



# Sunflower Connection

## *In This Issue*

### All Adult Care Homes

KDADS.....	1
Regional Manager Change.....	2
HOC News.....	2
Resources.....	4
Creating Change with Resident Involvement.....	10
Palliative Care Series.....	12
EMV Use in ACHs.....	12

### Nursing Homes

S and C Letters.....	2
CMS Initiative on Dementia Care.....	3
CMS 5 Star Reporting.....	5
Nursing Home Compare.....	5
Quality Measures.....	6
QAPI.....	7
Interact.....	7
MDS.....	7
Ask AL.....	9
What’s Cooking.....	9
Provider/Surveyor Training.....	12

There are differences between the older adults we will continue to serve and persons with disabilities who we will serve under the new agency, but they also represent many common challenges: helping people to stay independent and healthy as long as possible, the need for quality housing and competent caregivers, and the necessity of navigating a fragmented health care system.

The fact that our new agency will continue to provide services to the elderly but take on a new role focusing on long-term services and supports will give us a broader-than-ever platform to address these many challenges. We want to keep older adults and persons with disabilities at home and independent as long as possible, provide them with an integrated and coordinated Medicaid system, provide quality Older Americans Act-services and home and community based services to help achieve this goal. We also want to strengthen accountability within these systems.

A large part of our mission will be to build awareness of how communities can engage and support the needs of older adults and people with disabilities – and help communities understand how much they have to learn from the most vulnerable among them. Our commitment to providing services to the elderly has not changed. Working together we can create a better Kansas for all our residents, regardless of their age or need for care.

The customer service phone number for KDADS will remain 1-800-432-3535. Phone numbers for individual staff members will remain the same. In addition, the department will have a new website address [www.kdads.ks.gov](http://www.kdads.ks.gov) to which you will be automatically directed if you click on the old address.

## **KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES: KDADS**

July 1, 2012 the Kansas Department on Aging will become the Kansas Department for Aging and Disability Services (KDADS) under an executive order issued by Governor Sam Brownback. In addition to continuing to provide services to the elderly of our state, KDADS will take over from SRS and administer:

- Mental Health Programs
- Addiction and Prevention Programs
- State Hospitals and Institutions
- Home and Community-based Services Waiver Programs



July 1, 2012

## REGIONAL MANAGER CHANGE

Deb Cable RN Regional Manager for the South Central region will be leaving her position with KDADS on July 6th. Janice VanGotten RN Regional Manager from the SE region will be over seeing the SC region during the transition period.

## HEALTH OCCUPATIONS CREDENTIALING NEWS

### -MOVING TO KDADS-

On July 1, Health Occupations Credentialing will become part of the Kansas Department for Aging and Disability Services. Education, certification, licensure and criminal record check process will become part of the Survey, Certification, and Credentialing Commission. The date for the physical move from KDHE to KDADS has not been set, but transition teams are working diligently to ensure that service to customers is not interrupted. Website links and contact information are being updated and the transition should be seamless to those of you who contact HOC for information and assistance.

HOC is currently working to fill two vacant positions. New contact information will be provided to our advisory group and customers. We are very grateful for your patience during this transition period.

Administrator renewals are due June 30. They may renew online at [www.kdheks.gov/hoc](http://www.kdheks.gov/hoc). If administrators prefer, they may download a paper renewal application from the same website.

## SURVEY AND CERTIFICATION LETTER

[www.cms.gov/SurveyCertificationGenInfo/PMSR/list.asp](http://www.cms.gov/SurveyCertificationGenInfo/PMSR/list.asp)

### Policies and Memos to States and Regions

**Subject:** Use of Insulin Pens in Health Care Facilities

**Ref.:** S&C: 12-30-ALL

**Date:** March 18, 2012

**Summary:** **Insulin pens are meant for use by a single patient only.** Each patient/resident must have his/her own. Sharing of insulin pens is essentially the same as sharing needles or syringes, and must be cited, consistent with the applicable

provider/supplier specific survey guidance, in the same manner as re-use of needles or syringes.

**Subject:** Clarification and revisions to Interpretive Guidance at F Tag 492, as Part of Appendix PP, State Operations Manual (SOM) for Long Term Care (LTC) Facilities

**Ref.:** S&C: 12-34-NH

**Date:** June 1, 2012

**Summary:** Revised Guidance for Tag F492: Current guidance in Appendix PP of the SOM for Tag F 492, 42 CFR §483.75(b) and (c) States that this tag should be cited only when the authority having jurisdiction has both made a determination of noncompliance and has taken a final adverse action as a result.

**Subject:** Safe use of single dose/single use medications to prevent healthcare-associated infections

**Ref.:** S&C: 12-35-all

**Date:** June 15, 2012

**Summary:** Under certain conditions it is permissible to repack single-dose vials or single use vials (collectively referred to in this memorandum as "SDVs") into smaller doses, each intended for a single patient: Administering drugs from one SDV to multiple patients without adhering to USP <797> standards are not acceptable under CMS infection control regulations.

**Subject:** Redesign Updates to the *Nursing Home Compare* Website

**Ref. S&C:** 12-37-NH

**Date:** June 22, 2012

**Summary *Nursing Home Compare:*** The Centers for Medicare & Medicaid Services (CMS) will launch a re-designed *Nursing Home Compare* website on July 19, 2012.

**New Information:** Website will add new MDS 3.0 quality measures, detailed inspection reports (CMS 2567s), nursing home ownership information, and additional staffing data.

**Culture Change:** "It is the commitment to the organization and a dedication to provide the resources to obtain the outcomes and to place a high value on staff competency. As leaders, we have to say that it is important, we are going to invest in it, and we are going to celebrate when people achieve these levels."

(Provider Magazine 2008)

July 1, 2012

**CMS NATIONAL PARTNERSHIP TO  
IMPROVE DEMENTIA CARE:  
A mission to improve behavioral health  
among nursing home residents with dementia  
and to protect them from  
unnecessary drug use.**

CMS is partnering with stakeholder to promote three concepts to improve dementia care:

- Rethink – approach to dementia care
- Reconnect – with residents via person-centered care practices
- Restore – good health and quality of life to people with dementia

The goal is to reduce the prevalence rate of antipsychotic drug use in nursing home residents by 15% by the end of 2012. Beginning July, 2012, each nursing home's rates of the prevalence of psychoactive medication use in long stay residents, in the absence of psychotic or related conditions and the incidence of psychoactive medication use in short term stay residents, in the absence of psychotic or related conditions will be posted on the Nursing Home Compare website.

CMS has created a video entitled: *Initiative to Improve Behavioral Health and Reduce the Use of Antipsychotic Medications in Nursing Homes Residents*, <http://www.nhqualitycampaign.org/> CMS and stakeholders have developed educational tools for nursing home staff. The nursing home provider organizations created tools for professional staff including medical directors, directors of nursing, and administrators will be posted on the Advancing Excellence Website:

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

This summer CMS will distribute to all nursing home providers a DVD to use in staff education entitled "*Hand in Hand*". It is a series that provides direct care workers with training that emphasizes person-centered care, prevention of abuse, and non-pharmacological interventions.

A revision to F329, Unnecessary Drugs, and its guidance is slated for release in the Fall of 2012. A new QIS Critical Element pathway is being developed for surveying nursing homes for the use of antipsychotic medications.

CMS does caution nursing homes to have plans and processes in place before they reduce a resident's antipsychotic medications. This includes determining

why the resident was initially placed on the medication and developing an individualized care plan to address the resident's initial and current behaviors. Other important areas that nursing homes need to focus on include providing staff education to ensure staff respond appropriately to resident behaviors and avoid the triggering of resident behaviors; and developing activity programs that are meaningful for residents with dementia to ensure they receive suitable stimulation.

It is of particular importance for adult care homes to be aware that many of the medications being evaluated have the potential for creating a psychotic response if the reduction is not managed by the appropriate mental health professional. Dr. Daniel Haimowitz, geriatrician and medical director for nursing facilities, writing 01/02/2012 for American Medical Directors Association states:

*What I'd like to see is help for nursing homes to do a better job at educating staff about non-pharmacologic treatment of behavioral issues improving communication about this between staff and physicians; and improving documentation of what the behaviors are, what has been done in he plan will be."*

Through the 2012 Workforce Enhancement Grant, KDOA provided funding to the Alzheimer's Association Central and Western Kansas; Alzheimer's Association, Heart of America; and Evergreen Living Innovations (ELI) (GERTI) for selected nursing home staff to receive dementia care education at no cost. Providers are encouraged to contact these organizations.

KDOA also encourages nursing home providers to take advantage of any workshops or conference sessions offered by the provider organizations and the QIO. All adult care homes must strive to improve the behavioral health of all their residents and to protect them from the use of unnecessary medications.

**RESOURCE DISCLAIMER:**

*Throughout the Sunflower Connection reference to non-KDADS sources or sites are provided as a service and do not constitute or imply endorsement of these organizations or their programs by KDADS, nor is KDADS responsible for the content of pages found at these sites. The uniform resource locators for internet addresses were current as of the date of this publication.*

July 1, 2012

## RESOURCES

### Improving AP Appropriateness in Dementia Patients Website

The site includes information and resources to help physicians, physician extenders, nurses, and pharmacists, providers, and consumers better understand how to manage problem behaviors and psychosis in people with dementia. Included are brief videos, written information, and quick references for clinicians and providers, and written information for families and residents on the risk and benefits of antipsychotics for people with dementia. (Free continuing education credits are available for clinicians.) The program is supported by the Agency for Healthcare Research and Quality. <https://www.healthcare.uiowa.edu/igec/IAADAPT>

### Alzheimer's Association

- **Aggression**  
[http://www.alz.org/living\\_with\\_alzheimers\\_aggression.asp](http://www.alz.org/living_with_alzheimers_aggression.asp)
- **Behavioral and Psychiatric Symptoms of Alzheimer's Disease**  
[http://www.alz.org/national/documents/topic\\_sheet\\_behavepsych.pdf](http://www.alz.org/national/documents/topic_sheet_behavepsych.pdf)
- **How to respond when dementia causes unpredictable behaviors**  
[http://www.alz.org/national/documents/brochure\\_behaviors.pdf](http://www.alz.org/national/documents/brochure_behaviors.pdf)

### CMS Report on 5 Star Rating Program from 2009-2011 (Abt Associates) Reported to State Survey Agencies 062012

Since 2009, nursing home data on staffing levels, quality measures, and health facility and life safety code inspections has been reported on the CMS website, Nursing Home Compare, [www.medicare.gov/NHCompare/Home.asp](http://www.medicare.gov/NHCompare/Home.asp). Nursing homes were also rated on a 1-5 scale with 1 being a low score and 5 being a high score. Abt Associates, an independent contractor with CMS, recently released an overview and analysis of the data and ratings from 2009-2011.

In 2011, **Distribution of Overall Rating**, roughly equal numbers of facilities received 1 star and 5 stars.

- 16% of nursing homes received an overall 1-star rating

- 41% received 2 or 3 stars
- 27% received 4 stars, 16% received an overall 5-star rating

### Trends from January 2009 – December 2011

- **Distribution of Stars Ratings**
  - **Overall rating**, there was a slight but consistent increase in the proportion of both 4- and 5-star nursing homes:
    - from 23.4% to 27.4% for 4 stars
    - from 11.8% to 15.9% for 5 stars
  - The proportion of 1-star facilities declined from 23% to less than 16%.
  - There has been little change (<1%) in the proportion of nursing homes with either a 2-star or 3-star rating
- **Evidence of improvement in all three domains:**
  - **Staffing:** Proportion of nursing homes receiving 4 or 5 stars increased while the proportion of nursing homes receiving 1 star decreased.
  - **Quality measures:** Proportion receiving 4 or 5 stars has increased, while proportion with 1 or 2 stars decreased. (QM rates remained constant since April 2011 due to the change of data collection to the MDS 3.0.
    - By design, health inspection ratings remained constant. However, analysis of the average number of deficiencies and health inspection scores shows a general improvement in health inspection scores for more recent surveys except for 1-star facilities.
- **Trends in Staffing Ratings: 2009-2011**
  - Proportion of 5-star nursing homes increased slightly (7.2% to 8.9%).
  - Proportion of 4-star nursing homes increased considerably more, from 31% to 39%.
  - Nursing homes with 1 star in staffing have decreased from 23% to 14%.
- **Trends in Quality Measure Ratings: 2009-2011**
  - Percentage of 5-star nursing homes increased from 10% to 16%;
  - Percentage of 1-star nursing homes declined from 20% to 11%.

(5 star continued page 5)

July 1, 2012

*\*QM ratings were held constant since April 2011.*

## NURSING HOME COMPARE ADDITIONS

[www.medicare.gov/NHCompare/Home.asp](http://www.medicare.gov/NHCompare/Home.asp)

Starting in the Summer of 2012, the Nursing Home Compare Website will have several revisions in its formatting to assist in ease of use and to present additional information.

The additional information will include:

- Relationship between Star Rating and Facility Characteristics: 2009-2011
  - Non-profit and government-owned nursing homes continue to rate higher than for-profit homes.
  - Largest difference is in staffing rating:
    - <5% of for-profit nursing homes received 5 stars and 17% received 1 star.
    - Nearly 19% of non-profit and 24% of government-owned nursing homes received 5 stars while only 5% of both nonprofits and government-owned nursing homes received 1 star.
  - Inverse association between nursing home size and ratings:
    - Nearly 1/3 of homes with <50 beds received an overall 5-star rating, compared to 18% of homes with 50-99 beds, 11% of homes with 100-199 beds and 7% of homes with 200+ beds.
    - Relationship strong for health inspections and staffing, less clear for QMs.
    - Hospital-based nursing homes were more highly rated than freestanding nursing homes overall and in all domains except for QMs.

**Conclusion:** There is some evidence of improvement in the performance of nursing homes since the implementation of the Five-Star Quality Rating System.

### FIVE STAR HELP LINE AND EMAIL

Providers can access their Five Star Preview reports through the CASPER Reporting System. Questions and Concerns can be directed to the Help Line at 1-800-839-9290 or [BetterCare@cms.hhs.gov](mailto:BetterCare@cms.hhs.gov)

- Ownership Information
  - Name of the owner of the nursing home as identified on the CMS Provider Enrollment, Chain, and Ownership System (PECOS).
- Statement of Deficiencies (Form CMS-2567)
  - Full text of the 2567 Reports - Annual and Complaint Survey Statement of Deficiencies and Plan of Correction.
  - 2567 Reports from calendar year 2011 will be posted initially. New reports will be added as they become available until three years of reports are posted. The reports will match the three years for which summary information on health inspection results is reported.
  - 2567 Reports will be de-identified to remove references to potentially identifiable information (gender, age, race, less common medication names and medical conditions, room number).
- Quality Measures (QM) based on MDS 3.0 data (Average of 3 quarters)
  - QM based on MDS 3.0 assessments of the last three quarters of 2011 will be used initially. Each quarter the assessments used for calculating data will be replaced by the assessments of the most recent quarter.
  - Revision of Quality Measures (See the article in this SF Connection, "Quality Measures" that identifies QMs that will be reported and used in the Five-Star Rating System.)
- Physical Therapist Staffing Levels
  - Physical therapist hours per resident day will be based on data provided from the OSCAR. (Facility reported on the annual Medicaid and Medicare Certification  
(NH Compare continued page 6)

July 1, 2012

- Application at the time of the annual resurvey.)
- Data will not be reported for extreme outliers (e.g., top 1% in terms of therapist staffing levels) or facilities with large changes in reported therapist staffing over time.
- Data will include only physical therapists, not physical therapist aides and will not be case mix adjusted.
- Data will not be included in the Five-Star Rating System.
- Public Reporting of Antipsychotic Medication Use Quality Measure
  - Long-stay: Prevalence of psychoactive medication use, in the absence of psychotic or related conditions.
  - Short-stay: Incidence of psychoactive medication use, in the absence of psychotic or related conditions.
  - Data will not be used in the Five-Star Rating System.
  - Table presentation of data
    - Facility Distribution (Percentiles)
    - Facility Size and Ownership
    - Hospital Based
    - Certification type (Medicare, Medicaid, Dual Certification)

## QUALITY MEASURES

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/downloads/MDS30QM-Manual.pdf>

MDS 3.0 Quality Measures USER'S MANUAL  
(v5.0 03-01-2012)

### Short Stay Quality Measures

Resident whose cumulative days in the facility is less than or equal to 100 days from the time they entered the nursing home (MDS 3.0 A1600-Entry Date) and

- **Who Self-Report Moderate to Severe Pain**
- **With Pressure Ulcers That Are New or Worsened**
- **Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine**
- **Who Received the Seasonal Influenza Vaccine**
- Who Were Offered and Declined the Seasonal Influenza Vaccine Who Did Not Receive, Due

to Medical Contraindication, the Seasonal Influenza Vaccine

- **Assessed and Appropriately Given the Pneumococcal Vaccine**
- Who Received the Pneumococcal Vaccine
- Who Were Offered and Declined the Pneumococcal Vaccine
- Who Did Not Receive, Due to Medical Contraindication, the Pneumococcal Vaccine
- **Incidence of Psychoactive Medication Use in absence of psychotic or related conditions\***

### Long Stay Quality Measures

Resident whose cumulative days in the facility is greater than or equal to 101 from the time they entered the nursing home (MDS 3.0 A1600 Entry Date) and

- **Residents Experiencing One or More Falls with Major Injury**
- **Residents Who Self-Report Moderate to Severe Pain**
- **High-Risk Residents With Pressure Ulcers**
- **Assessed and Appropriately Given the Seasonal Influenza Vaccine**
- Who Received the Seasonal Influenza Vaccine
- Who Were Offered and Declined the Seasonal Influenza Vaccine
- Who Did Not Receive, Due to Medical Contraindication, the Seasonal Influenza Vaccine
- **Assessed and Appropriately Given the Pneumococcal Vaccine**
- Who Received the Pneumococcal Vaccine
- Who Were Offered and Declined the Pneumococcal Vaccine
- Who Did Not Receive, Due to Medical Contraindication, the Pneumococcal Vaccine
- **With a Urinary Tract Infection**
- **Who Lose Control of Their Bowel or Bladder**
- **Who Have/Had a Catheter Inserted and Left in Their Bladder**
- **Who Were Physically Restrained**
- **Whose Need for Help with Activities of Daily Living Has Increased**
- **Who Lose Too Much Weight**
- **Who Have Depressive Symptoms**
- **Prevalence of Psychoactive Medication Use in absence of psychotic or related conditions\***

*(QM's continued page 7)*

July 1, 2012

The preceding **Bolded** QMs are posted on the Nursing Home Compare website and with the exception of the Incidence and Prevalence of Psychoactive Medication, in absence of psychotic or related conditions are also included in the 5 Star Rating,

The specification for each Quality Measure that identifies the persons included and excluded is available in the User's Manual. Nursing Home staff should use the Quality Measures as a Quality Assessment and Assurance tool to review the residents who are in the domains:

1. Is the resident appropriately placed in the quality measure? Is the MDS coded correctly?
2. Is the resident care planned for the quality measure care area?
3. Are staff implementing the care plan?
4. What is the resident's outcome to the care provided?

## QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT (QAPI)

Be proactive and start improving the Quality Assurance and Performance Improvement (QAPI) program in your home. A KDOA workgroup consisting of nursing home providers from Presbyterian Manors of Mid-America; Americare Systems, Inc.; ELI Evergreen Living Innovations, Inc.; Kidron Bethel Village; Catholic Care Center; and Midwest Health; and representatives from the Quality Improvement Organization, and Survey, Certification, and Credentialing Commission gathered resources and adapted tools currently used in their homes and the QIS (Quality Indicator Survey) process. The resources and tools will assist integrating tasks and forms from the QIS process into a home's QAPI program. The tools include: Critical Element - Resident Use; Applying QIS Process to QA/PI Program; Process Improvement Team; Resident at Risk; and Resident Specific Review Tools: General Care and Services, Pain Recognition & Management, Activities of Daily Living, Range of Motion, Pressure Ulcer, Urinary Incontinence, and Urinary Catheter Use.

A brochure providing an overview of QAPI and additional resources, and the tools are available at [http://www.aging.ks.gov/AdultCareHomes/AdultCareHomes\\_index.html](http://www.aging.ks.gov/AdultCareHomes/AdultCareHomes_index.html) , Quality Practice Workgroup

section. Use of the tools is not mandatory for regulatory compliance nor does their use ensure regulatory compliance.

## INTERACT Interventions to Reduce Acute Care Transfers

Nursing facility residents are subject to frequent avoidable inpatient hospitalizations. These hospitalizations are expensive, disruptive, disorienting, and often dangerous for frail elders and people with disabilities. Nursing facility residents are especially vulnerable to the risks that accompany hospitalizations and transitions of care, including medication errors and hospital-acquired infections. Hospital episodes are even more difficult for individuals with dementia.

(DHHS, CMS, MMCO, CMMI, "Background" Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents" 15 May 2012:6 <http://www.innovations.cms.gov/Files/x/rhnfr.pdf>

INTERACT is a quality improvement program focusing on the management of acute changes in a resident's condition. The program provides nursing home staff with clinical and education tools and strategies to use in every day practice to recognize and communicate changes in residents' conditions in effort to promote early interventions of care and treatment of the resident that can take place in the nursing home setting to reduce avoidable hospitalization. More information about the program can be found at <http://interact2.net/>

## MDS Murmurings Upcoming Education

**The Basics - MDS 3.0, CAA, Care Planning** (The class is for New MDS Coordinators and other staff who have limited knowledge of the MDS 3.0.)

Attendees must bring a current RAI User's Manual 3.0. The manual can be found at:

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html>

- July 25-26, 2012, 8:15am to 4:30pm
- Lakepoint Nursing Center, 901 Lakepoint Drive, Augusta, KS

*(MDS continued page 8)*

July 1, 2012

- Registration form available at [http://www.aging.ks.gov/AdultCareHomes/Education\\_Info/Education\\_index.html](http://www.aging.ks.gov/AdultCareHomes/Education_Info/Education_index.html)
- Registration limited to the first 60 Registrants. Registration ends July 20, 2012.

### **CMS software upgrades resulted in URL changes.**

- MDS 3.0 RAI Manual <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html>
- MDS 3.0 Training Materials <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQI MDS30TrainingMaterials.html>
- Archived MDS 3.0 Manuals <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQI MDS30-ArchivedRAIManuals.html>
- MDS 3.0 Technical Information <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQI MDS30TechnicalInformation.html>
- SNF PPS Main Site <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/index.html>
- SNF PPS Spotlight <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Spotlight.html>
- FY 2012 RUG-IV Education & Training <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/RUGIVEdu12.html>

### **Questions and Answers**

**Question:** Where are the triggers for the Care Area Assessment located?

**Answer:** Chapter 4. Section 4.10 Twenty Care Areas Page 4-16. A trigger is the specific coding of an item on the MDS that serves as the indicator that the resident needs to be thoroughly assessed for the Care Area. The trigger may indicate the care area is an actual problem for the resident, i.e. presence of a pressure ulcer (M0300B1 > 0 AND M0300B1 <= 9); or a risk factor the resident has that may result in the care area becoming a problem, i.e. resident requiring

assistance with bed mobility (G0110A1 >= 1 AND G0110A1 <= 4). There are unique situations when a the resident is assessed for a triggered care area, the findings reveal the resident does not have the a problem in the care area or is not at risk for it. Knowing what triggered the Care Area for a resident helps to focus the Care Area Assessment and Care Planning. (See also Chapter 4. Section 4.4 What does the CAA process involve? Page 4.3-5)

**Question:** What documentation is required to support a resident was thoroughly assessed for a care area?

**Answer:** Chapter 4. Section 4.5 Other Considerations Regarding Use of the CAAs. CAA Documentation. Page 4-5-6.

- Relevant documentation for each triggered CAA describes: causes and contributing factors;
- The nature of the issue or condition (may include presence or lack of objective data and subjective complaints). In other words, what exactly is the issue/problem for this resident and why is it a problem;
- Complications affecting or caused by the care area for this resident;
- Risk factors related to the presence of the condition that affects the staff's decision to proceed to care planning;
- Factors that must be considered in developing individualized care plan interventions, including the decision to care plan or not to care plan various findings for the individual resident;
- The need for additional evaluation by the attending physician and other health professionals, as appropriate;
- The resource(s), or assessment tool(s) used for decision-making, and conclusions that arose from performing the CAA.

You will also want to review the Assessment Section of the QIS Critical Elements (CE) to ensure the CAA summary contains the information the surveyors are told to look when making the determination that the resident has been thoroughly assessed for the care area. The CE are available at <http://www.aging.ks.gov/Manuals/QISManual.htm> under Tab 6. and are similar to the Care Areas.

**Question:** When Mrs. M. entered our nursing on May 6, 2011, her stay was covered by Medicare. It

*(MDS continued page 9)*

July 1, 2012

ended on June 6, 2011. I am now completing her annual MDS, how do I code A2400. *Has the resident had a Medicare-covered stay since the most recent entry?*

**Answer:** As long as Mrs. M does not have discharge and re-entry to your nursing home, you will code all assessments at A2400. A. Yes.; B. *Start date of most recent Medicare stay:* 05062011; and C. *End date of most recent Medicare stay* 06062011. (Chapter 3. A-26, 27.)

**Question:** Do I code O0400 Therapies for residents who receive therapy under Part A or Part B?

**Answer:** Yes.

**Question:** Mrs. K started physical therapy on February 5, 2011 through March 8, 2011. She has not received any therapy since that time. How do I code her subsequent MDSs assessment for O0400 *Physical Therapy C.5 Therapy start day and C.6 Therapy end date*, if she is no longer receiving therapy?

**Answer:** Code O0400 Therapies C.5. 02052011 and C.6 03082011 (Chapter 3. O-17 Coding Tips and Special Populations)

**Question:** I am confused about setting the ARD for an EOT and EOT-R. Mr. L.'s last day of OT and PT was June 2, 2012. He missed OT and PT on the June 3, 4 and 5. He started back on OT and PT on the June 6 the same RUG level.

**Answer:** You must set the ARD for the EOT on Day 1, 2, or 3 after the last the day he received OT and PT. This would be June 6, 7, or 8. If you have not transmitted the MDS you may then *Code O0450. Resumption of Therapy A. Has a previous rehabilitation therapy regimen (SLP, OT, and/PT) ended as reported on this End of Therapy OMRA, and has this regimen not resumed at exactly the same level for each discipline?* 1. Yes and B. Date on which therapy regimen resumed: 06-06-2012. Chapter 2. 2-47 End of Therapy (EOT) OMRA; 2-29, #3; Chapter 3. O-30, 32 Resumption of Therapy)

## ASK AL

### PHYSICAL ENVIRONMENT

**Question:** What are the required widths of the resident room entrance door and the resident toilet room door in the Nursing Facilities?

**Answer:** KAR 26-40-304(b)(3) Doors and door hardware. (C) The width of the door opening to each room that staff need to access with beds or stretchers shall be at least three feet eight inches. The width of each door to a resident-use toilet room

and other rooms that staff and residents need to access with wheelchairs shall be at least three feet.

**Question:** What are the requirements for a mirror placement in the resident toilet room in a Nursing Facility?

**Answer:** KAR 26-40-304(b)(9) Hand-washing stations. (E) A mirror shall be placed at each hand-washing sink located in a resident room, a resident toilet room, and a bathing room and in each public toilet room. The placement of the mirror shall allow for convenient use by both a person who uses a wheelchair and a person who is ambulatory. The bottom edge of each mirror shall be no more than 40 inches from floor level.

**Question:** When are backflow prevention devices and vacuum breakers required in Nursing Facilities?

**Answer:** KAR 26-40-305(e) Plumbing and piping systems. (2) Back prevention devices or vacuum breakers shall be installed on hose bibs, janitors' sinks, bedpan flushing attachments, and fixtures to which hoses or tubing can be attached. Licensure inspections find these devices are often missing at the showers in the residents' toilet room and at the sink in the beauty and barber shop.

## WHAT'S COOKING?

For easy access to resources about making transformational changes to the culture of dining in nursing homes, just click and follow the link or copy and paste the link in your web browser.

- **[Creating Home in the Nursing Home II: A National Online Symposium on Culture Change and the Food and Dining Requirements](#)** (2010) Download symposium papers:
  - The Food and Dining Side of the Culture Change Movement: Identifying Barriers and Potential Solutions to Furthering Innovation in Nursing Homes – CS Bowman
  - Dining, Memory and Aging: Food for Thought – JL Ronch
  - The Deep Seated Issue of Choice – L Bump
  - Survey Interpretation of Regulations – L Hand

*(Cooking continued page 10)*

July 1, 2012

Enhancing the Quality of Nursing Home Dining Assistance: New Regulations and Practice Implications – SF Simmons, RM Bertrand

- Home-style Dining Interventions in Nursing Homes: Implications for Practice – RE Remsburg
- The Role of the Physician Order – MS Wayne, KP Leible
- **Food, Pharmacy and Culture Change: A Recipe for Success** – DE Hyde, R Ogden; <http://www.pioneernetwork.net/Events/CreatingHomeOnline/Symposium/>
- **New Dining Practice Standards**
  1. (2011) New food and dining standards of practice support individualized care and self-directed living, reflecting evidence-based research and current thinking, research trends, and recommended course of practice for:
    - Individualized Nutrition Approaches / Diet Liberalization: Diabetic / Calorie Controlled; Low Sodium; Cardiac
    - Individualized Altered Consistency Diet
    - Individualized Tube Feeding
    - Individualized Real Food First
    - Individualized Honoring Choices
    - Shifting Traditional Professional control to Individualized Support of Self Directed Living
    - New Negative Outcome

<http://www.pioneernetwork.net/Data/Documents/NewDiningPracticeStandards.pdf>
- **CMS Four Part Series: From Institutionalized to Individualized Care Series** shows how nursing homes can achieve better clinical outcomes when they individualize their care delivery systems; the third part of the series includes information about dining:
  - Part 3 – (Orig Date: 5/18/2007) Case Studies in Culture Change

<http://surveyortraining.cms.hhs.gov/pubs/Archive.aspx>
- **Dining with Friends™: An Innovative Approach to Dining for People with**

**Dementia.** View the 20 minute video at no cost or purchase the video and tool kit online.

[https://www.arcct.org/dining\\_with\\_friends\\_overview.php](https://www.arcct.org/dining_with_friends_overview.php)

- **Nourish the Body and Soul DVD** (2008) Training DVD available for purchase. <http://actionpact.com/index.php/product/nourish-the-body-and-soul>
- **Life Happens in the Kitchen** Workbook available for purchase <http://actionpact.com/index.php/product/life-happens-in-the-kitchen>
- **Food for Thought** A one-day workshop, sponsorship opportunities available [http://actionpact.com/calendar/event\\_details/food\\_for\\_thought](http://actionpact.com/calendar/event_details/food_for_thought)

## CREATING CHANGE WITH RESIDENT INVOLVEMENT

A recent presentation included asking those present to break into small groups and share their favorite “culture change” practice that actively included their residents. Responses ranged from the news on the latest adaptations on meal plans, personalizing “bed and rise” times as well as the latest innovations on the “spa” scene for showers and bathing.

When asked to identify the “*most valuable portion of the presentation*” these ideas came out on top. Many of you are actively seeking for ways to be innovative in your social service delivery as well as activity routines. Below is a listing of some ideas that may be new and fresh and help give a boost to the sunshine days of summer ahead.

“*The Smoothie Walk*” –once a week residents travel the path to a set location to discover what type of fruit smoothie the staff has concocted for snack that week. There is a short presentation of how the current offering is made that includes nutrition and health information regarding the ingredients. This has become a weekly social event for the facility. Since there are already “favorites” some weeks are a repeat performance and other weeks the offering is a “surprise.”

(Culture Change continued page 11)

July 1, 2012

*“Intergenerational Skype”* – through an arrangement with the local recreation center residents participate with 10-14 year olds sharing a history lesson while the seniors expand their computer skills. At the end of the series of lessons the class comes for a visit to meet their “mentors” and share a snack and social time.

*“I Hope You Dance”* – in conjunction with the adult care home therapy and rehabilitation staff the activity director developed a ballroom and wheelchair dancing class for physical exercise. The music for the class comes out the Big Band Era and Golden Age of Jazz with activity/rehab staff and volunteers on hand to be “partners”. The adult care home reports resident socialization has increased greatly and they have seen a decrease in falls due to the increased activity leading to greater stability.

## **PALLIATIVE CARE SERIES:**

### **Dignity for all**

The statement *“By 2040 40% of Americans are expected to be receiving end-of-life care in a nursing home”*<sup>1</sup> can seem a surprising statistic. Whether or not this comes to pass we do know a great many people will end their life while residing in an adult care home. The manner in which this process transpires is an area of concern not only to residents and their families but to those looking at quality measures, report cards, quality of life and dignity. As stated in recent study in the Journal of Palliative Medicine<sup>2</sup> *“we know there is a correlation between the publishing of quality measures and subsequent steps taken by providers to improve care...”*

Along with measures to reduce pain and to increase comfort from symptoms such as shortness of breath and anxiety, a focus on dying with dignity has emerged. In the attempt to assist residents in this area staff training is of paramount importance. Staff working with high numbers of terminally ill residents must navigate the unique pressures they face with the repeated generation of their own grief response. Sadness, crying, loss of sleep, powerlessness, guilt are challenges named by staff as present during this time. Staff must also set the

tone for dealing with this situation in the adult care home as well as supporting residents through times of loss of a roommate or friend.

One method developed by a CEO in an adult care home for assisting his staff and residents to work through their feelings and need for closure with a resident, as well as allowing residents to depart their home with dignity, is called *“Highway to Heaven”*. This program was initiated after a series of observations and conversations about end of life procedures in the facility. It was noted that residents are welcomed into the building through the front door with smiles and handshakes but they were leaving by almost being “sneaked out” the back door –often right next to the dumpster or delivery trucks pulling in, while possessions are sacked in a trash bag in order to expedite cleaning of the room. By working together with the local funeral directors, facility staff and community a final tribute to residents at the end of life is now in place.

When the funeral director arrives to take the body *Highway to Heaven* is announced throughout the home. A special covering of a simple white cloth with a gold cross is retrieved from its storage in the chapel and drapes the body. Any staff, residents or visitor wishing to do so lines the way to the front door. The processional is led by those closest to the resident. If a CNA was the special friend of a resident then the CNA may lead; any family members and friends may walk with the resident also. In one instance the resident and facility dog were inseparable; almost as if on “cue” the dog led the procession, then stopped at the door, knowing he was not to leave the building. At the door prayers may be offered and an opportunity for any comments or tributes is allowed prior to moving on to the waiting hearse.

Responses to the program have been overwhelmingly positive. Other funeral directors and nursing facilities have encouraged the program and this particular program received a “Best Practice in Resident Dignity” Award from the Department of Health and Senior Services in their state.

<sup>1</sup> www.mcknights.com June 2012

<sup>2</sup> Mukamel, Ph.D., Department of Medicine, Health Policy Research, Institute, University of California-Irvine.

July 1, 2012

## **ELECTRONIC MOTORIZED VEHICLES:**

### **Balancing Self-Sufficiency with Safety**

Adult Care Homes have seen a rise in the number of residents wishing to use an Electronic Motorized Vehicle (EMV), usually referred to as “scooters” or “electric wheelchairs.” Some even arrive at the door with a statement of these being “medically necessary” for their well-being and recovery. At times therapy orders include routines designed to regain or enhance the ability to transport oneself on an EMV to decrease dependence on caregivers and improve discharge opportunities. Residents have the right to utilize these vehicles so long as they are physically and cognitively able to manage the use of such within the realm of appropriate safety measures and consideration of the other residents, employees and visitors at the facility. When a mishap occurs the adult care home faces navigating the proper course between the rights of residents to be as self-sufficient as possible vs. fulfilling appropriate risk-management requirements. Safety issues with EMV’s include events such as the vehicle running into the walls, being driven off of an elevator too quickly and running into another resident, being driven at a speed too high for safety in the halls; additional concerns revolve around the EMV being safe in transport on the facility van or fitting into the resident’s living space safely.

Policies developed for the operation of EMV’s on the premises are normally reviewed upon admission. The best-case scenario is having an organizational “point person” spend time with residents explaining the building policy and procedures as well as responsibilities and privileges for using EMV’s on the grounds. Information outlining key “rules of the road” should have both facility staff and resident sign-off completed. A copy goes to the resident and one is placed in the resident file. It is also wise to review the EMV policy with all staff and residents to insure everyone in the building is aware of necessary safety precautions. Further development of this policy will include responses in the event problems occur and the steps that will be followed in determining when a particular resident may have reached a point where continuing to operate the EMV is no longer safe. Reviewing physical ability and cognition at care planning intervals prepares both the staff and

resident for a time when alternative methods of transport may be needed.

Below are some issues common to EMV use within adult care homes. This is not an exhaustive listing. Each building will need to review this topic and tailor policies to their unique challenges:

- 1-Pedestrians have the “right of way”;
- 2-EMV should be operated in-house at an average walking pace;
- 3-EMV’s drivers should be aware of and stop at blind spots and intersections.
- 4-Vehicles must be left (or moved to) appropriate parking areas;
- 5-EMVs may transport only one resident at a time;
- 6-EMV owners only should operate their vehicle;
- 7-If elevators are in used in the building EMV protocol must be followed when entering and exiting them;
- 8-All necessary maintenance for the EMV must be kept current by the owner;
- 9-Physican and care plan team should review resident ability to safely operate EMV routinely;
- 10-Residents using EMV’s will agree to discontinue use when assessment and policy concerns indicate operation is no longer being done safely.

### **JOINT ACH STAFF AND KDADS SURVEYOR WORKSHOP**

**Topic:**

Infection Control

**Date and Location:**

August 8, Wichita;

August 9, Topeka

**Registration:**

Opens July 1

**Contact Organization:**

(Information and Registration):

Kansas Health Care Association

(KHCA) [www.khca.org](http://www.khca.org)

2012 AWARD LETTERS					
FACILITY	CITY	TYPE	EXEMPT LETTER	NO DEF CERT/LET	SURVEY DATE
Schowalter Villa	Hesston	SNF/NF		x	1/3/12
Kenneth L. Caldwell Assisted Living Manor	Wichita	ALF		x	1/4/12
Meadowlark Adult Care Home 5	Wichita	HP		x	1/4/12
Mary Martin's Retirement	Wichita	BCH		x	1/5/12
The Homestead of Olathe North	Olathe	ALF		x	1/5/12
Sunflower Adult Day Services	Salina	ADC		x	1/9/12
Carrington House Central	Wichita	RHCF		x	1/10/12
St. John's New Horizons	Hays	ALF		x	1/10/12
Sterling House of Hays	Hays	ALF		x	1/11/12
Clare Bridge of Wichita	Wichita	ALF		x	1/12/12
Lakepoint Nursing Center	Augusta	SNF/NF	x	x	1/12/12
Newton Presbyterian Manor	Newton	SNF/NF		x	1/12/12
Garden Villas of Lenexa	Lenexa	ALF		x	1/18/12
Atria Hearthstone East	Topeka	ALF		x	1/19/12
Galway Homes	Leawood	HP		x	1/19/12
The Gran Villas of Atchison	Atchison	ALF		x	1/23/12
Winter Meadow Home I	Topeka	HP		x	1/24/12
Sunrise Assisted Living of Leawood	Leawood	ALF		x	1/25/12
Keen Boarding Care Home	Clay Center	BCH		x	1/26/12
Shawnee Heartland	Shawnee	ALF		x	1/26/12
Arrowood Lane	Humboldt	ALF		x	2/2/12
Sug's Home Care	Conway Springs	HP		x	2/7/12
Heritage Estates Assisted Living	Harper	ALF		x	2/14/12
Sterling House of Wellington	Wellington	ALF		x	2/16/12
Hodgeman County Health Center, LTC	Jetmore	LTCU	x		2/17/12
Stratford Home	Wichita	HP		x	2/21/12
Autumn Home	Topeka	HP		x	2/23/12
Conser House	Overland Park	IMR		x	2/23/12
Assisted Living at Windsor Place LLC	Coffeyville	ALF		x	2/29/12
The Gansel House	Independence	RHCF		x	2/29/12
FTM 20	Lawrence	IMR		x	3/1/12
Sterling House of Emporia	Emporia	ALF		x	3/1/12
Meadowlark Adult Care Home 3	Wichita	HP		x	3/14/12
Bethel House	Wichita	HP		x	3/15/12
Healing Hands Comfort Homes LLC	Wichita	HP		x	3/19/12
Bickford at Mission Springs	Mission	ALF		x	3/20/12
Sterling House of Great Bend	Great Bend	ALF		x	3/21/12
The Sweet Life at Shawnee	Shawnee	RHCF		x	3/21/12
Vintage Park at Lenexa LLC	Lenexa	ALF		x	3/21/12
Country Place Home Plus of Hoisington	Hoisington	HP		x	3/22/12
Meadowlark Adult Care Home 2	Wichita	HP		x	3/22/12
Country Place Senior Living	Marysville	ALF		x	3/23/12
Country Place Home Plus of Scandia	Scandia	HP		x	3/28/12
Vintage Park at Ottawa LLC	Ottawa	ALF		x	3/28/12
Country Place Senior Living	Clay Center	ALF		x	3/29/12
Sterling House of Abilene II	Abilene	ALF		x	3/29/12

## Sunflower Connection

July 1, 2012

Year – 2011/12	2nd Quarter April – June 2011	3rd Quarter July – Sept 2011	4thQuarter Oct – Dec 2011	1st Quarter Jan – March 2012
<b>Abuse, Neglect, Exploitation</b>		1		
<b>Adult Day Care</b>	7	21	20	11
<b>Administration</b>		1		3
<b>Admission, Transfer, Discharge</b>				
<b>Delegation of Duties</b>	2	3		
<b>Dietary Services</b>	1	3	4	8
<b>Emergency Preparedness</b>	9	15	8	18
<b>Employee Records</b>	4		3	1
<b>Environmental Issues</b>	2	6	3	9
<b>Functional Capacity Screen</b>	7	3	2	1
<b>HealthCare Services</b>	2	3		3
<b>Inadequate Staffing</b>				
<b>Infection Control</b>	5	4	8	6
<b>Medication Management</b>	22	8	9	13
<b>Negotiated Service Agreement</b>	17	17	4	9
<b>Professional Standards of Quality</b>				
<b>Quality of Care Issues</b>				
<b>Resident Funds</b>				
<b>Resident Records</b>	1	10	5	5
<b>Resident Rights</b>			5	4
<b>Restraints – chemical, physical</b>				
<b>Special Care Unit</b>				
<b>Staff Development</b>				
<b>Staff Qualifications</b>			3	
Civil Money Penalties	1	9	4	4
Correction Orders	24	26	26	32
<b>Ban on New Admissions</b>	2	9	3	6
<b>FEDERAL REMEDIES</b>				
Civil Monetary Penalties Recommended	3	6	4	1
Denial of Payment for New Admissions Imposed	8	14	2	9
Terminations	0	1	0	0
No Opportunity To Correct	14	12	10	7