjustment, loss, and grieving and addressing in individualized resident care plans where applicable
- Developing individualized care plans for residents who have had a change in room or roommate residents and frequent review of their adjustment by the Interdisciplinary Team.

MDS Corner

Upcoming MDS Education

MDS 2.0 The Basic, RAPs, and Care Planning

November 4 and November 5, 2009

Registration: 8:00 am –both days

Workshop: 8:30 am to 4:00 pm-both days

SRS Learning Center

2600 SW East Circle Drive South

Topeka, KS 66606

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

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

Registration taken until October 20, 2009.

http://www.aging.state.ks.us/AdultCareHomes/Education_Info/MDSenrollmentform1109.pdf

Sorry, no coffee or break food is provided. You may bring your own or purchase from a vending machine.

Coding Seasonal Flu Vaccine

Do not code H1N1 Vaccine at Section W

Although the MDS 2.0 manual has not been updated, CMS recently provided clarification on coding of the seasonal influenza vaccine. When a resident receives the seasonal flu vaccine in the nursing home in September, the MDS Coordinator should coded "1. Yes" at Section W. Immunizations 2. Influenza a. Did the resident receive the influenza vaccine in this facility for this year's influenza season? (October 1 through March 31). Remember according to the MDS 2.0 manual on 3-240, Section W2 must be completed for all residents on all types of assessment types (OBRA/PPS) with an ARD from October 1 through June 30 and discharge tracking forms with Discharge Dates from October 1 through June 30.

CMS also stated that only the seasonal influenza vaccine should be coded in Section W. The H1N1 influenza vaccine should not be coded in Section W.

Staging Pressure Ulcers at Section M

The MDS 2.0 User's Manual 3-159 states, "Facilities may adopt National Pressure Ulcer Advisory Panel (NPUAP) standards in their clinical practice. However, NPUAP standards cannot be used for coding on the MDS." Coding on the MDS 2.0 still requires reverse staging of pressure ulcers; all blisters including those that are blood filled are a Stage 2; and a pressure ulcer covered with eschar is a Stage 4.

MDS 3.0 Progress – Forms and Manual

Nursing Homes and their MDS software vendors should check periodically for updates on the progress of the MDS 3.0, http://www.cms.hhs.gov/NursingHomeQualityInits/25_NHQIMDS30.asp

The draft forms and draft manual are to be posted in October 2009. Implementation of the MDS 3.0 is scheduled for October 2010. KDOA will provide education throughout the summer of 2010. Check the KDOA website for future information:

http://www.aging.state.ks.us/AdultCareHomes/Education_Info/Education_index.html

Survey and Certification Letters

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

SUBJECT: Issuance of Revision to Interpretative Guidance at F Tag 441, Infection Control

Date: August 14, 2009 **Ref:** S&C 09-54

Implementation Date: September 30, 2009

Memorandum Summary:

- Revisions made to Guidance to Surveyors at F441 concerning Infection Control
- Tags F442, 443, 444, and 445 deleted and regulatory language and guidance moved to F441
- ***Outline of F441 provided in this SF Connection**

SUBJECT: Surveying Facilities that Use Electronic Health Records (EHR)

Date: August 14, 2009 **Ref:** S&C 09-53

Implementation Date: August 14, 2009

Memorandum Summary:

- **EHR Goal:** The Department of Health and Human Services (HHS) and the Centers for Medicare & Medicaid Services (CMS) are committed to the goal that by 2014, most Americans will have access to health care providers who use EHRs. CMS recognizes the importance of the use of EHRs and their benefits to better patient/resident care and reduced costs.
- **Provider Choice:** Providers/suppliers have the right to use whatever system of medical records they choose as long as that system complies with its Medicare participation requirements.
- **Access to Records by Surveyors:** During the entrance conference, surveyors will verify with the facility the process they will follow in order to have unrestricted access to the medical records. Impeding the survey process by unnecessarily delaying or restricting access to the medical records may lead to termination from Medicare participation.
- **Surveyor Role:** While surveyors are expected to enforce the specific health and safety regulatory requirements for providers/suppliers to protect the confidentiality of medical records, they are not expected to assess EHRs to determine whether they satisfy the requirements of the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules.

Discussion excerpt:

Provider/Supplier Responsibilities

Currently there are no regulatory or statutory requirements that Medicare providers use and EHR system of designated type of EHR system. Providers are allowed to use whatever system of medical records best suits their needs. This includes paper and/or electronic systems. There is not one required electronic system that providers must use.

However, a provider must grant access to any medical record, including access to EHRs, when requested by the surveyor. If access to an EHR is requested by the surveyor, the facility will (a) provide the surveyor with a tutorial on how to use its particular electronic system and (b) designate an individual who will, when requested by the surveyor, access the system, respond to any questions or assist the surveyor as needed in accessing electronic information in a timely fashion. Each surveyor will determine the EHR access method that best meets the need for that survey. During the entrance conference in a facility using EHRs the survey team must request that the facility, provide a terminal(s) where the surveyors may access records. In the case of a hospital or other provider or supplier with terminals at multiple care locations, surveyors must be provided access to a terminal at each care location.

If the facility is unable to provide direct print capability to the surveyor, the provider must make available a printout of any record or part of a record upon request in a timeframe that does not impede the survey process. Undue delays in the production of records are unacceptable. Whenever possible, the facility must provide surveyors electronic access to records in a read-only format or other secure format to avoid any inadvertent changes to the record. The provider is solely responsible for ensuring that all necessary back up of data and security measures are in place.

2nd Quarter 2009 Deficiency-Free Surveys

FACILITY	CITY	TYPE	SURVEY DATE
Mission Springs Assisted Living	Mission Springs	ALF	3/26/09
Phoenix House	Caldwell	HP	3/31/09
The Homestead of Lenexa	Lenexa	ALF	4/1/09
Vintage Park at Holton	Holton	ALF	4/1/09
Goodrick's Adult Care Home	Caldwell	BCH	4/1/09
Sunset Home	Concordia	SNF/NF	4/1/09
Friendly Acres II	Wellington	HP	4/2/09
Kenneth Caldwell Assisted Living Manor	Wichita	ALF	4/6/09
Country Place Senior Living of Hoisington	Hoisington	HP	4/7/09
Sterling House of Derby	Derby	ALF	4/8/09
Village West	Ottawa	ALF	4/8/09
Vintage Park at Gardner	Gardner	ALF	4/8/09
Stoneybrook Assisted Living	Manhattan	ALF	4/8/09
Sug's Home Care	Conway Springs	HP	4/9/09
Peggy Kelly House II	Topeka	RHCF	4/14/09
Maria Court	Mulvane	ALF	4/14/09
Tara Gardens, Inc.	Iola	RHCF	4/15/09
Relections at Park West Plaza	Wichita	HP	4/15/09
Rose Estates Assisted Living	Overland Park	ALF	4/15/09
Sterling House of Abilene I	Abilene	ALF	4/16/09
Straford Commons	Overland Park	ALF	4/16/09
Clare Bridge of Topeka	Topeka	RHCF	4/16/09
Chaucer Estates	Wichita	ALF	4/16/09
Bethel Home 2	Wichita	HP	4/16/09
Marion Assisted Living	Marion	ALF	4/21/09
Vintage Park at Paola	Paola	ALF	4/21/09
Wichita Co. Health Center, LTCU	Leoti	LTCU	4/23/09
Loving Care of McPherson	McPherson	HP	4/23/09
Victory Hills Senior Living Community	Kansas City	ALF	4/23/09
Cedarview Assisted Living	Hays	ALF	4/28/09
Vintage Place of Russell	Russell	ALF	4/30/09
Comfort Care Homes Inc #641	Wichita	HP	4/30/09
Southview Adult Day Services	Kansas City	ADC	5/4/09
Comfort Care Homes Inc #219	Wichita	HP	5/4/09
Cedar Lake Village	Olathe	ALF	5/12/09
Lawrence Memorial Hospital SNF	Lawrence	SNF	5/12/09
The Gables at Overland Park	Overland Park	ALF	5/13/09
Bradford Place	Independence	RHCF	5/14/09
Moore Adult Care Home	Topeka	BCH	5/14/09
The Homestead of Manhattan	Manhattan	ALF	5/19/09

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

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

Workforce Enhancement Grant

KDOA is again offering the Workforce Enhancement Grant (WEG). Under the grant educational programs are provided for all unlicensed staff and limited licensed staff in nursing homes and long term care units of hospitals. The objective of the grant program is to improve the quality of life and quality of care for residents in these facilities. Proposals for educational programs are being accepted through November 10, 2009. The Request for Proposals and additional information is available at:

http://www.agingkansas.org/CultureChange/Culture_Change_Index.html

NOTE: New telephone number for the Lawrence District Office is 785-840-9245