



KANSAS DEPARTMENT ON AGING
LICENSURE, CERTIFICATION AND EVALUATION
COMMISSION

SUNFLOWER CONNECTION

CONNECTING KDOA WITH LONG TERM CARE PROVIDERS

Volume 2, Number 2 http://www.agingkansas.org/kdoa/lce/lce_index.html April 2005

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The Sunflower Connection published by The Kansas Department on Aging

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Pamela Johnson-Betts, 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



Promoting Excellent Alternatives in Kansas

CALL FOR 2005 PEAK APPLICATIONS

Celebrate your leadership by promoting your success!
Share how residents' quality of life has been enhanced!
Take this opportunity to recognize staff for their hard work!

PEAK Applications are now available on KDOA's website at
www.agingkansas.org/kdoa/programs/peak.htm
or contact one of the following KDOA staff for more information:

Bill McDaniel (785) 296-0700
Dave Halferty (785) 296-8620
Patsy Samson (785) 296-0378

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Deadline for applications is Friday, May 13, 2005!

BUFFET DINING

Buffet dining may stimulate the residents' desire to eat by seeing and smelling the food available and to be more of an active participant in the meal process if they actively select the food from the buffet. Although buffet dining is not homelike, it does promote the residents' choices in selecting the food they eat at a meal. Some facilities offer two menu selections, the planned menu and the residents' requested foods. Saving on the food budget does not happen in all facilities, but all facilities have reported a reduction in dietary supplements.

1. **Alternative ways to provide resident choices at meals**

- A. Provide residents written menus with choices.
- B. Show residents a tray of food choices available.
- C. Verbally tell residents the food choices.

2. **Buffet Tables**

- A. Cold Foods.
- B. Hot Foods. ("Steam tables")
- C. It is not safe to adapt a hot buffet table for use of both hot and cold foods. The methods of keeping food warm or cold can affect the opposite temperature foods nearby.

3. **Maintain a Safe Food Bar – Refer to the KDHE Food Safety Website**

http://www.kdhe.state.ks.us/fofs/fofs_book/fofs_food_bar.pdf

The information originally presented for restaurants is applicable to facilities conducting buffet dining. Check food temperatures initially and at least every 2-3 hours if there are no problems in maintaining proper temperatures. Check and record temperatures more frequently if there are problems.

- A. If food is in the temperature danger zone, take corrective action – reheat, quick chill or discard.
 - Stir foods frequently to distribute the temperature.
 - Do not add fresh food to old. "First In, First Out".
 - Hold all foods at proper temperatures.
 - Hot – 140 F or above.
 - Cold – 41 F or below.
- B. Return trips to the buffet table require clean plates and bowls.
- C. Protect foods from contamination.
 - Proper size and placement of utensils to prevent their falling in the food.
 - Sneeze guards on both sides of the table when both sides are used.
- D. Corrective Actions – See KDHE Food Safety Website.
http://www.kdhe.state.ks.us/fofs/fofs_book/fofs_cool_foods.pdf
 - Holding temperature of foods – Hot 140 F or above; Cold – 41 F or below.
 - Hot foods below 140 F should be rapidly reheated to 165 F or discarded.
 - Cold foods should be rapidly re-cooled to 41 degrees or discarded.
 - When cooling hot foods for additional meals or snacks, the food needs to be cooled from 140 F to below 70 F in 2 hours, and to 41 F or below in another 4 hours; or to 41 degrees or below in 4 hours.

4. **Additional Adult Care Home Issues**

- A. Offer proper portion sizes for proper serving size.
 - Resident's request for more or less food portions is acceptable. If the resident consistently requests more or less, the dietitian should complete an assessment and care planning should reflect the resident's choice and nutritional needs.
 - When a resident selects a smaller portion, staff should encourage the resident to also select a second similar food.
- B. Maintain nutritive value, quality and appearance.
 - Batch cooking maintains high food quality and nutritional value. Many foods such as eggs may only be held on a buffet table a short time to maintain high quality.
 - Place small amounts of foods in the buffet table and replace frequently.
- C. Provide for special diets and special needs.
 - Contact residents prior to meal to allow food selection for proper preparation.
 - May need to keep additional alternatives frozen.
 - Cognitively impaired residents may need assistance to choose a nutritious diet.

5. **Resident Safety**

- A. When a heated buffet table is in a room to which residents have access, the facility needs to assure there is proper supervision during the time the table is preheating, is in actual use, and while it is cooling down.
- B. When the heated buffet table is in a room to which residents have access, the use of a gate or rope may provide the needed restricted access to the table during preheating and cooling phases. It is also recommended the buffet table be covered with an insulated cover that is cool to touch on the outside and cannot be removed by the residents. A buffet table with open hot water basins may say to a resident with confusion that the open basin is a pan of water to use for dipping a cloth to clean tables, etc.
- C. It is not appropriate to place a heated buffet table in the dining room and restrict residents' access to the room due to the heated buffet table being in the preheating or cooling phase.
- D. Smaller, portable heated buffet tables that can be moved in and out of the dining room prior to and after actual use are appropriate.

6. **Policies and Procedures**

- A. Food temperatures- Cooking, Holding
- B. Frequency of checking food temperature
- C. Quick placement of food in hot holding or refrigerator
- D. Stirring foods on the table to maintain temperature
- E. Amount of food placed in table and replacement
- F. Sanitary conditions at the table
- G. Resident choices of portion sizes
- H. Resident safety

References: State Operations Manual, Appendix PP, "Guidance to Surveyors for Long Term Care Facilities": F154, F155, F240, F272, F323, F324, F325, F326, F360, F363, F364, F365, F366, F367, F368 and F371.

MAINTAIN A SAFE FOOD BAR

Hold all PHF at proper temperatures

Hot foods 140°F or above

Cold foods 41°F or below

- Take food temperatures every 2-3 hours
If food is in the temperature danger zone, take corrective actions
(*REHEAT, QUICK CHILL or DISCARD*)
 - Stir foods frequently to distribute the temperature
Do not add fresh food to old
"FIRST IN, FIRST OUT"
- Trained food employees must monitor self-service food bars
 - Require customers to use clean plates and bowls for return trips to the food bar
 - Post signs
- Protect foods from contamination
 - Provide proper serving utensils and sneeze guards



Hot Holding



Cold Holding

COOL FOODS QUICKLY & SAFELY

2 Stage Cooling is Required

Cooked potentially hazardous foods need to move quickly through the temperature danger zone to limit microbial growth:

- **Stage 1:** 140°F - 70°F in 2 hours
- **Stage 2:** 70°F - 41°F in next 4 hours
- Or within 4 hours if food is prepared using ingredients normally stored at room temperature

Cooling Methods

Shallow metal pans – 2”- 4” deep

- Leave pan partially uncovered
- Refrigerate immediately
- DO NOT stack hot pans – allow for air flow



Ice Bath – must use ice and water

- Fill a clean sink or large pan with ice and fill spaces with cold water
- Divide product into 1 gallon containers
- Immerse product pan to depth of product in sink or larger pan until it is level with ice
- Agitate/stir every 10 minutes using an ice paddle or other equipment
- Drain water and replenish ice as it melts
- Use a clean thermometer to monitor the temperature of the food
- After the food has cooled to 41°F, refrigerate immediately



Small Portions – reduce the mass/volume

- Divide food into smaller pans
- Separate food into smaller or thinner portions (*2” depth for thick foods/4” for thin liquids*)
- Cut or slice portions of meat no larger than 4 inches or 4 pounds

Hints: Add ice directly to the product as an ingredient
Use rapid chill refrigeration equipment that encourages quick cooling
Never try to cool foods in plastic containers
Never allow foods to cool at room temperature

Improper Cooling is the Leading Cause of FBI!



NURSING HOME RESIDENTS RECEIVING HOSPICE SERVICES

Nursing home facilities must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits (F156). When a Medicare-eligible resident is identified to be within six months of death, the nursing home has the responsibility to inform the resident and their legal representative of their option to elect the hospice benefit. A nursing home resident may elect the hospice benefit if they are eligible for Medicare benefits in accordance with CFR 418.20 and 418.22.

When an individual elects the Medicare hospice benefit, medical expenses directly related to the terminal illness are covered under the benefit. The individual waives their right to any other Medicare coverage for the terminal illness, but the individual does retain Medicare coverage for non-related illness (CFR 418.28).

Just as the benefit does not cover a person's mortgage payment or house rent, the benefit will not cover the routine room and board expenses of the individual to live in the nursing home. The nursing home is considered the individual's residence (home) and the nursing home staff is considered caregivers similar to an individual's family in a private residential sitting.

When an individual enters a nursing home they sign an admission agreement that in exchange for a fee, usually monthly, the facility will provide room and board, including laundry, assistance with personal hygiene, medication administration, meal preparation etc. In accordance with regulatory requirements, the nursing home must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care (F309). If the facility does not employ a qualified professional person to furnish a specific service to be provided by the facility, the facility must have the service furnished to residents by a person or agency outside of the facility under an arrangement (F500). Normally, a nursing home is not qualified (certified) to provide hospice services under the Medicare hospice benefit, therefore hospice services are provided under arrangement by staff of a certified hospice. The services of the nursing home and the services of the hospice must be coordinated. A comprehensive care plan must be prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative (F280).

The SOM (State Operations Manual) states, "The SNF/NF offers the same services to its residents who have elected the hospice benefit as it furnishes to its residents who have not elected the hospice benefit." Hospice services for a nursing home resident are additional services and are considered supplemental to the services provided by the nursing home.

A resident's election of the hospice benefit does not relieve the nursing home of any of their responsibilities to meet the resident's needs. The admission agreement between the resident and the nursing home and the provider agreement between the nursing home and CMS (Center for Medicare and Medicaid Services) and State of Kansas does not change.

Hospice services are to be provided to meet the needs related directly to the resident's terminal illness. The benefit does not apply to non-related needs. Occasionally in error, the nursing home will reduce or even eliminate their staff providing services when the resident begins to receive services from a hospice.

For example, the social worker or social services designee no longer works with the resident and/or their family assuming that all social services will be provided by the hospice social worker. Certified nurse assistants no longer assist with baths because a hospice aide visits one or more times a week. Remember, hospice services are to supplement the services of the nursing home; they do not replace them.

The expectation is for the nursing home and the hospice to coordinate services (F280), with the hospice retaining overall professional management responsibility for directing the implementation of the plan of care related to the terminal illness (SOM). The facility's social worker or social services designee and the hospice's social worker should be working together to meet the individualized needs of the resident and/or their family.

Although the resident may be receiving aide services from the hospice, the hospice aide services are provided primarily for comfort and/or pain control related to the terminal illness. The hygienic benefits of these services are secondary. The nursing home is still responsible to meet the resident's personal hygiene needs. Aide services also must be coordinated to facilitate a method to best meet the comprehensive needs of the resident. It would be inappropriate for the resident to have the nursing home staff bathe them on the same two days that the hospice aide visits and provides personal care. This failure to coordinate services reduces the potential effectiveness of these interventions and may be unduly taxing to the resident. It is vital that all services, including those provided by the aides, be coordinated to best meet the resident's needs (F280/F309).

Additionally, hospice is responsible to train nursing home staff in the hospice philosophy to ensure continuity of care (L116). The hospice must provide any indicated counseling and bereavement services to the resident, their family, and the caregivers (nursing home staff) while the resident receives hospice services and following the resident's death (L198).

While it is the right of the facility to select the hospice organization that best fits their philosophy, the facility should allow the resident to continue services with the hospice that provided their care prior to admission.

“ServSafe” FOOD SANITATION COURSE

The 1 or 2 day course for employees or managers includes: food safety hazards, how to provide safe food, the safe food handler, HACCP, keeping food safe from purchasing & receiving through preparation and service, and maintaining sanitary facilities & equipment. The course concludes with an 80 question certification examination.

The course will be offered in many locations throughout Kansas. Details, dates and locations are at the following Kansas State University Extension website.

<http://www.oznet.ksu.edu/foodsafety/eventsyear.htm>

Wichita Area Technical College (WAVT) is also offering ServSafe in a 2-day class. (April 21-Thurs 8-5 and April 27th – Wed with the exam being given at the end of day 2) Please telephone Sharon at the WAVT (316) 677-1355 for more information.

SUPPORT SURFACES FOR PRESSURE REDISTRIBUTION

Support surface devices are classified as pressure-relieving (consistently reducing interface pressure to less than 32 millimeters (mm) of Mercury (HG) or pressure-reducing (pressure less than standard support surfaces, but not below 32 mm HG).

Pressure-reducing support surfaces can be either static or dynamic.

Static surfaces:

- Static surfaces are stationary and are designed to reduce pressure by spreading the pressure over a large area.
- Static surfaces lower tissue interface pressure but do not consistently maintain this pressure below capillary closing pressure (32 mm HG) in all places.

Examples of static support surfaces:

- Foam overlays (density should be at least 1.3 pounds per square foot and at least 4 inches thick. They are recommended for residents at low risk for the development of pressure ulcers. Disadvantages of these overlays are that they do not reduce shearing, they retain moisture and heat and the residents may bottom out.*
- Water and gel-filled overlays are recommended for residents at low risk for the development of pressure ulcers and who have Stage 1 pressure ulcers. These overlays reduce shearing. Disadvantages of these overlays are that they retain moisture and heat and the resident may bottom out.*
- Air-filled pressure pads/mattresses are recommended for residents at risk for skin breakdown.
- A Broda chair is considered a pressure reduction device and would be classified as a static support surface.

*Bottoming out occurs when the resident's body sinks into the mattress and there is not protection to the bony prominence of concern. This is tested by inserting a flat outstretched hand between the resident's bony prominence and the overlay. If there is less than one inch between the mattress/overlay and the resident, the resident has bottomed out.

Dynamic support surfaces:

- These devices use an electric pump that either inflates or deflates air cells.
- Dynamic support surfaces are recommended for residents who have a low to moderate risk for the development of pressure ulcers and for those residents who have Stage I or Stage II pressure ulcers and Stage II pressure ulcers on multiple turning surfaces.

Examples of dynamic support surfaces:

- Low air loss overlay is recommended for residents who have a Stage I or Stage II pressure ulcer. The air loss overlay has multiple air cushions calibrated to the needs of the resident. Pressure reduction is provided over the entire body surface. The cover minimizes shear and moisture.

- Dynamic flotation mattresses cycle air with a built in pump. It is recommended for residents who have moderate to high risk for the development of pressure ulcers and who have Stage II, III and Stage IV pressure ulcers. The cover reduces shear and friction.

Pressure relieving surfaces:

- These support surfaces consistently reduce the interface pressure below the capillary closing pressure (32 mm HG).
- There are three types of pressure-relieving support surfaces:
 - Low-air-loss therapy
 - Air fluidized or high-air-loss therapy
 - Kinetic-or lateral rotation therapy

AHCPR has an algorithm (Figure 3) for the management of tissue loads:

<http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat2.section.6335>

CMS has an archived web broadcast on pressure ulcer care: <http://cms.internetstreaming.com>

References: AHCPR; CMS; Prevention and Treatment of Pressure Ulcers: What works? What doesn't by David R. Thomas, MD, and Pressure Lessons by Ann Gutierrez, MSN, RN, CRRN-A

SURETY BOND

Question – Must the facility have a surety bond large enough to cover residents' funds at all times, including the one day that Social Security Checks come in?

Answer – Yes. 483.10(c) (7) Assurance of Financial Security

The facility must purchase a surety bond, or otherwise provide assurance satisfactory to the Secretary, to assure the security of all personal funds of residents deposited with the facility.

STAFF CHANGE ANNOUNCEMENT

Jolene Morris, Regional Manager, Mental Health and Residential Health Care Facilities Division, has accepted a new position as Enforcement Program Coordinator in the Licensure and Certification Division. Joleen's move date is officially April 4, 2005.

Joleen has been Regional Manager for 12 years and brings a wealth of experience to her new position. Please congratulate Joleen on her new endeavor and wish her the best.

The MH/RHCF Regional Manager position, vacated by Joleen, is advertised on the State of Kansas Job Vacancy list through April 8, 2005.

JOINT PROVIDER TRAINING

Surveyors from KDOA attended the Joint Provider Training “Falls Mitigation” workshop February 22 and 23, 2005 in Wichita and Topeka. The keynote speaker, Diana Waugh, RN, BSN of Waugh Consulting, provided many ideas which facilities could apply in reducing the number of falls occurring in their resident populations. Facilities can contact Ms. Waugh for further information at her website: www.waughconsulting.info

RESIDENT USE OF THEIR OWN MATTRESS TO REDUCE FALLS

During the recent falls workshop it was suggested that some residents may benefit from use of a larger bed or use of their own mattress. The State Fire Marshal's office indicates the Fire Code allows for the use of a resident's mattress in a facility that is protected by an approved automatic sprinkler system, or provided a smoke detector is installed in the sleeping room of the resident. Battery-powered single - station smoke detectors shall be permitted.

Use of a spray fire retardant is not appropriate on mattresses. The spray product is no longer effective if it becomes wet and movement or friction will remove the product.

CODING SECTION J4: ACCIDENTS ON THE MINIMUM DATA SET (MDS) 2.0

According to the Minimum Data Set 2.0 manual (page 3-145-147) the Centers for Medicare and Medicaid current policy regarding falls include:

- An episode where a resident lost his/her balance and would have fallen, were it not for staff intervention, is a fall. In other words, an intercepted fall is still a fall.
- The presence or absence of a resultant injury is not a factor in the definition of a fall. A fall without injury is still a fall.
- When a resident is found on the floor, the facility is obligated to investigate and try to determine how the resident got there, and to put into place an intervention to prevent this from happening again. Unless there is evidence suggesting otherwise, the most logical conclusion is that a fall has occurred.
- The distance to the next lower surface is not a factor in determining whether or not a fall occurred. If a resident rolled off a bed or mattress that was close to the floor, this is a fall.

According to the MDS manual: “The point of accurately capturing occurrences of falls on the assessment is to identify and communicate resident problems/potential problems, so that staff will consider and implement interventions to prevent falls and injuries from falls.”

FACILITY COMPLAINT INVESTIGATIONS

Facilities must forward the complaint investigation report (completed form and investigative documentation) to the appropriate Regional Manager **within seven days** of the date the complaint was initially reported to the Adult Care Complaint Program. The information can be found at:

http://www.agingkansas.org/kdoa/lce/forms/facility_complaint_investigation_report_form_kdoa.pdf

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WHAT IS A PHYSICAL RESTRAINT?

The interpretative guideline for F222 defines physical restraints as “any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident’s body that the individual cannot easily remove which restricts access to one’s body.”

Manufacturers are providing devices that are actually physical restraints but giving them names that are more creative. Most recently seen devices are Hugster cushions and breakaway straps. Facilities need to evaluate the use of these devices and recognize they not only limit a resident’s ability to readily rise from a seating device but also limit the resident’s ability to shift their weight and move freely in the chair. Remember how much you were able to move about in your car before the use of a seat belt was required.

Cushion devices can also limit a resident’s access to their body, i.e. if the person has a bothersome area, they would like to scratch or rub, can they reach it or is the cushion in the way? To determine if a device is easily removable, an individual should observe if the resident could open or release the device when requested to do. If the resident has to stand to release the device, it is not easily removed.

Facilities need to evaluate the rationale for the use of devices and the effect the device has on the residents.

FIRE MARSHAL’S CORNER

SOILED LINEN OR TRASH RECEPTACLES

Soiled linen or trash receptacles must not exceed a 32-gallon capacity. A capacity of 32 gallons must not be exceeded within a 64- square-foot area. Mobile soiled linen and trash containers exceeding 32 gallons shall be located in a room protected as a hazardous area when not in use.

Exception: There is no limit to the size of the container in hazardous areas.

Hazardous areas: In an “EXISTING” building, hazardous room shall be of one hour fire rated construction with a ¾ hour fire-rated door, or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved sprinkler system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors. Doors shall be self-closing and non-rated, or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1

Hazardous area: In a “NEW” building, hazardous area shall be enclosed with a one hour fire-rated barrier, with a ¾ hour fire-rated door, without windows (in accordance with 8.4) Doors shall be self-closing or automatic closing in accordance with 7.2.1.8 & 18.3.2.1.

In summary when these containers are 32 gallons or bigger and they are not in use, they shall be stored in a hazardous room. 18/19.7.5.5

If the bin is “in use”, or it is attended and used no less than every 30 minutes this is acceptable. So if you have containers larger than the 32 gallons and they are in use when staff makes rounds, then this would be okay. As soon as they are done the container must be placed in a room protected as a hazardous area.

KDOA QUALITY PRACTICE WORK GROUP

Secretary Johnson-Betts has initiated a Work Group consisting of representatives from the LCE Commission, KHCA, KAHSA, KACE, Kansas Hospice and Palliative Care Organization (KHPCO), and KU. The mission statement of the group is “Through collaboration, our goal is to promote creative environments that improve the quality of care and services to residents of Kansas Adult Care Homes. Utilizing the efforts of an ongoing work group, we seek to identify and develop quality practice guidelines for complex care issues.” The workgroup is currently developing practice guidelines for Fall Management.

HEALTH OCCUPATION CREDENTIALING CORNER

CRIMINAL RECORD CHECK PROGRAM

A recent question arose concerning whether a facility can request criminal record checks through the KBI web site, rather than submitting requests to KDHE - Health Occupations Credentialing.

The applicable statute, K.S.A. 39-970, requires that a facility obtain their criminal history through KDHE. It states in part that the operator of an adult care home shall request from the Department of Health and Environment information regarding adult convictions, and adjudications of a juvenile offender. One reason for the requirement to go through KDHE is that juvenile criminal history must be reviewed to determine if any convictions exist which would prohibit employment. Juvenile criminal history is generally not accessible to the public, but this particular law allows KDHE access to juvenile criminal history. In calendar year 2004, nearly 40% of the employment prohibitions issued were due to juvenile convictions.

A second reason for obtaining the criminal history through KDHE is so any prohibition information can be placed on the Kansas Nurse Aide Registry. In addition, the date of the certified individual's last criminal record check is placed on the registry. Facilities are not required to perform a criminal record check if one has been performed within the past year.

WEB-BASED KANSAS NURSE AIDE REGISTRY

Health Occupations Credentialing (HOC) is in the final development stages for a new database system purchased from and customized by GL Suite, Inc. The new system will provide for web-based access to the Kansas Nurse Aide Registry information, anticipated to go live in mid-March 2005. The adult care industry as well as the public will be able to obtain information about any nurse aide, home health aide, or medication aide via the web. In addition, the new database will allow automation of a significant number of processes, including processing of criminal record check requests and aide training course approval and tracking. It will also simplify the generation of reports for a number of HOC operations. Enhancements planned for the near future include automation of several licensure functions, including on-line license renewal, which is anticipated to be accomplished through INK and AccessKansas.

Please periodically check HOC's web site (www.kdhe.state.ks.us/hoc) beginning in mid-March to find out the actual "live" date. Instructions on accessing the web-based Registry will be available on the KDHE web page. We will also be e-mailing information and instructions on the web-based registry to adult care facilities and home health agencies when the system is available for use.

CLARIFICATION OF WATER TEMPERATURES

The ideal water temperatures that were listed in the January edition of the Sunflower Connection was a direct quote from a Survey and Certification letter (CMS regional office) and is not the Kansas regulation for water temperatures. According to: 28-39-162c (h) (1) (F) (v) the "maximum variation of 98-120 degrees F shall be acceptable at bathing facilities and lavatories in resident use areas."

NEW QUALITY MEASURES AND QUALITY INDICATORS REPORTS

Effective April 11, 2005, new Minimum Data Set Quality Indicators (QI) and Quality Measure (QM) reports are available. Facilities must access the CASPER Reporting application to get the new QI/QM reports. The following link will take you to the site where you can download the training materials for accessing the new MDS QI/QM Reports in the CASPER Reporting application. The training materials also include comparisons of the old and the new reports. <http://www.qtso.com/mdsdownload.html>

NEED FOR FACILITIES TO UPGRADE THEIR PERSONAL COMPUTERS

Excerpt from CMS S@C-05-22 dated March 10/2005

The Quality Net (QNet) is in the process of complying with CMS mandated a three tiered architecture structure and use of new QNet approved reporting software. The new architecture and software require new minimum system requirements (outlined in Chart 1 below) for users to access the Quest-to-Success Web site.

CMS is scheduled to transition to this new reporting software in January 2006. In addition, much of the software that supports the submission of patient assessments and facility reporting – for example, the NH quality indicator (QI) and HHA outcome (OBQI) reports, and the submission and error reports – will be upgraded to current software versions.

January 2006 is the targeted timeframe for new reporting software to be installed. NHs and HHAs need their PCs to meet the minimum requirements listed in Chart 1 by December 31, 2005. If NHs doesn't have PCs meeting the minimum system requirements, they will not be able to access the upgraded QI/OBQI and the error and submission reports.

CHART 1 - End User Minimum PC system requirements:	
CPU:	Pentium 3, 500 MHz
Memory:	256 Mb
Operating System:	Windows 2000 or XP
Hard Drive:	500 Mb free space
Browser:	Internet Explorer v5.5 SP2

PERSONAL CARE IN ALF

Question: May residents in Assisted Living Facilities and/or family members hire private individuals to provide personal care/direct care of grooming, eating, toileting, transferring, and ambulation?

Answer: Only the following can provide personal care:

1. Direct Care Staff of the Facility (licensed nurses, certified nurse aides, and certified medication aides)
2. Staff of a Home Health Agency (licensed nurses, home health aides)
3. Staff of a Hospice (licensed nurses, home health aides)
4. Family and Friends gratuitously

A resident's choice of residing in an Assisted Living Facility supersedes the choice of self-directed care.

(References KAR 28-39-246 and 249. KSA 39-936)

USEFUL WEBSITES:

Program transmittals are used to communicate new or changed policies, and/or procedures that are being incorporated into a specific CMS program manual:

http://www.cms.hhs.gov/manuals/transmittals/comm_date_dsc.asp

Minimum Data Set 2.0 manuals and forms: <http://www.cms.hhs.gov/quality/mds20/>

Appendix P-Survey Protocol for Long Term Care:

http://www.cms.hhs.gov/manuals/107_som/som107ap_p_ltcf.pdf

Appendix PP-Guidance To Surveyors For Long Term Care:

http://www.cms.hhs.gov/manuals/107_som/som107ap_pp_guidelines_ltcf.pdf

As they become available, CMS memoranda, letters and instructions to State Survey Agency Directors and CMS Regional Offices will be posted by category:

<http://www.cms.hhs.gov/medicaid/survey-cert/letters.asp>

Medlearn Matters: Information for Medicare Providers:

<http://www.cms.hhs.gov/medlearn/matters/>

State Regulations for Adult Care Homes: http://www.agingkansas.org/kdoa/lce/regs/reg_index.html

MDS web based training: www.MDSTraining.org

RESOURCES FOR QUALITY CARE APRIL, 2005

The "Dietary Guidelines for Americans" are intended to be a primary source of dietary health information for policymakers, nutrition educators, and health providers. Based on the latest scientific evidence, the 2005 Dietary Guidelines provides information and advice for choosing a nutritious diet, maintaining a healthy weight, achieving adequate exercise, and "keeping foods safe" to avoid food borne illness. The complete dietary guidelines are found at the following website:

<http://www.health.gov/dietaryguidelines/dga2005/document/>

Additional information concerning trans fats is found at:

<http://www.cfsan.fda.gov/~dms/transfat.html>

Infection Control

Guidelines & Recommendations for Prevention of Healthcare-Associated Infections are found at the following website:

<http://www.cdc.gov/ncidod/hip/Guide/guide.htm>

Adverse Drug Events in Nursing Homes

A recent study of two nursing homes shows adverse drug events are far more common than previously identified. The study also reported 42% percent of the events were preventable. The adverse events were typically caused by errors in drug prescribing and monitoring; these errors included using the wrong dose of a medication, prescribing drugs that interacted with each other, and failing to watch closely for drug side effects. Adverse events were less commonly associated with errors in drug dispensing and administration http://www.umassmed.edu/pap/news/2005/2_24_05.cfm

FINGERSTICK DEVICES RESTRICTED TO INDIVIDUAL USE

Due to outbreaks of hepatitis B virus (HBV) infections associated with glucose monitoring, CDC and the Food and Drug Administration (FDA) have recommended since 1990 that fingerstick devices be restricted to individual use.

The Centers for Disease Control (CDC), March 11, 2005, issue of "Morbidity and Mortality Weekly Report", describes three recent outbreaks of HBV infection among residents in long-term--care (LTC) facilities that were attributed to shared devices.

The full report, "*Transmission of Hepatitis B Virus Among Persons Undergoing Blood Glucose Monitoring in Long-Term--Care Facilities --- Mississippi, North Carolina, and Los Angeles County, California, 2003--2004*" is available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5409a2.htm>

DEFICIENCY FREE FACILITIES

Facility	City	Type
Dooley Center	Atchison	NF
Halstead Health and Rehab CTR	Halstead	SNF/NF
Maria Court	Mulvane	ALF
Parkside Homes	Hillsboro	SNF/NF
Phillips County Retirement Ctr	Phillipsburg	NF
Sandstone Heights	Little River	NF
Solomon Valley Manor	Solomon	NF
The Gran Villas	Neodosha	ALF
The Homestead of Leawood	Leawood	ALF
Westview Manor of Peabody	Peabody	NF

EXEMPLARY CARE AWARD

Sandstone Heights, Little River

The facility developed and implemented a care management system which resulted in residents being able to perform activities of daily living at their highest practicable level. They also implemented a system to identify residents who were incontinent at admission. This system allowed residents to regain continence or have significantly decreased the incidence of incontinence.

ENFORCEMENT ACTIONS CALENDAR YEAR 2004

Correction Orders 2004 Quarters

*Licensure Category	1st	2nd	3rd	4th
ANE Issues	6	4	1	8
Disaster Preparedness	0	1	0	1
General Sanitation and Safety	10	6	4	7
Health Care Services	13	4	11	1
Inadequate Administration	4	6	1	0
Inadequate Admissions	5	1	1	2
Inadequate Accounting of Funds	0	0	0	0
Inadequate Documentation of Employee Records	1	1	1	0
Inadequate Documentation of Resident Records	3	5	3	7
Inadequate Drug Regimen Review	1	1	1	4
Inadequate Inservice Education	1	0	2	1
Inadequate Policies/Procedures Regarding Infection Control	1	0	0	0
Inadequate Policies and Procedures for Special Care Unit	0	0	0	0
Inadequate Range of Motion Services	0	0	0	0
Inadequate Supervision	2	0	1	1
Inadequate or Unqualified Staffing	6	5	2	1
Inadequate or Inappropriate Dietary/Nutritional Services	1	1	1	4
Inadequate or Inappropriate Hygiene and Skin Care	0	0	0	1
Inappropriate Admissions	1	0	0	0
Inappropriate or Unauthorized Use of Restraint	1	0	0	0
Negotiated Service Agreement	13	6	14	23
Physician Verbal Orders for Licensed Personnel	1	1	0	2
Resident Functional Capacity Screen	2	2	7	8
TB for Residents/Staff	4	2	2	3
Unsafe Medication Administration or Storage	3	6	0	4
Other	0	0	0	0
Civil Penalties	3	4	2	5
Correction Orders	17	12	18	20
Bans on New Admissions	7	4	7	8
FEDERAL REMEDIES	1st	2nd	3rd	4th
Civil Monetary Penalties Recommended	3	10	12	9
Denial of Payment for New Admissions Imposed	16	16	26	11
Terminations	0	0	1	0
No Opportunity to Correct	14	19	29	25

***A Correction Order on Civil Penalty may consist of multiple issues summarized within the categories above.**