

Sunflower Connection

http://www.kdads.ks.gov/AdultCareHomes/Newsletters/Newsletter_Index.html



October 2012

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New KanCare website goes live

KanCare, the initiative by Governor Sam Brownback to transition Kansas Medicaid into an integrated care model, now has a website. The website contains information to help Medicaid consumers make informed decisions, as well as links that allow prospective consumers to apply online. The site also contains a section where

consumers and providers can find the answers to frequently asked questions. The program is scheduled to begin in January 2013. The State contracted with three managed care organizations

to coordinate health care needs for nearly all Medicaid beneficiaries. The goal of the KanCare program is to improve health outcomes while slowing the rate of cost growth over time. According to the website, this can be accomplished by “providing the right care, in the right amount, in the right setting, at the right time.”



To visit the website, please go to:
www.kancare.ks.gov

Governor Sam Brownback has scheduled a reception for all Kansas centenarians at 9:30 a.m. through 10:30 a.m. on Friday, October 19 in the Wichita Downtown Senior Center, 200 S. Walnut in Wichita. For more information, please contact Angela de Rocha at angela.derocha@kdads.ks.gov

Commission Changes

Kim Summers RN is now serving as the Regional Manager for the South Central District (SC). Kim has an extensive background in Long Term Care, including 8 years as a Health Facility Surveyor in the SC District.

Sue Schuster LMSW has assumed additional responsibilities with the CARE and PASSR Program. Sue's time for providing technical assistance to providers and consumers on regulatory issues and the Minimum Data Set (MDS) is very limited. Providers are encouraged to direct their regulatory questions to their Regional Manager, Audrey Sunderraj, or Vera VanBruggen. MDS questions should be directed to Vera VanBruggen.

Mary Flin accepted a position with the Department for Children and Families. Questions that would normally go to her should be directed to Steve Irwin, at steve.irwin@kdads.ks.gov, 785-296-6647. Course applications should be sent to Betty Domer at betty.domer@kdads.ks.gov, 785-296-1250. Continuing Education questions should be directed to Brenda Kroll, at Brenda.kroll@kdads.ks.gov, 785-296-0061.

Workforce Enhancement Grants

KDADS is again offering the Workforce Enhancement Grant (WEG) to provide educational programs for all unlicensed staff and limited licensed staff in nursing homes and long term care units of hospitals. The accepted program topics for 2013 are Person-Centered Care and the improving the quality of life and quality of care for people with dementia. Proposals for educational programs are being accepted through November 13, 2012.

The Request for Proposal application is available at:
http://www.kdads.ks.gov/LongTermCare/Workforce_Enhancement_Grant.html

Completion of Level I CARE Assessments

ALERT! It has come to our attention that in some areas of our state the practice of an SSD without a 4 yr degree in one of the approved human service areas or licensed as a registered nurse in the State of Kansas is being asked by their nursing home to complete the CARE assessment.

The CARE assessment (PASRR Level I Screen) is required to be completed by a qualified assessor prior to the authorization of any Medicaid payment for nursing home care beyond a 30-day short term stay except in the instance when an authorizing letter for terminal illness or categorical condition is issued. Please note the KDADS field services manual language as stated below:

2.1.2 CARE Level I Assessor Requirements

A. An assessor shall be either:

1. An employee of an AAA who is designated as an assessor by the AAA;
 2. An independent contractor of the AAA that is designated as an assessor by the AAA; the contractor shall not subcontract his or her assessment duties;
 3. An employee that is designated by a hospital, such as a discharge planner, social worker, or registered nurse (RN); or
 4. An employee that is designated by a nursing facility, such as a social worker or RN.
- (Note: See Section 2.1.3.G for further information.)

B. Assessor Experience and Education Requirements

1. Each CARE assessor shall have at least one year of experience as defined by the AAA or, for hospital assessors, the hospital administration; and
2. Each CARE assessor shall meet one of the following education requirements:
 - a. Four-year degree from an accredited college or university with a major in one of the following fields- gerontology, nursing, health, social work, counseling, human development and family studies, or related area as defined by the AAA;
 - b. Licensed to practice in Kansas as a Registered Nurse.

Completion of Level I CARE Assessments - Continued

C. Assessors must participate all Kansas Department on Aging (KDADS) and AAA required trainings for CARE assessors.

Anyone who does not meet these requirements should not take the on-line CARE assessor training and should not be completing Level I CARE assessments.

Federal Medicaid regulation is explicit in the point that assessment is to be completed by persons who have completed training in the assessment process as a part of a 4-year educational program or a nursing program. **Federal dollars are not to be paid for nursing home care for those using Medicaid as a payor source if the appropriate assessment has not taken place prior to the care provided. Audit issues can and have resulted from states not complying with these regulations. The funds recouped would go back to the resident's date of admission and continue until an appropriate assessment had occurred.**

We urge every building to have at least (2) trained and qualified CARE assessors on their staff and to cease the practice of allowing anyone not qualified to be an assessor to complete a CARE assessment. If you have further questions you may contact the CARE program at KDADS at 785-368-7323 or contact Sue Schuster at 785-291-3090. You may also visit with your local AAA CARE Coordinator for an explanation as well.

Sunflower Connection
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**Kansas Department for Aging and
Disability Services**

**Sam Brownback, Governor
Shawn Sullivan, Secretary**

**Survey, Certification and
Credentialing Commission**

503 S. Kansas Avenue
Topeka, KS 66603-3404
785-296-4986 800-432-3535

PASRR Update

1-Nursing facility residents meeting the requirement for a Level II PASRR assessment should **NOT** be admitted into the nursing home until the PASRR determination is completed. We realize that the resident is often in "discharge status" from a hospital or some type of special unit and you may be feeling some pressure to admit quickly. The determination has a "2 day turnaround" after all the information is received by the KDADS PASRR team. History and physicals, guardianship paperwork or a release of information not accompanying a PASRR file can all slow the process down. It is often possible to speed the process by making sure all of this information is available to the Level II assessor or is forwarded to Kansas Health Solutions as soon as possible when located.

2-If you discover a resident currently residing in your nursing home meets the criteria for a Level II assessment you will need to contact the KDADS PASRR staff to discuss this, then contact your local Area Agency on Aging CARE Coordinator to begin the process for a Resident Review.

3-When a resident in your nursing home comes with a PASRR Determination Letter noting that payment by Medicaid is approved for a temporary period of time you will need to contact KDADS 30 days prior to the end of this period if the resident will not be able to discharge prior to the end date of the determination period. Temporary stays are approved for persons who need some assistance preparing for discharge back to a community setting. While most temporary stays should be sufficient to see this accomplished we realize at times circumstances arise which make this difficult. In order to continue to have payment approved for a stay beyond the determination date a resident review will need to be completed.

If you have further questions or concerns regarding the Level II process please contact us at KDADS at 785-368-7323 or 785-291-3090.

Survey and Certification Letters

<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions.html>

REF: S&C: 12-42-NH

DATE: August 24, 2012

SUBJECT: Partnership to Improve Dementia Care in Nursing Homes

MEMORANDUM SUMMARY

- **Partnership to Improve Dementia Care in Nursing Homes** - In 2012, Centers for Medicare & Medicaid Services (CMS) launched the Partnership to Improve Dementia Care in Nursing Homes to promote comprehensive dementia care and therapeutic interventions for nursing home residents with dementia-related behaviors.
- **Link for Letter for Medical Director from AMDA**

REF: S&C: 12-38-NH

DATE: June 29, 2012

SUBJECT: Quality Assurance and Performance Improvement (QAPI) in Nursing Homes Activities Related to QAPI Implementation

MEMORANDUM SUMMARY

- **Quality Assurance and Performance Improvement (QAPI) Activities:** Section 6102(c) of the Affordable Care Act mandates the Centers for Medicare & Medicaid Services (CMS) to establish standards and provide technical assistance to nursing homes on the development of best practices relating to QAPI. The CMS put forth several initiatives to implement these provisions that include:
- **Refinement of QAPI Tools and Resources:** Ongoing development of QAPI tools and resources that nursing homes may use to design and implement an effective QAPI program.
- **Launch of a QAPI Demonstration:** Demonstration project in 17 nursing homes in 4 States to test tools and resources and provide technical assistance to nursing homes in QAPI implementation.

- **Rollout of QAPI materials:** CMS will release materials later this calendar year that will support nursing homes in QAPI implementation.
- **Draft of the QAPI Regulation:** CMS is in the process of drafting a new QAPI regulation.
- **Launch of the Nursing Home Quality Improvement Questionnaire:** The CMS has launched a nursing home quality improvement questionnaire using an independent contractor. The data collection period is from June 25 through September 28, 2012.

Quality Indicator Survey (QIS) Resource Manual Updated

<http://www.aging.ks.gov/Manuals/QISManual.htm>

Several forms used for the QIS were updated in August 2012. They are:

Tab 3: Stage Review Forms

- CMS -20047-Admission Record Review
- CMS -20048- Census Record Review
- CMS -20049- Family Interview
- CMS-20050-Resident Interview and Observation
- CMS-20051-Staff Interview

Tab 4: Mandatory Facility-Level Task Forms

- CMS-20056-Medication Administration Observation

Tab 6: Stage II Review Forms CE Pathways

- CMS-20073 - Hospice
- CMS-20078 - Pressure Ulcers
- CMS-20082 - Unnecessary Medication Review
- CMS-20093 - Tube Feeding

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.

Your Rate and Surveyor Questions

The CMS Partnership is striving to improve the quality of care and quality of life for people with dementia in nursing homes. The goal is to reduce the use of antipsychotic (AP) medications for persons who do not have schizophrenia, Tourette's syndrome, or Huntington's disease by 15% at the end of December, 2012. Based on the most recently posted data on Nursing Home Compare the rate for the state of Kansas is now 24.9%.

Do you know your nursing home's rate of AP use for the people in your nursing home that do not have a diagnosis of schizophrenia, Tourette's syndrome, or Huntington's disease? It is posted on the Nursing Home Compare Website under Quality Measures.

<http://www.medicare.gov/NursingHomeCompare/> (You must click on the box next to your home's name and "Compare Now" at the bottom of the page to advance to the screen with the Quality Measures. Once you are there click on "Quality Measures" at the top of the page). The posted data is an average of Quarter 3, 2011 through Quarter 1, 2012 (July, 2011-March, 2012.)

The information is also available through CASPER; however it will be a lower rate due to exclusions of people with Schizophrenia, Tourette's syndrome, Huntington's disease, Manic Depression (Bipolar disease), hallucinations, and delusions. You may also be able to pull up more current data for your home on CASPER.

When conducting the annual resurvey, surveyors will be asking you the following question:

- What is your nursing home's antipsychotic medication use rate?
- Did you know your nursing home's antipsychotic medication use rate is posted on Nursing Home Compare?
- What are you doing to reduce the use of antipsychotic medications for residents in your nursing home?

Hand-in Hand CMS Education Module

Nursing homes will be receiving, later this year or in the beginning of 2013, a CMS education module on dementia care entitled "Hand-in-Hand". Homes should use the module in staff education this fall and ongoing. Staff behaviors often trigger resident behaviors resulting in AP medications being ordered.

KACE will be sponsoring a day long workshop on November 7 in Wichita with Karen Schoeneman, former deputy director of the Centers for Medicare and Medicaid Services Division of Nursing Homes, who worked with creating the module. She will present on the module and person centered care. For more information contact KACE at <http://k-a-c-e.org/>

Other Resources

Additional educational resources on dementia care were provided in the July, 2012, SF Connection. CMS is also posting resources regularly on the Advancing Excellence Website.

http://www.nhqualitycampaign.org/star_index.aspx?controls=dementiaCare KDADS will also be posting resources to its Best Practices Guidelines website. http://www.aging.ks.gov/AdultCareHomes/BestPractice/BP_Index.htm

Kansas Partnership to Improve Dementia Care

KDADS recently sponsored a meeting of the Kansas Partnership to Improve Dementia Care. Attendees included association representatives of health care professionals, nursing homes, advocates, mental health centers, geri-psych units, universities, and the Alzheimer Association. The purpose of the meeting was to promote education on the CMS initiative and to learn the role that each representative can have in assisting the nursing homes in the initiative.

Members of the Partnership will serve as representatives to disseminate information to their respective associations and organizations. Several members also volunteered to speak at conferences and workshops. If you are interested in having one of the members speak at a conference or meeting, receiving information provided to the Partnership, or would like to assist in its efforts, please contact: vera.vanbruggen@kdads.ks.gov

Quality Assurance Performance Improvement

Best Practices

Brochure, information, and tools available at Best Practice Guideline

http://www.aging.ks.gov/AdultCareHomes/BestPractice/BP_Index.htm

Adult Day Care in Nursing Homes

The state regulation that addresses the provision of adult day care services in a nursing home is KAR 28-39-160. Other resident services. (b) Adult day care. The requirements speak generally to the need for policies and procedure for the provision of the services, criteria for admission and discharge; maintenance of a clinical record and ensuring the provision of adult day care services do not adversely affect the people who live in the nursing home.

A helpful guide for nursing homes to use are the Adult Day Care Facility regulations including:

- 26-43-105. Resident Records
- 26-43-201. Resident functional capacity screening.
- 26-43-202. Negotiated services agreement
- 26-43-204. General services
- 26-43-204. Health care services.
- 28-29-289. Construction, General Requirements. (f) Common use areas. (B)(C)(D)



People receiving day care services may use the common use areas of the nursing home. Nursing homes and other adult

care homes do not need to include the people receiving adult day care services in the licensed capacity of the home.

During the annual resurvey, nursing home surveyors will ask how many people receive adult day care services and will select one person to interview and to review their clinical record, including the negotiated services agreement and medication administration record.

Individualizing the Diet Prescription

In this article, KDADS restates what the State Operations Manual (Appendix PP) requires for liberalized diets.

Question: What does the State Operations Manual (Appendix PP) require regarding diet liberalization?

Answer: The regulatory text under §483.25(i) Nutrition, F325 in the State Operations Manual requires the nursing facility ensure that a resident receives a therapeutic diet when there are nutritional problems.

Dietary restrictions, therapeutic (e.g., low fat or sodium restricted) diets, and mechanically altered diets are nutritional approaches designed to improve health.

The interpretive guidance under F325 states that research suggests a liberalized diet can enhance the quality of life and nutritional status of older adults in long-term care facilities. Thus, it is often beneficial to minimize restrictions, consistent with a resident's condition, prognosis, and choices before using supplementation. It may also be helpful to provide the residents their food preferences before using supplementation. This pertains to newly developed meal plans as well as to the review of existing diets.

Dietary restrictions, therapeutic (e.g., low fat or sodium restricted) diets, and mechanically altered diets may help in select situations. At other times, such restrictions may negatively affect the variety and flavor of food offered, the pleasure of eating and can contribute to poor food and fluid intake. The restrictions may impair adequate nutrition and lead to further decline in nutritional status, especially among those already undernourished or at-risk. When a resident is not eating well or is losing weight, the interdisciplinary team may temporarily abate dietary restrictions and liberalize the diet to improve the resident's food intake to try to stabilize their weight.

Sometimes a resident or resident's representative decides to decline medically relevant dietary restrictions – a resident has the right to refuse treatment, which may include a therapeutic diet. In such circumstances, the resident, facility and practitioner must collaborate to identify pertinent alternatives.

Ask AL

Question: What are the most common problematic areas found in newly constructed nursing homes?

Answer: Nursing homes need to ensure they or the contractor has completed the punch list and regulatory licensure inspection checklist prior to the inspection date and all the requirements are met.

1. When the regulations specify the lighting requirements for specific areas of rooms, the measurements must be taken at those locations. In rooms where window blinds and curtains are present, they must be closed when lighting readings are taken. The lighting requirements are not an average of readings throughout the room.

The lighting requirements are at KAR 26-40-305 Physical Environment; Mechanical, Electrical and Plumbing Systems (f)(2) Artificial Light Requirements.

2. The hot water must be stabilized to ensure water temperatures consistently meet the requirements. KAR 26-40-305 Physical Environment; Mechanical, electrical and Plumbing Systems (e) (4) Water distribution systems shall provide hot water at hot outlets at all times. A maximum variation of 98° F to 120° F shall be acceptable at bathing facilities, at sinks in resident-use areas, and in clinical areas. At least one sink in each dietary service area not designated as a hand-washing sink shall have a maximum water temperature of 120° F.

3. The water temperature in the main kitchen must be between 98°-120° F at the hand washing sink and food preparation sinks, and at least 120° F at the three compartment ware wash sink. KAR 26-40-305 Physical Environment; Mechanical, Electrical and Plumbing Systems (e)(5) Water-heating equipment shall have sufficient capacity to supply hot water at temperatures of at least 120° F in dietary and laundry areas. Water temperature shall be measured at the hot water point of use or at the inlet to processing equipment.

4. All wall openings must be tightly sealed with caulking. KAR 26-40-304 Physical Environment: Details and Finishes (c)(2)(E) Each wall opening for pipes, ducts, and conduits and the joints of structural elements shall be tightly sealed to prevent entry of rodents and insects.

5. The call system including all call buttons or pull cords, pagers, computer monitor, enunciator monitors must have been tested and be functional. KAR 26-40-302 Physical Environment; Applicants for initial licensure and new construction (i)(1) Call system (A)(B)(C)(D)(E)(F)(G)(H).

6. The electronic monitoring of doors to the exterior of the building enclosed courtyards; interior doors to other adult care homes if they have unmonitored exit doors; or unlicensed areas of the building must have been tested and be functional. KAR 26-40-302 Physical Environment; Applicants for initial licensure and new construction (i)(2) Door monitoring system (A)(B)(C).

Question: In a newly constructed nursing home, what is the square feet requirement for Central Storage where large quantities of incontinence products and other health care products are received and stored?

Answer: According to KAR 26-40-302(g)(7) Central storage, each nursing facility shall have at least five square feet per resident capacity in separate rooms or separate space in one room for storage of clean materials or supplies and oxygen.

Question: In an Assisted Living Facility, do the corridor and stairway needed to remain lighted at all times?

Answer: Yes. According to KAR 28-39-256 Details and Finishes (c) Mechanical requirements. (3) Electrical requirements (C) each corridor and stairway shall remain lighted at all times.

Standards of Practice - Medication Administration

Standards of practice require nurses and certified medication aides to administer only medication they have set up. F281 §483.20(k)(3) states. “The services provided or arranged by the facility must--

(i) Meet professional standards of quality and...” The interpretative guidelines state. “Professional standards of quality” means services that are provided according to accepted standards of clinical practice. Standards may apply to care provided by a particular clinical discipline or in a specific clinical situation or setting. Standards regarding quality care practices may be published by a professional organization, licensing board, accreditation body or other regulatory agency. Possible reference sources for standards of practice include: current manuals or textbooks on nursing, social work, physical therapy.”

The Lexi-Comp Drug Information Handbook for Nursing states, “General Nursing Issues Safe Administration. Safe Administration is grounded in the five “Rights” principles: Right Drug, Right Dose, Right Patient, Right Route, and Right Time. Right drug involves checking drug dispensed with the written prescription ... Right dose requires checking the prescribed dosage ... Right patient means identifying each individual patient.. Right route includes consideration of traditional routes...Right time - necessitates knowledge of a drugs bioavailability..”.Turkoski, B.(2011). Drug Information Handbook for Nursing. 11th Edition. (B.Lance & M.Bongigilo, Eds). Ohio:Lexi-Comp

The Five Rights of Medication administration is taught in all nursing and certified medication education. The process must be completed in its entirety by only one person. The nurse or certified medication assistant setting up a medication cannot ensure the right medication at the right dose is administered to the right resident at the right route at the right time. A nurse administering a medication they have not set up cannot ensure they are giving the right medication at the right dose to the right person.

NURSE PRACTICE ACT STATUTES & ADMINISTRATIVE REGULATIONS, May 2012

<http://ksbn.org/npa/npa.pdf>

60-3-109a. Standards of practice.

(a) Each registered professional nurse shall be familiar with the Kansas nurse practice act, the standards of practice of the profession and the code of ethics for professional nurses.

(b) Each licensed practical nurse shall be familiar with the Kansas nurse practice act, the standards of practice and the code of ethics for practical nursing.

KANSAS CERTIFIED MEDICATION AIDE CURRICULUM, May 2011

http://www.kdads.ks.gov/HOC/Forms/Certified_Medication_Aide_Curriculum_Review_Copy.pdf

Unit 23 Administration of Medications--Preparing to Administer Medications Objective 10. “Always follow the 7 Rights of Medication Administration...

2. Right Medications – Give only medications that you have set up. Do not give any medications prepared by someone else.”

Parkinson Disease Resource

The National Parkinson Foundation has launched a website for the Parkinson Foundation of the Heartland, found at the following link:
<http://www.parkinsonheartland.org/>

Nursing Homes with persons dealing with Parkinson’s are able to access this site to review current information related to events, resources and to receive additional assistance with issues as they arise. The contact information for the Parkinson Foundation of the Heartland is:

Angela Lawrence , Executive Director
8900 State Line Rd., Ste 320
Leawood KS 66206
913.341.8828
angela@parkinsonheartland.org

Restorative Nursing Program Range of Motion

ROM exercises help keep the person's joints flexible and avoids the joints from becoming contracted. Nursing homes must have either skilled therapy or restorative nursing programs for the people who have limited range of motion (ROM) or are at risk to have it. For people who are in the nursing home long stay the program will most often be a restorative nursing program. The criteria for a Restorative Nursing Program can be found in the RAI User's Manual, April, 2012 Update; Chapter 3, Section 0, Page 32. The first step in developing an effective restorative nursing program requires staff to assess the person in order to identify their limitations in ROM, what is the cause, contributing factors, how the limitation is affecting their ability to perform their ADLs, i.e. personal hygiene, eating, bathing, toileting, and the person's strengths and abilities to participate in a restorative program.

The restorative program must be based on the assessment information. The restorative program may be written in the person's care plan or written separately and referenced in the care plan.

The program must have a measureable goal(s) or expected outcome to allow periodic evaluation of the program. The approaches or interventions must identify the specific steps that the person and staff will take to improve/or maintain the person's ROM. The interventions must specify the person's joint(s) that will be exercised and the frequency of the exercises and the specific type of exercises that will be done and the number of repetitions. **If CNAs are only moving the person's arms and legs as part of dressing or undressing the person, it is not a restorative program.**

It is acceptable to involve a therapist in evaluating the person and assisting in setting up the restorative program. The therapists or their assistant may instruct the licensed nurse and CNA(s) on the exercise techniques the person will need to do in their program, or a licensed nurse may instruct the CNA(s). However a licensed nurse must assume oversight for the program and provide supervision to

the CNA(s) carrying out the program. The nurse must evaluate the program periodically and document the evaluation in the person's clinical record. The CNA should document daily the provision of program and the resident's response. If changes in the program are needed, the nurse and CNA may consult with the therapist in the revision of the program or the nurse may revise the program.

For purposes of coding a resident for having a restorative program on the MDS Item O0500 Restorative Nursing program, the ratio of staff to residents cannot exceed 1:4 and the person must have received a total of 15 minutes each day in the restorative program. (The 15 minutes can be divided into shorter intervals.)

Additional helpful information regarding the provision of Range of Motion can be found in the QIS Critical Element Pathway CMS-20066 - ADL-ROM at <http://www.aging.ks.gov/Manuals/QIS-Manual.htm> or Best Practice Quality Assurance and Performance Improvement (QAPI) Guidelines and Tools http://www.aging.ks.gov/AdultCareHomes/BestPractice/QA/QI/BP_QAPI_Index.html

Flu Season

Check out the CDC Website for information <http://www.cdc.gov/flu>



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: www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Nursing-HomeQualityInits/MDS30RAIManual.html

Date and Location: October 24 - 25, 2012,
8:15am to 4:30pm

Department of Children and Families (DCF)
Learning Center
2600 Circle Drive
Topeka, KS

Deadline for Registration - October 14, 2012

Registration Form available at:

http://www.aging.ks.gov/AdultCareHomes/Education_Info/Education_index.html

Questions contact: Tina.Lewis@kdads.ks.gov

Manual Update

CMS has announced the Long-Term Care Facility Resident Assessment User's Manual, (MDS 3.0) will have an October 2012 Update. Watch for it at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html>

Assistance with accessing CASPER Reports – OM and Validations Reports

Contact MS Help Desk 785-228-6770

Frequently Asked Questions

The AHFSA RAI Panel released the January through March 2012 Questions and Answers in September. They will be posted on the MDS Website at http://www.aging.ks.gov/AdultCareHomes/Education_Info/Education_index.html

Achieved Webinars

Webinars and taped presentations by KDADS Staff and Consultants are available by contacting the sponsoring association or organization.

- Section J: Health Conditions. Coding Pain Management J0100-J0859 and CAA Completion “Focus on pain” Available for purchase.

http://www.leadingagekansas.org/i4a/ams/amsstore/store.cfm?product_id=0

- Breathing Life into Care Plans Part I and Part II. Available on DVD for \$19 per session regardless of member status.

http://www.khca.org/Kansas/uploads/webinar_order_form_revised.pdf

- Section P: Restraint Use. Coding P0100 – www.kfmc.org On line under “Education”
- Section K: Swallowing/Nutritional Status - KDADS
- Section X: Correction Request and Chapter 5: Submission and Correction –KDADS

Intergenerational Classroom

Uniting Wonder with Wisdom

An Intergenerational Classroom Guide Excerpt from the Pioneer Network.

<http://www.pioneernetwork.net/> “What is an intergenerational classroom? Do you want to have such a classroom? How will you work with school and community to make it happen? How will you develop a plan to execute it? Kansas State University Center on Aging teamed up with Windsor Place in Coffeyville, KS to create Uniting Wisdom with Wonder -- a brand new book and DVD set to answer these questions in a helpful, thought-provoking way.” Available for Purchase.

Universal Worker Education and Practice

The role of the “universal worker” is as variable as the name for the worker and as the homes in which the person works. In the traditional Green House Model nursing home, the universal worker is called a Shahbaz. “The Shahbaz is a versatile worker who provides a wide range of assistance, including personal care activities meal planning, preparation, and service; and laundry care for seven to ten elders. The Shahbazim also perform light housekeeping duties.” (Green House Project). There are at least two Shahbazim in each house with additional support staff present at different times during the day.

Many other nursing homes in Kansas have cross trained their staff to serve as universal workers or to assume responsibilities beyond their traditional tasks. The overall focus is to promote relationship building between the people who live in the nursing home and the people who care for them. Cross training may involve having activity, social services, or housekeeping staff take the Paid Nutrition Course to allow them to assist elders who do not have complicated eating problems. This increases the opportunity for interaction with the elders and to respond to their request for food and drink at meals and throughout the day.

Another type of cross training of staff is educating certified nursing aides and medication aides to assume responsibilities of social services, activities, dietary services, housekeeping, and laundry. When staff assume these tasks it is expected they will involve the elders similarly as the elder would have completed the task in their personal home prior to entering the nursing home. It also reduces the number of staff an elder will have involved in their personal care thus promoting personal privacy and enhancing dignity. The Health Support Specialist Registered Apprenticeship Program through the Department of Commerce can assist nursing homes in educating and training staff in becoming universal workers. The process can begin or end at certification as a nurse aid or medication aide.

Nursing homes can also choose to cross train their own staff. If the nursing home has a licensed social worker or Social Services Designee (SSD),

the staff can assist those staff without taking the state SSD course. This is also true if the nursing home has an Activity Director (AD), staff can assist with activities without taking the state AD course. Staff who prepare or serve meals are not required to take the ServSafe course. However, they do need to follow techniques for food safety and sanitation.

In most nursing homes cross trained staff work on one specific neighborhood and each of those staff are assigned to specific group of people. The assignment of staff to the people is one of mutual agreement. In addition to providing personal care to their elders, the staff also assume lead responsibility for a designated time period for tasks such as activities, meal preparation, and housekeeping to ensure the needs of the elders and neighborhoods are met. Some nursing homes have found it works best also to have the cross trained staff serve in a homemaker role, where their primary responsibility is that of meal preparation and housekeeping. The staff are still certified nurse aides so they can still assist the elders with their activities of daily living as the need arises during the day.

Nursing homes looking at cross training staff are often concerned about infection control practices. Nursing home should review each department’s infection control practices and visit with all staff in each department. In doing so, the home can identify when staff need to put on gowns, gloves, hair coverings, or wash their hands or use hand sanitizer when going from one task to the next. It may also be helpful for nursing homes to recognize the progression of tasks from least likely contamination to most likely contamination such as food preparation and service to resident medication to resident care to housekeeping to laundry. Although the nursing home is home, the people living in them are more susceptible to food-borne illnesses and more vulnerable to infections than those living in a personal home.

Staff who are crossed trained must continue to follow standard precautions in the provision of care to the elders and other tasks, and the Food Code guidelines in food preparation. Additional guidance for staff as they assume additional tasks include:

Continued on Page 12

Universal Worker Education and Practice - Continued

- Staff and elders need to wear aprons and hair coverings when preparing food, including snacks, or entering the food preparation areas when food is being prepared by someone else. This includes the main kitchen or a neighborhood kitchen. Use of hand sanitizer cannot replace handwashing when preparing foods. Hands must be washed or gloves changed after touching inanimate objects and then touching food items that are ready to eat.
- Staff who serve food must wash their hands immediately before starting the task. They do not need to wear hair coverings, gloves, or aprons unless their clothing is visibly soiled. When placing dishes, cups, glasses, utensils, or food on the table, they need to avoid placing their fingers or hands on the eating or drinking surfaces.
- Snacks such as cookies and brownies may be available at nourishment areas if they are placed in plastic bags, or tongs or tissue paper are available to remove them from the container.
- When staff clean areas or equipment, such as the toilet room and commodes, that place their clothing at risk for soiling and contamination, they should cover their clothing with a gown.
- Staff who assist elders to eat should use utensils and napkins to handle the person's foods. Staff may use hand sanitizer to clean their hands if they become contaminated when assisting a person to eat.
- When processing laundry on the neighborhood, staff should wear gowns and use gloves when handling an elder's laundry. Each person's laundry must be washed separately. The elder's contaminated laundry and all nursing home linen and visibly soiled and contaminated elder's laundry must be sent to the main laundry for processing.
- Staff must wash their hands or use hand sanitizer prior to setting up and administering medications.

STATE REMEDIES	3rd Quarter July - Sept 2011	4th Quarter Oct - Dec 2011	1st Quarter Jan - March 2012	2nd Quarter April - June 2012
Assisted Living, Residential Health Care, Home Plus, Adult Day Care and Boarding Care Facilities; Intermediate Care Facilities for the Mentally Retarded				
Civil Money Penalties	9	4	4	4
Correction Orders	26	26	32	29
Ban on New Admissions	9	3	6	6

FEDERAL REMEDIES	3rd Quarter July - Sept 2011	4th Quarter Oct - Dec 2011	1st Quarter Jan - March 2012	2nd Quarter April - June 2012
Nursing and Skilled Nursing Facilities; Nursing Facilities for Mental Health				
Civil Monetary Penalties Recommended	6	4	1	2
Denial of Payment for New Admissions Imposed	14	2	5	9
Terminations	1	0	0	0
No Opportunity to Correct	12	10	7	9

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

DEFICIENCY FREE SURVEY - APRIL TO JUNE 2012			
FACILITY	CITY	TYPE	DATE
Country Place Senior Living	Bellville	ALF	3/26/12
Bridge Haven Memory Care Cottage	Lawrence	HP	4/3/12
Vintage Park at Eureka LLC	Eureka	ALF	4/5/12
Vintage Park at Wamego LLC	Wamego	ALF	4/3/12
Linnwood Place of Valley Falls Assisted Living	Valley Falls	ALF	4/18/12
Comfort Care Homes of Baldwin City LLC	Baldwin City	HP	4/19/12
Peterson Assisted Living	Osage City	ALF	4/19/12
Ellinwood Country Living	Ellinwood	HP	4/24/12
The Autumn Place	Baxter Springs	RHCF	4/24/12
Country Place Senior Living	Hoisington	ALF	4/26/12
Guest Home Estates IV	Pittsburg	RHCF	4/26/12
Silvercrest at Deer Creek	Overland Park	ALF	5/1/12
Eaglecrest Retirement Community	Salina	ALF	5/3/12
Reflection Living LLC	Wichita	HP	5/3/12
Twin Oaks Assisted Living	Lansing	ALF	5/3/12
Residencies at Pleasanton	Pleasanton	RHCF	5/15/12
Coopers Care Home #2	Lawrence	HP	5/10/12
Neuvant House of Lawrence	Lawrence	ALF	5/15/12
Vintage Park at Neodesha LLC	Neodesha	ALF	5/17/12
Vintage Park at Baldwin City LLC	Baldwin City	ALF	5/22/12
Linnwood Place of Meriden South	Meriden	HP	5/22/12
Vintage Park at Osawatomie LLC	Osawatomie	ALF	5/23/12
Country Place Senior Living	Bellville	ALF	3/26/12
Clare Bridge of Topeka	Topeka	RHCF	5/24/12
The Homestead of Manhattan	Manhattan	ALF	5/24/12
Vintage Park at Gardner LLC	Gardner	ALF	5/25/12
The Autumn Place	Columbus	RHCF	5/30/12
Guest Home Estates VI	Fort Scott	RHCF	5/30/12
Gracious Senior Living LLC IV	Wichita	HP	5/31/12
Meadowlark Adult Care Home I	Wichita	HP	5/31/12
The Pines of Holton	Holton	HP	5/31/12
Westview of Derby	Derby	SNF/ NF	5/31/12
Atria Hearthstone West	Topeka	ALF	6/4/12
Midland Care Lawrence Adult Day Health	Lawrence	ADC	6/4/12

Deficiency Free Surveys - Continued

The Homestead of Garden City	Garden City	ALF	6/5/12
Reflection Living Maize Ct 1	Wichita	HP	6/6/12
Sterling House of Junction City	Junction City	ALF	6/6/12
Sunrise Assisted Living of Overland Park	Overland Park	ALF	6/7/12
Vintage Park at Paola LLC	Paola	ALF	6/11/12
Asbury Village	Coffeyville	RHCF	6/12/12
Gracious Senior Living LLC II	Wichita	HP	6/12/12
Assisted Living at Windsor Place	Coffeyville	ALF	6/14/12
Comfort Care Homes Inc. #509	Wichita	HP	6/14/12
Pleasant View Home	Inman	SNF/ NF	6/20/12
Fairview Estates Retirement Community	Colby	ALF	6/21/12
Peggy Kelly House II	Topeka	RHCF	6/21/12
Lawrence Memorial Hospital SNF	Lawrence	SNF	6/22/12
Anderson County Hospital LTCU	Garnett	NF	6/26/12
The Homestead of Halstead	Halstead	ALF	6/27/12
Glenn Moore Meadows	Holton	HP	6/28/12
Southview Adult Day Services	Kansas City	ADC	6/28/12
Vintage Place of El Dorado	El Dorado	RHCF	6/28/12

SNF/NF - Skilled Nursing Facility/Nursing Facility; ALF - Assisted Living Facility; RHCF- Residential Health Care Facility; ADC- Adult Day Care; HP- Home Plus

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

S& C Letter - Hand in Hand

[Link to CMS Letter](#)

DATE: September 14, 2012

TO: State Survey Agency Directors

FROM: Director Survey and Certification Group

SUBJECT: “Hand in Hand: A Training Series for Nursing Homes,” on Person-Centered Care of Persons with Dementia and Prevention of Abuse

Background

Section 6121 of the Affordable Care Act requires CMS to ensure that nurse aides receive regular training on how to care for residents with dementia and on preventing abuse. CMS, supported by a team of training developers and subject matter experts, created this training program to address the requirement for annual nurse aide training on these important topics.

Person-centered care is an approach to care that focuses on residents as individuals and supports caregivers working most closely with them. It involves a continual process of listening, testing new approaches, and changing routines and organizational approaches in an effort to individualize and de-institutionalize the care environment. Person-centered care is the central theme of the Hand in Hand training.

Implementation

The Hand in Hand training materials consist of an orientation guide and six one-hour video-based modules, each of which has a DVD and an accompanying instructor guide.

Though Hand in Hand is targeted to nurse aides, it may be valuable to all nursing home caregivers, administrative staff and surveyors. However, this is not a mandatory training for Federal and State surveyors. In order for this training to be most effective, it is important to use a team training approach. Training principles in this DVD series include:

- Consistent Staffing
- Empowering Nurse Aides
- Promoting Team Involvement
- Building Relationships

While annual training for nurse aides on dementia care and abuse prevention is required in current nursing home regulations, we do not require nursing homes to use Hand in Hand specifically as a training tool. Other tools and resources are also available. The Hand in Hand training series will be mailed free to all nursing homes, Regional Offices (RO) and State Survey Agencies in September 2012.

Effective Date: Immediately. The State Agency should disseminate this information within 30 days of the date of this memorandum.

Training: This letter should be shared with all nursing home survey, certification, and enforcement staff, their managers, and State/RO training coordinators for informational purposes.

For information, to download the training modules or inquire about replacement copies of the Hand in Hand Toolkit please visit <http://www.cms-handinhandtoolkit.info/Index.aspx>

If you have questions or comments regarding these materials, please contact cms_training_support@icpsystems.com

Thomas E. Hamilton