



# Sunflower Connection

Kansas Department on Aging

Licensure, Certification and Evaluation Commission

*Connecting KDOA with Adult Care Homes*

July 2008

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## 2008 Promoting Excellent Alternatives in Kansas Nursing Homes Nursing Home Models of Person-Centered Care

Secretary of Aging Kathy Greenlee presented the PEAK Awards at the 2008 Governor's Conference on Aging Services in May to the following nursing homes and long term care unit:

- Atchison Senior Village** – Atchison
- Brandon Woods Retirement Community** – Lawrence
- Brewster Place** – Topeka
- Brookside Retirement Community** – Overbrook
- Cheney Golden Age Home** – Cheney
- Greeley County Long-Term Care Unit** – Tribune
- Johnson County Nursing Center** – Olathe
- Minneapolis Good Samaritan Center** – Minneapolis
- Parkside Homes** – Hillsboro
- Village Shalom** – Overland Park

These homes were selected for the award after reviews of their written applications and onsite visits identified they have implemented programs of person-centered care in the domains of Resident Control, Staff Empowerment, Home Environment and Community Involvement.

PEAK stands for Promoting Excellent Alternatives in Kansas nursing homes.

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**Kathy Greenlee**  
Secretary

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### ROUTING SLIP

Administrator _____	Nurse Manager _____	Therapy _____
Director of Nursing _____	Asst. Director of Nursing _____	
Social Service Director _____	Break Room _____	Activities Director _____
Dietary Manager _____	Human Resources _____	MDS Coordinator _____
Other _____		

# Accessing QM/QI Reports

The Quality Assessment and Assurance program should include a review and use of the Quality Measure/Quality Indicator (QM/QI) reports. The reports include Facility QM/QI Characteristics, QM/QI Monthly Trend, Resident Level QM/QI Indicator: Chronic Care and Post Acute Care Sample, and Resident Listing: Chronic Care and Post Acute Care Sample.

The source of the data in the QM/QI reports is the resident's Minimum Data Set (MDS) Assessment. Both the Quality Indicator Survey (QIS) and traditional survey process use QM/QI data in the determination of focus areas and the resident sample selection. A detailed manual, Revised Facility Guide for QM/QI Reports, which provides definitions and description of the QM/QIs and how to access the reports, can be found at <https://www.qtso.com/mdsdownload.html>.

## Short Cut Guide to Access the QI/QM Report

- Access the same MDS system used to transmit the MDS
- “Welcome to the CMS MDS System” will appear on the screen. (Do not go past the Welcome Screen.)
- Click on “CASPER Reporting (Online Reports).”
- Enter the User ID and Password on the CASPER log-in page. The User ID and Password are the same User ID and Password that are used for submitting the MDS assessments. (The User ID and Password are not the same as those used to connect to the AT&T Global dialer/broadband.)
- Select the “Login” button. The CASPER Topics page will display.
- Select the “Reports” button in the toolbar and the CASPER Reports page will display.
- Select the MDS QI/QM Reports link for a list of reports. Individual reports or multiple reports may be requested.

## Requesting and Printing Individual Reports

- Select the desired report name link and the CASPER Reports Submit page will display.
- Enter the desired Begin Date and End Date in the MM/DD/YYYY format or utilize the default date values. Select the desired date range from the Comparison Group dropdown field. Select the “Submit” button to generate the report. A confirmation message will display on the CASPER Reports Submit page.
- The requested report displays in a “Requested” status. To retrieve the completed report, select the “Folders” button in the toolbar and the CASPER Folders page will display.
- Select the report name link and the report will display. The report can now be printed.

## Requesting and Printing Multiple Reports:

- To request multiple reports in one submission, select the MDS QI/QM Package link and the CASPER Reports Submit page will display.
- By default, the following reports are selected in the MDS QI/QM Package:
  - Facility Quality Measure/Indicator Report
  - Facility Characteristics Report
  - Resident Listing Report: Chronic Care Sample and Post Acute Sample
  - Resident Level Report: Chronic Care Sample and Post Acute Sample
- The user is allowed to select or deselect any reports in the package.

Continued on page 3

# QM/QI Reports

Continued from page 2

**NOTE: The Quality Measure/Indicator Monthly Trend Report is not included in the MDS QM/QI Package** and must be selected by the user. (This form is especially helpful to track individual QM/QIs.)

- Enter the desired Begin Date and End Date in the MM/DD/YYYY format or accept the default values. Select the desired Comparison Group time frame from the dropdown list and select the “Submit” button. The completed reports may be viewed on the CASPER Folders page by selecting the “Folders” button.
- Multiple reports may be printed at one time if the reports were requested in the PowerSoft Report (PSR) format. To print multiple PSRs, click the box beneath the Select title adjacent to the desired reports and check marks will display in the boxes. Select the “Print PSRs” button.
- Once the “Print PSRs” button has been selected, two pop-up boxes will display for each report indicating that the printing is occurring.
- As the reports are printed, the checkmarks will automatically be removed from the boxes.

For questions in accessing your facility’s QM/QIs contact [Caryl.Gill@aging.ks.gov](mailto:Caryl.Gill@aging.ks.gov) or call 785-296-4222.

## SURVEY AND CERTIFICATION LETTERS

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

### Revised Surveyor Guidance for F325 and F371

#### FDA Heparin Recall

#### Updated QIS Brochure

**Title -- Revised Nutrition and Sanitary Conditions (F325 and F371) as Part of Appendix PP**

Memo #08-28

Posted - 06/20/2008

Summary - Revised guidance regarding nutrition and sanitary conditions (Tags F325 and F371) will be **effective September 1, 2008**.

**Title – Alert: Food and Drug Administration (FDA) Heparin Recall for all Provider Types**

Memo #08-19

Posted – 05/09/2008

Summary - The FDA has issued recalls for medications that have the potential for serious adverse reactions in patients/residents. It is important that all health care providers are aware of this information regarding recalled products.

**Title – Updated Brochure Describing the Quality Indicator Survey (QIS)**

Memo #08-21

Posted – 05/16/2008

Summary - An updated 2008 version of the brochure that provides a brief description of the QIS and an overview of the QIS training process.

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

## MDS Corner

### **BROADBAND SUBMISSION OF MDS NOW REQUIRED**

The Centers for Medicare and Medicaid Services (CMS) recently issued a notice that the process for submission of MDS assessments via broadband is near completion and will take place within a short time without further notice. CMS has also stated that a waiver allowing for continuation of the submission of MDS assessments via dial up will not be readily issued. If your facility is in an area that does not have broadband service you need to contact a company for available options. MDS assessments must be submitted both for regulatory compliance and Medicare and/or Medicaid reimbursement. Additional information for converting to broadband is available at <https://www.qtso.com/mdcn.html>.

### **MDS TIP SHEET – MAY 2008**

#### **ITEM H3A- ANY SCHEDULED TOILETING PLAN**

CMS released a new Tip Sheet to assist in coding item H3a, Scheduled Toileting Plan. It can be accessed at:

<http://www.cms.hhs.gov/NursingHomeQualityInits/Downloads/MDS20ToiletingTipSheet.pdf>.

### **UPCOMING MDS TRAINING**

The Basics – MDS 2.0, RAPs, and Care Planning – will be held from 8 a.m. to 4 p.m. on November 5 and 6, 2008, in Suite 530, Kansas Department of Health and Environment, Curtis Building, 1007 Southwest Jackson, Topeka. Preregistration is accepted from September 1 through October 1, 2008. The form and additional information is available at:

[http://www.agingkansas.org/ProviderInfo/Education\\_Info/Education\\_index.html](http://www.agingkansas.org/ProviderInfo/Education_Info/Education_index.html).

### **MDS MANUAL and UPDATES REQUIRED**

Completing MDS assessments accurately for both Clinical Assessments and Prospective Payment System (Medicare) requires MDS Coordinators and other staff completing sections of the MDS and RAPS to have access to a current RAI Manual. The manual and the periodic updates can be purchased from various vendors or downloaded at

[http://www.cms.hhs.gov/NursingHomeQualityInits/20\\_NHQIMDS20.asp#TopOfPage](http://www.cms.hhs.gov/NursingHomeQualityInits/20_NHQIMDS20.asp#TopOfPage).

## Ask AI

**Question:** I heard that the Pioneer Network and CMS cohosted a symposium “Creating Home in the Nursing Home” in April 2008, at which recommendations were presented for lessening the institutional physical appearance of nursing homes. Are the recommendations available?

**Answer:** A summary of the recommendations are available at <http://www.pioneernetwork.net/news-and-events/creating-home.html>. While the recommendations may be helpful in remodeling and in new construction, please be aware the recommendations are not the opinion of CMS.

Plans are being made to revise the state environment regulations for nursing homes and the other adult care homes this summer. Your recommendations are welcomed; please email them to [vera.vanbruggen@aging.ks.gov](mailto:vera.vanbruggen@aging.ks.gov).

# Psychosocial Outcomes

Although CFR 483.25(f)(1) and (2), F319 and F320, are the primary regulations addressing the requirement that residents be assessed and receive appropriate treatment and services for their mental or psychosocial adjustment difficulties, residents can experience psychosocial outcomes, i.e. mood and behavior, in other areas of life and care.

Many individuals living in nursing homes experience anger, apathy, anxiety, dehumanization, depression, and humiliation as a response to their life situation at this time. Other individuals have had long-standing mood and behavior issues for which they may or may not have received treatment.

Deficient practices have occurred when facilities failed to identify and assess the resident's mood and behavior difficulties or have identified them but have not implemented interventions or sought treatment or services for the person. Types of resident situations that appeared most frequently in noncompliance include: individuals who were newly admitted to the facility, individuals with sudden or progressive debilitating physical or mental disease; individuals grieving the loss of a loved one; and individuals who are at end of life.

Some of the individuals verbalized and demonstrated expressions or signs and symptoms of depression or displayed behaviors in response to the loss of past roles, relationships, freedom, personal privacy, increased dependency and feelings of helplessness. Other individuals displayed behaviors of aggression or sexual inappropriateness toward other residents and staff.

Staff failed to respond or responded inappropriately due to lack of knowledge of interventions or education. This included arranging the person's room in a manner that increased their dependency, ignoring comments of the desire to commit suicide, attributing complaints of pain as behavioral, labeling calls for help as attention seeking, providing assistance in a demeaning manner or in a manner that increased behaviors; speaking of the person in the past tense or as a non-person without regard for the person's presence and understanding, and not providing grief counseling.

Surveyors also found at times that staff responsible for providing professional care or for seeking outside resources of assistance for the person failed to do so.

Accurate completion of Minimum Data Set Sections E. Mood and Behavior and F. Psychosocial Well Being provides a screening to identify if a person is experiencing psychosocial outcomes. A thorough completion of the corresponding Resident Assessment Protocols of Psychosocial Well Being, Mood State, and Behavioral Symptoms, which are an in-depth assessment of a resident, will assist in identification of causative factors, complications and risks, factors to consider for care plan interventions, and the need for referrals or evaluation by appropriate health care professions.

Resources that will further assist facilities in understanding and meeting the psychosocial needs of the people who live in their facilities include: Sections of the State Operations Manual: Appendix P, IV. Deficiency Categorization, E. Psychosocial Outcome Severity Guide, [http://cms.hhs.gov/manuals/Downloads/som107ap\\_p\\_ltcf.pdf](http://cms.hhs.gov/manuals/Downloads/som107ap_p_ltcf.pdf) and Appendix PP [http://cms.hhs.gov/manuals/Downloads/som107ap\\_pp\\_guidelines\\_ltcf.pdf](http://cms.hhs.gov/manuals/Downloads/som107ap_pp_guidelines_ltcf.pdf); and the CMS webcast "Introducing the New Psychosocial Outcome Severity Guide" <http://cms.internetstreaming.com/>.

# Management of Residents' Personal Funds

## CFR 483.10(c)(2), F159

The 2006 Kansas Legislature revised KSA 39-972 requiring the personal needs fund monthly allowance for residents in nursing homes whose payer source is Medicaid to \$60 on July 1, 2007. CFR 483.10(c)(2) and (3) (i) remain unchanged. It states that when a resident has authorized the facility to hold, safeguard, manage and account for their personal funds, "the facility must deposit any residents' personal funds in excess of \$50 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident funds' to that account. (In pooled accounts, there must be a separate accounting for each resident's share.)"

Additional guidance on the regulation can be obtained at:

[http://www.cms.hhs.gov/manuals/Downloads/som107ap\\_pp\\_guidelines\\_ltcf.pdf](http://www.cms.hhs.gov/manuals/Downloads/som107ap_pp_guidelines_ltcf.pdf).

# Food Safety Hygienic Practices

## CFR 483.35(i)(2), F371

During 2007 more than 50 citations at F371 included staff not using hygienic practices. The staff included dietary staff and other staff assisting with meal service. Observations of deficient practices occurred during the initial tour and meal preparation and service.

Most deficient practices involved the lack of very basic food safety hygiene practices including:

- Touching hair, face, nose, etc., and then handling food
- Using bare hands to handle ready to eat food
- Improper use of single-use gloves
- Improper covering of body hair

Many people have long-standing habits of touching their face or hair. It takes conscious effort to stop these habits. Staff will often maintain habits unless other staff gently make them aware of improper practices.

Handling ready to eat food without using bare hands takes practice. Once techniques are learned, staff will often say, "This is easy once you get the hang of it." Using a paper napkin is one way to touch ready to eat food without using bare hands.

Reducing improper use of gloves is more challenging. The major factor is lack of organization. Single-use gloves are to be used for one task. Staff begins a task with clean gloves. However, then they touch unclean surfaces with the clean gloves because they forget something or do another task. Supervisors should evaluate the work flow so staff has fewer interruptions of a task.

Staff and other people who actually prepare food and place food in dishes or on plates for serving to residents need to wear proper hair covering.

Training tools are for good hygienic practices are found at

[http://www.kdheks.gov/fofs/fofs\\_book/fofs\\_observe\\_hygiene.pdf](http://www.kdheks.gov/fofs/fofs_book/fofs_observe_hygiene.pdf)

[http://www.kdheks.gov/fofs/fofs\\_book/fofs\\_bare\\_hand\\_contact.pdf](http://www.kdheks.gov/fofs/fofs_book/fofs_bare_hand_contact.pdf)

Information concerning proper covering of body hair is found in the Food Code under

<http://www.cfsan.fda.gov/~acrobat/fc05-2.pdf>

## Consistent Assignment: The Practice and the Experience



To learn what is consistent assignment, why it works and how to do it and to hear the stories of nursing homes that have successfully implemented the practice, facility staff will want to listen to the taped webinar “Consistent Assignment - The Practice and the Experience” available at [http://www.nhqualitycampaign.org/star\\_index.aspx?controls=nhTechAssist](http://www.nhqualitycampaign.org/star_index.aspx?controls=nhTechAssist).

## Animals in Adult Care Homes

Guidelines for Environmental Infection Control in Health Care Facilities, Recommendations of Centers for Disease Control (CDC) and the Healthcare Infection Control Practices Advisory Committee (HICPAC) provides extensive information on the infection control practices needed when animals are in health care settings. Facility staff responsible for the infection control program should read the information and incorporate it into the policies and procedure regarding animals in the facility.

A paragraph in Section H. Animals in Health-Care Settings 2. Animal-Assisted Activities, Animal-Assisted Therapy, and Resident Animals states, “The incorporation of non-human primates into an AAA (Animal-Assisted Activity) or AAT (Animal-Assisted Therapy) program is not encouraged because of concerns regarding potential disease transmission from and unpredictable behavior of these animals. Animals participating in either AAA or AAT sessions should be in good health and up-to-date with recommended immunizations and prophylactic medications (e.g., heartworm prevention) as determined by a licensed veterinarian based on local needs and recommendations. Regular re-evaluation of the animal’s health and behavior status is essential. Animals should be routinely screened for enteric parasites and/or have evidence of a recently completed antihelminthic regimen. They should also be free of ectoparasites (e.g., fleas and ticks) and should have no sutures, open wounds, or obvious dermatologic lesions that could be associated with bacterial, fungal, or viral infections or parasitic infestations. Incorporating young animals (i.e., those aged <1 year) into these programs is not encouraged because of issues regarding unpredictable behavior and elimination control. Additionally, the immune systems of very young puppies and kittens is not completely developed, thereby placing the health of these animals at risk. Animals should be clean and well-groomed.”

This information and more about animals in health care setting is available at:

[http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/Enviro\\_guide\\_03.pdf](http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/Enviro_guide_03.pdf) starting on page 105 of the Guidelines.

# *Culture Change*

## Open Dining and Animals

**Question:** Our houses have open dining areas combined with the living area and we have open meal times. Do we have to restrict animals from the area?

**Answer:** Allowing animals in the dining room or dining area during mealtime in and of itself is not a deficient practice. Factors a nursing home must consider when making the decision to allow or not allow animals in the dining area during meals include the need to respect the rights of each person and the need to observe sanitary and infection control practices.

Just like the initial decision to have an animal in a nursing home or house was made with input by the people who live there, they should again be involved in the decision-making of allowing animals in the dining area during meal time. A compromise may need to be reached between the people who enjoy animals in any place and at any time and those who do not want an animal in the same area in which they are eating.

CFR 483.15, F 240 states, “A 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.”

CFR 483.15(b), F 242 states, “The resident has a right to . . . (3) Make choices about aspects of his or her life in the facility that are significant to the resident.”

Two complaints received by the survey agency regarding animals in the dining room were people upset with animals eating from the residents’ plates and animals walking on the tables.

When a decision is made to allow animals in the dining room during meal time, policies and procedures must be developed and implemented to maintain sanitary conditions in the preparation, distribution, and serving of food as stated in CFR 483.35(i)(2), F 371.

Facility staff needs to ensure the tables and/or counters are sanitized prior to the placement of food items on them when animals are allowed in the dining room or area.

The 2005 Food Safety Code states in 2-403.11 Animals, Handling Prohibition, that food employees may not care for or handle animals such as patrol dogs, service animals, or pets with the exception of food employees with service animals who may handle or care for their service animal.

Also, all food employees may handle or care for fish in aquariums or mollusks, shellfish or crustaceans in display tanks if they wash their hands. The link is <http://www.cfsan.fda.gov/~acrobat/fc05-2.pdf>.

Policies and procedures also need to be developed and implemented to provide a safe, sanitary, and comfortable environment to help prevent the development and transmission of disease and infection as required by 483.65, F 441 Infection Control.

“Guidelines for Environmental Infection Control in Health-Care Facilities,” issued by the Centers for Communicable Diseases (CDC), addresses the presence of animals not only in dining areas but also in the other areas of the nursing home or house. Section H, Animals in Health Care Settings states “As a general preventive measure, resident animal programs are advised to restrict animals from a) food preparation kitchens, b) laundries, c) central sterile supply and any storage areas for clean supplies, and d) medication preparation areas. Resident-animal programs in acute-care facilities should not allow the animals into the isolation areas, protective environments, ORs, or any area where immunocompromised patients are housed. Patients and staff routinely should wash their hands or use waterless, alcohol-based hand-hygiene products after contact with animals.” This link is [http://www.cdc.gov/ncidod/dhqp/gl\\_ environinfection.html](http://www.cdc.gov/ncidod/dhqp/gl_ environinfection.html).



## KDOA Updates

### **KDOA Best Practices TB Guidelines**

Responses received from facilities have identified the need for a revision to clarify the Guidelines presented in the January 2008 Sunflower Connection. The revised guidelines will be posted on the KDOA Website.

The following revisions have been made:

#### **Section 5. c., d., and e. Symptom Screen Review and Follow-up Testing**

Residents who return from a hospitalization or a therapeutic leave and employees who return from a leave of absence need to have a symptom screen questionnaire completed only if the resident or employee has had known exposure to an individual with active tuberculosis or shows signs and symptoms of TB.

#### **Section 7. a. Facility Risk Assessment, Education, and Screening**

The administrator or operator or the designated licensed nurse shall determine the facility's TB risk assessment initially and at least annually. The person will need to contact the local or state health department to obtain community (county or region served by the health care facility) rate of TB incidents to assist in determination of the facility's TB risk. The CDC risk assessment worksheet can be used as a guide for conducting a risk assessment. It can be found at:

[http://www.cdc.gov/tb/pubs/mmwr/Maj\\_guide/AppendixB\\_092706.pdf](http://www.cdc.gov/tb/pubs/mmwr/Maj_guide/AppendixB_092706.pdf).

### **LC adds survey duties for NF for Mental Health**

The survey responsibilities of the Licensure and Certification Division of the Licensure, Certification, and Evaluation Commission have been expanded to include Nursing Facilities for Mental Health. The division will continue to survey free standing nursing homes and long term care units of hospitals. Greg Reser is the Licensure and Certification Division Director

### **New North Central Regional Manager**

Linda Kegle, RN, has assumed the position of Regional Manager of the Licensure, Certification, and Evaluation Commission North Central District. Linda has extensive experience in long term care. She has been a Health Facility Surveyor with the NC District for eight years and a Director of Nursing in a Nursing Home for over 20 years. Linda can be reached at [linda.kegle@aging.ks.gov](mailto:linda.kegle@aging.ks.gov) or 785- 827-9639.

### **Functional Capacity Screen Manual and Form**

Plans are being made to post the Functional Capacity Screen Manual and Form on the KDOA website. It will be available at [http://www.agingkansas.org/ProviderInfo/ProviderInfo\\_index.html](http://www.agingkansas.org/ProviderInfo/ProviderInfo_index.html) under the Regulations and Informal Dispute Resolution section.

### **Only One Complaint Line Number**

In the past the Kansas Department on Aging has listed two nursing facility complaint line numbers, a toll-free number and a regular number. The latter is no longer in use, so please check any information you have posted or available to make sure you have the correct number, which is 800-842-0078.

### **Reminder about New E-Mail Addresses for KDOA**

By this time, everyone should be using the new e-mail addresses for KDOA employees that became effective in March. The new address is `firstname.lastname@aging.ks.gov`. The old addresses continued to work for 90 days, but that grace period has now expired. Please make note of the new addresses, including the separation of first and last names by a period.

# Semi-Annual Reports Due July 10

NF and NFMH, ICFMR, ALF, RHCF, and Home Plus must submit the semi-annual report of facility, resident and staffing information by July 10, 2008, on the Kansas Department on Aging website: [http://www.agingkansas.org/ProviderInfo/forms/LTC\\_Reports.html](http://www.agingkansas.org/ProviderInfo/forms/LTC_Reports.html).

The reference week for this semi-annual report is May 11-17, 2008.

The process is as follows:

- Click on the Web Application Log-In link under the “Long Term Care Resident Statistics Web Application” heading. If a Security Alert window appears warning you of a problem with the site’s security certificate, it is safe to continue on to the web application log-in page by choosing the response that will let you into the site. (Depending on the browser version you are using, it may be a “Yes” or an “OK” button, or it may be a link to “Continue” to the website. Even though it says “not recommended,” it is safe to do so).

On the log-in screen for the Long Term Care Resident Statistics Web Application, each facility will need to:

- Enter the facility State ID number
- Select the facility type from the drop down box
- Enter the facility access code (password). The access code is the same code used to complete the report in January. If you have forgotten the access code, you can click on a button that will send the access code to the facility’s e-mail address entered on the last report in January 2008.
- If the facility submitted its July to December 2007 semiannual report via this website, do not check “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.

Although the administrator name or facility e-mail address is no longer needed to log in, please be certain the facility e-mail address and administrator e-mail address are correct on the facility information screen, which appears after logging in. Please change any incorrect information on this screen.

Save each section/page of the report as it is completed. Entering the completion date on the last page of the report will change the status of the document to “Signed.” A notice that the report was submitted to KDOA will appear inside a blue box – this is your confirmation KDOA received the report.

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. If errors are noticed after submission, call Sandra Dickison at 785-296-1245 to request the resetting of the report so you may EDIT the report.

KDOA staff also 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 e-mail will be sent to the facility to correct these errors. Please promptly correct any errors.

Facilities may log back in to the website after July 20, 2008, to check the status of their facility report. Reports without obvious errors show the report 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.

The information gathered from the reports is compiled in a report prepared by the University of Kansas Office of Social Policy Analysis. The reports are available on the Kansas Department on Aging website: [http://www.agingkansas.org/CultureChange/occupancy\\_staff\\_data/occupancy\\_staffing.html](http://www.agingkansas.org/CultureChange/occupancy_staff_data/occupancy_staffing.html).

### Exemplary Recognition/Deficiency Free Awards

FACILITY	CITY	TYPE	EXEMPLARY RECOGNITION	DEFICIENCY FREE	SURV EY DATE
Arbor Home	Wichita	HP		X	1/3/08
Parsons Presbyterian Manor	Parsons	SNF/NF	X		1/10/08
Baldwin Healthcare & Rehabilitation	Baldwin	SNF/NF	X		1/10/08
Elmhaven East	Parsons	SNF/NF	X		1/10/08
Gansel House	Independence	RHCF		X	1/23/08
Sandstone Heights	Little River	NF	X	X	1/30/08
Golden LivingCenter - Lucas	Lucas	SNF/NF		X	2/7/08
Special People	Abilene	BCH		X	2/14/08
Phoenix House	Caldwell	HP		X	2/19/08
Goodrick's Adult Care Home	Caldwell	BCH		X	2/20/08
Cooper's Home Care #2	Lawrence	HP		X	3/17/08
Heritage Harbor	Smith Center	BCH		X	3/25/08
Independent Living	Smith Center	BCH		X	3/25/08

**Legend:** RHCF-Residential Health Care Facility; HP-Home Plus; ALF-Assisted Living Facility; SNF-Skilled Nursing Facility; NF-Nursing Facility

### Enforcement Actions

YEAR - 2008	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>
	JAN-MAR	APRIL-JUNE	JULY-AUG	SEPT-DEC
Administration	13			
Admission, Transfer, Discharge	1			
Abuse, Neglect, Exploitation	4			
Dietary Services	8			
Disaster Preparedness	1			
Employee Records	9			
Environmental Issues	15			
Health Care Services	13			
Inadequate Staffing	1			
Infection Control	12			
Medication Management	19			
Negotiated Service Agreement	20			
Professional Standards for Licensed/Unlicensed Personnel	0			
Quality of Care Issues	1			
President Functional Capacity Screen	12			
Resident Funds	0			
Resident Records	14			
Resident Rights	3			
Restraints - chemical, physical	0			
Special Care Unit	0			
Staff Development	1			
Civil Money Penalties	4			
Correction Orders*	34			
Ban on New Admissions	5			
<b>FEDERAL REMEDIES</b>				
Civil Monetary Penalties Recommended	5			
**Denial of Payment for New Admissions imposed	11			
Terminations	0			
No Opportunity to Correct	14			

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

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