

# Sunflower Connection

[http://www.kdads.ks.gov/AdultCareHomes/Newsletters/Newsletter\\_Index.html](http://www.kdads.ks.gov/AdultCareHomes/Newsletters/Newsletter_Index.html)



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## Home and Community Based Services Final Rule - Kansas Transition Plan

### Final Rule Information

[CMS HCBS Website](#)

[HCBS Settings Summary of New Federal Rule](#)

[HCBS Consumer Rights and Freedoms](#)

The Centers for Medicare and Medicaid Services (CMS) issued a final rule for home and community based services (HCBS) effective March 17, 2014. All states must meet new requirements for home and community based settings for individuals who are served by a CMS-approved HCBS waiver program. In Kansas, there are seven HCBS waivers:

- Autism (child who starts services before age 6)
- Frail Elderly (65+ years)
- Physical Disability (16-64 years)
- Intellectual/Developmental Disabilities (5+ years)
- Technology Assisted (0 through 21 years)
- Traumatic Brain Injury (16-64 years)
- Serious Emotional Disturbance (0-18 years)

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## Draft Transition Plan

The draft Transition Plan for Home and Community-Based Services (HCBS) Settings is available online for public comment until July 15, 2014. The Public Comment period will be open for 30 days to allow all HCBS consumers and providers an opportunity to provide input to the Transition Plan. The Statewide HCBS Compliance Transition Plan will include results of the provider self-assessment and plans to address residential settings based on the guidance provided by CMS on March 20, 2014. Pending CMS guidance for day settings, the State will revise the Transition Plan to include additional guidance from CMS regarding application of the Final Rule to those settings.

[Click here for the Draft Transition Plan documents.](#)

CMS expects all states to develop a Transition Plan for each waiver that provides assessment, strategies, and timelines for meeting with the new rules. The Kansas Department for Aging and Disability Services would like your comments on this Transition Plan before it is submitted to CMS.

## Cardio-pulmonary Resuscitation

All facilities must have a policy and procedure that addresses how they would handle CPR in their facility.

The facility policy, at a minimum, directs staff to initiate CPR as appropriate. Facility policy should specifically direct staff to initiate CPR when cardiac arrest occurs for residents who have requested CPR in their advance directives, who have not formulated an advance directive, who do not have a valid DNR order, or who do not show AHA signs of clinical death as defined in the AHA Guidelines for CPR and Emergency Cardiovascular Care (ECC).

CPR-certified staff must be available at all times to provide CPR when needed

Facilities should make sure they have a current policy and staff is trained to implement it. The staff schedule should have a CPR certified staff to cover all shifts.

CMS would expect that nursing home staff who are CPR certified would maintain CPR certification for health care providers. Please make sure the evidence of their training is available in their file.

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-14-01.pdf>

## Electronic Health Records

Facilities using electronic health records must provide read only access to the **complete** clinical record for surveyors during a survey, revisit or a complaint. Determination of compliance is dependent on when an intervention was put in place. It is important to know the date the care plan was updated to include the new intervention. Facilities that have electronic health records must make sure their software is able to retain the date the intervention was implemented to get credit for promptly addressing a concern. The facility must have the evidence to support when (the date) a care plan was updated.

[http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/SCLetter09\\_53.pdf](http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/SCLetter09_53.pdf)

## Realigning Survey Regions

Effective July 1st the survey regions will be changed. The realignment was implemented to ensure KDADS will be able to address the increasing demand for regulatory services in the Kansas City Region. Johnson and Wyandotte counties have experienced tremendous growth in the number of long-term care and assisted living facilities that KDADS is required to license and certify. Our restructuring is designed to accommodate this growth while ensuring that we are effectively allocating resources to each region across the state.

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Here are the new regions

NW - Sue Hine Regional Manager  
SW - Carol Schiffelbein Regional Manager  
SE - Janice VanGotten Regional Manager  
NE - Susan Dannels Regional Manager  
KC – Vacant

The map with all the counties in the new regions is available at

[http://www.aging.ks.gov/AdultCareHomes/KDADS\\_SCCC\\_Region\\_Map.pdf](http://www.aging.ks.gov/AdultCareHomes/KDADS_SCCC_Region_Map.pdf)

## Mechanical Lift Age Restriction

### Question:

A few years back it came out that a nurse aide had to be 18 before using a mechanical lift on a resident in a nursing home. I think this was changed because if you can be 16 and become a CNA you should be able to use a lift. I have looked on the web site, went to OSHA, and Department of Labor and cannot find the policy or ruling. Can you help me? We have a couple of new high school CNA's and this question has come up.

### Answer:

The regulation is still in effect. It is a U.S. Department of Labor / OSHA regulation. Here is a link to the information.

<http://www.dol.gov/whd/regs/compliance/whdfs52.htm>

## Tuberculosis Update

This communication is to provide an update to earlier recommendations regarding a nationwide shortage of tuberculin used for tuberculosis skin testing (TST). The shortage involved both commercial products: TUBERSOL® (Sanofi Pasteur Limited), and APLISOL® (JHP Pharmaceuticals, LLC). In addition the shortage of Isoniazid used for treating both TB infection and disease as also been resolved.

**Both shortages appear to be resolved.** Please resume normal best practice activities and regulatory requirements in regards to screening for tuberculosis and for treating for TB Infection.

It is important to remember that low risk testing is not recommended by the Kansas Department of Health and Environment as it can produce false results. Please refer to the following lists of guidance related to best practices.

### For Healthcare Workers and Health Care Facilities:

[http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm?s\\_cid=rr5417a1\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm?s_cid=rr5417a1_e)

### For Correctional Institutions:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5509a1.htm>

### General Population and targeted Testing:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4906a1.htm>

### Using IGRA as an alternative to PPD and sometimes preferred screening tool:

[http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5905a1.htm?s\\_cid=rr5905a1\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5905a1.htm?s_cid=rr5905a1_e)

### Treatment of TB Infection:

[http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6048a3.htm?s\\_cid=mm6048a3\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6048a3.htm?s_cid=mm6048a3_w)

AND

<http://www.cdc.gov/tb/topic/treatment/ltbi.htm>

Questions should be directed to Phil Griffin, KDHE TB Controller ([pgriffin@kdheks.gov](mailto:pgriffin@kdheks.gov) or 785-296-8893).

## Preventing Norovirus Outbreaks

The June 2014 Vital Signs report “Preventing Norovirus Outbreaks” provides the latest statistics for Norovirus disease and ways the food service industry can help prevent outbreaks from contaminated food. This new report from CDC underscores the importance of:

- proper hand washing and avoid touching ready-to-eat foods with bare hands
- certifying kitchen managers and training food service workers in food safety practices; and requiring sick workers to stay home
- To access the Vital Signs report, the MMWR report (which details the science behind the issue) and a companion factsheet (available in English and Spanish language versions) go to

<http://www.cdc.gov/vitalsigns/norovirus/index.html>

## America’s Health Rankings Senior Report

*America’s Health Rankings Senior Report: A Call to Action for Individuals and Their Communities* rated Kansas the 17th healthiest state in the nation for adults aged 65 and over. To find out how state’s seniors rank for select health determinants, access the new report, or create a custom report, go to

<http://www.americashealthrankings.org/reports/senior>



## World Elder Abuse Awareness Day

Three simple steps every organization and family can take to prevent elder abuse were promoted during the World Elder Abuse Awareness Day observance on June 15, 2014:

1. Learn to recognize the signs of elder abuse. The Red Flags of Abuse Factsheet from the National Center on Elder Abuse list signs and risk factors.
2. Raise awareness in your community. A World Elder Abuse Awareness Day Tool Kit on the Administration for Community Living website provides information, tools, and resources.
3. Report elder abuse when you see it. To report suspected abuse, contact:

a. Who to contact when a resident has been abused by facility staff: The Kansas Department for Aging and Disability Services **NF Complaints Hotline at 1-800-842-0078**

b. Who to contact when a resident has been abused by someone from outside the facility: The **Kansas Protection Report Center at 1-800-922-5330**. The Report Center is a division of the Kansas Department for Children and Families.

## CARE/PASRR Program Update

### **Level I: Completing Section A and B**

A resident admitting to your nursing home with an anticipated “less than 30 day stay” will require you to complete Section A and B of the Care Level I assessment, and send it (along with the physician certified admission order stating this is a 30 day or less stay) to KDADS at **Fax # 785-291-3427**. This **must be submitted in order to receive payment** for the initial 30 day stay.

**KDADS** does not require you to forward this information to your ADRC, but some ADRC’s wish to see the documentation in order to verify they are completing an “appropriate assessment” (when called

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at day 20 to do a Level I resulting from a short-term stay that now looks to extend beyond the allowed 30 days.) If your ADRC is one that asks for the documentation you may forward that information as requested.

**The person completing Section A and B** for your nursing home should

1) be eligible to be a CARE Level I assessor and  
2) have completed the on-line Care Level I Nursing Facility Assessor training module. Level I assessors who trained prior to January 2013 may wish to review the training module just to be aware of the changes in these past 2 years. Another place to be sure and review is the CARE process chart also posted at the KDADS Provider Information Resource Site. The Level I NF Training module and the CARE process chart contain all the information you will need to keep your building in compliance with CARE Level I. These are posted at:

[http://www.aging.ks.gov/CARE/CARE\\_index.htm](http://www.aging.ks.gov/CARE/CARE_index.htm)

**Level II: Referring persons with Dementia for Level II assessment:**

CMS has requested the following procedure for persons who are entering a nursing home and normally would need a Level II PASRR screen but carry a primary diagnosis of dementia:

**PART 483.100-138 -- REQUIREMENTS FOR STATES AND LONG TERM CARE FACILITIES  
SUBPART C -- PREADMISSION SCREENING AND ANNUAL REVIEW OF  
MENTALLY ILL AND MENTALLY RETARDED INDIVIDUALS**

(b) **Definitions.** *As used in this subpart--*

(1) *An individual is considered to have a serious mental illness (MI) if the individual meets the following requirements on diagnosis, level of impairment and duration of illness:*

(i) *Diagnosis. The individual has a major mental disorder diagnosable under the Diagnostic and Statistical Manual of Mental Disorders, 3rd edition, revised in 1987.*

*This mental disorder is--*

(B) *Not a primary diagnosis of dementia, including Alzheimer's disease or a related disorder, or a non-primary diagnosis of dementia unless the primary diagnosis is a major mental disorder as defined in paragraph (b)(1)(i)(A) of this section.*

*(m) The evaluation may be terminated if the evaluator finds at any time during the evaluation that the individual being evaluated--*

*(1) Does not have MI or MR; or*

*(2) Has--*

*(i) A primary diagnosis of dementia (including Alzheimer's Disease or a related disorder); or*

*(ii) A non-primary diagnosis of dementia without a primary diagnosis that is a serious mental illness, and does not have a diagnosis of MR or a related condition.*

We meet these requirements by doing the following:

1-When there is a **PRIMARY** diagnosis of dementia, even if someone meets all the other criteria (more than on hospitalization in 2 years, interventions, interpersonal functioning issues, etc.) we **DO NOT REFER** for Level II.

2-When a person has a diagnosis of dementia that is **NOT PRIMARY** and meets all the other criteria to need a Level II screen we **DO REFER to KDADS for a decision as to whether the person needs a Level II screen** KDADS CARE staff will review the documentation and "rule out" the Level II if warranted; if not, the Level II will be assigned and the assessor will begin the assessment and then *may do* what is called a "dementia abort" of the assessment. In these cases ***the admitting nursing home will receive a Level II letter indicating the person was reviewed and determined to be a "dementia abort"*** situation and no further Level II specialized services for Mental Health or ID/DD are needed.

For the persons in this group who are **NOT DETERMINED to be a "Dementia Abort"** a **Level II letter will be issued with recommendations**

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## **outlining what specialized services will be expected to be provided to meet the on-going Mental Health or ID/DD needs of the individual.**

For your protection, do NOT allow hospital discharge planning staff to tell you “no Level II is needed”. We have had indications that some communicated this to nursing homes considering admission of a resident. Remember – it is the Nursing Home that is held accountable to complete PASRR appropriately, not the hospital. You will need to verify with KDADS that our PASRR/CARE staff has determined no Level II is needed prior to admitting a resident in this situation.

If hospital discharge planning staff tell you a Level II *is not needed without it having been discussed with KDADS please let us know* and we will visit with the hospital to correct their understanding of this matter. You are also welcome to copy this page to them for their information.

Whenever you have questions please feel free to call 785-368-7323 and ask for Sue Schuster, the PASRR Coordinator and CARE Program Manager for the state of Kansas. Sue or one of her staff will be glad to assist you. Sue is also glad to work with the local hospitals if they have questions regarding this issue.

### **Working the CARE Assessors**

The CARE assessors coming to your nursing home should conduct their assessments in a manner showing the highest level of courtesy and respect for the residents involved. I have encouraged the assessors to develop a relationship with the appropriate staff in each of the nursing homes they visit and to let this person know when they will be coming to interview a resident. In this manner the resident family/support persons can be more easily included if needed, as well as the resident being prepared for what the assessment is all about, why it is done, and -perhaps most of all – feel comfortable and safe communicating some fairly sensitive information to the assessor. The nursing home staff becomes used to seeing the assessors

in the building and our assessors become used to administering the assessment, but both can easily forget that to the resident this is a whole new process and can be confusing and create needless anxiety. When a trusted staff member can introduce the assessor to the resident and/or family with a moment of explanation that this is a required process done for everyone who enters a nursing home the “fear factor” can be laid to rest. A little up-front “*prep for success*” can make the experience less overwhelming for the resident, the assessor may have a smoother interview of the resident and your nursing home will have the PASRR process completed for the resident as needed. Please do not hesitate to contact me at any time if you have a concern with the CARE process or an issue with any assessor at Sue Schuster, KDADS, 785-368-7323 or Sue.Schuster@KDADS.ks.gov. Thank you all for your assistance with this matter!

## **Restraint Q&As from AANAC**

### **Side Rails: Do They Meet the Definition of a Restraint?**

Rena R. Shephard, MHA, RN, RAC-MT, C-NE

**Q.** We have a resident who constantly leans to side she is positioned on. She is high risk for falling out of bed. We've tried to reposition her when she is leaning beyond the edge of wedge mattress, but didn't have much success. She is a 4/2 for bed mobility and 4/3 for transfers. We are putting the padded side rail up when she's on her side. Is the side rail a restraint?

**A.** The side rails are restraints only if they meet the definition of a restraint. The question is, as I paraphrase it, whether the side rails prevent the resident from voluntarily doing something that she can do when the device is not present. For example, if the resident can voluntarily get out of the bed when the side rail is not in place (which is not to be confused with falling out of the bed) but is unable to get out of the bed when the side rail is in place, then it is a restraint by the definition in the regulation. If your resident doesn't voluntarily swing her legs over the side of the bed or otherwise voluntarily exit the bed when there's no rail there, then this device is not a restraint in her case. Side rails may be a danger

even to immobile residents. Care planning and care delivery should always take this into account.

### **Restraint: Abdominal Binder Scenario**

Rena R. Shephard, MHA, RN, RAC-MT, C-NE

**Q.** Our patient has a PEG tube and is ordered to have an abdominal binder to be worn at all times to prevent her from pulling it out. Should I check section P or not (trunk restraint in bed, in chair or out of bed)?

**A.** The abdominal binder meets the definition of a restraint, because it limits the resident's access to her body and is not being used in its usual capacity to meet medical needs. I'm not sure I'd code it as a trunk or chair restraint - those seem to be devices that limit mobility by being tied to the bed or chair. I'd code it as P0100 H. Other.

## **MDS Completion Timeframes From AANAC**

### **Is there a requirement that MDS' be completed immediately following the ARD?**

Jennifer LaBay, RN, RAC-MT

**Q:** I think I already know the answer, but there has been a discussion here. I believe that the MDS should be completed as close to as possible after the ARD (the date after). But others do not complete the MDS until the date of the care plan, up to 7 days after the ARD. Am I wrong?

**A:** Completion timeframes depend on the type of assessment

Admission MDS must be completed no later than day 14 of the stay, so depending on when your ARD is, you could have several days after the ARD to complete as long as you do not go past day 14.

Significant change / Correction assessments you have 14 days from the date you determine there was a significant change or correction to complete the assessment, so again, depending on the ARD; you could have several days to complete the MDS.

All other assessments, you have 14 days from the ARD to complete the assessment - so actually you and your colleagues are all correct as long as you

don't deviate from the required timeframes in the RAI manual. Of course your facility or company may want a tighter timeframe so be sure to stay within your facility policies.

Don't forget of course that in most cases, Resident interview items must be completed on or before the ARD.

## **Wound Staging**

For many years the MDS was the only document that was asking us to backstage wounds. Wounds should not be back staged during weekly charting either.

There is a ton of information here about staging etc

<http://www.npuap.org>

## **Ask AI**

**Question:** In a Nursing Facility does the resident room windows need to be operable and have a window screen?

**Answer:** Yes. According to KAR 26-40-304 Physical Environment: Details and Finishes (b) (5) (B) Each window in a resident's room shall be operable; (C) Each operable window shall have an insect screen and (D ) each operable window shall be designed to prevent falls when open or shall be equipped with a security screen.

**Question:** For existing construction what are the Pressure Relationships and Ventilation of Certain Areas Requirements in a Nursing Facility?

**Answer:** According to KAR 26-40-305, Physical Environment; Mechanical, Electrical and Plumbing Systems Table 1b Pressure Relationships and Ventilation of Certain Areas Requirements for existing construction.

**Question:** Does each resident room in a Home Plus Facility need to have a window?

**Answer:** Yes. According to KAR 28-39-437 (e) (1) (E) There shall be at least one window to the outside.

**Question:** In a Home Plus what are the requirements for the toilet facilities?

**Answer:** According to KAR 28-39-437 (e) (2) (A) There shall be at least one toilet room with a lavatory, and a shower or tub, for each five individuals living in the facility.

## Award Letters

Facility	City	Type	Date	Exempt	NO DEF LETTER
Clare Bridge of Wichita	Wichita	RHCF	1/9/14		x
Vintage Park at Paola LLC	Paola	ALF	1/14/14		x
Vintage Park at Osage City LLC	Osage City	ALF	1/14/14		x
Twin Oaks Assisted Living	Lansing	ALF	1/22/14		x
Meadowlark Adult Care Home 4	Wichita	HP	1/23/14		x
Cypress Springs - Kansas City	Overland Park	RHCF	1/27/14		x
Reflection Living Maize Ct 1	Wichita	HP	1/28/14		x
Reflection Living Maize Ct 2	Wichita	HP	1/30/14		x
Country Living	Anthony	ALF	2/3/14		x
Midland Care Lawrence Adult Day Health	Lawrence	ADC	2/3/14		x
Sterling House of McPherson	McPherson	ALF	2/3/14		x
The Homestead of Halstead	Halstead	ALF	2/3/14		x
Vintage Park at Baldwin City LLC	Baldwin	ALF	2/10/14		x
The Pines of Hiawatha South	Hiawatha	HP	2/11/14		x
Arkansas City Presbyterian Manor	Arkansas City	SNF/NF	2/18/14		x
Arkansas City Presbyterian Manor	Arkansas City	SNF/NF	2/18/14	x	x
Sterling House of Junction City	Junction City	ALF	2/19/14		x
Marquis Place	Concordia	ALF	2/10/14		x
Keen Boarding Care Home	Clay Center	BCH	2/24/14		x
Rescare Home Plus	Winfield	HP	2/27/14		x
Country Living of Larned	Larned	ALF	3/4/14		x
Peggy Kelly House II	Topeka	RHCF	3/5/14		x
Glen Carr House #2	Derby	RHCF	3/5/14		x
Asbury Village	Coffeyville	RHCF	3/11/14		x
Haven House	Haven	HP	3/18/14		x
Parkview Care Center	Osborn	SNF/NF	3/27/14		x
Vintage Park at Hiawatha	Hiawatha	ALF	4/1/14		x
Comfort Care Homes of KC #7010	Overland Park	HP	4/2/14		x
Vintage Park at Waterfront LLC	Wichita	ALF	4/9/14		x

## Award Letters - Continued

Facility	City	Type	Date	Exempt	NO DEF LETTER
Prairie Homestead Assisted Living	Wichita	ALF	4/10/14		x
Marion Assisted Living LLC	Marion	ALF	5/1/14		x
Comfortcare Homes Millie's Place	Pittsburg	HP	5/8/14		x
Caritas Center, Inc.	Wichita	SNF/NF	5/14/14		x
Ft Scott Presbyterian Village	Ft Scott	ALF	5/20/14		x
Vintage Place of Russell	Russell	ALF	5/20/14		x
Cedarview Assisted Living	Hays	ALF	5/21/14		x
Seniorcare Homes Hanover House	Overland Park	HP	6/4/14		x
Seniorcare Homes Waveny Park House	Overland Park	HP	6/4/14		x

**SNF/NF - Skilled Nursing Facility/Nursing Facility; ALF - Assisted Living Facility; BCH - Boarding Care Home; ICF/ID - Intermediate Care Facility for Intellectually Disabled; RHCF- Residential Health Care Facility; ADC- Adult Day Care; HP- Home Plus**

<b>ROUTING SLIP</b>					
Administrator _____	Nurse Manager _____	Therapy _____	DON _____		
Assist. DON _____	Social Service Director _____	Break Room _____			
Activities Director _____	Dietary Manager _____	Human Resources _____			
MDS Coordinator _____	Other _____				