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## Proposed ACH Regulations Nearly Ready for Public Hearing

Proposed adult care home regulations are nearing completion of the required approval process. Following is a list of the regulations currently under review:

- Definitions, K.A.R. 26-39-144
- Licensure, K.A.R. 28-39-145a
- Receivership, K.A.R. 28-39-146
- Resident Rights, K.A.R. 28-39-147
- Admission, Transfer and Discharge Rights, K.A.R. 28-39-148
- Assisted Living/Residential Health Care Facilities, K.A.R. 28-39-240 through K.A.R. 28-39-253
- Homes Plus, K.A.R. 28-39-425 through K.A.R. 28-39-436
- Adult Day Care, K.A.R. 28-39-275 through K.A.R. 28-39-288

A public notice will be posted in the Kansas Register and the proposed regulations will be available on the KDOA website. Following the 60-day comment period, a public meeting will be held. The date, time, and place of this meeting will be included in the public notice.

A new numbering system has been devised for adult care home regulations and some regulations have been given new titles. A crosswalk from the current to the proposed regulations will also be provided on KDOA's website. For more information, contact Vera VanBruggen at [vera.vanbruggen@aging.ks.gov](mailto:vera.vanbruggen@aging.ks.gov).

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785-296-4986 800-432-3535

### ROUTING SLIP

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

# Revised Interpretative Guidance

## F325, CFR 483.25(i) Nutrition

The new interpretative guidance for F325 Nutrition became effective on September 1, 2008. The regulation and interpretative guidance are in the State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities and can be accessed at:

[http://cms.hhs.gov/manuals/Downloads/som107ap\\_pp\\_guidelines\\_1tcf.pdf](http://cms.hhs.gov/manuals/Downloads/som107ap_pp_guidelines_1tcf.pdf).

### F325 NUTRITION

Based on a resident's comprehensive assessment, the facility must ensure that a resident –

1. Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and
2. Receives a therapeutic diet when there is a nutritional problem.
- 3.

The intent of the regulation is that the resident maintains, to the extent possible, acceptable parameters of nutritional status and that the facility:

Provides nutritional care and services to each resident, consistent with the resident's comprehensive assessment;

Recognizes, evaluates, and addresses the needs of every resident, including but not limited to, the resident at risk of already experiencing impaired nutrition; and,

Provides a therapeutic diet that takes into account the resident's clinical condition, and preferences, when there is a nutritional indication.

### **Outline of Interpretative Guidelines**

- I. Definitions related to Nutritional Status
- II. Overview
- III. Assessment of the Resident
  - A. General Appearance
  - B. Height
  - C. Weight
  - D. Food and Fluid Intake
  - E. Altered Nutrient Intake, Absorption, and Utilization
  - F. Chewing Abnormalities
  - G. Swallowing Abnormalities
  - H. Functional Ability
  - I. Medications
  - J. Goals and Prognosis
  - K. Laboratory/Diagnostic Evaluation
- IV. Analysis
  - A. Suggested Parameters for evaluating Weight Loss
  - B. Specification of Nutritional Concern
- V. Care planning and Interventions
  - A. Resident Choice
  - B. Meeting Nutritional Needs
  - C. Diet Liberalization

*Continued on next page*

# Revised Interpretative Guidance

## Continued from previous page

- D. Weight-Related Interventions
- E. Weight Gain
- F. Environmental Factors
- G. Anorexia
- H. Wound Healing
- I. Functional Factors
- J. Chewing and Swallowing
- K. Medications
- L. Food Fortification and Supplementation
- M. Maintaining Fluid and Electrolyte Balance
- N. Use of Appetite Stimulants
- O. Feeding Tubes
- P. End-of-Life
- VI. Monitoring
- VII. Investigative Protocol

## **F371, CFR 483.35(i) Sanitary Conditions**

The new interpretative guidance for F325 Nutrition and F371 Sanitary Conditions became effective on September 1, 2008. The regulation and interpretative guidance are in the State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities and can be accessed at: [http://cms.hhs.gov/manuals/Downloads/som107ap\\_pp\\_guidelines\\_1tcf.pdf](http://cms.hhs.gov/manuals/Downloads/som107ap_pp_guidelines_1tcf.pdf).

The interpretative guidance can be used to develop facility policies, review and revise, as needed, current facility policies, and provide staff education.

### F371 SANITARY CONDITIONS

The facility must – Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and Store, prepare, distribute and serve food under sanitary conditions.

The intent of the requirement is to ensure that the facility: Obtains food for resident consumption from sources approved or considered satisfactory by Federal, State or local authorities; and

Follows proper sanitation and food handling practices to prevent the outbreak of foodborne illness.

Safe food handling for the prevention of foodborne illnesses begins when food is received from the vendor and continues throughout the facility's food handling processes.

### **Outline of Interpretative Guidelines**

- I. Definitions related to Sanitary Conditions and Prevention of Foodborne Illness
- II. Overview
- III. Types of food contamination
  - A. Biological Contamination
  - B. Chemical Contamination
  - C. Chemical Contamination

Continued on next page

# Revised Interpretative Guidance

Continued from previous page

- IV. Factors Implicated in Foodborne Illnesses
  - A. Poor Personal Hygiene
  - B. Inadequate Cooking and Improper Holding Temperatures
  - C. Contaminated Equipment
  - D. Unsafe Food Sources
- V. Pathogenic Microorganisms and Strategies for their Control
- VI. Prevention of Foodborne Illness
  - A. Food Handling and Preparation
  - B. Employee Health
  - C. Hand Washing, Gloves, and Antimicrobial Gel
  - D. Hair Restraints/Jewelry/Nail Polish
  - E. Food Receiving and Storage
    - 1. Dry Food Storage
    - 2. Refrigerated Storage
  - F. Safe Food Preparation
    - 1. Cross-Contamination
    - 2. Thawing
    - 3. Final Cooking Temperatures
    - 4. Reheating Foods
    - 5. Cooling
    - 6. Modified Consistency
    - 7. Pooled Eggs
  - G. Food Service and Distribution
    - 1. Tray line and Alternative Meal Preparation and Service Area
    - 2. Food Distribution
    - 3. Snacks
    - 4. Special Events
    - 5. Transported Food
    - 6. Ice
    - 7. Refrigeration
- VII. Equipment and Utensil Cleaning and Sanitization
  - A. Machine Washing and Sanitizing
  - B. Manual Washing and Sanitizing
  - C. Cleaning Fixed Equipment
- VIII. Investigative Protocol

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

# Pasteurized in the Shell Eggs

Questions have arisen concerning new interpretative guidelines for F371, which became effective September 1, 2008, regarding pasteurized in the shell eggs. A section in the guidance states, “*The U.S. Department of Agriculture, Food Safety and Inspection Service, Salmonella Enteritidis (SE) Risk Assessment states “A partial list of persons with increased susceptibility to infectious agents includes persons with chronic diseases, and nursing home residents. The elderly are particularly susceptible to infectious agents such as SE for a number of reasons. The disproportionate impact of severe complications and death from Salmonellosis in the elderly is illustrated by epidemiologic evidence. Waivers to allow undercooked unpasteurized eggs for resident preference are not acceptable. Pasteurized shell eggs are available and allow for safe consumption of undercooked eggs.”* This information requires the use of pasteurized in the shell eggs for undercooked eggs served to residents.

The interpretative guidance section “Final Cooking Temperature” identifies the process required for serving residents unpasteurized eggs in the shell. “*Foods should reach the following internal temperature: Unpasteurized eggs - when cooked to order in response to resident request and to be eaten promptly after cooking;- 145 degrees F for 15 seconds; until the white is completely set and the yolk is congealed.*”

A USDA fact sheet entitled “Egg Products Preparation” is available at:

[http://www.fsis.usda.gov/factsheets/Egg\\_Products\\_and\\_Food\\_Safety/index.asp](http://www.fsis.usda.gov/factsheets/Egg_Products_and_Food_Safety/index.asp).

## Dinnerware Sanitization and Storage

F371, CFR 483.35(i) Sanitary Conditions. The facility must – 2) Store, prepare, distribute and serve food under sanitary conditions. One component of the intent of the regulation is to ensure the facility follows proper sanitation and food handling practices to prevent the outbreak of food-borne illness.

Deficient practice citations at F371 have included improper dinnerware sanitization and storage.

Although specific circumstances varied, three findings observed most frequently were:

- 1) Improper manual ware washing and sanitizing.
- 2) Dishwasher not being used according to the manufacture’s instructions.
- 3) Dishes not allowed to air dry.

Lack of staff training and proper testing supplies were often identified as contributing factors.

To help reduce the occurrence of these findings it is recommended the consultant dietitian or certified dietary manager ensure the placement of detailed instructions specific to the facility practices and equipment in a location that will allow for easy viewing and following by staff. The section of the revised Interpretative Guidelines of F371, “Equipment and Utensil Cleaning and Sanitization,” can be helpful in preparing the specific instructions and staff education.

## QIS

### Revised Tools for Kitchen and Environment

Due to the revision of the Interpretative Guidance for F371, two forms used in the QIS process were revised and placed in the manual on the KDOA Website: CMS 20055 Kitchen at: [http://www.aging.state.ks.us/Manuals/QIS/Tab06/CMS-20055\\_Kitchen.doca](http://www.aging.state.ks.us/Manuals/QIS/Tab06/CMS-20055_Kitchen.doca) and CMS 20061- Environment at: [http://www.aging.state.ks.us/Manuals/QIS/Tab07/CMS-20061\\_Environment.doc](http://www.aging.state.ks.us/Manuals/QIS/Tab07/CMS-20061_Environment.doc)

## MDS CORNER

### Upcoming MDS Training

#### The Basics – MDS 2.0, RAPs, and Care Planning

November 5 and 6, 2008 8 a.m. to 4 p.m.

Curtis Building, 1007 Southwest Jackson, Suite 530 , Topeka

#### Education and Resources for MDS Coordinators

[http://www.agingkansas.org/ProviderInfo/Education\\_Info/MDSResources\\_1.pdf](http://www.agingkansas.org/ProviderInfo/Education_Info/MDSResources_1.pdf)

### MDS 3.0 Update

The date for the implementation of the MDS 3.0 remains October, 2009. A Crosswalk between the items on the MDS 2.0 and MDS 3.0 is available at:

[http://www.cms.hhs.gov/NursingHomeQualityInits/Downloads/Draft\\_MDS2\\_0\\_MDS3\\_0\\_Crosswalk.pdf](http://www.cms.hhs.gov/NursingHomeQualityInits/Downloads/Draft_MDS2_0_MDS3_0_Crosswalk.pdf)

A table identifying the deleted MDS 2.0 items is available at:

[http://www.cms.hhs.gov/NursingHomeQualityInits/Downloads/Draft\\_MDS\\_3\\_0\\_Dropped\\_Items.pdf](http://www.cms.hhs.gov/NursingHomeQualityInits/Downloads/Draft_MDS_3_0_Dropped_Items.pdf) .

CMS has stated frequently that all posted MDS information, i.e. forms, crosswalks are DRAFT. The new RAI manual has not yet been finalized. CMS will hold a training conference on the MDS 3.0 for state RAI Coordinators in the spring of 2009 and will later present 3 public Web casts. KDOA will begin providing training on the MDS 3.0 in the summer of 2009. Facilities need to be aware any MDS training prior to the state RAI Coordinators training is likely to consist only of “draft” material and related information.

### July 2008 Updates

<http://www.cms.hhs.gov/NursingHomeQualityInits/Downloads/MDS20Update200807.pdf>

Major highlights of the revisions include:

- Significant Change Assessment and Hospice (2-11)
- Medicare Assessment – Time Periods, (2-30-31); Resident expire/ transfer (2-37); Schedule Non-compliance (2-39); Default rate (2-39): Late Assessment (2-40)
- Revised information to G1A (8) (3-81)
- Section W – Flu season period (3-241)
- HIPPS Codes (5-5 and 6-5)

### Question and Answer

**Question:** Must CNAs be Restorative Aides to be able to provide services coded in Section P3. Nursing Rehabilitation and Restorative Care?

**Answer:** No, the person may be CNA. The licensed nurse who is responsible for the nursing rehabilitation and restorative care program must educate the CNA responsible for the resident’s program of its objectives and interventions, the individualized techniques for carrying out the program, and the required documentation. The CNA needs to report to the supervising nurse any pertinent information, including concerns regarding the resident’s ability to participate in the program or the need for additional education on the needed techniques. Additional information regarding the requirements for a restorative program can be found in the RAI Manual 3-192.

# Advancing Excellence Campaign

<http://www.nhqualitycampaign.org/>

The national coalition-based campaign to improve the quality of life for residents and staff in America's nursing homes.

Although the Advancing Excellence (AE) Campaign has moved into its second year, nursing facilities and long term care units can still join and select goals for:

Reducing high risk pressure ulcers.

Reducing the use of daily physical restraints.

Improving pain management for long term care nursing home residents.

Improving pain management for short stay post acute nursing home residents.

Establishing individual targets for improving quality.

Assessing family and resident satisfaction with quality of care.

Increasing staff retention.

Improving consistent assignment of nursing home staff, so that residents regularly receive attention from the same care giver.



The registration form is available at the AE link and a flash video demonstration showing nursing homes how to register is available at [http://www.nhqualitycampaign.org/star\\_index.aspx?controls=nursing\\_homes](http://www.nhqualitycampaign.org/star_index.aspx?controls=nursing_homes).

Facilities that have joined the campaign are encouraged to visit the AE website for ongoing information about the campaign. Two flash videos showing nursing homes how to enter data for goals 6, 7, and 8 and to view their progress on selected goals are available at the above listed link. Resources to assist facilities in reaching their goals are available at [http://www.nhqualitycampaign.org/star\\_index.aspx?controls=nhTechAssist](http://www.nhqualitycampaign.org/star_index.aspx?controls=nhTechAssist). Webinars on staff stability, consistent assignment, reducing pressure ulcers, and improving pain management are available at [http://www.nhqualitycampaign.org/star\\_index.aspx?controls=webinars](http://www.nhqualitycampaign.org/star_index.aspx?controls=webinars).

Although the Kansas Local Area Networks for Excellence (LANEs) are willing to provide facilities with technical assistance in reaching all their goals, its efforts as a coalition have focused on providing education to assist facilities in reducing the number of residents who have pressure ulcers. Three hundred twenty-five facility staff attended the LANE sponsored Pressure Ulcer Workshops and Skills Fairs held in June in Topeka, Hays and Wichita. Staffs who attended the Skills Fair are encouraged to conduct a Skills Fair in their facility and return their postcard to Dana Thompson at the Kansas Foundation for Medical Care to receive their Master Trainer Certificate.

The KS LANE will hold a meeting in November of representatives from a variety of health care settings, i.e. nursing homes, assisted living, home plus, hospitals, home health, hospice, and ESRD to determine interest in establishing a workgroup whose efforts will strive to achieve an outcome of reducing the number of residents who experience pressure ulcers in all settings.

# PEAK Applications Will Be Available Soon

Applications for the 2009 Promoting Excellent Alternatives in Kansas (PEAK) awards for nursing homes will be available in mid-October or early November. Since 2002, the annual awards have recognized homes that have adopted resident-centered models of care. Winners will be recognized at the 2009 Governor's Conference on Aging Services in Topeka on May 6 and 7. Look for the application online at [www.agingkansas.org](http://www.agingkansas.org) or contact Dave Halferty at 785-296-8620 or [dave.halferty@aging.ks.gov](mailto:dave.halferty@aging.ks.gov).

## At-Risk Pressure Ulcer Identification

Individuals with terminal, chronic or acute illness, cognitive impairment and inadequate nutritional intake are at a greater risk for the development of pressure ulcers. Facilities need to recognize that all residents, and especially those they have identified as "being on hospice," "having dementia," "recovering from pneumonia," or "experiencing weight loss" must be assessed for the risk of developing pressure ulcers.

Individuals who are at risk for developing pressure ulcers need to be identified early so that risk factors can be reduced through intervention. The Braden Scale and Norton Scale are two of the tools that are frequently used to assess a resident's risk of pressure ulcer development. A description and example of the scales are both located at:

<http://www.qualitynet.org/dcs/ContentServer?cid=1098482996140&pagename=Medqic%2FMQTools%2FToolTemplate&c=MQTools>

It is important to not rely on the scores of these tools but rather focus on interventions for the risk factors.

Key steps in prevention of pressure ulcers include:

- Use of a reliable pressure risk assessment instrument (e.g. Braden Scale, Norton Scale)
- Daily skin inspection of residents at risk during provision of personal care or bathing
- Acting upon negative findings of skin inspections
- Weekly skin assessment of residents at risk by a licensed nurse
- Monthly skin assessment of all residents by a licensed nurse
- Individualized care plan addressing the resident's specific risk factors and needed prevention measures
- Individualized positioning/repositioning programs
- Use of pressure relieving/reduction support surfaces in bed and chair
- Proper transfer/lift techniques
- Minimization of skin exposure to moisture
- Nutrition assessment, i.e. food and fluid intake, and appropriate nutrition interventions
- Maintain mobility and exercise programs
- Maintain head of bed in lowest position possible
- Use pillows or other devices to keep boney prominences apart and to assist resident in maintaining position
- Float heels
- Education of staff, residents and families of prevention of pressure ulcers

References: Appendix PP and Nursing Home Quality Initiative Fast Facts: Pressure Ulcers Prevention May 2006



# Workforce Enhancement Grant

Since 2005, KDOA has offered the Workforce Enhancement Grant (WEG). The grant has provided no-cost education for unlicensed staff in nursing homes and long term care units of hospitals. The objective of the educational programs is to promote the quality of life and quality of care for the residents living in these facilities.

The University of Kansas School of Social Welfare Office of Aging and Long-Term Care recently completed a study investigating the impact of the programs on the outcomes of quality of life, quality of care, resident-centered care/culture change and staff retention for years 2005-2007. General statistics of the grant effort revealed 71 educational programs were provided to just over 8,000 participants from 81.5% of nursing homes and long term care units of hospitals. Approximately 96% of the facilities were Medicaid Certified.

As part of the study, unlicensed staff that attended the offerings were interviewed. The staff identified positive changes in their care practices, increased involvement in their facility implementation of resident-centered care practice, and improved teamwork and communication. They also expressed improved job satisfaction as they felt valued by their administration when selected to attend the programs. The entire report, "The Impact of the Workforce Enhancement Grants," is available at:

[http://www.oaltc.ku.edu/OALTC\\_Projects.htm#Workforce%20Enhancement%20Grants](http://www.oaltc.ku.edu/OALTC_Projects.htm#Workforce%20Enhancement%20Grants).

KDOA will offer the WEG again for the calendar year of 2009. Since 2006, the educational programs have been offered also to licensed staff who attend the program with unlicensed staff from their facility. Proposals for educational programs are being accepted through October 31, 2008. The Request for Proposals and additional information is available at:

[http://www.agingkansas.org/CultureChange/Culture\\_Change\\_Index.html](http://www.agingkansas.org/CultureChange/Culture_Change_Index.html).

## ACH Residents now Eligible for Digital Converter Coupons

Recently adopted changes in the Digital-to-Analog Converter Box Coupon Program regulations now allow residents of nursing homes, intermediate care facilities and assisted living facilities to receive coupons for the converters.

The converters will be needed to continue to receive over-the-air television transmissions on analog-only televisions not connected to cable or satellite service after the February 17, 2009, deadline for full- power stations to convert to digital-only transmissions.

Eligible households may obtain via the U.S. Postal Service a maximum of two coupons of \$40 each to be applied toward the purchase of Coupon-Eligible Converter Boxes (CECB).

The complete rule as published in the Federal Register can be found at:

<http://edocket.access.gpo.gov/2008/pdf/E8-21892.pdf>.

# Course Revision Projects

KDHE Health Occupations Credentialing (HOC) would like to thank the Certified Nurse Aides who came to the Curtis Building in Topeka in June and July to help set the pass score for the revised CNA state test, along with the facilities, associations and schools who recommended them.

Setting the pass score is one of the final steps in the revision of the Kansas Certified Nurse Aide Curriculum Guidelines (90 hours). The revised curriculum and test are now in internal review, and will then go through the regulations approval process. A public hearing will be set and notification will be published at:

[www.kdheks.gov/hoc](http://www.kdheks.gov/hoc).

In addition to the progress made in the revision of the CNA curriculum, two other current HOC revision projects are well underway. Committees are reviewing the operator course and the activity director course. The operator course revision committee has completed a list of revision suggestions for the course outline, and is in the process of reviewing the test. The activity director revision committee is nearing completion of their revision suggestions. Over the next several weeks, Kansas operators and activity directors will be receiving surveys which will be of great help to HOC as the operator test and the minimum hours for both courses are considered. Continued input concerning these courses is welcome.

New committees will be forming for the next two training programs to be revised: the social service designee course, and the Certified Medication Aide course and tests. Associations, schools and facilities are welcome to begin suggesting members for these committees, and a formal invitation will be forthcoming.

## New Online Criminal Record Check

Health Occupation Credentialing new online criminal record check submission website is now available. Any adult care home, home health agency, or staffing agency referenced under KSA 39-970 or KSA 65-5117 is authorized to use this online application. You may have already received an email stating your Facility ID Number and a password to access the website.

If you have not received a password, contact the Criminal Record Check staff via email at [crcstaff@kdhe.state.ks.us](mailto:crcstaff@kdhe.state.ks.us) and provide your Facility ID number and current facility email address. After the facility information has been received, users will receive a log-in password via email. Upon receiving the log-in password information, users may log into the system to enter information for submitting criminal record checks. The cost remains \$10 for each request, plus an additional convenience fee charged by AccessKansas for each transaction. Payment may be made by credit card via Mastercard, Visa, American Express, Discover or electronic check. Here is the link to access the website <http://www.kdheks.gov/hoc/criminal.html>.

All individuals submitted for a criminal record check will be listed on the Employee List on the Kansas Nurse Aide Registry. Those individuals with no criminal history will have View Results button by their name. The No Match letter can be printed to be saved for personnel files. If an individual has some type of criminal history on file, that information can only be sent via regular mail. Regulations prohibit electronic transmission of criminal history.

To access the Criminal Record Check website or the Kansas Nurse Aide Registry, links to those websites are located on the Health Occupations Credentialing webpage at [www.kdheks.gov/hoc](http://www.kdheks.gov/hoc).

If you have any questions, please contact Melinda Reynard-Lindsay at 785-296-8628 or Steve Irwin at 785-296-6647. You may also email your questions to [crcstaff@kdhe.state.ks.us](mailto:crcstaff@kdhe.state.ks.us).

# Does Your Special Care Unit Meet Regulatory Requirements?

A facility that chooses to have a special care unit or to be a special care facility for individuals with Alzheimer's or other types of dementia has a responsibility to provide the level of physical and psychosocial care these individuals need. The state regulations for both nursing facilities and assisted living/residential health care facilities, K.A.R. 28-39-160(a) and K.A.R. 28-39-245(b)(4) respectively, identify the specific requirements for special care units and facilities.

The proposed regulations for home plus and adult day care facilities also reflect the same requirements. Although the regulations do not require these units to be locked, it has been found in some facilities that a locked door is the only characteristic that distinguishes it from the other units in the facility or other facilities.

Each facility needs to ask itself the following questions:

Does the special care section/facility have services and programs different from those provided in other sections of the facility? Is the resident or family told about these before the resident is admitted to the special care section?

Did the staff working in the special care section complete a training program specific to the needs of the residents who live there? Do they receive in-service training specific to the needs of the residents?

Does each resident's assessment indicate the benefit the resident receives from the programs offered by the special care section?

Does each resident's care plan have individualized interventions that assist the resident in correcting or compensating for the resident's identified problems or need, i.e. behaviors? For the person with dementia, behaviors are the means of communication. Facility staff needs to be able to determine what the resident is communicating.

If you cannot answer yes to the above questions, your facility does not comply with the regulatory requirements.

Resources for staff education may include personnel from geriatric psychiatric units, behavioral units, local mental health centers, the Alzheimer's Association, and recipients of the KDOA Workforce Enhancement Grant. The Alzheimer's Association has educational material online at:

[http://www.alz.org/professionals\\_and\\_researchers\\_resources\\_for\\_your\\_patients.asp](http://www.alz.org/professionals_and_researchers_resources_for_your_patients.asp).

## Revised TB Guidelines

The Tuberculosis (TB) guidelines for Adult Care Homes have again been revised. We apologize for any inconvenience this may cause. The newly revised guidelines are located at:

<http://www.agingkansas.org/ProviderInfo/TBGuidelinesAdultCareHomes.pdf>

## Influenza Season Educational Products And Resources

For information about Medicare's coverage of the influenza virus vaccine and its administration as well as related educational resources for health care professionals and their staffs, please go to:

[http://www.cms.hhs.gov/MLNProducts/Downloads/flu\\_products.pdf](http://www.cms.hhs.gov/MLNProducts/Downloads/flu_products.pdf).

## Ask Al

**Question:** Is a site inspection required prior to the construction of a new nursing facility, assisted living or residential health care facility?

**Answer:** Yes. Al Gutierrez, KDOA Environmental Specialist, must be contacted to request a site visit to determine if the site meets the physical environment requirements for a nursing facility, K.A.R. 28-39-162 Physical Environment (b) Site requirements, or an assisted living or a residential health care facility K.A.R. 28-39-254 Construction, General Requirements (d) Site location requirements. To contact Al, call 785-296-1247 or email [Al.Gutierrez@aging.ks.gov](mailto:Al.Gutierrez@aging.ks.gov).

## CMAs and Administration of Insulin

**Question:** After a CMA performs an accucheck on a resident, may the CMA select the pre-filled insulin syringe that contains the dose identified in the physician's order and take the syringe to the resident to self inject?

**Answer:** No. Even if both the manufacturers of the insulin and syringes approved storage of insulin in the syringe for a period prior to administration (pre-filled syringes), both nurses and CMAs have been taught in their curriculum that they can administer only medications that they have "set up" and to never administer medications prepared by someone else. Standards of practice identify the administration of medication to include providing the right resident with the right dose of the right medications at the right time via the right route.

When the dose of insulin is based on the results of accucheck, it indicates that an assessment of the resident is needed prior to the administration of the insulin. A CMA is not allowed to perform assessments. Additional information on this topic can be found in Self-Administration of Medication, January, 2008, Sunflower Connection at <http://www.agingkansas.org/ProviderInfo/Newsletters/Sunflower/2008Jan.pdf>

## Paper Plates in Adult Day Care Facilities

Paper plates may be used in adult day care facilities for picnics, on various occasions, and when the dishwasher is temporarily nonfunctioning. However, it is not appropriate to use paper plates routinely on a daily basis.

The regulations for Adult Day Care Facilities state in K.A.R. 28-39-287 Dietary Services (b): Foods shall be prepared by safe methods that conserve the nutritive value, flavor, and appearance and shall be attractively served at the proper temperature.

K.A.R. 28-39-275 Administration (e) says: Each administrator or operator shall ensure that written policies and procedures are developed and implemented that incorporate the principles of individuality, autonomy, dignity, choice, and privacy for each resident. Food served on paper plates is not attractively served and it does not promote resident dignity in dining.

# Using Siderails as Restraints

K.A.R 26-39-144 (uu) defines a physical restraint as “any method or any physical device, material, or equipment attached or adjacent to the resident’s body and meeting the following criteria: (1) Cannot be easily removed by the resident; and (2) restricts freedom of movement or normal access to the resident’s body.”

In accordance with the assisted living facility (ALF) and residential health care facility (RHCF) regulation K.A.R. 28-39-242 (b): “The facility shall not admit or retain residents whose clinical condition requires the use of physical restraints.” Side rails that restrict a resident from leaving the bed voluntarily meet the definition of a physical restraint and cannot be used in these facilities.

A common misconception is that bed rails keep residents safe. When a resident desiring to leave the bed and crawls over or around a side rail, they are at risk for more serious injuries from a fall at a greater height and from entrapment. Residents who are frail or elderly and residents with pre-existing conditions such as agitation, delirium, confusion, uncontrolled body movement causing them to move about the bed are at risk for entrapment.

According to A Guide to BED Safety, “Between 1985 and 2008, 772 incidents of patients caught, trapped, entangled or strangled in beds with rails were reported to the U.S. Food and Drug Administration.” Of these, 460 died, 176 were not injured and most of the patients were frail, elderly or confused.

Although Regulation Interpretation 97-7 applies to Nursing Facilities not ALFs and RHCFs, it appears some administrators and operators have erroneously attempted to apply the information to use of side rails in their facilities.

A statement in the Interpretation section - “Side rails are considered a restraint when they are used to keep a resident in bed who wants out of bed, but not a restraint when used to keep residents from falling out of bed” - applies to another sentence in the Discussion section: “Side rails may be used to prevent a comatose resident from falling out of bed.”

A comatose resident cannot voluntarily exit the bed, so the placement of side rails on his or her bed is not a restraint.

## Resident Conditions and Staffing

The administrator or operator of an Assisted Living/Residential Health Care Facility, Home Plus, or Adult Day Care Facility needs to identify closely the resident’s condition and the level of care the resident will need when making the decision to admit a resident to the facility or to allow the resident to remain in the facility.

If a resident has a condition requiring the assistance of two people to transfer from one surface to another, i.e. bed to chair, chair to toilet, chair to chair, and vice versa, there must be at least two qualified individuals in the facility at all times.

Unless the resident’s negotiated service agreement identifies the qualified individual(s) are provided through hospice or the family, or other resources, the administrator or operator is responsible to ensure the facility provides at least two certified or licensed nursing staff or at least one certified and one licensed nursing staff in the facility at all times. Doing so will meet the requirements of Admission, Transfer, Discharge K.A.R 28-39-242, K.A.R. 426, and K.A.R. 277; and Staff Qualifications, K.A.R 28-39-249, K.A.R. 435, and K.A.R. 28-39-284.

**2008 EXEMPLARY AND NO DEFICIENCY FACILITIES**

Facility	City	Type*	Exemplary Letter	Deficiency Free	Survey Date
Guest Home Estates	Chanute	RHCF		X	4/2/08
Enterprise Estates	Enterprise	SNF/NF		X	4/23/08
Southview Adult Day Services	Kansas City	ADC		X	5/20/08
Midwest Homeplace West	Leavenworth	BCH		X	6/4/08
Midwest Homeplace East	Leavenworth	BCH		X	6/5/08
C&R Boarding Care Home	Topeka	BCH		X	6/3/08
The Gran Villas	Hiawatha	ALF		X	6/19/08
Cooper's Home Care #3	Lawrence	HP		X	6/27/08
Midland Care Services	Topeka	ADC		X	6/25/08
TLC Adult Boarding Care Home	Topeka	BCH		X	6/26/08
Moore Adult Care Home	Topeka	BCH		X	6/19/08
Assisted Living at Windsor Place LLC	Coffeyville	ALF		X	6/19/08
Golden Heights Living Center	Garnett	SNF/NF	X		6/27/08

ALF: Assisted Living Facility; RHCF: Residential Health Care Facility; BCH: Boarding Care Home; HP: Home Plus; NF: Nursing Facility; SNF: Skilled 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	12		
Admission, Transfer, Discharge	1	2		
Abuse, Neglect, Exploitation	4	3		
Dietary Services	8	6		
Disaster Preparedness	2	0		
Employee Records	9	7		
Environmental Issues	15	17		
Health Care Services	13	9		
Inadequate Staffing	1	3		
Infection Control	12	3		
Medication Management	19	17		
Negotiated Service Agreement	20	11		
Professional Standards for Licensed/Unlicensed Personnel	0	0		
Quality of Care Issues	1	2		
President Functional Capacity Screen	12	6		
Resident Funds	0	0		
Resident Records	14	6		
Resident Rights	3	0		
Restraints - chemical, physical	0	0		
Special Care Unit	0	0		
Staff Development	1	0		
Civil Money Penalties	4	3		
Correction Orders*	34	28		
Ban on New Admissions	5	6		
<b>FEDERAL REMEDIES</b>	<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>	<b>3<sup>rd</sup></b>	<b>3<sup>rd</sup></b>
Civil Monetary Penalties Recommended	5	3		
**Denial of Payment for New Admissions imposed	11	14		
Terminations	0	0		
No Opportunity to Correct	14	11		

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

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