



**KANSAS DEPARTMENT ON AGING**  
LICENSURE, CERTIFICATION AND EVALUATION COMMISSION  
**SUNFLOWER CONNECTION**  
CONNECTING KDOA WITH LONG TERM CARE PROVIDERS

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The Sunflower Connection  
Published by The Kansas  
Department on Aging

**Kathleen Sebelius**, Governor  
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Secretary

**Licensure, Certification and  
Evaluation Commission**

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Topeka, KS 66603-3404

Please route Sunflower Connection to nursing staff and other interested parties in your facility. This publication may be copied or accessed through the internet address above.

**ADMISSION AGREEMENTS IN ADULT CARE HOMES**

(Revision of April 2004)

Admission agreements cannot contain language that states or implies that the facility is not responsible for the health and safety of residents. KSA 39-936 Statement on Admission reads as follows: "No such statement shall be construed to relieve any adult care home of any requirement or obligation imposed upon it by law or by any requirement, standard or rule and regulation adopted pursuant thereto." In addition KAR 28-39-148(i) (4) states that "An admission agreement shall not include a general waiver of liability for the health and safety of residents."

Kansas statutes hold facilities accountable for the care and services provided to residents. Residents or their legal representatives have a right to refuse a service. When this happens the facility should address this issue in care plans and in risk agreements. The facility has an obligation to try to offer alternatives to the resident and to educate the resident of the possible negative outcomes if they do not receive the care and services facility staff believes are appropriate. Residents and their legal representatives must be given enough information to be able to make an informed consent. The RAI manual contains information about refusal of treatment on pages 4-30 and 4-31. Assisted living/residential health, homes plus and adult day care facilities have regulations that govern the development of risk agreements.

It is strongly recommended that each adult care home review its current admission agreement. If the admission agreements contain a waiver of liability for health and safety, the admission agreements should be amended and the amendments issued to each resident or the resident's legal representative.

## NEGLECT DECISION MAKING TREE

The Fact Sheet dated 10/99 [http://www.agingkansas.org/kdoa/lce/facts\\_newsltr/oct99.pdf](http://www.agingkansas.org/kdoa/lce/facts_newsltr/oct99.pdf) contained the Administrative Practice Guideline for Adult Care Homes/Hospitals Long Term Care Units. The focus of the guideline was the prevention and reporting of neglect and identified the process would also apply to reporting abuse and exploitation of residents. The Guideline included a Decision Tree for Notification about Actual or Potential Neglect.

Although the guideline and decision tree were to assist facilities in their reporting, it appears there is a misunderstanding that the Decision Tree for Notification about Actual or Potential Neglect can also be used for notification of actual or potential abuse. **There is no Decision Tree for the investigation or notification of actual or potential abuse to residents.**

42 CFR 48.3.13(c)(2)

- The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).
- The facility must have evidence that all alleged violations are thoroughly investigated and must prevent further potential abuse while the investigation is in process.
- The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.

Kansas Statutes are KSA 39-1401-1411.

The facility must immediately notify the KDOA Hotline Monday through Friday from 8AM to 12 PM and 1PM to 4PM.

## MEDICAL DEVICE REPORTING FOR USER FACILITIES

Effective on November 28, 1991, the Safe Medical Devices Act (SMDA) requires that device user facilities and manufacturers report deaths and serious injuries that a device may have caused or contributed to and also requires that device users and manufacturers maintain adverse event files. According to the SMDA “a device user facility is defined as a hospital, an ambulatory surgical facility, a nursing home, an outpatient treatment facility, or an outpatient diagnostic facility which is not a physician’s office. A medical device is any item that is used for the diagnosis, treatment, or prevention of a disease, injury or other condition and is not a drug or biologic.” This definition does include bed rails.

User facilities must report deaths to the Food and Drug Administration (FDA) and manufacturer within 10 working days from the time that personnel of the user facility are aware of a reportable event. Facilities must report serious injuries to the manufacturer within 10 working days. If the manufacturer is unknown the facility must report to the FDA once personnel are aware of the reportable event. The FDA has criminal and civil penal authority to enforce the SMDA.

### **MEDICARE-APPROVED DRUG DISCOUNT CARD PROGRAM**

The Medicare Prescription Drug Discount Card and Transitional Assistance Program was enacted into law on December 8, 2003, as part of the Medicare Modernization Act of 2003. In 2004 and 2005 people with Medicare can sign up for a Medicare-Approved Prescription Drug Discount Card (if all of the qualifying conditions are met). There are three Medicare-approved prescription drug cards designed for eligible people with Medicare living in a nursing home. The Centers for Medicare and Medicaid Services has developed materials to assist facilities, residents and their families understand how these special drug cards work. The link will take you to the QTSO homepage where detailed information can be found regarding how these cards work. <https://asp.qtso.com/STSO/start.asp>

### **DIETARY MANAGER REQUIREMENTS**

The definition of Dietetic services supervisor KAR 28-39-144(r) was amended in 2001.

**K.A.R. 28-39-144(r)** (3) states: “Dietetic services supervisor is a dietary manager who is certified by the board of the dietary managers’ association;”

**K.A.R. 28-39-144(r)** (4) states: “Dietetic services supervisor has training and experience in dietetic services supervision and management that are determined by the secretary of health and environment to be equivalent in content to paragraph (2) or (3) of this subsection.”

**K.A.R.28-39-158(a)** (1) states “Overall supervisory responsibility for the dietetic services shall be the assigned responsibility of a full-time employee who is a licensed dietitian or a dietetic services supervisor who receives regularly scheduled onsite supervision from a licensed dietitian.

Dietary Managers who are not certified but have been employed in the same facility since 2001 may submit documentation to be determined to be equivalent to subsection (3).

Please submit the following to *Kansas Department on Aging, New England Building 503 S. Kansas Ave., Topeka, KS 66603-3404* attention Sandra Dickison.

- 1) A letter from the administrator verifying the dietary manager’s Social Security number and initial date of employment as a dietary manager in the facility.
- 2) An original transcript from a training program approved by the dietary managers’ association mailed directly to Kansas Department on Aging. If this is not possible, call Sandra Dickison at 785-296-1245 for other instructions.

The facility’s past survey history concerning nutritional care and dietary services will be used to evaluate the dietary manager’s experience in dietetic services supervision and management.

A dietary manager approved for equivalency will receive a certificate valid for 6 years from the Kansas Department on Aging. The certificate will include a statement requiring 45 hours of continuing education in nutrition, food service management, or food safety every 3 years. The

facility licensed dietitian must approve all continuing education hours and sign the attendance or completion certificate. The certificate and documentation of continuing education are to be maintained in the employee's personnel file. In 2010 and every 6 years thereafter a dietary manager who remains in the facility may apply for renewal of equivalency based on meeting continuing education hours and the facility's survey history concerning nutritional care and dietary services.

A dietary manager not determined equivalent will receive a letter from KDOA stating the reason for not being determined equivalent.

### **REIMBURSEMENT FOR NURSE AIDE TRAINING AND COMPETENCY EVALUATION OR COMPETENCY EVALUATION PROGRAM COSTS**

A nurse aide trainee who is employed by, or receives an offer of employment from, a nursing facility on the date on which the employee begins a nurse aide training and competency evaluation program (NATCEP) or competency evaluation program (CEP) may not be charged for any portion of the program. If the nursing facility provider hires a nurse aide or makes an offer of employment prior to course completion, the nursing facility must pay the full cost of the training program. Reimbursable costs include any portion of the training coursework, fees for textbooks or other required course materials, registering individuals on the nurse aide registry, and administration of the competency examinations.

If an individual pays for the NATCEP or CEP without being employed or having an offer of employment as a nurse aide, and then becomes employed by, or receives an offer of employment as a nurse aide no later than 12 months after completing a NATCEP or CEP, the nursing facility must reimburse its proportionate share of costs incurred in completing the program on a pro rata basis during the period in which the individual is employed as a nurse aide. For example, if a nurse aide pays for the CEP to become certified and is not employed or does not receive an offer of employment for six months after finishing the course, the nursing facility provider would only be expected to pay 50% of the cost of the program for the six months the nurse aide was employed during the 12 month period. Federal regulations allow the provider to reimburse the costs "over a reasonable period of time while the individual is employed as a nurse aide." Since the reimbursable costs can be prorated over 12 months, it is assumed the reasonable amount of time cannot exceed a 12 month period from the date a nurse aide completed the program.

Federal regulations prohibit nursing facilities from having contracts that require a nurse aide to repay the facility for their training if they do not remain with the facility for a specified period of time. If a nurse aide trainee doesn't pass the test, the person is not a certified nurse aide and would therefore, not qualify for NATCEP or CEP reimbursement as specified by federal regulations. The potential for duplication of payments to nurse aides for NATCEP or CEP should be minimized by completion of a thorough employment background check. It is a facility's right to determine where it will train its employees and, therefore, a facility may elect not to hire an employee that has received training elsewhere.

Nurse aide training expenses are reported on the Nursing Facility Financial and Statistical Report (cost report) and are then reimbursed as part of the daily Medicaid rate.

Sources: 42 CFR 483.152(c), CFR 483.154 (c), including preamble.

**APPENDIX P – SURVEY PROTOCOL FOR LONG TERM CARE FACILITIES  
SNFs/NFs ONLY  
II. SURVEY TASKS  
TASK 2 – ENTRANCE CONFERENCE/CHECKLIST**

During the Entrance Conference for the annual resurvey, the Team Coordinator meets with the Administrator or designee, presents a checklist of needed information, and discusses additional information about the facility and the residents who live in it. Most of the requested information is listed in Appendix P – Survey Protocol for Long Term Care Facilities. ([http://www.cms.hhs.gov/manuals/107\\_som/som107ap\\_p\\_ltcf.pdf](http://www.cms.hhs.gov/manuals/107_som/som107ap_p_ltcf.pdf)) Additional requested information on the checklist is needed to complete the various survey tasks. (See the attached Checklist.) Items listed “As Needed” or “Discuss” may or may not be requested.

While it is not a requirement, many facilities take a proactive stance and place the requested checklist information in a three ring binder prior to the anticipated survey date. To ensure the information remains current a person(s) may be assigned to check the information weekly, i.e. residents admitted or discharged, employees hired, and specific lists of the resident. The facility may also choose to have ready the information listed “as needed” or “Discuss” should it be requested.

When information is required to be written on specific forms provided by CMS or KDOA, it is helpful to refer to the forms requested at the previous survey and have the needed information ready to place on the required forms. Administrators find having the information completed in advance eases the initial stress of the survey and ensures accurate information.

Whether or not a facility chooses to plan ahead and have the needed information readily available, it is important to provide the requested information within the designated time frames to facilitate the survey process.

**ENTRANCE CONFERENCE FORM (SNF/NF)**

**KANSAS DEPARTMENT ON AGING**

**Licensure, Certification and Evaluation Commission**

**Licensure and Certification Division**

Facility _____	Capacity _____
Date _____	Census _____

	Please complete the Roster/Sample Matrix (Form CMS-802) to the best of your ability, including all residents on bed hold. This is needed at the completion of the initial tour. This is an important source of resident information which is crucial for the team to have for its sample selection. You may make modifications for accuracy or add additional information within 24 hours.
	Please provide a copy of the actual working schedules for licensed and registered nursing staff for the current pay period. This is needed by the end of the tour (or earlier if possible).
<b>WITHIN ONE HOUR OF CONCLUSION OF ENTRANCE CONFERENCE</b>	
	Facility policies and procedures to prohibit and investigate allegations of abuse and the name of the person that can answer questions about what the facility does to prevent abuse.
	A list of key facility personnel and their locations. (Form provided by KDHE)
	A copy of the written information that is provided to resident regarding his/her rights.
	A copy of the facility's admissions contracts for all residents including Medicare, Medicaid and other payment sources.
	A list of admissions during the past month and a list of residents transferred or discharged during the past three months and where they were discharged to (e.g., home, hospital, another facility).
	A copy of the facility's floor plan, indicating the location of nurses stations, individual resident rooms and common areas.
	The current resident activity calendar.
	A copy of the menus with therapeutic break-outs for the week of the survey.
	Meal times and medication pass times (by unit, if variable).
	A list of the residents who have elected the hospice benefit and are currently receiving hospice care from an outside agency.
	A list of residents who receive dialysis services.
	Names of residents age 55 and under.
	A list of resident council officers.
	Names of residents who communicate with non-oral communication devices, sign language, or who speak a language other than the dominant language of the facility.
	Evidence that the facility (on a routine basis) monitors accidents and other incidents, records these in the clinical or other records and has in place a system to prevent and/or minimize further accidents and incidents. <i>NOTE: This evidence could be a record of accident and incident report.</i>
	Post signs that a survey is being conducted.
<b>PLEASE PROVIDE WITHIN 24 HOURS OF THE ENTRANCE CONFERENCE</b>	
	Completed "Long Term Care Facility Application for Medicare and Medicaid" (Form CMS-671)
	Completed Resident Census and Conditions of Residents (Form CMS-672). <i>NOTE: Must be on the CMS form provided by surveyor, facility-generated forms are not acceptable.</i>
	A list of Medicare residents who requested ademand bills in the last six months (SNF's or SNF/NF's only)
	Completed Resident Account Questionnaire (Form furnished by survey team)
	List of employees hired since past survey with date of employment and position.

	Policy and procedure for KBI checks.
	Policy and procedure manual(s) for reference as needed.
<b>DISCUSS</b>	
	Where is license posted?
	CLIA waiver.
	Restorative roster, if requested.
	Designated smoking area.
	Residents with MI or MR.
	Interviews conducted during survey (group/individual/family). Post sign for group interview.
	Special features of facility (special care units, etc.)
	Which, if any, rooms have less square footage than required? Do you have a variance in effect? (F458)
	Which, if any, rooms are occupied by more than four residents? Do you have a variance in effect? (F457)
	Have you had any physical structure and/or usage changes in your facility since the last survey?
	Is there at least one window to the outside in each room? (F461)
	Which, if any, bedrooms are not at or above ground level? (F461)
	Do all bedrooms have access to an exit corridor? (F459)
	What are the procedures to ensure water is available to essential areas when there is loss of normal supply? (F466)
	Give a copy of the OSCAR 3 and 4 reports to the administrator and briefly explain their use by the survey team.
	Give the administrator copies of the QI reports and discuss discrepancies, if any.
	Provide the facility with a copy of the informal conflict prevention and informal dispute resolution policy and the policy for daily interactions with the provider.
	Exit conference.
<b>EXTENDED SURVEY ONLY (SURVEYORS WILL REQUEST IF NEEDED)</b>	
	Specific policies and procedures.
	Consultant agreements and reports.
	Inservice programs.
	List of residents with comprehensive assessments within last 30 day.

## ROSTER/SAMPLE MATRIX COMPLETION (SNF/NF)

The Roster/Sample Matrix form (CMS-802) is used by the facility to list all current residents (including residents on bedhold) and to note pertinent care categories. The facility completes the following: resident name, resident room, and columns 6-33. (<http://www.cms.hhs.gov/forms/cms802.pdf>)

During the Entrance Conference the Team Coordinator notifies the Administrator of the need to provide the survey team with a completed and current Roster/Sample Matrix form at the completion of the initial tour and that the facility can make corrections to the form within the next 24 hours. The Team Coordinator also provides the Administrator with an Instruction Sheet for the completion of the Roster Matrix. (<http://www.cms.hhs.gov/forms/cms802.pdf>).

It is not a Federal requirement that the Roster Matrix be automated. Many facilities do have software that takes information from the residents' most recent Minimum Data Set assessment and compiles a Roster Matrix. The instruction sheet provided by the Team Coordinator contains a MDS crosswalk to assist those who do not have such software to complete the Roster Matrix. Whether a computer, or person and pencil, generates the Roster Matrix, the important consideration is that the information on the Roster Matrix needs to represent the residents' current status on the first day of the survey. At times facilities have printed the Roster Matrix generated from their software but did not realize the information reflected the residents' most recent MDS not the residents' current status, or each column did not have a MDS crosswalk. While it is important to review the columns for accuracy, the columns that are most likely to have changed on a daily basis include: Falls/Fractures/Abrasions/Bruises, Fecal Impaction, UTI/Infection Control/Antibiotics, Unintended Weight Change, Dehydration, ADL Decline, Pressure Sores/Ulcers, Specialized Rehab, Oxygen/Respiratory Care, and Admission, Transfer/Discharge.

Facilities may find it helpful to complete a Roster Matrix a few months prior to the expected survey date and to update the information at least weekly. This can be done by having checklists with the changing information categories available for the nurses to add or delete residents during report time.

The information about the individual residents on the Roster Matrix and Quality Indicators is not always the same due to different crosswalks. Facilities would be wise to review both the Roster Matrix and Quality Indicators prior to the survey to promote staff's awareness of the residents' current status and needs.

Having a Roster Matrix completed and as current as possible prior to the survey allows its use by facility staff that accompanies surveyors on the initial tour. A Roster Matrix completed prior to the survey also allows the requirement to have the Roster Matrix completed at the end of the initial tour to be met with less stress and promotes accuracy. It is beneficial for the facility to be surveyed on current information and to provide the information to the survey team in a timely manner.

## **METHICILLIN-RESISTANT STAPHYLOCOCCOS AUREUS (MRSA)**

We have received several telephone calls regarding precautions that should be taken when a resident is infected with MRSA as well as concerns that facilities are refusing to admit/readmit residents with MRSA. In May of 1998, Kansas Department of Health and Environment Office of Epidemiologic Services developed infection control guidelines for health care workers caring for patients with MRSA or Vancomycin-resistant Enterococci (VRE). These guidelines are still applicable today.

According to the guidelines “the admission or transfer of patients should not be affected by MRSA/VRE infection or colonization. All health care facilities, rehabilitative units or facilities, and home care agencies must be prepared to implement appropriate infection control measures for patients infected or colonized with MRSA, VRE and other resistant organisms. It is inappropriate to refuse admission of a patient based solely on the fact that MRSA or VRE are present. Such action negatively affects patients by limiting access to the desired level of care, and unnecessarily extends hospital stay beyond the period of medical care needed.”

The guidelines contain valuable pertinent information relating to MRSA and VRE. The guidelines can be found on the Kansas Department of Health and Environment website at the following address: <http://www.kdhe.state.ks.us/epi/download/vre.pdf>.

### **DATA ASSESSMENT AND VERIFICATION (DAVE) UPDATE**

DAVE, a CMS program, is used to verify that the data placed on the MDS (Minimum Data Set assessment) is accurate. A summary as of August 2004 revealed the DAVE team of qualified specialists had reviewed 1,468 assessments. The majority of the items reviewed showed few discrepancies. However, the identified discrepancies could impact payment and quality measures. The discrepancies did not reveal intentional errors but rather a need for further education. The discrepancies found in the May through July 2004 reviews were the same as the discrepancies found in the pre-national phase of the DAVE program.

Most of the discrepancies fell into 3 categories:

- Known Discrepancies - item documented in the clinical record but not coded on the MDS. The top ten were physician orders and visits, number of days injections received, weight, total number of minutes for physical therapy, frequency of pain, total number of minutes for occupational therapy, self performance for toilet use, number of days for physical therapy, and self performance for bed mobility.
- Incomplete Documentation – item coded on the MDS but not documented in the clinical record. The top ten were awake in the evening, afternoon, and morning, pressure relieving devices in the bed and chair, weight loss, IV medications, turning and repositioning program, self-performance of walk in corridor, and intensity of pain.
- Contradictory Documentation - item documented differently in the clinical record than on the MDS. The top ten were weight, height, self-performance of bed mobility, transfer, toilet use, eating, support provided for transfer, self-performance of walk in room, support provided for bed mobility, and Stage 2 Ulcers.

Another item of concern was the lack of documentation to support the “Medical Necessity” of Therapies. At the present time, we are not aware of any onsite visits conducted in the state and anticipate the reviews will be offsite. An offsite review will require the clinical record to be submitted to a CMS DAVE team professional for review. Facilities need to be aware that clinical records must have documentation that supports what is coded on the MDS.

### **MDS UPDATE**

MDS updates of June 2004, April 2004, and August 2003 can be accessed at <http://www.cms.hhs.gov/medicaid/mds20/man-form.asp>

### **MDS EDUCATION OPPORTUNITIES**

CMS Satellite Training: <http://www.cms.internetstreaming.com> – Coding the MDS- Archived Presentation- 8/27/04: How to Access Resident ADLs and Effective Restorative Nursing Programs; 10/29/04: Infections, Medications, and Acute Diseases; 1/28/05: Skilled Services.

DAVE Tip Sheet posted on CMS website: [http://www.cms.hhs.gov/providers/psc/DAVE/DAVE\\_TipSheet\\_SectionG\\_030104\\_Black-WhiteVersion.pdf](http://www.cms.hhs.gov/providers/psc/DAVE/DAVE_TipSheet_SectionG_030104_Black-WhiteVersion.pdf)

DAVE Project Train the Trainer located on KDOA’s Website under Licensure, Certification and Evaluation.

MDS education planned for November 4 and 5. Check KDOA Website for additional information.

### **RESOURCES FOR QUALITY CARE**

*Diagnosis and Management of Foodborne Illnesses: A Primer for Physicians and Other Health Care Professionals.*

Recent concerns about hepatitis A and norovirus outbreaks have emphasized the need for health professionals to be vigilant for foodborne pathogens. New training material will assist health care professionals to be aware of what to look for in relation to foodborne disease. A copy of the material is available at the American Medical Association website: <http://www.ama-assn.org/ama/pub/category/3629.html>

The American Medical Association is offering this Primer free to physicians and other health care professionals. Please email [srt@ama-assn.org](mailto:srt@ama-assn.org) and provide your name, shipping address, and a contact telephone number. Alternatively, you can fax your request to L.J. Tan, Director – Infectious Diseases, Immunology, and Molecular Medicine at 312-464-5841.

#### 5 a Day

The Center for Disease Control (CDC) has developed many resources to increase enjoyment of eating 5 to 9 serving of fruits and vegetables a day. The fruit and vegetable of the month may be found at <http://www.cdc.gov/nccdphp/dnpa/5aday/month/index.htm>

Clostridium Difficile

In August 2004 the Centers for Disease Control (CDC) issued two fact sheets covering clostridium difficile. One fact sheet contains information for health care providers, the second contains information for persons with clostridium difficile. The fact sheets are available at the: <http://www.cdc.gov/ncidod/hip/gastro/ClostridiumDifficile.htm>

**EXEMPLARY CARE RECOGNITION**

Arkansas City Presbyterian Manor, Arkansas City  
Moundridge Manor, Moundridge

**DEFICIENCY FREE ANNUAL RESURVEY**

Dignity Care Home, Salina  
Vintage Park of Paola, Paola  
Guest Home Estates, Pittsburg  
Vintage Park of Baldwin City, Baldwin  
Midwest Homeplace North, Leavenworth  
Chapman Valley Manor, Chapman  
Hilltop Manor, Cunningham  
Manor of the Plains, Dodge City  
Wilson Nursing Home, Wilson  
Comfort Care Homes, Wichita  
Moore Adult Care Home, Topeka  
Friendly Acres III, Wellington  
Guest Home Estates V, Iola  
The Legacy Gardens of Topeka, Topeka  
Circle of Life, Inc., Wellington  
Salina Presbyterian Manor, Salina  
Sherman County Good Samaritan Center, Goodland  
Arkansas City Presbyterian Manor, Arkansas City  
Golden Years Adult Care Home, Olathe  
Waterfront Inn Assisted Living, Wichita  
Roby's In-Home Care, Kansas City  
Kansas Soldiers Home, Ford Dodge  
Angelic Care, Mulvane  
Villa Maria, Mulvane

## KDOA HOTLINE STATISTICS, INTAKES ASSIGNED FOR INVESTIGATION

Month -2004	Facility Reports of ANE	Non-Facility Reports of ANE	General Care
January	177	10	108
February	180	14	74
March	229	12	90
April	194	16	76
May	182	16	76
June	198	9	99

## ENFORCEMENT ACTIONS CALENDAR YEAR 2004

*Licensure Category	Correction Orders 2004 Quarters			
	1 <sup>st</sup>	**2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>
ANE Issues	6	4		
Disaster Preparedness	-	1		
General Sanitation and Safety	10	6		
Health Care Services	13	4		
Inadequate Administration	4	6		
Inadequate Admission	5	1		
Inadequate Accounting of Funds	-	-		
Inadequate Documentation of Employee Records	1	1		
Inadequate Documentation of Resident Records	3	5		
Inadequate Drug Regimen Review	1	1		
Inadequate Inservice Education	1	-		
Inadequate Policies/Procedures Regarding Infection Control	1	-		
Inadequate Policies and Procedures for Special Care Unit	-	-		
Inadequate Range of Motion Services	-	-		
Inadequate Supervision	2	-		
Inadequate or Unqualified Staffing	6	5		
Inadequate or Inappropriate Dietary/Nutritional Services	1	1		
Inadequate or Inappropriate Hygiene and Skin Care	-	-		
Inappropriate Admissions	1	-		
Inappropriate or Unauthorized use of Restraint	1	-		
Negotiated Service Agreement	13	6		
Physician Verbal Orders for Licensed Personnel	1	1		
Resident Functional Capacity Screen	2	2		
TB for Residents/ Staff	4	2		
Unsafe Medication Administration or Storage	3	6		
Other				
Civil Penalties	3	4		
Correction Orders	17	12		
Bans on New Admissions	7	4		

<b>Federal Remedies</b>				
Civil Monetary Penalties Recommended	<b>3</b>	<b>10</b>		
Denial of Payments for New Admissions Imposed	<b>16</b>	<b>16</b>		
Terminations	-	-		
NOTC	<b>14</b>	<b>19</b>		

\* A correction order or civil penalty may consist of multiple issues summarized within the licensure categories above.

\*\* Revised

**CONTACT LISTING**  
**Kansas Department on Aging**

<b>LICENSURE, CERTIFICATION AND EVALUATION COMMISSION</b>	
Mark Boranyak, Commissioner (785) 296-0383 <a href="mailto:markboranyak@aging.state.ks.us">markboranyak@aging.state.ks.us</a>	Overall operations, administrative, compliance and enforcement activities of the Commission including state licensure of intermediate care facilities for the mentally retarded (ICF/MR), nursing facilities for the mental health (NF/MH), community mental health centers (CMHC) and free-standing assisted living/residential care facilities, home plus, boarding care facilities, adult day care and federal certification of nursing facilities not licensed as part of a hospital.

<b>LICENSURE AND CERTIFICATION DIVISION</b>	
Greg Reser, Director (785) 291-3374 <a href="mailto:gregreser@aging.state.ks.us">gregreser@aging.state.ks.us</a>	Responsible for overall operation of state licensing and federal certification of nursing facilities, including oversight of the survey process through supervision of six Regional Managers.
Jeanne Urban-Wurtz (785) 368-7055 <a href="mailto:jeanneurbanwurtz@aging.state.ks.us">jeanneurbanwurtz@aging.state.ks.us</a>	Long term care enforcement.
Donna Deason (785) 296-1248 <a href="mailto:donnadeason@aging.state.ks.us">donnadeason@aging.state.ks.us</a>	Plans of correction and surveyor training.
Steve Johnson (785) 296-3695 <a href="mailto:stevejohnson@aging.state.ks.us">stevejohnson@aging.state.ks.us</a>	Quality improvement
Mary Jane Kennedy (785) 296-1265 <a href="mailto:maryjanekennedy@aging.state.ks.us">maryjanekennedy@aging.state.ks.us</a>	Complaint Coordinator
Rita Bailey (785) 296-1259 <a href="mailto:ritabailey@aging.state.ks.us">ritabailey@aging.state.ks.us</a>	Licensure, letters of intent, licensure forms, change of ownership and change of administrator.

<b>LONG TERM CARE PROGRAM DIVISION</b>	
Vera VanBruggen, Director (785) 296-1246 <a href="mailto:veravanbruggen@aging.state.ks.us">veravanbruggen@aging.state.ks.us</a>	Development adoption and interpretation of regulations of adult care homes, i.e., nursing facilities, assisted living/residential care, boarding care, home plus, adult day care, ICF/MR and MH. RAI Coordinator. Provides consultation and education of regulations and interpretation, RAI, MDS submission and overall facility concerns.
Sandra Dickison, Dietary Consultant (785) 296-1245 <a href="mailto:sandrardickison@aging.state.ks.us">sandrardickison@aging.state.ks.us</a>	Telephone, e-mail and in-person consultation related to the practice of licensed dietitian and dietary managers, standards of practice for nutrition and hydration of resident, sanitation and organization of kitchens and the survey process related to nutrition, hydration and sanitation.
Caryl Gill, Nurse Consultant (785) 296-4222 <a href="mailto:carylgill@aging.state.ks.us">carylgill@aging.state.ks.us</a>	Telephone, e-mail and in-person consultation related to care issues, regulations and survey process of adult care homes and RAI.
Al Gutierrez, Environment Specialist (785) 296-1247 <a href="mailto:algutierrez@aging.state.ks.us">algutierrez@aging.state.ks.us</a>	Reviews site and floor plans and conducts prelicensure survey or adult care homes. Telephone, e-mail and in-person consultation related to physical environment regulations.

<b>MENTAL HEALTH/RESIDENTIAL FACILITY PROGRAM</b>	
Gary Ingenthron, Director (785) 296-1253 <a href="mailto:garyingenthron@aging.state.ks.us">garyingenthron@aging.state.ks.us</a>	Oversees licensure, certification, utilization review and complaint investigation processes for intermediate care facilities for the mentally retarded (ICF/MR), nursing facilities for mental health (NF/MH), community mental health centers (CMHC) and free-standing assisted living/residential care facilities, home plus, boarding care facilities and adult day care. Monitors activities delivered through the Home and Community Based Waiver Program for the Frail and Elderly, Older Americans Act and Senior Care Act.

<b>REGIONAL MANAGERS</b>	
Audrey Sunderraj, Regional Manager Northeast District Office 503 South Kansas Avenue Topeka, Kansas 66603-3404	(785) 296-1023 <a href="mailto:audreysunderraj@aging.state.ks.us">audreysunderraj@aging.state.ks.us</a>
Karen Craig, RN, Regional Manager Lawrence District Office 800 W 24th Street Lawrence, Kansas 66046-4417	(785) 842-4600 <a href="mailto:karencraig@aging.state.ks.us">karencraig@aging.state.ks.us</a>
Rita Fitch, RN, Regional Manager South Central District Office 130 S. Market, 6th Floor Wichita, Kansas 67202-3826	(316) 337-6020 <a href="mailto:ritafitch@aging.state.ks.us">ritafitch@aging.state.ks.us</a>
Glenda Kracht, RN, Regional Manager North Central District Office 2501 Market Place, Suite D Salina, Kansas 67401	(785) 827-9639 <a href="mailto:glendakracht@aging.state.ks.us">glendakracht@aging.state.ks.us</a>
Joleen Morris, Regional Manager Mental Health & Residential Care Facilities 503 South Kansas Avenue Topeka, Kansas 66603-3404	(785) 296-1269 <a href="mailto:joleenmorris@aging.state.ks.us">joleenmorris@aging.state.ks.us</a>
Kim Pepperd, RN, Regional Manager Western District Office PO Box 261 Kinsley, Kansas 67547	(620) 659-3548 <a href="mailto:kimpepperd@aging.state.ks.us">kimpepperd@aging.state.ks.us</a>
Mary Saporito, RN, Regional Manager Southeast District Office 215 E. Maple Columbus, Kansas 66725	(620) 429-3879 <a href="mailto:marysaporito@aging.state.ks.us">marysaporito@aging.state.ks.us</a>
Glenda Kracht, RN, Regional Manager North Central District Office 2501 Market Place, Suite D Salina, Kansas 67401	(785) 827-9639 <a href="mailto:glendakracht@aging.state.ks.us">glendakracht@aging.state.ks.us</a>

<b>HEALTH OCCUPATIONS CREDENTIALING (KDHE)</b>	
Kansas Nurse Aide Registry; Interstate or reciprocity for aides.	Janel McMillan (785) 296-0059 (after 3:00 PM) <a href="mailto:jmcmilla@kdhe.state.ks.us">jmcmilla@kdhe.state.ks.us</a>
Adult care home administrators, dietitians, speech language pathologist, audiologists, initial license, license renewal and reinstatement and verification.	Brenda Nesbitt (785) 296-0061 <a href="mailto:benesbitt@kdhe.state.ks.us">benesbitt@kdhe.state.ks.us</a>
Health Occupations Credentialing Act.	Marla Rhoden (785) 296-6647 <a href="mailto:mrhoden@kdhe.state.ks.us">mrhoden@kdhe.state.ks.us</a>
Nurse aide training courses, sponsorship programs, course approvals and continuing education approval for licenses.	Dolores Staab (785) 296-6796 <a href="mailto:dstaab@kdhe.state.ks.us">dstaab@kdhe.state.ks.us</a>
Test scheduling for nurse aides or challenging a nurse aide test with higher education.	Betty Domer (785) 296-1250 <a href="mailto:bdomer@kdhe.state.ks.us">bdomer@kdhe.state.ks.us</a>
Test for adult care home administrators, education policies.	Martha Ryan (785) 296-0058 <a href="mailto:mryan@kdhe.state.ks.us">mryan@kdhe.state.ks.us</a>
Criminal record check program.	Melinda Lindsey-Reynard (785) 296-0583 <a href="mailto:mlindsey@kdhe.state.ks.us">mlindsey@kdhe.state.ks.us</a>