

## A NOTE FROM DAWNE ALTIS, ASSISTANT COMMISSIONER

Summertime is upon us! I am not sure where the first 6 months of 2024 have gone but we are in the dog days of summer! This is a great time to enjoy time with family and friends and host social gatherings in your facilities. There is no better time to look at your activities program and ask your residents what they would like to see added to the calendar. Ice Cream socials are great in the summertime. Taking a ride in the van to see the combines rolling through the beautiful wheat fields of Kansas can be fun for our elderly as well. As football season arrives there

is nothing like a tailgate party to hype up your residents and staff to cheer on their favorite team. Invite the local football team and cheerleaders over for a pep rally. Keep your residents and staff hydrated and active! Have a great summer.

- Dawne



### Access to Resident Records Reminder *State Licensed Only Facilities/Homes*

*26-41-105 Resident Records: (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the maintenance of a record for each resident in accordance with accepted professional standards and practices.*

Please ensure resident records are kept in a way not only surveyors, but your staff can utilize them to care for the residents living in your homes and facilities. The records must be always on-site and readily available and should not be stored off-site in a private



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## Fire Watch By: Shawn Alexander, KSFM

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If your building is required by fire code to have a fire safety system, you potentially will end up on fire watch. These systems include, but are not limited to, automatic fire alarms and automatic sprinkler systems.

You might be asking, “What is a Fire Watch?” According to the NFPA (National Fire Protection Association) The assignment of a person or persons to an area for the express purpose of notifying the fire department, the building occupants, or both of an emergency; preventing a fire from occurring; extinguishing small fires; or protecting the public from fire or life safety dangers.

Simply put, fire watch is a short-term, emergency measure intended to provide an acceptable level of life safety in a building that has an impaired fire safety system. It is critical to remember it is a compensatory measure only. It is intended to allow continued occupancy of a building or facility that may not be safe for building occupants during the time period required for implementing appropriate changes or repairs. The purpose of the fire watch is to check ALL areas of the building on a regular basis for fire/life safety emergencies and then to alert the facility occupants to take appropriate action as early as possible.

A fire watch should be implemented when certain conditions are discovered either by the facility or by other authorities. Examples of when an l fire watch may be required by the Office of the State Fire Marshal (OSFM) include:

- Outage or significant impairment of the fire alarm signaling system for more than 4 hours in a 24-hour period.
- Outage or significant impairment of the automatic fire suppression system for more than 10 hours in a 24-hour period.
- Outage or significant impairment of the facility water supply.
- Impairment of the facility’s exiting system NOT significant enough to warrant evacuation and shutdown of the facility.

If your facility is placed in fire watch, there are steps to take to ensure the requirements are met. These steps require a fire watch policy to be in place and all staff are familiar with it.

- Notify ALL staff and occupants (if appropriate) immediately.
- Notify the Authority Having Jurisdiction (AHJ) of the Fire Watch condition. The AHJ for all healthcare occupancies in the state of Kansas is the Office of the State Fire Marshal and can be reached at (785) 296-3401. Schools, colleges, and correctional facilities are also required to notify OSFM of fire watch conditions. The aforementioned occupancies must also notify their local jurisdictions of the Fire Watch condition.

- Fire watch shall be maintained during entire period of facility occupancy.
- Person(s) assigned to the Fire Watch SHALL HAVE NO OTHER DUTIES.
- Fire Watch plans include notification and communication procedures. Portable radios and cellular phones may be used to send an alarm to occupants and emergency response forces.
- Fire Watch shall include ALL AREAS of the facility. Special attention shall be paid to storage areas, janitor closets, attics, utility spaces, and other normally unoccupied areas.
- Fire Watch rounds shall be continuous. However, all areas are to be checked at least hourly.
- Healthcare facilities, schools, colleges, and detention facilities must send a log of the Fire Watch round at the end of each shift until the situation is corrected. This is preferably done via email to [prevention@ks.gov](mailto:prevention@ks.gov).

Those assigned to perform a fire watch should be specifically checking, but not be limited to, the following:

- Potential fire ignition sources, including frayed electrical wires and improperly stored flammables.
- Fire extinguishers must be in their proper locations, undamaged, unobstructed, visible, fully charged, and operational, and bands that secure the pin shall be intact.
- Excessive trash, garbage, and combustible materials.
- Exits, stairwells and corridors must be clear of any obstructions that would impede emergency movement.
- Operation of illuminated exit signs (electrical or photoluminescent) should be inspected.
- Self-closing doors should be examined to ensure they are not blocked or wedged and may close freely.
- Sprinkler systems (if active) must be inspected for possible sprinkler head obstruction, leakage, closed valves, or decreased pressure.

While it is likely, a planned impairment will require you to be in fire watch at some point, it is possible to avoid most emergency situations. The best way to avoid an emergency impairment is consistent maintenance and testing. Ensuring you have all requirements met in this area is a huge step towards curbing breakdowns of your fire safety systems. Keep in mind, it is your responsibility to schedule and follow through with system maintenance and testing.

## Legislative Updates

### CCRCs

In response to an audit from the Medicaid Inspector General, HB 2784 makes several policy changes related to Continuing Care Retirement Communities. It creates a statutory definition of what a CCRC is, "Continuing care retirement community" means any place or facility that combines a range of housing and services to encompass the continuum of aging care needs provided at an independent living facility, an assisted living facility, a residential healthcare facility, home plus or a skilled nursing care facility within a single place or facility to avoid the need for residents to relocate to a separate place or facility. The provision of community care includes the multiple levels of care provided as part of a continuing care retirement community." Additionally, effective July 1, 2024, the legislation moves registration of CCRCs from the Kansas Insurance Department to the Kansas Department for Aging & Disability Services. You can send correspondence related to CCRCs to [KDADS.CCRCRegistrations@ks.gov](mailto:KDADS.CCRCRegistrations@ks.gov)

CCRC Application: [Microsoft Word - Adult Care Home Licensure Application.docx \(ks.gov\)](#)

CCRC Annual Disclosure Statement: [ccrc-annual-disclosure-statement\\_fillable.pdf \(ks.gov\)](#)

### Staffing Agencies

Through budget proviso, the Legislature created for State Fiscal Year 2025 oversight of supplemental nursing services agencies through annual registration and quarterly reporting. It requires a supplemental nursing services agency to register with KDADS, pay a registration fee of \$2,035, and report on a quarterly basis for each healthcare facility that participates in Medicare or Medicaid with which the supplemental nursing services agency contracts a detailed list of the average amount that the supplemental nursing services agency charged the healthcare facility for each individual agency employee category and the supplemental nursing services agency paid to employees in each individual employee category. KDADS will compile the reports into a report for the 2025 Legislature to review. Additionally, KDADS is anticipating an interim legislative committee to focus on supplemental nursing services agencies and how to improve healthcare workforce development. You can send correspondence related to staffing to [kdads.shsa@ks.gov](mailto:kdads.shsa@ks.gov).

Staffing Agencies Memo and Application: [staffing-agencies-memo-and-application.pdf \(ks.gov\)](#)

### Involuntary Discharge

Also through budget proviso, the Legislature created for State Fiscal Year 2025 a requirement for all assisted living facilities, residential healthcare facilities, home plus and boarding care homes to submit a report to KDADS upon the completion of every involuntary transfer or discharge of a resident. The reports shall not include personally identifiable information and shall include: (1) The date when notice of transfer or discharge was provided; (2) the date when the resident left the facility; (3) the type of facility where the resident was transferred or discharged; (4) the reason that required the transfer or discharge of the resident pursuant to K.A.R. 26-39-102(d); (5) if the resident was transferred or discharged pursuant to K.A.R. 26-39-102(f), the reason that required such transfer or discharge; (6) if the resident filed a complaint regarding the notice of transfer or discharge; and (7) any other relevant information required by the secretary. Any facility that fails to submit a report within 60 days of the completion of the transfer or discharge or resolution of a formal complaint shall be subject to a civil penalty. KDADS will compile the information into a report for the 2025 Legislature. You can send questions about reporting to [KDADS.InvoluntaryDischarge@ks.gov](mailto:KDADS.InvoluntaryDischarge@ks.gov). Watch your e-mails as there will be more information provided via e-mail in the near future.

Adult Care Home Involuntary Discharge Survey: [KAMIS Viewer KDHE Quick Reference \(ks.gov\)](#)





## A MESSAGE FROM THE KANSAS STATE LONG-TERM CARE OMBUDSMAN, CAMILLE RUSSELL



One of the long-term care ombudsman's responsibilities is to provide information and assistance to residents, representatives, staff, and others about the rights of residents and other issues. For this issue of the Sunflower Connection, I'd like to answer some of the frequently asked questions that facility staff ask ombudsmen.

### **“Where do we send the notices of discharge required under C.F.R 483.15?”**

Please send them to the State Long-Term Care Ombudsman by e-mail to: [LTCO@ks.gov](mailto:LTCO@ks.gov) or by Fax to 785-296-3916.

### **“We think the resident would benefit from a visit to the geri-psych or to consent to certain medications, but the resident and or representative is against doing so. What can we do?”**

Ombudsmen would remind the facility of the resident's right to refuse treatment; this includes medication and admission to other settings. Finding the root cause for whatever is going on essential. We find that option has not yet been attempted or all options have not been exhausted. A care plan including what is important to the resident with appropriate non-pharmaceutical interventions is a step in the right direction. Resources to aid true person-centered care are abundant. Ombudsmen will work to help you find resources.

No cost person-centered practices sessions offered by the Office of the Kansas-Long Term Care Ombudsman are one such resource. You can register any of your staff for the next virtual person-centered practices session by going to the main page of our website at: <https://ombudsman.ks.gov/>.

### **“We have two family members who don't get along. The family member who is DPOA wants us to prevent the other family member from visiting?”**

Ombudsmen would remind the facility staff of

their responsibility to support the RESIDENT'S right to visitors of their choosing 24/7. When ombudsmen get calls from family members, including DPOA or guardians, we point to the regulations that address this resident right, even in cases there is a guardian.

DPOA statute K.S.A 58-654 specifically prohibits a DPOA from requiring the resident, against their will, to take any actions or refrain from taking any action. Everyone should be working to have the resident as the locus of control and support the resident in making their own choices and having control over their daily lives. DPOAs provide authority to carry out the wishes of the resident.

### **“How do I contact the regional ombudsman for a specific home?”**

<https://ombudsman.ks.gov/contact-the-office>

Click on the county of the home, and you will get a name, picture, email, and cell phone for the assigned ombudsman.

PLEASE encourage residents, representatives, or staff to reach out with questions at any time.

Thank you for your collaboration to promote and protect the residents right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the adult care home. K.A.R. 26-39-103

- Camille





## IDR PANEL MEMBERS NEEDED

If you would be willing to volunteer your time to serve on the informal dispute resolution (IDR) panel please submit your interest and contact information to Rebecca Miller ( [rebecca.miller@ks.gov](mailto:rebecca.miller@ks.gov)) and she will add you to her list of potential members. Each IDR lasts approximately 1 hour and may be on TEAMS or in person. All findings and discussions are confidential to the panel members and are not published or expressed to KDADS or the facility involved in the resolution process.

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### Want to Improve Your COVID-19 Vaccination Rates? KPMC, a member of HQIN, Can Help!

Vaccines protect us all from illness and disease, but they are especially critical for our most vulnerable populations. Particularly, the COVID-19 vaccine provides increased protection to adults ages 65 years and older.

In our continued effort to support the health and well-being of older adults, KPMC Health Improvement Partners, a member of the Health Quality Innovation Network (HQIN), provides FREE COVID-19 vaccination clinic support, through a partnership with CPESN-USA, a clinically integrated network of community-based pharmacies.

Our team of experts can assist you in securing vaccine doses and coordinating healthcare professionals to immunize and provide vaccine education to residents and staff. In addition to COVID-19 vaccines, support is also available for pneumococcal and influenza vaccines.

In addition to onsite vaccine clinic support, our team also partnered with Immunize Kansas Coalition Home | IKC ([immunizekansascoalition.org](http://immunizekansascoalition.org)). Through this partnership, we can provide certain teams with a Certified Community Health Specialist. They CHS are embedded, and live, within their assigned counties and know their community members. Our approach here is to see if by having a different, trusted messenger can we increase acceptance rates.

If you are interested in utilizing the Mobile Vaccine program or want to discuss the program and the Community Health Specialist, please let us know.

You can reach us at  
Kim Byers, [kbyers@kpmc.org](mailto:kbyers@kpmc.org)

#### SCC CONTACTS

Lacey Hunter, SCC Commissioner:

\* [Lacey.hunter@ks.gov](mailto:Lacey.hunter@ks.gov)

Dawne Altis, SCC Assistant Commissioner:

\* [Dawne.altis@ks.gov](mailto:Dawne.altis@ks.gov)

Patricia Purdon, SCC Licensure, Certification and Enforcement Manager:

\* [Patricia.purdon@ks.gov](mailto:Patricia.purdon@ks.gov)

Felicia Majewski, North District Regional Manager:

\* [Felicia.majewski@ks.gov](mailto:Felicia.majewski@ks.gov)

Teresa Edwards South District Regional Manager:

\* [Teresa.edwards@ks.gov](mailto:Teresa.edwards@ks.gov)

Lori Mouak, RAI Coordinator:

\* [Lori.mouak@ks.gov](mailto:Lori.mouak@ks.gov)

Jessica Patterson, State Training Coordinator:

\* [Jessica.patterson@ks.gov](mailto:Jessica.patterson@ks.gov)

John Easley, Physical Environmental Specialist:

\* [John.easley@ks.gov](mailto:John.easley@ks.gov)

Mary Tegtmeier, State Licensed Only QI Coordinator:

\* [Mary.tegtmeier@ks.gov](mailto:Mary.tegtmeier@ks.gov)

## RESOURCE SPOTLIGHT



According to the Center Of Excellence for Behavioral Health in Nursing Facilities (COE-NF) website the center was “established by the Substance Abuse and Mental Health Services Administration (SAMHSA), in partnership with the Centers for Medicare and Medicaid Services (CMS), the COE-NF offers Certified Medicare and Medicaid Nursing Facility Staff a centralized resource hub with easy access to trainings, technical assistance and additional resources, at no cost.”

While the COE-NF was created for facilities who are part of the Medicare and Medicaid networks, and offers specific training for those settings, the website also has training available on demand for the public and other provider types. Some of the on-demand training types include:

- \* CMS Behavioral Health Strategy
- \* Understanding Bipolar Disorder
- \* Mindfulness Moment
- \* Older Adult Mental Health Video Training Series

We encourage you to take a minute to explore the COE-NF website and utilize this valuable resource as they have evidence based trainings for every member of your team.

“THE CENTER OF EXCELLENCE FOR BEHAVIORAL HEALTH IN NURSING FACILITIES (COE-NF)”

[Home - COE-NF  
\(nursinghomebehavioralhealth.org\)](http://nursinghomebehavioralhealth.org)



## MDS MINUTE

CMS has released the draft MDS 3.0 RAI User's Manual version 1.19.1, which includes the 10/01/24 proposed changes to the MDS. The changes are very minimal this year, especially compared to last year and include the following: "guidance to support the addition of new items N0415K: Anticonvulsant and O0350: Resident's COVID-19 vaccination is up to date. Additionally, the Discharge Goals column in items GGO130: Self-Care and GGO170: Mobility have been removed; and the guidance and examples in Section GG have been revised to reflect the modification. Various minor alignments and corrections have been implemented throughout; specifics can be found in the included chapter/section change tables following the guidance."

The updated RAI User's Manual and Item Sets effective 10/01/24 along with Appendix B and other MDS related news can be found at: <https://www.cms.gov/medicare/quality/nursing-home-improvement/resident-assessment-instrument-manual>



### REMINDER

Go to <https://www.kdads.ks.gov> then click on web applications and go to the log in page to create a 1st time user account or log in using your pre established credentials to verify your information is correct. You are responsible for updating your facility page with your current Administrator and/or Operator. Also ensure your e-mail address is up to date and active.



### RESOURCES

Visit our website at <https://kdads.ks.gov>

- Adult Care Home Licensure and Certification Information.
- Adult Care Home Directory.
- Surveys, Reports, Regulations and Statutes.
- Health Occupations and Credentialing Information:
  - Criminal Record Checks.
  - Board of Adult Care Home Administrators.
  - Continuing Education
- Behavioral Health Policies and Regulations .
- Latest COVID-19 Guidance.
- Event Calendar.



### EDUCATIONAL OPPORTUNITY

If you would like to learn more about the survey process, regulations, Life Safety, and other topics applicable to provider type the Quality Safety and Education Portal (QSEP) is available for free to all provider types and the public.

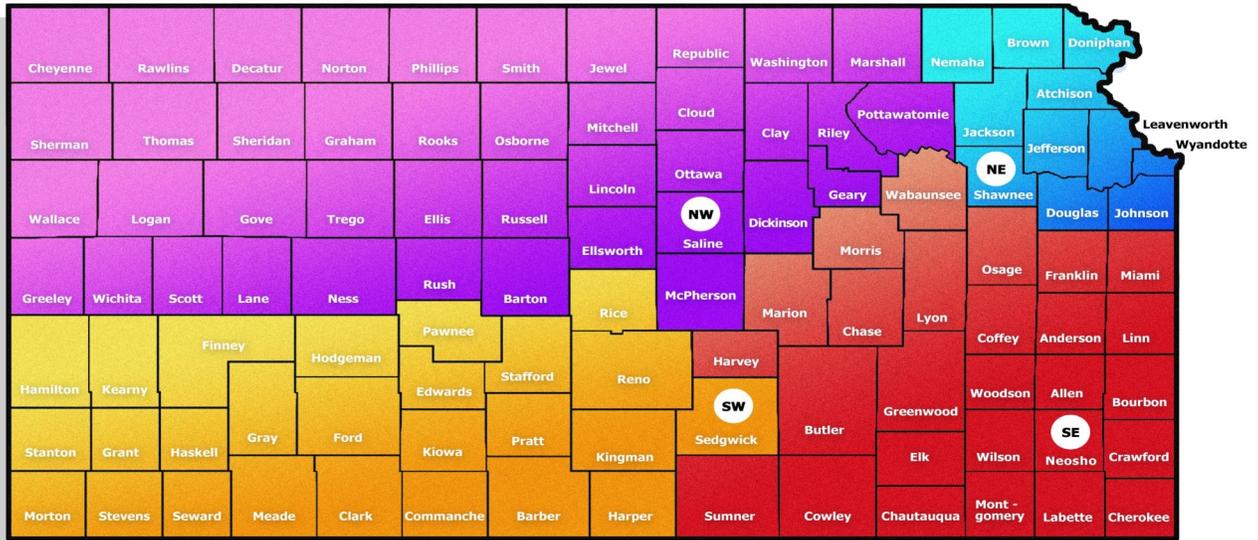
According to the QSEP website "The Quality, Safety & Education Portal (QSEP) provides the full curriculum of surveyor training and guidance on health care facility regulations. QSEP is an online platform that empowers learners to lead and manage their own learning in order to master the content. All training is available on-demand on a top-notch self-service portal. 24/7 access means you have the freedom to learn what you want, where you want, when you want."



## SCC DISTRICT OFFICE



# Survey, Certification and Credentialing Commission District Offices



In 2022 the Long Term Care division of the Survey, Certification and Credentialing Commission consolidated to two districts. The Northwest and Northeast Districts are overseen by Felicia Majewski and the Southwest and Southeast Districts are overseen by Teresa Edwards

## RESOURCES

The most recent State Operations Manual, Appendix PP (Book of Regulations) and survey related documents can be found at:

<https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes>

## Did you know??

There is a means for employers to verify nurse license statuses easily!

An employer just needs to put the nurse's license number in, and if any report, lapse, etc., occurs on the license, the employer will be notified.

You can find information on e-Notify at the following links:

<https://ksbn.kansas.gov/license-status-verification/>

<https://www.nursys.com/EN/ENDefault.aspx>

It is a free service.

## YOUR FEEDBACK IS IMPORTANT TO US !

*Please let us know if you have any ideas or suggestions for topics you would like to see addressed in future editions of the Sunflower Connection. We are always looking for feedback so please don't hesitate to reach out to:*

*Lori Mouak: [Lori.mouak@kdads.ks.gov](mailto:Lori.mouak@kdads.ks.gov)*



## Enhanced Barrier Precautions

The Centers for Medicare & Medicaid Services (CMS) issued "Memo: QSO-24-08-NH" dated 04/20/24, which conveyed guidance to facilities and to state agencies related to the use of Enhanced Barrier Precautions (EBPs - infection control interventions designed to reduce transmission of multidrug-resistant organisms (MDROs) in nursing homes) as follows:

When determining if a resident requires the use of EBP CMS released the following decision-making grid:

Resident Status	Contact Precautions	Use EBP
Infected or colonized with any MDRO and has secretions or excretions that are unable to be covered or contained.	Yes	No
Infected or colonized with a CDC-targeted MDRO <b>without</b> a wound, indwelling medical device or secretions or excretions that are unable to be covered or contained.	No	Yes
Infected or colonized with a non-CDC targeted MDRO <b>without</b> a wound, indwelling medical device, or secretions or excretions that are unable to be covered or contained.	No	At the discretion of the facility
Has a wound or indwelling medical device, <b>and</b> secretions or excretions that are unable to be covered or contained and are not known to be infected or colonized with any MDRO.	Yes, unless/until a specific organism is identified.	Yes, if they do not meet the criteria for contact precautions.
Has a wound or indwelling medical device, <b>without</b> secretions or excretions that are unable to be covered or contained and are not known to be infected or colonized with any MDRO.	No	Yes

Examples of secretions or excretions include wound drainage, fecal incontinence or diarrhea, or other discharges from the body that cannot be contained and pose an increased potential for extensive environmental contamination and risk of transmission of a pathogen.

For residents for whom EBP are indicated, EBP is employed when performing the following high-contact resident care activities (Memo: QSO-24-08-NH):

- Dressing
- Bathing/showering
- Transferring
- Providing hygiene
- Changing linens
- Changing briefs or assisting with toileting
- Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator
- Wound care: any skin opening requiring a dressing

Note: *In general, gowns and gloves would not be recommended when performing transfers in common areas such as dining or activity rooms, where contact is anticipated to be shorter in duration. Outside the resident's room, EBP should be followed when performing transfers or assisting during bathing in a shared/common shower room and when working with residents in*

*the therapy gym, specifically when anticipating close physical contact while assisting with transfers and mobility (Memo: QSO-24-08-NH).*

When the initial EBP criteria was released, there were a lot of questions related to where PPE should be kept for residents requiring EBPs. PPE does not have to be kept outside of resident rooms for those requiring EBPs as outlined in Memo: QSO-24-08-NH and/or CDC guidance regarding EBPs, however if the facility does chose to keep PPE in resident rooms, there must be a plan in place to keep PPE clean and to discard if that specific resident discharges from the facility or no longer requires the use of EBPs.

EBP guidance was incorporated into the already established guidance at F880 (State Operations Manual, Appendix PP) related to Infection Prevention and Control to assist LTC surveyors when evaluating the use of enhanced barrier precautions in nursing homes. Facilities do have discretion when and how they will implement EBPs while balancing the need to maintain a homelike environment for residents (Memo: QSO-24-08-NH).

For Regulations and Guidance related to infection control see the following:

### F880 - §483.80 Infection Control

The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.

§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP).

§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards.

You can also find additional information regarding the use of enhanced barrier precautions from the US Centers for Disease Control and Prevention (CDC)'s FAQ page at <https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/faqs.html>, which includes definitions, differentiation between precaution types, and other useful information.

## FACILITY REPORTED INCIDENT REPORT REQUIREMENTS

Facility Reported Incident (FRI) report and supportive documentation must include the following:

For both Long-Term Care and State Licensed Only facilities you will need to include a very specific narrative about what occurred (who, what, when where, and why). Please include a minimum of three alert and oriented resident interviews regarding the allegation category.

For Long-Term Care you will include pertinent MDS information, pertinent parts of the care plan, only nursing notes relevant to the incident and any other supportive information you think the person reviewing your documentation would need to review your findings.

For State Licensed Only facilities please include FCS, NSA, and Health Care Plans along with any notes or documentation you think the person review-

ing your documentation would need to review your findings.

You will also need to include a list of witnesses and original notarized witness statements from individuals who may have information regarding any abuse, neglect, or exploitation allegations.

Once your investigation is complete, please e-mail your findings to **kdads.fri@ks.gov** within 5 days. Please include your district (N or S) and CP number you were given by the complaint hotline, in the subject line.

You will no longer receive an outcome letter for a facility reported incident.

### Reference:

*State Operations Manual Appendix PP: F610—( §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropri-*



### SUNFLOWER SEEDS

316 CERTIFIED NURSING FACILITIES (NFS) IN KANSAS

3 ADULT DAY CARES

2 BOARDING CARE HOMES

128 ASSISTED LIVING FACILITIES

176 HOME PLUS FACILITIES

49 RESIDENTIAL HEALTH CARE FACILITIES

101 NFS WITH AN ATTACHED STATE LICENSED ONLY (SLO) FACILITY

AVERAGE OF 62 BEDS PER HOME IN KANSAS.

6 STATE LICENSED STAFF AND 2 VACANCIES

30 CERTIFIED STAFF AND 17 VACANCIES

## KDADS Complaint Hotline Updates

If you have something to report to the KDADS complaint hotline, please remember you must take steps to ensure the incident is reported in a timely manner. The complaint hotline cannot accept a phone call just asking for a call back as a report as there is not enough information to properly triage/intake what you are calling in. Calling the hotline and requesting a call back can also lead to delayed reporting as hotline staff are not always able to reach the caller on the 1st attempt at a call back. The best, most efficient way to report an incident to the complaint hotline is via e-mail at [kdads.complainthotline@ks.gov](mailto:kdads.complainthotline@ks.gov). To ensure your incident is reported/recorded in a timely manner please leave/write a detailed message/e-mail and include what happened, who it happened to, if there was an alleged perpetrator identifying if they were suspended or not, and identifying if law enforcement was notified.

**IDENTIFICATION OF ALLEGED VIOLATIONS**

The following addresses facility responsibilities for reporting allegations/occurrences involving staff-to-resident abuse; resident-to-resident altercations; injuries of unknown source; misappropriation of resident property/exploitation; and mistreatment. A report of an alleged violation does not automatically indicate that a citation at F600, F602, or F603 is warranted; the survey team must conduct a thorough investigation of the allegation.

**Section I. Staff to Resident Abuse**

**All allegations/occurrences of all types of staff-to-resident abuse must be reported to the administrator and to other officials, including the State Survey Agency and adult protective services, where state law provides for jurisdiction in nursing homes [see § 483.12(c)].**

This includes, but is not limited to:

- All allegations/occurrences of physical, sexual, mental, and verbal abuse, including deprivation of goods and services by staff, and involuntary seclusion perpetrated by staff (See F600 and F603 for examples of types of abuse).
- Staff taking or distributing demeaning or humiliating photographs or recordings of residents through social media or multimedia messaging; and
- All reports from residents of abuse perpetrated by staff; allegations must not be dismissed on the basis of a resident’s cognitive impairment (s).

**Section II. Resident to Resident Altercations**

Resident-to-resident altercations that must be reported in accordance with the regulations include any willful action that results in physical injury, mental anguish, or pain, as defined at §483.5. The tables below includes examples of resident-to-resident altercations and whether they are required to be reported.

Examples of Mental/Verbal Conflict Required to Report	Not Required to Report (Unless it rises to the level of what’s described in the first column)
<ul style="list-style-type: none"> <li>• Intimidation</li> <li>• Bullying- Aggressive behavior in which someone intentionally* and repeatedly causes another resident mental anguish or discomfort** (adapted from the American Psychological Association 2</li> <li>• Communication that is motivated by an actual or perceived characteristic, such as race, color, religion, sex, disability, or sexual orientation that results in mental anguish or social withdrawal**</li> <li>• Threats of violence</li> <li>• Inappropriate sexual comments that are used in a deliberately* threatening manner</li> <li>• Inappropriate sexual comments that offend, humiliate, or demean a resident**;</li> <li>• Taking and/or distributing demeaning or humiliating photographs or recordings of residents through social media or multimedia messaging</li> </ul>	<ul style="list-style-type: none"> <li>• Non-targeted outbursts</li> <li>• Residents with certain conditions (e.g., Huntington’s/Tourette’s) who exhibit verbalizations</li> <li>• Arguments or disagreements, which do not include any behavior or communication identified in the “Required to Report” column</li> </ul>



\* Having a mental disorder or cognitive impairment does not automatically preclude a resident from engaging in deliberate or non-accidental actions.

\*\* There may be some situations in which the psychosocial outcome to the resident may be difficult to determine or incongruent with what would be expected. In these situations, it is appropriate to consider how a reasonable person in the resident’s circumstances would be impacted by the incident.

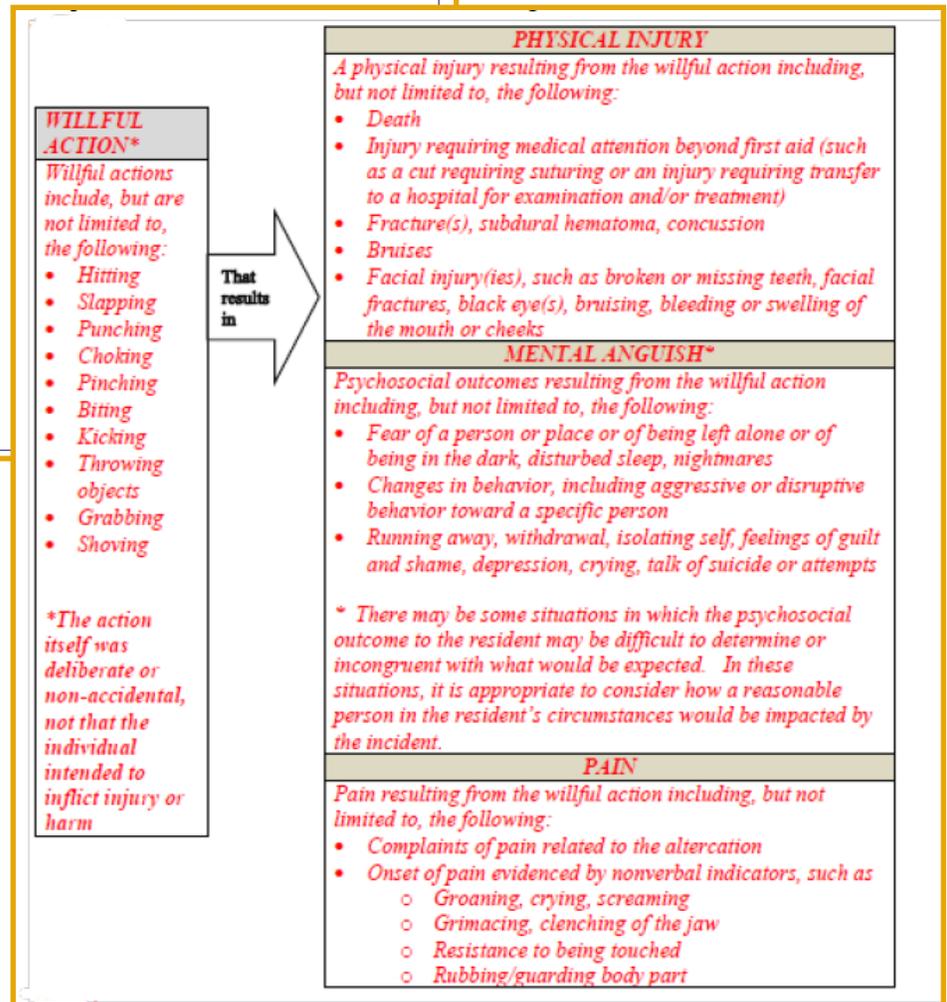
**Required to Report**

- Unwanted touching of the breasts or perineal area
- A resident who fondles or touches a person's sexual organs and the resident being touched indicates the touching is unwanted through verbal or non-verbal cues
- Sexual activities where one resident indicates that the activity is unwanted through verbal or non-verbal cues
- Sexual activity or fondling where one of the resident's capacity to consent to sexual activity is unknown
- Sexual assault or battery (ex. rape, sodomy, coerced nudity)
- Instances where the alleged victim is transferred to a hospital for examination and/or treatment of injuries resulting from possible sexual abuse
- Forced observation of masturbation, or pornography
- Forced, coerced or extorted sexual activity
- Other unwanted actions for the purpose of sexual arousal or sexual gratification resulting in degradation or humiliation of another resident

**Not Required to Report  
(Unless it rises to the level of what's described in the first column)**

- Consensual sexual contact between residents who have the capacity to consent to sexual activity
- Affectionate contact such as hand holding or hugging or kissing a resident who indicates that he/she consents to the action through verbal or non-verbal cues
- Sexual activity between residents in a relationship, married couples or partners, unless one of the residents indicates that the activity is unwanted through verbal or non-verbal cues

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\* Having a mental disorder or cognitive impairment does not automatically preclude a resident from engaging in deliberate or non-accidental actions.

The general examples of physical altercations below illustrate possible cases that would likely **NOT** need to be reported, as long as it is not a willful action that results in physical injury, mental anguish, or pain. Every case is fact specific and all facts, circumstances and conditions involving the event/occurrence would need to be examined.

- *A resident lightly taps another resident to stop an irritating behavior or get attention, with no resulting physical injury, mental anguish, or pain.*
- *A resident who is slow, impedes the pathway of another resident, such as in the dining room, the other resident nudges the resident out of the way to get to his/her table faster, but there is no harm to the victim.*
- *A resident who swats at another resident who is trying to take some food off his/her plate, and no physical injury, mental anguish, or pain has occurred.*



Required to Report	Not Required to Report (Unless it rises to the level of what's described in the first column)
<ul style="list-style-type: none"> <li>• Unobserved/Unexplained fractures, sprains or dislocations</li> <li>• Unobserved/Unexplained injuries that could have resulted from a burn, including blisters or scalds</li> <li>• Unobserved/Unexplained bite marks</li> <li>• Unobserved/Unexplained scratches and bruises found in suspicious locations such as the head, neck, upper chest or back</li> <li>• Unobserved/Unexplained swelling that is not linked to a medical condition</li> <li>• Unobserved/Unexplained lacerations with or without bleeding</li> <li>• Unobserved/Unexplained skin tears in sites found in suspicious locations (e.g., in sites other than the arms or legs)</li> <li>• Unobserved/Unexplained skin tears in patterns (e.g., bilateral, symmetrical skin tears on both arms)</li> <li>• Unobserved/Unexplained patterned bruises that suggest hand marks or finger marks, or bruising pattern caused by an object</li> <li>• Unobserved/Unexplained bilateral bruising to arms, bilateral bruising of the inner thighs, "wrap around" bruises that encircle the legs, arms or torso, and multicolored bruises which would indicate that several injuries were acquired over time.</li> <li>• Unobserved/Unexplained facial injuries, including facial fractures, black eye(s), bruising, or swelling of the mouth or cheeks with or without broken or missing teeth</li> <li>• Unobserved/Unexplained bruising or other injuries in the genital area, inner thighs, or breasts</li> <li>• Unobserved/unexplained injury requiring transfer to a hospital for examination and/or treatment</li> </ul> <p><b>NOTE: Any injury that is explained and appears to be a result of abuse must be reported.</b></p>	<ul style="list-style-type: none"> <li>• Bruising in an area where the resident has had recent medical tests/lab draws and there is no indication of abuse or neglect</li> <li>• Injuries where the resident was able to explain or describe how he/she received the injury as long as there is no other indication of abuse or neglect</li> <li>• Injuries that were witnessed by staff, where there is no indication of abuse or neglect</li> </ul> <p><b>NOTE: Even if the injury is not one that requires a report, the facility should adequately assess and monitor the resident, notify the physician/resident representative as appropriate, and document the injury and investigation as a part of the resident's medical record.</b></p>

State Operations Manual Appendix PP—Reporting Alleged Violations Continued

#### Section IV. Reportable Events Related to Potential Neglect

“Neglect,” means “the failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish or emotional distress.” (See §483.5) In other words, neglect occurs when the facility is aware, or should have been aware of, goods or services that a resident(s) requires but the facility fails to provide them to the resident(s), resulting in physical harm, pain, mental anguish, or emotional distress. Alleged violations of neglect include cases where the facility demonstrates indifference or disregard for resident care, comfort, or safety, resulting in physical harm, pain, mental anguish, or emotional distress. There may be some situations in which the psychosocial outcome to the resident may be difficult to determine or incongruent with what would be expected. In these situations, it is appropriate to consider how a reasonable person in the resident’s position would be impacted by the incident.

Examples of events to be reported include, but are not limited to, the following:

1. Failure to meet payroll or pay supplier bills resulting in residents not receiving goods or services, such as
  - Insufficient staff (including the night shift and weekends) resulting in the lack of provision for resident’s care needs (e.g., residents who need continuous skilled nursing care or supervision, residents with cognitive deficits requiring continuous supervision); or
  - Lack of essential supplies or equipment such as incontinence supplies, wound care supplies, or oxygen equipment or adaptive equipment according to the needs of the resident (s); or
  - Lack of sufficient amounts of food to meet the residents’ nutritional needs.
2. Staff repeatedly ignoring residents’ needs for assistance with activities of daily living, resulting in residents remaining in bed when they want to be up and repeatedly missing activities; or residents being left in fecal material or urine.
3. Failure to oversee the management of pain for a resident resulting in a resident not receiving required medications or treatments, leading to prolonged excruciating pain.
4. Failure to implement and monitor care planned interventions, resulting in repeated failures to provide necessary care and services to prevent the development a new avoidable pressure ulcer that develops into a Stage 3 or 4 pressure ulcer.