

SUNFLOWER CONNECTION



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Meet Deputy Secretary Scott Brunner

Secretary Laura Howard is pleased to announce the appointment of Scott Brunner as Co-Deputy Secretary of the Kansas Department of Aging and Disability Services (KDADS). His role is to serve as Deputy Secretary of Hospitals and Facilities. This new position provides executive oversight of the four state hospitals and KDADS staff conducting surveys and certification reviews for long-term care facilities and health occupations. Before starting at KDADS in January 2020, Scott was the Vice President for Stakeholder Relations for Aetna Better Health of Kansas, the new Medicaid health plan operating in the KanCare program. Before working for Aetna, Scott

worked in a variety of roles in the Kansas Medicaid Program, including State Medicaid Director, Chief Financial Officer and Director of Informatics.

After leaving state service, Scott was the Coverage and Access Team Leader for the Kansas Health Institute, a state-focused health policy think tank, during the implementation of the Affordable Care Act and Kansas' movement to full Medicaid managed care. Scott lives in Topeka, Kansas.



Welcome, Goodbye and Congratulations



Congrats to Lacey Hunter

Secretary Laura Howard is pleased to announce the appointment of Lacey Hunter as Interim Commissioner of KDADS' Survey, Certification and Credentialing Commission (SCCC). Lacey has 13 years of customer service experience in addition to eight years of management and leadership experience. She began working for KDADS as the Licensure and Certification Enforcement Manager in 2017 during which time she also became the state's PEAK liaison and *Sunflower Connection* coordinator. In that position, Lacey oversaw all

initial licensure, change in ownership and amended licensure for all adult care homes in the state of Kansas. Also part of her purview was to issue and enforce all certified nursing facilities survey results and (I)IDR panel hearings. Lacey works closely with the Centers for Medicare and Medicaid Services (CMS), the Office of the State Fire Marshal and elder care organizations to ensure compliance and customer service are maintained and improved where necessary. Lacey has been instrumental in helping bring the state performance standards back into compliance with the CMS by revising the certification scheduling, maintaining timely due dates and revising the enforcement process. She also helped change the statutes for adult care homes as revised and approved in the May 2019 House and Senate session. Prior to her work at KDADS, Lacey became a licensed operator in the State of Kansas and the Executive Director of Stoneybrook Assisted Living, a 68-bed, two-building facility, including a secure memory care unit, in 2014. She has served as a leader both inside and outside of her professional career through serving for and with various organizations. Lacey earned a Bachelor's degree in Business Administration from Kansas State University.

Please help us congratulate Lacey and wish her well in her new role.

Goodbye Tina Lewis, Welcome Patty Purdon

In January we said goodbye to Tina Lewis, the long-time senior administrative assistant for SCCC. Tina was an integral part of the department for more than 40 years and was such a joy and asset. She will be greatly missed but we wish her the best and hope she enjoys retirement. Tina will continue to be a great friend to many KDADS staff.

We have welcomed Patty Purdon as a new assistant to SCCC. Patty will oversee many of the activities formerly performed by Tina. Patty has some very large shoes to fill but is doing a great job and is a welcomed addition to our team. Please see the activities below that Tina was previously the primary contact for and who the new contact is.

Initial and Change of Ownership Medicare Enrollment: LaNae Workman - 785-296-1261 or lanae.workman@ks.gov

Facility Statistical Reporting: Patty Purdon - 785-296-1260 or Patricia.purdon@ks.gov

CMP Payments and Payment Plans: Patty Purdon - 785-296-1260 or Patricia.purdon@ks.gov

CMP Grant Application Information: Please visit KDADS website at kdads.ks.gov and review Funding Opportunity Tab.

KanCheck Update: Criminal Record Check

By Brenda Dreher

As you may know, legislation passed and was effective July 1, 2018, making changes to the criminal record check laws for Adult Care Homes (K.S.A. 39-970), Home Health Agencies (K.S.A. 65-5117) and HCBS (K.S.A. 39-2009). Many of the changes, including an updated list of prohibited offenses, were implemented beginning July 1, 2018.



KanCheck

National Background Check Program



The changes also required a move away from Kansas-only name based criminal record checks to fingerprint-based national criminal record checks. A new system, called KanCheck, has been developed and tested. A group of volunteer facilities have received training and are participating in a Mini Pilot of KanCheck. The go live date for that Mini Pilot was January 13, 2020. The next phase is a larger pilot group that will encompass Shawnee County. An email blast will be utilized to provide specific information.

The Criminal Record Check portion of the Health Occupations Credentialing (HOC) website has begun incorporating the KanCheck portal while maintaining the current portal for those facilities that are not yet being implemented. More detailed information will follow as will User Guides and an FAQ. We encourage everyone to visit the HOC web page at www.kdads.ks.gov/hoc regularly for updates and a timeline regarding implementation. KDADS looks forward to working with providers to assure a smooth transition.

If you have questions, please contact Rae'vyn Chisholm at Raevyn.chisholm@ks.gov.

Ask ^{JOHN}

A water management program must be an individualized part of the facility assessment. There is information related to Water Management Programs at the CDC web site: <https://www.cdc.gov/legionella/wmp/healthcare-facilities/federal-requirement.html>

Some highlights include:

The key to preventing Legionnaires' disease is to make sure that building owners and managers maintain building water systems in order to reduce the risk of *Legionella* growth and spread. Examples of building water systems that might grow and spread *Legionella* include (but not limited to):

- Hot tubs
- Hot water tanks and heaters
- Large plumbing systems
- Cooling towers (structures that contain water and a fan as part of centralized air cooling systems for building)
- Decorative fountains

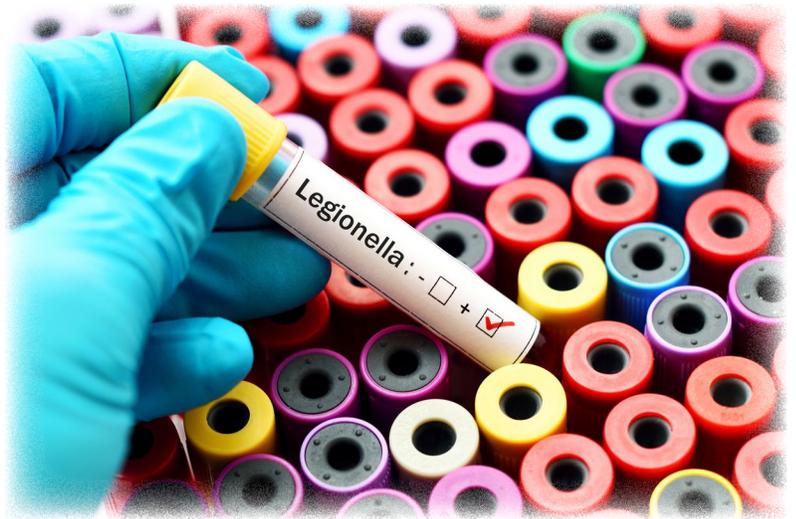
Water management programs identify hazardous conditions and take steps to minimize the growth and transmission of *Legionella* and other waterborne pathogens in building water systems. Developing and maintaining a water management program is a multi-step process that requires continuous review. Key elements of a *Legionella* water management program are to:

- Establish a water management program team
- Describe the building water systems using text and flow diagrams
- Identify areas where *Legionella* could grow and spread
- Decide where control measures should be applied and how to monitor them
- Establish ways to intervene when control limits are not met
- Make sure the program is running as designed and is effective
- Document and communicate all the activities

In June 2017, the Centers for Medicare & Medicaid Services (CMS) released a survey and certification memo stating that healthcare facilities should develop and adhere to ASHRAE-compliant water management programs to reduce the risk for *Legionella* and other pathogens in their water systems. The following resources may be useful when trying to understand what the requirement covers.

- Fact sheet about the growth and spread of *Legionella*
- Fact sheet about *Legionella* water management programs
- Healthcare water management program frequently asked questions
- CMS surveyor training

Please review the information provided by the CDC and include your facility's required Water Management Program in the facility assessment.



CMS Final Rule Settings: Update and Timeline

Background

On March 17, 2014, the Centers for Medicare and Medicaid Services (CMS) issued the Home and Community Based Services Settings Rule (called the Rule in this article). The regulation addresses the requirements for community integration, personal autonomy and choice in Home and Community-Based Services funded through Medicaid. States are required to analyze all HCBS settings where HCBS participants receive services to determine current compliance with the Rule. This includes residential and nonresidential settings. The federal regulation for the new rule is § 42 CFR 441.301(c)(4)-(5).

Criteria for Home and Community-Based Settings

The “Rule” creates a single definition of a home and community-based setting for 1915(c), 1915(i), and 1915(k) HCBS and requires that all HCBS settings meet certain requirements:

- The setting is integrated in, and supports full access to, the greater community, including opportunities to seek employment in competitive integrated settings and engage in the community
- The setting is selected by the individual from among setting options, including the option for a non-disability-specific setting
- The setting ensures individual rights of privacy, dignity, and respect and freedom from coercion and restraint
- The setting optimizes individual initiative, autonomy, and independence in making life choices
- The setting facilitates individual choice regarding services and supports, including who provides those services and supports

Provider-Owned or Controlled Residential Settings

The “Rule” provides additional requirements for provider-owned or controlled residential settings that can only be modified using the process described below:

- The units or rooms must be a specific physical place, the kind that could be owned or rented in a typical landlord-tenant agreement
- The individuals have privacy in their living or sleeping units, meaning that:
 - Units have lockable doors and entrances, with only appropriate staff having keys to doors
 - Individuals who share rooms have a choice of roommate in that setting
 - Individuals can furnish and decorate their own units within the limits of the lease or agreement
- The individuals control their own schedules, including access to food at any time
- The individuals can have visitors at any time
- The setting is physically accessible to the individual

To modify the above requirements, the “Rule” requires a written justification that must be done on an individual basis and supported by a specific assessed need and justified in the person-centered plan. The plan must document:

- The specific and individualized assessed need
- The positive interventions and supports used prior to any modifications
- Established time limits for review of the modification
- Informed consent of the individual
- Assurance that the interventions and supports will cause no harm to the individual
- The less intrusive methods that have been tried but did not work
- A description of the condition that is directly proportionate to the need
- Regular collection and review of data to measure the effectiveness of the modification

CMS Final Rule Settings: Update and Timeline *(cont'd)*

The “Rule” states that the following should never be considered home and community-based settings:

- Intermediate care facilities for people with intellectual disabilities
- Hospitals
- Nursing facilities
- Institutions for mental diseases

The “Rule” states that CMS will presume that a setting is not home and community-based if it is located in a building that also provides inpatient treatment or is located on the grounds of, or immediately adjacent to, a public institution or any other setting that has the effect of isolating individuals receiving Medicaid HCBS funding from the broader community. CMS will presume these settings to not be home and community-based unless the CMS determines through a process of “heightened scrutiny” that the setting does not have the qualities of an institution and in fact has the qualities of a home and community-based setting. The “heightened scrutiny” process will include public input and stakeholder engagement

Person-Centered Plan

The Final Rule requires a Person-Centered Care Plan (PCCP) for every individual receiving Medicaid HCBS funding. The individual receiving services describes his or her needs in the planning process, in collaboration with friends, family and other supporters to ensure that individual receives the services they need in a manner they prefer. The “Rule” details requirements for the plan, including writing and revisions.

Highlights of the process include requirements that it must:

- Reflect the cultural considerations of the individual and is conducted in plain language accessible to people with disabilities and persons who have limited English proficiency
- Offer choices to the individual regarding services and supports
- Include people chosen by the individual
- Provide necessary information and support so the individual can direct the process to the maximum extent possible

Highlights of the plan include that it must:

- Prevent the provision of unnecessary or inappropriate services and supports
- Document the modifications made to the HCBS settings requirements outlined in the rules for provider-owned or controlled settings.
- Include paid and unpaid supports (also called natural supports)
- Be understandable to the individual and written in plain language accessible to people with disabilities and persons who have limited English proficiency
- Reflect what is important to the individual with regard to the delivery of services and supports
- Reflect the individuals’ strengths and preferences, as well as clinical and support needs

Compliance and Enforcement

The Kansas Final Rule Provider Self-Assessment Deadline was February 29, 2020.

If you missed the deadline visit <https://communityconnectionsk.org/missed-the-self-assessment-deadline/>. For more details pertaining to the Kansas statewide transition plan (STP) timeline to achieve compliance with the HCBS final rule settings requirements and contact information for support services, please visit: <https://communityconnectionsk.org/>.



What Should be Reported to the Hotline

Pursuant to The Centers for Medicare and Medicaid (CMS), all nursing homes must ensure all alleged violations involving mistreatment, exploitation, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately. If the occurrence that cause the allegation involve abuse or result in serious bodily injury the facility must report the incident to the administrator of the facility and to other officials including the State Survey Agency (SA) no later than 2 hours after the allegation is made. If the allegation does not involve abuse and does not result in serious bodily injury the facility must report those events no later than 24 hours after the allegation is made. Nursing homes must report to the SA and law enforcement any reasonable suspicion of a crime against any individual who is a resident of or receiving care from the facility within the required timeframe.

Additionally, F609** directs facilities to report injuries of unknown source - an injury - should be classified as an “injury of unknown source” when both of the following criteria are met:

- The source of the injury was not observed by any person or the source of the injury could not be explained by the resident; AND
- The injury is suspicious because of the extent of the injury or the location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma) or the number of injuries observed at one particular point in time or the incidence of injuries over time. (609)

****Assisted livings, residential healthcare, and home plus facilities do not have this requirement.**

“Alleged violation” is a situation or occurrence that is observed or reported by staff, resident, relative, visitor or others but has not yet been investigated and, if verified, could be noncompliance with the Federal requirements related to mistreatment, exploitation, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property.

“Immediately” means as soon as possible, in the

absence of a shorter State time frame requirement, but later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury.



“Serious bodily injury” means an injury involving extreme physical pain; involving substantial risk of death; involving protracted loss or impairment of the function of a bodily member, organ, or mental faculty; requiring medical intervention such as surgery, hospitalization, or physical rehabilitation; or an injury resulting from criminal sexual abuse (See section 2011(19)(A) of the Act).

An individual (e.g., a resident, visitor, facility staff) who reports an alleged violation to facility staff does not have to explicitly characterize the situation as “abuse,” “neglect,” “mistreatment,” or “exploitation” in order to trigger the Federal requirements at 42 CFR 483.12(c). Rather, if facility staff could reasonably conclude that the potential exists for noncompliance with the Federal requirements related to mistreatment, exploitation, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property, then it would be considered to be reportable and require action under 42 CFR 483.12(c). For example, if a resident is abused but does not allege abuse, the resident’s failure or inability to provide information about the occurrence is immaterial when the abuse may be substantiated by other supporting evidence. Another example is when a nurse aide witnesses an act of abuse but fails to report the alleged violation, the failure to report does not support a conclusion that the abuse did not occur, and the facility would not meet the reporting requirements.

What Should be Reported to the Hotline *(cont'd)*

If an alleged violation has been identified and reported to the administrator/designee, the facility must immediately report it and provide protection for the identified resident(s) prior to conducting the investigation of the alleged violation. In some situations, the facility may initially evaluate an occurrence to determine whether it meets the definition of an “alleged violation.” For example, upon discovery of an injury, the facility must immediately take steps to evaluate whether the injury meets the definition of an “injury of unknown source.” Similarly, if a resident states that his or her belongings are missing, the facility may make an initial determination whether the item has been misplaced in the resident’s room, in the laundry, or elsewhere before reporting misappropriation of property. However, if the alleged violation meets the definition of abuse, neglect, exploitation or mistreatment, the facility should not make an initial determination whether the allegation is credible before reporting the allegation.



In response to allegations of abuse, neglect, exploitation, or mistreatment the facility must have evidence that all alleged violations are thoroughly investigated and prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress.

Facilities have five working days to submit the investigation to the State Survey Agency (SA) and if the violation is verified appropriate corrective action must be taken.

There may be instances where a report is required under 42 CFR §483.12(c) [F609], but not under 42 CFR §483.12(b)(5)/Section 1150B of the Act[F608]. The following table describes the different requirements:

	F608	F609
What to Report	Any reasonable suspicion of a crime against a resident	<ol style="list-style-type: none"> 1. All alleged violations of abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property 2. The results of all investigations of alleged violations
Who is Required to Report	Any covered individual, including the owner, operator, employee, manager, agent or contractor of the facility	The facility administrator and two other officials in accordance with State law, including the SA and adult protective services where State law provides for jurisdiction in long-term care facilities
To Whom	SA and one or more law enforcement entities for the political subdivision in which the facility is located (i.e., police, sheriffs, detectives, public safety officers; corrections personnel; prosecutors; medical examiners; investigators; and coroner	<p>All alleged violations - immediately but not later than:</p> <ol style="list-style-type: none"> 1. 2 hours - if the alleged violation involves abuse or results in serious bodily injury 2. 24 hours-if the alleged violation does not involve abuse and does not result in serious bodily injury

What Should be Reported to the Hotline *(cont'd)*

Examples

The family reports to the director of nursing that a resident has a second degree burn due to a hot pack. A staff member confirmed that when the hot pack was removed, it was observed that the resident had a burn(s) on his/her back. This is an alleged violation and should be reported to the SA.

A resident fell from the Hoyer lift during transfer and sustained a fractured right hip. The resident's care plan included two staff members would transfer the resident via the Hoyer. At the time of the incident only one staff transferred the resident. This is an alleged violation and should be reported to the SA.

A resident goes out to dinner with family. The resident is properly supervised during the outing. While walking across the parking lot, the resident falls and sustains a right ankle fracture. This is not a reportable event.

A resident with a BIMS of 2 is self-propelling their wheelchair and accidentally bumps into another resident. This is an accident and not an allegation of abuse. Therefore, this is not a reportable event.

Direct care staff is assisting a male resident with toileting. The staff took a picture of the resident sitting on the toilet and posted it on social media and sent it to all co-workers that worked that shift. The resident's face was clearly visible and recognizable. On the social media post, the staff wrote "this is what I am dealing with today." This is an alleged violation and is a reportable event.

Questions

Are all falls reportable? No, all falls are not reportable. If there is an alleged violation of abuse and/or neglect and the facility determines that the fall was not due to abuse and/or neglect within the reporting timeframe, this would not be a reportable event. However, if the facility is not able to rule out neglect and/or abuse during the required reporting timeframe then the event would be reportable. The facility must do a thorough written investigation regardless of if the event was reportable or not.

Are all injuries (fractures, etc.) reportable? No, all injuries are not reportable. See the above question.

What is the facility's responsibility when the hotline tells them to "keep report on file?" The facility must complete a thorough investigation and keep it within the facility. A surveyor may ask to review the investigation during a survey.

When is the investigation due? The investigation is due within five working days from the date of the incident.

Resources

S&C-05-09: Clarification of Nursing Home Reporting Requirements for Alleged Violations of Mistreatment, Neglect, and Abuse, Including injuries of Unknown Source and Misappropriation of Resident Property: www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-16-33.pdf.

S&C-11-30-NH: Reporting Reasonable Suspicion of a Crime in a Long-Term Care Facility (LTC): Section 1150B of the Social Security Act: www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/SCLetter11_30.pdf.

S&C-16-33-NH: Protecting Resident Privacy and Prohibiting Mental Abuse Related to Photographs and Audio/Video Recordings by Nursing Home Staff: www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-16-33.pdf.

S&C-12-44-NH "Hand in Hand: A Training Series for Nursing Homes," on Person-Centered Care of Persons with Dementia and Prevention of Abuse: www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-12-44.pdf.



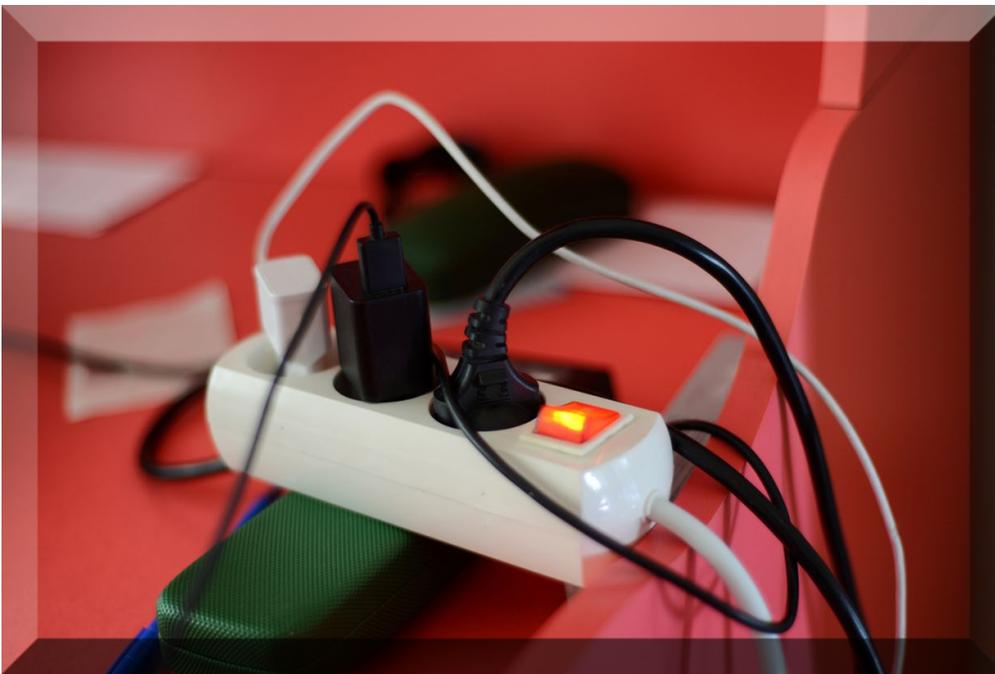
State Fire Marshal: Healthcare and Power Strips

Our office gets questions on a regular basis asking what the codes are for use of Power Strips in healthcare facilities. Usually we get these after a facility has been issued a violation notice for the improper use of power strips. It is important to understand that there is not a single type of power strip that is suitable for every application in your facility. Each type of power strip has a specific purpose and should not be used for a different purpose than what it is designed and approved for. Here is the list of the current power strips you can use and how you can use them.

Medical-Grade Power Strips (approved for use in patient care vicinity): Tested to comply with UL 60601-1. These can be used inside or outside the Patient Care Vicinity. They protect patients and staff in the event of a single fault. They typically power medical or computer equipment. These power strips cannot be used for non-medical equipment. The sum of the ampacity of all appliances connected to the receptacles shall not exceed 75% of the ampacity of the flexible cord supplying the receptacles.

Power Strips for Administrative Areas and Operating Rooms with Isolation (NOT approved for use in patient care vicinity): Tested to comply with UL 1363. They cannot be used in the Patient Care Vicinity. The sum of the ampacity of all appliances connected to the receptacles shall not exceed 75% of the ampacity of the flexible cord supplying the receptacles

Medical-Grade Power Strips for Mobile Applications (Approved for use in the Patient Care Vicinity): Tested to comply with UL 1363A. They can be used inside or outside the Patient Care Vicinity. They require permanent mounting (not removable without a tool) to mobile medical equipment platforms such as IV poles or crash carts. These power strips cannot be used for non-medical equipment. The sum of the ampacity of all appliances connected to the receptacles shall not exceed 75% of the ampacity of the flexible cord supplying the receptacles. Now, let's cover the definition of "Patient Care Vicinity". The patient care vicinity is defined as the Space within a location intended for the examination and treatment of patients,



extending 1.8 m (6 ft.) beyond the normal location of the bed, chair, table, treadmill or other device that supports the patient during examination and treatment and extending vertically to 2.3 m (7 ft. 6 in.) above the floor”.

We understand that most residents want that “at home” feeling while in a long-term care facility, but we also want to make sure that they are safe. Personal items within the patient care vicinity such as alarm clocks, TVs, mini-fridges, cell phone

chargers, etc. are not to be plugged into a power strip. These items must be plugged in directly to the outlet. It is very important to understand the regulations in place for power strips in order to keep residents and patients safe from harm. If you have any questions, please reach out to our office at prevention@ks.gov.

PEAK 2.0 Open Enrollment for New Enrollees

Are you ready to start your person-centered care transformation? PEAK 2.0, a KDADS Medicaid pay-for-performance program, is here to help you. Open enrollment for PEAK 2.0 is now open through April 15th. New homes or homes that have been discontinued from the program must enroll to participate. Current participants do not need to re-enroll in the program. Homes may not enter the program mid-year. To enroll go to: <https://www.hhs.k-state.edu/aging/outreach/peak20/enroll/>. Questions? Email the Peak 2.0 Project Team at K-State or call (785) 532-2776.

Facility Reported Incident Investigations

All Nursing Facilities and Skilled Nursing Facilities are required to report all alleged violations involving abuse, neglect, exploitation and/or mistreatment. With the influx of Facility Reported Incidents for NF/SNFs throughout the state, KDADS SCC has implemented a new email address for these investigations. The new email is KDADS.FRI@ks.gov.

The incidents will still need to be reported to the KDADS Complaint Hotline at 1-800-842-0078 or kdads.complainthotline@ks.gov. The Complaint Intake Specialist will provide the complaint number and tell you to keep the report on file or to send the report to the newly created KDADS.FRI@ks.gov email. If the investigation is to be submitted, please include the region the facility is in as well as the complaint number in the subject line of the email (Ex: NE 1234).

Just a reminder that under F609 Reporting of Alleged Violations, it states, “report the results of all investigations to the administrator or his/her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken”. For reports that determined to be “keep report,” the facility needs to thoroughly complete the investigation, as surveyors may look at it onsite.

Change of Administrator or Operator Reminder

K.A.R. 26-39-101(h) requires that when a facility has a change of administrator, director of nursing, or operator each licensee of an adult care home shall notify the KDADS Survey, Certification and Credentialing Commission within two working days. When a new administrator or director of nursing is employed, the licensee shall notify the department of the name, address, and Kansas license number of the new administrator operator, or director of nursing at 785-296-1261 or lanea.workman@ks.gov.

When a new operator is employed, the licensee shall notify the department of the name and address of the new operator and provide evidence that the individual has completed the operator course as specified by the secretary of the Kansas Department of Aging and Disability Services pursuant to K.S.A. 39-923 and amendments thereto. A notice of change in administrator must be accompanied by check, money order or approved credit card payment authorization, payable to the Kansas Department for Aging and Disability Services (KDADS) for \$15 as required under KSA 39-930.

When beginning a new position with a different facility, the administrator or operator must request access to the new facilities Home Page by completing and submitting the KDADS WebApps Security Agreement found on the KDADS web page.

The Request Change of Administrator/Operator Form is found on the facilities Home Page. For a change of Administrator to a skilled nursing facility there is a \$15.00 fee which must be paid by either mailing in a check or money order or by paying with an approved credit card. There is no charge for a change of Operator for Assisted Living, Home Plus, Adult Day Care, Boarding Care Homes or Hospital LTCUs.

Admit, Transfer and Discharge

Transfer and discharge has been a hot topic lately. Just a reminder that the Federal Regulation 622 Transfer and Discharge the following is noted:

§483.15(c)(1) Facility Requirements:

- (i) The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless:
 - (A) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility;
 - (B) 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;
 - (C) The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident;
 - (D) The health of individuals in the facility would otherwise be endangered;
 - (E) The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. Nonpayment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for his or her stay. For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge a resident only allowable charges under Medicaid; or
 - (F) The facility ceases to operate.
- (ii) The facility may not transfer or discharge the resident while the appeal is pending, pursuant to § 431.230 of this chapter, when a resident exercises his or her right to appeal a transfer or discharge notice from the facility pursuant to § 431.220(a)(3) of this chapter, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the facility. The facility must document the danger that failure to transfer or discharge would pose.

When the facility transfers or discharges a resident under any of the above circumstances, the facility must ensure that the transfer or discharge is documented in the medical record and the appropriate information is given to the receiving health care institution or provider. That documentation must include:

The basis for the transfer per paragraph (c)(1)(i) of this section.

- (B) In the case of paragraph (c)(1)(i)(A) of this section, the specific resident need(s) that cannot be met, facility attempts to meet the resident needs, and the service available at the receiving facility to meet the need(s).
- (ii) The documentation required by paragraph (c)(2)(i) of this section must be made by:
 - (A) The resident's physician when transfer or discharge is necessary under paragraph (c) (1) (A) or (B) of this section; and
 - (B) A physician when transfer or discharge is necessary under paragraph (c)(1)(i)(C) or (D) of this section.
- (iii) Information provided to the receiving provider must include a minimum of the following:
 - (A) Contact information of the practitioner responsible for the care of the resident,
 - (B) Resident representative information including contact information,
 - (C) Advance Directive information,
 - (D) All special instructions or precautions for ongoing care, as appropriate,
 - (E) Comprehensive care plan goals;
 - (F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care.

Admit, Transfer and Discharge *(cont'd)*

F 623 Notice Before Transfer requires that before a facility can transfer or discharge a resident the facility must:

- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman.
- (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and
- (iii) Include in the notice the items described in paragraph (c)(5) of this section.

§483.15(c)(4) Timing of the notice.

- (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged.
- (ii) Notice must be made as soon as practicable before transfer or discharge when—
 - (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;
 - (B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;
 - (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;
 - (D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or
 - (E) A resident has not resided in the facility for 30 days.

§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:

- (i) The reason for transfer or discharge;
- (ii) The effective date of transfer or discharge;
- (iii) The location to which the resident is transferred or discharged;
- (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;
- (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;
- (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and
- (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.

§483.15(c)(6) Changes to the notice.

If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.

If you have any questions about transfer or discharge, please reach out to your Regional Manager or Ombudsman.

2019 Zero Deficiency Surveys

These facilities received “zero” deficiencies from July 2019 to Present

SNF/NF: Skilled Nursing Facility ALF: Assisted Living Facility RHCF: Residential Health Care Facility
 HP: Home Plus ADC: Adult Day Care BCH: Boarding Care Home

FACILITY	CITY	FACILITY TYPE	SURVEY DATE
Via Chrsiti Village - Hays, Inc.	Hays	ALF	10/30/19
Brookdale Hays	Hays	ALF	11/166/19
Avita Senior Living at Derby	Derby	ALF	11/17/19
Hill Top House	Bucklin	SNF/NF	11/7/19
Country Place Senior Living of Belleville	Belleville	ALF	11/14/19
The Homestead of Garden City	Garden City	ALF	11/19/19
Platinum Care Homes	Wichita	HP	11/20/19
Graystone Residential Care	Iola	RHCF	11/27/19
Advanced Health Care of Overland Park	Overland Park	SNF/NF	12/3/19
Catholic Charities Adult Day Services	Wichita	ADC	12/4/19
Homestead of Russell	Russell	ALF	12/4/19
Kansas Veterans Home	Winfield	ALF	12/4/19
MTM Boarding Care Home	McPherson	BCH	12/4/19
Vintage Park at Osawatomie LLC	Osawatomie	ALF	12/10/19
Homestead of Leavenworth	Leavenworth	ALF	12/19/19
Ultra Care Home Plus LLC 2	Wichita	HP	12/12/19
Marjorie's Home of West Wichita	Wichita	HP	12/10/19
Homestead of Augusta	Augusta	ALF	12/31/19
Autumn Home Plus Inc	Topeka	HP	12/31/19
Harmony Adult Home Plus	McPherson	HP	1/6/20
Rosewood Cottage LLC	Wichita	HP	1/6/20
The Lighthouse	Marysville	HP	1/19/20
Country Place Senior Living of Seneca	Seneca	ALF	1/13/20
Leonardville Nursing Home	Leonardville	NF	12/31/19
Arma Operator LLC	Arma	NF	1/2/20
Riverview Estates	Marquette	NF	1/22/20
The Wheatlands Health Care Center	Kingman	RHC	1/15/20
Bethel House	Wichita	HP	1/16/20
Anderson County LTCU	Garnett	NF	1/29/20
Crestview Nursing & Residential Living	Seneca	SNF/NF	1/22/20
Meade District Hospital LTCU	Meade	NF	1/9/20
Sandstone Heights	Little River	SNF/NF	1/13/20