



KANSAS DEPARTMENT ON AGING

Sunflower Connection

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

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Kathleen Sebelius, Governor
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Licensure, Certification
and Evaluation Commission

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Public Comment Requested on Proposed ACH Regulations

The Kansas Department on Aging (KDOA) is seeking comments on proposed adult care home regulations, which are now available on KDOA's website at www.agingkansas.org. Following is a list of the proposed regulations:

- K.A.R. 26-39-100 Definitions
- K.A.R. 26-39-101 Licensure of adult care homes
- K.A.R. 26-39-102 Admission, transfer, and discharge rights of residents in adult care homes
- K.A.R. 26-39-103 Resident rights in adult care homes
- K.A.R. 26-39-104 Receivership of adult care homes
- K.A.R. 26-39-105 Adoptions by reference: general
- K.A.R. 26-41-101 through K.A.R. 26-41-106 and K.A.R. 26-41-200 through K.A.R. 26-41-207 Assisted Living/Residential Health Care (ALF/RHC) Facilities
- K.A.R. 26-42-101 through K.A.R. 26-42-106 and K.A.R. 26-42-200 through K.A.R. 26-42-207 Homes Plus
- K.A.R. 26-43-101 through K.A.R. 26-43-106 and K.A.R. 26-43-200 through K.A.R. 26-43-207 Adult Day Care Facilities.

The 2003 Kansas Legislature transferred administration of the adult care home licensure act from the Kansas Department of Health and Environment (KDHE) to KDOA, including applicable KDHE regulations. These regulations are being updated and reorganized, and a new numbering system has been developed to accommodate this change. This new numbering system will enable stakeholders to more readily identify regulatory requirements. A crosswalk from the current to the proposed regulations is located on KDOA's website with the proposed regulations.

A Notice of Public Hearing was posted in the Kansas Register on December 18, 2008, and is also available on KDOA's website. The hearing will be conducted at 9 a.m. on Tuesday, February 24, 2009, in Room 3-W east of the New England Building, 503 S. Kansas Avenue, Topeka, Kansas 66603, to consider the adoption of the proposed regulations. Interested parties may submit written comments prior to the hearing to Patsy Samson, Policy Analyst, Kansas Department on Aging, 500 S. Kansas, Topeka, KS 66603, or by e-mail at Patsy.Samson@aging.ks.gov.

For more information, contact Vera VanBruggen at vera.vanbruggen@aging.ks.gov.

Annual, Semi-Annual Reports Due by Jan. 10

NF and NFMH, ICFMR, ALF, RHCF, and Home Plus must submit the annual and semi-annual reports of facility resident and staffing information by January 10, 2009. The location of the reports and other Provider Information has changed to the Kansas Department on Aging Provider Resource website. The purpose of this Provider Resource site is to supply a central point for obtaining information for all Service Providers and others within the Aging Network. The link to the website is:

http://www.aging.state.ks.us/forms/LTC_Reports.html

The reference week for the semi-annual report is Dec 7-13, 2008.

The process is as follows:

- Click on the Web Application Log-In link under the “LongTerm 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 July. 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 July 2008.
 - If the facility submitted its January to June 2008 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.
- Select “CREATE” to begin a report.
- 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 January 20, 2009, 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.

Selected data from the reports are available on the Kansas Department on Aging website:

http://www.agingkansas.org/CultureChange/occupancy_staff_data/occupancy_staffing.html

Nutrition Care and Diabetes

The American Diabetes Association has issued 2008, Nutrition Recommendations and Interventions for Diabetes.

http://care.diabetesjournals.org/cgi/content/full/31/Supplement_1/S61/T3

Nutrition recommendations and interventions for Long-Term Care facilities are below:

- The imposition of dietary restrictions on elderly patients with diabetes in long-term care facilities is not warranted. Residents with diabetes should be served a regular menu, with consistency in the amount and timing of carbohydrate. (C).
- An interdisciplinary team approach is necessary to integrate medical nutrition therapy (MNT) for patients with diabetes into overall management. (E).
- There is no evidence to support prescribing diets such as “no concentrated sweets” or “no sugar added.” (E).
- In the institutionalized elderly, undernutrition is likely and caution should be exercised when prescribing weight loss diets. (B).

The letters behind each recommendation indicate the ADA evidence-grading system for clinical practice recommendations http://care.diabetesjournals.org/cgi/content/full/31/Supplement_1/S1/T1.

The facility interdisciplinary team is encouraged to read the complete nutrition recommendations at:

http://care.diabetesjournals.org/cgi/content/full/31/Supplement_1/S61.

Identifying grams of carbohydrates on the menu allows residents and staff count carbohydrates consumed by the resident, allowing appropriate insulin administration. Additional information about carbohydrates and diabetes may be found at:

<http://clinical.diabetesjournals.org/cgi/content/full/23/3/123#SEC3> and:

<http://www.diabetes.org/food-nutrition-lifestyle/nutrition/meal-planning/carbs-and-diabetes.jsp>

Cleaning after Use of Fire Extinguishers

All adult care homes are required to have detailed emergency management plans to meet potential emergencies, including fires. The emergency management plan for fires in kitchens should focus not only on the extinguishing of fires but also on the needed cleaning following the use of a fire extinguisher. Often due to staff's prompt responses, fire damage is minimal compared to the clean up of the fire extinguisher chemicals or powder. Procedures for cleaning and staff training in the procedures are important.

A kitchen usually contains more than one type of extinguisher. Facilities should use the Material Safety Data Sheets (MSDS) for each extinguisher in consultation with the company providing the fire protection services to develop policies and procedures for cleaning after an extinguisher is used.

The K-Class Fire Extinguisher used only in conjunction with a fire suppression hood is a wet chemical extinguisher.

Discharge from a dry chemical extinguisher is treated like dust. After removing the bulk of the powder discharged from a dry chemical extinguisher by broom or vacuum, non-food contact surfaces may be cleaned with soap and water and food contact surfaces washed, rinsed and sanitized.

The instructions for salvaging canned food items after a fire may also be used for salvaging canned food items after a fire. These instructions may be found at <http://www.cfsan.fda.gov/~dms/fsdisas4.html>.

Emergency and Disaster Preparedness

K.A.R. 28-39-163 Administration

K.A.R. 28-39-251 Disaster and Emergency Preparedness

K.A.R. 28-39-432 Disaster and Emergency Preparedness

K.A.R. 28-39-286 Disaster and Emergency Preparedness

http://www.aging.state.ks.us/PolicyInfo_and_Regs/ACH_Current_Regs/ACH_Reg_Index.html

:F518 §483.75(m)(2) Disaster and Emergency Preparedness

http://cms.hhs.gov/manuals/Downloads/som107ap_pp_guidelines_ltcf.pdf

Adult care homes need to be proactive before a disaster and should have emergency and disaster preparedness policies and procedures in place. According to F518 §483.75(m)(2), nursing facilities must train all employees in emergency procedures when they begin to work in the facility, periodically review the procedures with existing staff, and carry out unannounced staff drills using those procedures. Kansas has similar regulations for state-licensed facilities.

The following resources may be useful in developing emergency and disaster preparedness policies and procedures:

- After a Fire Salvage Hints located on the U.S. Fire Administration website:
http://www.usfa.dhs.gov/citizens/all_citizens/atf/salvage.shtm#food
- A Guide for Kansas Adult Care Facilities: Disaster Response & Recovery Planning located at:
<http://www.kansas.gov/kdem/pdf/training/Guide%20for%20KS%20Adult%20Care%20Facilities.pdf>
- Emergency Preparedness for Every Emergency located at:
<http://www.cms.hhs.gov/SurveyCertEmergPrep/>

On the left hand side under overview there are links to Resources and Healthcare Guidance.

Involuntary Discharge from Adult Care Homes

K.A.R. 28-39-148 Admission, Transfer, Discharge

http://www.agingkansas.org/ProviderInfo/regs/RegSets/NF_Regs_Total.pdf

F201 §483.12(a)(2) Transfer and Discharge Requirements

F202 §483.12(a)(3) Documentation

F203 §483.12(a)(4) Notice Before Transfer

http://cms.hhs.gov/manuals/Downloads/som107ap_pp_guidelines_ltcf.pdf

Transfer and discharge provisions significantly restrict a facility's ability to transfer or discharge a resident once the resident has been admitted to the facility. The facility may not transfer or discharge the resident unless:

1. The transfer or discharge is necessary to meet the resident's welfare and the resident's needs cannot be met in the facility.
2. The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility.
3. The safety of individuals in the facility is endangered.
4. The health of individuals in the facility would otherwise be endangered.
5. The resident has failed, after reasonable and appropriate notice, to pay for a stay at the facility.
6. The facility ceases to operate.

The facility must document in the resident's clinical record the reason for the transfer. For situations 1 and 2, the resident's physician must provide the documentation. In situation 3 and 4, any physician may provide the documentation.

Continued on page 5

Involuntary Discharge from Adult Care Homes

Continued from page 4

A notice of transfer or discharge shall be provided in writing to the resident or legal representative **30 days** before the resident is transferred or discharged involuntarily except in an emergency when one of these conditions exists:

1. The safety or health of other individuals in the adult care home would be endangered.
2. The resident's urgent medical needs require an immediate transfer or discharge to another health care facility.

Prior to the transfer or discharge, the facility must notify the resident and, if known, the family member, surrogate or representative of the transfer and the reasons for the transfer, and record the reasons in the clinical record. The written transfer or discharge notice shall include:

- The reason for the transfer or discharge.
- The effective date of the transfer or discharge.
- Location to which the resident is transferred/discharged.
- An explanation of the right to appeal the transfer or discharge to the State.
- The address and telephone number of the complaint program of the Kansas Department on Aging where a complaint related to involuntary transfer or discharge may be registered.
- The address and telephone number of the long-term care (LTC) Ombudsman.
- For residents who have developmental disabilities or who are mentally ill, the address and telephone number of the Kansas advocacy and protection services (DRC).

KDOA complaint program:

503 South Kansas
Topeka, Kansas 66603
1-800-842-0078

Disability Rights Center of Kansas (DRC)

635 S.W. Harrison Street
Suite 100
Topeka, Kansas
66603
(785) 273-9661
Toll Free: 1-877-776-1541

LTC Ombudsman:

Office of the LTC Ombudsman
Landon State Office Bldg
900 SW Jackson Street
Suite 1041 South
Topeka, Kansas 66612
1-877-662-8362

The Office of Administrative Hearings

Department of Administration
Office of Administrative Hearing
1020 South Kansas Avenue
Topeka, KS 66612-1327
(785) 296-2433

The state regulations for all adult care homes are more stringent than the federal regulations for nursing homes on transfer and discharge, F201 §483.12(a)(2) Transfer and Discharge Requirements. The state regulations take effect immediately upon a person's admission to the adult care home while the federal regulations do not apply for the first 30 days. The more stringent regulation must be followed and in this situation, it is the state regulations that nursing homes must follow.

Resources for Caring for People with Huntington's Disease

Specific care issues for caring for people with Huntington's Disease including behavioral issues, communication strategies, eating and swallowing, suggestions for safe sleeping arrangements can be found at: <http://www.kumc.edu/hospital/huntingtons/index.html>

Family Caregivers Alliance National Center on Caregiving website contains fact sheets, archived teleconferences, publications and links to other helpful websites. The Family Caregivers Alliance National Center website is located at: http://www.caregiver.org/caregiver/jsp/content_node.jsp?nodeid=574&expandnodeid=384

Huntington's Disease Society's A Caregiver's Handbook for Advanced Stage Huntington's Disease can be retrieved from: <http://www.hdsa.org/images/content/1/1/11290.pdf>

HOC

KDHE HOC Begins New Revisions

Members of two new revision committees traveled to the Curtis State Office building in Topeka in December to begin work on the revisions of the state social service designee course outline and the Certified Medication Aide curriculum and test.

Committee members take part in the important steps of gathering input from the industry concerning current needs and practices, acting as subject matter experts, and recommending changes. The social service designee course revision committee is building on the work of the committee that drafted a recommended outline for the activity director course.

The Certified Medication Aide curriculum was extensively revised in 2003 but is undergoing review for needed updates and revised test questions.

The Certified Medication Aide curriculum revision committee includes the following members: Mary Robinson and Amanda Baloch, Plaza West Care Center, Kansas Health Care Association; Kim Halbert, Sandstone Heights, Kansas Adult Care Executives; Vera VanBruggen and Susan Fout, Kansas Department on Aging; Tamera Sanchez, Neosho County Community College; JoZana Smith, Wichita Area Technical College; Mary Blaise, Villa St. Joseph; and Janette Chase, Good Samaritan Society, Olathe, Kansas Association of Homes and Services for the Aging

Serving on the Social Service Designee course revision committee are: JoZana Smith, Wichita Area Technical College; Laurie Bunker, Plaza West Care Center; Dawn Johnico, Allen County Community College; Robin Gilbert, representing Kansas Health Care Association; Tamara Reynolds, representing Kansas Adult Care Executives; Vera VanBruggen, Kansas Department on Aging; LouAnn Voth, representing Kansas Association of Homes and Services for the Aging; Laurie Kloepper, Dooley Center, Atchison; Michelle Canady, Lexington Park Assisted Living; and Angala Anderson, Brewster Place.

Ongoing revision projects include the Operator course outline and test and the Activity Director course outline. The revised Kansas Certified Nurse Aide Curriculum Guidelines (90 Hours) is nearing a release date. Following review of the proposed changes to regulations by the Department of Administration and the Attorney General's office, HOC will publish a notice of public hearing in the Kansas Register, with the hearing to be held 60 days following the publication. Notice will also be posted on the HOC website, at www.kdheks.gov/hoc. During the 60 day review period, the revised curriculum will be available for review on the website or in the HOC office.

HOC welcomes input concerning any of the courses or curricula that are in the revision process. Comments can be sent to any committee member, or to Mary Flin at mf in@kdhe.state.ks.us.

Insulin Storage and Stability

Brand Name	Unopened Refrigerated (36° F to 46° F)	Unopened Room Temperature	Opened Room Temperature or Refrigerated
Humulin R	Labeled expiration date	28 days	28 days
Humulin N	Labeled expiration date	28 days	28 days
Humulin 70/30	Labeled expiration date	28 days	28 days
Humalog Vial	Labeled expiration date	28 days	28 days
Humalog Mix Vial 75/25	Labeled expiration date	28 days	28 days
Humalog Mix 50/50	Labeled expiration date	28 days	28 days
Humulin 50/50	Labeled expiration date	28 days	28 days
Novolin R*****	Labeled expiration date	30 days	30 days
Novolin N*****	Labeled expiration date	30 days	30 days
Novolin 70/30*****	Labeled expiration date	30 days	30 days
Novolog	Labeled expiration date	28 days	28 days
Novolog 70/30 Mix	Labeled expiration date	28 days	28 days
Lantus	Labeled expiration date	28 days	28 days
**Apidra	Labeled expiration date	28 days	28 days
***Levemir	Labeled expiration date	42 days	42 days

Pens/Cartridge	Unopened Refrigerated	Unopened Room Temperature	In use Room Temp
Humulin N Pen	Labeled expiration date	14 days	14 days
Humulin 70/30 Pen	Labeled expiration date	10 days	10 days
Humalog Pen	Labeled expiration date	28 days	28 days
Humalog Mix 75/25 Pen	Labeled expiration date	10 days	10 days
Humalog Mix 50/50	Labeled expiration date	10 days	10 days
Humalog 3.0 mL Cartridge	Labeled expiration date	28 days	28 days
Lantus - 3.0 ml cartridge	Labeled expiration date	28 days	28 days
*Apidra - 3 mL cartridge	Labeled expiration date	28 days	28 days
****Levemir 3 mL Penfill cartridges	Labeled expiration date	42 days	42 days (Do not refrigerate)
Levemir 3 mL InnoLet	Labeled expiration date	42 days	42 days (Do not refrigerate)
Levemir 3 mL Flex Pen	Labeled expiration date	42 days	42 days (Do not refrigerate)
Lantus OptiClik 3.0 ml cartridge Inserted into OptiClik			28 days (Do not refrigerate)
Novolog Flex Pen	Labeled expiration date	28 days	28 days (Do not refrigerate)
Novolog Penfill	Labeled expiration date	28 days	28 days (Do not refrigerate)

Vials

If opened vials cannot be refrigerated, the vial can be kept unrefrigerated for up to 28 days away from direct light, as long as the temperature is less than 86 degrees Fahrenheit. Potency loss may occur after the vial has been opened for greater than 1 month, especially if stored at room temperature. Insulin should not be stored in the freezer and should be discarded if frozen.

Lantus should not be mixed with other insulin products.

**Apidra see manufacturer's recommendation for mixing of insulin.

***Levemir should not be mixed or diluted with any other insulin preparations.

Pens and/or cartridges

Manufacturers recommend not refrigerating pens.

*Apidra Cartridge systems are for use only in OptiClik (Insulin Delivery Device). The opened (in-use) cartridge system inserted in OptiClik should not be refrigerated but should be kept below 77°F away from direct heat and light. Do not store OptiClik with or without cartridge system, in a refrigerator at any time.

****Levemir PenFill cartridges are for use with Novo Nordisk 3 mL Penfill cartridge compatible insulin delivery devices and NovoFine disposable.

*****Available in prefilled, disposable pens or cartridges for reusable pens.

CMS Five Star Rating System on Nursing Homes

www.medicare.gov/nhcompare/

On December 18, 2008, CMS added the “Five Star Quality Rating System” to the Nursing Home Compare website for consumers to use in comparing nursing homes. The rating system is based on three performance measures: Health Inspections, Staffing and Quality Measures. Nursing homes were given a rating for each of the measures and an overall rating. A rating of five stars is considered much above average while a rating of one star is considered much below average.

The Health Inspection Measure rating is based on:

- Number, scope and severity of the deficiencies cited for the three most recent annual surveys.
- Number, scope and severity of the deficiencies cited for the most recent 36 months of complaint surveys.
- Number of revisits after an annual survey needed to substantiate compliance for a deficient practice with the scope of widespread and severity of no actual harm with potential for more than minimal harm that is not immediate jeopardy (F) or higher. (The first revisit is not counted.)

The Staffing Measure is based on:

- RN hours per resident per day.
- Total staffing hours (all nurses and nurse aides) per resident per day.
- Case Mix of the facility (acuity level).

The Quality Measures are based on:

- Long-stay residents:
 - Whose need for help with daily activities has increased.
 - Whose ability to move in and about their room got worse.
 - Who have pressure sores.
 - Who have had a catheter inserted and left in their bladder.
 - With urinary tract infection.
 - With moderate to severe pain.
- Short –stay residents:
 - Who have pressure sores.
 - With moderate to severe pain.
 - With delirium.

Additional information regarding the Five Star Rating System and the Technical User’s Guide (detailed information on the calculation of the rating system) is available under “Downloads” at:

http://www.cms.hhs.gov/CertificationandCompliance/13_FSQRS.asp

If you have questions, call CMS Regional Office at (816) 426-2011.

Free Staff Education

Educational programs for unlicensed and licensed staff in long-term care nursing facilities and long-term care units of hospitals are again available through the KDOA Workforce Enhancement Grant. There is no limitation as to how many unlicensed staff may attend an education presentation at no cost. However, reimbursement for licensed staff is limited to no more than one licensed staff for at least every two unlicensed staff from the same facility.

This year KDOA awarded the grant to five entities:

1. The Geriatric Education Resource & Training Institute (GERTI), (913) 477-8251
2. Kansas Advocates for Better Care, (785) 842-3088
3. Kansas Restaurant and Hospitality Association, (316) 267-8383
4. Central Plains Geriatric Education Center at the University of Kansas Medical Center, (913) 588-1464
5. Alzheimer’s Association, Heart of America Chapter (913) 831-3888

Topics of the presentations include the serve-safe course, person-centered care and choices, infection control practices, care of residents with dementia, communication and teamwork, and pressure ulcer prevention. Please contact the entities for additional information regarding their educational presentations.

Staff In-Service and Education

K.A.R. 28-39-163 (g) Administration. Staff Development & Personnel Policies

K.A.R. 28-39-160(a)(7) Other Resident Services

http://www.agingkansas.org/ProviderInfo/regs/RegSets/NF_Regs_Total.pdf

F497 §483.75 (e)(8) Regular In-Service Education

F498 §483.75(f) Proficiency of Nurse Aides

http://cms.hhs.gov/manuals/Downloads/som107ap_pp_guidelines_ltcf.pdf

Nursing facility staff periodically request information as to the required annual in-services. The state regulatory requirements are available at K.A.R. 28-39-163 (g) Administration. Staff Development & Personnel Policies.

The regulation addresses the provision and documentation of annual staff in-service education. It states that all facility staff must annually receive at least eight hours of annual in-service education in fire prevention and safety, disaster procedures, accident prevention, resident rights, psychosocial needs of residents and infection control.

It further states that direct care staff must receive at least 12 hours of in-service education in the previous topics and in techniques that assist residents to function at their highest practicable physical, mental and psychosocial levels.

K.A.R. 28-39-160(a)(7) Other resident services require the facility to provide regular staff in-service training specific to the needs of the residents in the special care section.

The federal regulations at F497 §483.75 (e)(8) Regular In-Service Education and F498 §483.75(f) Proficiency of Nurse Aides also provide regulatory requirements regarding regular nurse aide in-service education and competency skills and techniques.

F497 states that the facility needs to provide regular in-services for nurse aides based on any weaknesses identified in their annual performance review, special needs of the residents in the facility and care of cognitively impaired residents when responsible for their care. The interpretative guidelines state, "The adequacy of the in-service education program is measured not only by documentation of hours of completed in-service education, but also by demonstrated competencies of nurse aide staff in consistently applying the interventions necessary to meet residents' needs."

F498 §483.75(f) Proficiency of Nurse Aides, states, "The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care." The interpretative guidelines state, "Competency in skills and techniques necessary to care for residents' needs" includes competencies in areas such as communication and personal skills, basic nursing skills, personal care skills, mental health and social service needs, basic restorative services and resident rights.

Residential Adult Care Homes have similar education requirements listed under the following regulations:

K.A.R. 28-39-248. Staff Development

http://www.agingkansas.org/ProviderInfo/regs/RegSets/ALF_Regs_Total.pdf

K.A.R. 28-39-432. Disaster and Emergency Preparedness

K.A.R. 29-39-433. Infection Control

http://www.agingkansas.org/ProviderInfo/regs/RegSets/Home_Plus_Regs_Total.pdf

K.A.R. 28-39-284. Staff Development

http://www.agingkansas.org/ProviderInfo/regs/RegSets/ADC_Regs_Total.pdf

Conveyance of Resident's Funds

K.A.R. 30-10-11(h)

http://www.kssos.org/pubs/register/2005/Vol_24_No_15_April_14_2005_p_445-524.pdf

K.A.R. 28-39-149 Protection of Resident Funds(c)(6)

http://www.agingkansas.org/ProviderInfo/regs/RegSets/NF_Regs_Total.pdf

F160 C.F.R. 483.10(c)(6) Conveyance upon Death

http://cms.hhs.gov/manuals/Downloads/som107ap_pp_guidelines_ltcf.pdf

F160 C.F.R. 483.10(c)(6) Conveyance upon death and K.A.R. 28-39-149(c)(6) Protection of resident funds, require within 30 days after the death of a resident who had personal funds deposited with the facility the facility must convey the resident's funds and a final accounting of those funds to the individual or probate jurisdiction administering the resident's estate.

K.A.R. 30-10-11(h) speaks to what a facility must do with the personal funds of a Medicaid recipient who dies. The following information was provided by the Estate Recovery Unit of the Kansas Health Policy Authority as to the procedure for handling the balance in the resident's trust fund when the deceased resident was a Medicaid recipient.

When there is a death of a resident who is a Medicaid recipient and has no surviving spouse, minor or disabled child, or court-appointed executor or administrator, the facility must forward the balance of the personal needs fund to the Estate Recovery Unit along with the resident's full name, Social Security number and date of death. The facility must also send a copy of the accounting record of the personal needs account for the deceased recipient.

The balance of funds and/or account shall be forwarded to the Estate Recovery Unit within 30 days of date of death. Should any priority claim arise, the Estate Recovery Unit will refund the funds received from the above account to the priority claimant. The check should be made payable to "KANSAS ESTATE RECOVERY" and mailed to:

EST	ESTATE RECOVERY UNIT
Kansas	Health Policy Authority
P	P.O. Box 2428
T	Topeka, KS 66601

If the funds are needed to apply to funeral costs, the facility may fax the Estate Recovery Unit information regarding the balance in the resident trust fund along with a copy of the unpaid funeral cost statement. If there is a funeral plan or insurance, that amount must be shown as a credit to acknowledge there are other funds available. Staff at the Estate Recovery Unit will then fax the facility permission to pay the balance, or portion of the balance, directly to the funeral home/cemetery. The Estate Recovery Unit fax number is 785-296-8825.

Please feel free to contact staff at the Estate Recovery Unit at the above address or 785-296-6707 with any questions.

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

MDS Corner

EDUCATION AND RESOURCES FOR MDS COORDINATORS

http://www.agingkansas.org/ProviderInfo/Education_Info/Education_index.html

Upcoming MDS Education

Plans are being made to provide MDS 2.0 Training via five 2 hour Webinars in February and March. Look for details at http://www.agingkansas.org/ProviderInfo/Education_Info/Education_index.html

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

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

KDOA Long Term Care Staff plans to work with the KAHSA and KHCA to provide MDS 3.0 Training in the summer of 2009. No dates have been set.

Questions and Answers

Question: A resident with dementia walks around the nursing facility and in and out of the other residents' rooms looking for his wife who does not live at the facility. Would the resident be coded E4.a. Behavioral Symptoms - wandering?

Answer: Yes. According to the RAI Manual 3-66, "wandering is defined as locomotion with no discernable, rational purpose. A wandering resident may be oblivious to his or her physical or safety needs." Although the resident has a purpose for his walking about the facility it is not a rationale reason due to his wife not living in the facility. In addition, he is likely not aware of the safety of entering other resident's room uninvited.

Question: I just started as the MDS Coordinator. Looking at previous MDS, I have identified inaccurate coding. What should I do?

Answer: If you are in the window of the ARD for a new assessment, i.e. quarterly or annual, you need to complete the assessment coding the MDS correctly. You will also want to document in the nurses notes or progress notes, that you have identified the discrepancies, especially if the new coding triggers a significant change assessment but the resident has not really experienced a significant change and the care plan accurately reflects the resident's needed care. If you are not in the window of the ARD for a new assessment, you may want to do the next assessment early and document again as mentioned previously.

If objective data is present in the clinical record that supports the decision that the MDS was inaccurately coded, i.e. documented UTI, physician visits, then the previous MDS may be "modified." Refer to the RAI Manual 5-8 for the process.

Ask Al

Question: Do we need to notify you when we install a new nurse call system?

Answer: To avoid being cited for deficient practices related to the call light system a proactive facility will contact KDOA prior to installing it. Al Gutierrez, environmental specialist is willing to discuss the regulatory requirements and assist with any questions you may have. He can be reached at 785-296-1247 or by e-mail at Al.Gutierrez@aging.ks.gov

Changes In Physical Environment

When facility staffs visit each other's facilities, they have at times noticed the facility has made changes in their physical environment differently than is required by the regulations. An example is: medications are stored in locked cabinets in the residents' rooms versus being stored in a locked medication room or cart. Such a change has been allowed through the granting of substantial compliance by the agency.

To be granted substantial compliance the facility must send a letter to the LongTerm Care director stating how the facility will still meet the intent of the state regulation. Each request is looked at individually. The change cannot be implemented until the facility receives a return letter granting permission. Implementing a change for which substantial compliance has not been granted is considered a deficient practice.

New Staff

KDOA welcomes Patty Brown, RN, to the Statewide Licensed Only programs and ICF-MR programs. She began employment as a Health Facility Surveyor III on December 15. She has most recently been employed at the Kansas Board of Nursing and has had previous management and education experience at the St. Francis Medical Center.

Brown joins Susan Fout, RN, Director, and Helen Shewey, RN, Health Facility Surveyor II, in the Topeka office.

2008 Exemplary and No-Deficiency Letters Third Quarter

FACILITY	CITY	TYPE	EXEMPT LETTER	NO DEF CERT/LET	SURVEY DATE
The Pines	Hiawatha	HP		X	7/1/08
Waldron Place	Hutchinson	ALF		X	7/1/08
Glenn Moore Meadows	Holton	HP		X	7/3/08
Vintage Place of Derby	Derby	ALF		X	7/3/08
Villa Maria	Mulvane	SNF/NF		X	7/10/08
Comfort Care Homes, Inc. #641	Wichita	HP		X	7/21/08
The Atriums	Overland Park	RHCF		X	7/23/08
Ness County Hospital Dist #2 LTC	Ness City	NF		X	7/29/08
Salina Presbyterian Manor	Salina	SNF/NF	X	X	7/31/08
Midland Gardenview Respite Center	Topeka	RHCF		X	7/31/08
Sterling House of Arkansas City	Arkansas City	ALF		X	8/5/08
Golden Living Center - Downs	Downs	SNF/NF		X	8/21/08
Reflection Living of Hidden Lakes LLC	Wichita	HP		X	8/25/08
The Fountains	Andover	ALF		X	9/3/08
Bethel Home	Montezuma	NF	X		9/10/08
Cheyenne Lodge Nursing Home	Jamestown	SNF/NF		X	9/11/08
Ashford Place	Overland Park	RHCF		X	9/16/08
Sharon Lane	Shawnee	SNF/NF		X	9/16/08

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	1ST JAN-MAR	2ND APRIL-JUNE	3RD JULY-SEPT	4TH OCT-DEC
Administration	13	12	6	
Admission, Transfer, Discharge	1	2		
Abuse, Neglect, Exploitation	4	3	3	
Dietary Services	8	6	4	
Disaster Preparedness	2			
Employee Records	9	7	17	
Environmental Issues	15	17	21	
Health Care Services	13	9	8	
Inadequate Staffing	1	3	2	
Infection Control	12	3	7	
Medication Management	19	17	31	
Negotiated Service Agreement	20	11	21	
Professional Standards for Licensed/Unlicensed Personnel				
Quality of Care Issues	1	2		
Resident Functional Capacity Screen	12	6	15	
Resident Funds			1	
Resident Records	14	6	11	
Resident Rights	3		4	
Restraints – chemical, physical			1	
Special Care Unit				
Staff Development	1		1	
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Civil Money Penalties	4	3	9	
Correction Orders	34	28	47	
Ban on New Admissions	5	6	1	
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FEDERAL REMEDIES	1ST	2ND	3RD	4TH
Civil Monetary Penalties Recommended	5	3	8	
Denial of Payment for New Admissions Imposed	13	14	12	
Terminations	0	0	0	
No Opportunity to Correct	15	11	15	

ROUTING SLIP

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