



**KANSAS DEPARTMENT ON AGING**  
LICENSURE, CERTIFICATION AND EVALUATION COMMISSION  
**SUNFLOWER CONNECTION**

CONNECTING KDOA WITH LONG TERM CARE PROVIDERS

Volume 2, Number 3

<http://www.agingkansas.org/index.htm>

July 2005

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**Questions about MDS, Regulations, Constructions, etc.**

Long Term Care Division – RNs, Dietitian, Environmental Specialist  
(785) 296-1240

**FEDERAL REGULATIONS UPDATE – F315**

CMS has combined F315, Catheterization, and F316, Urinary Incontinence, into one tag, F315. The language for both regulations has been placed into F315 but the actual context of the regulations has not changed. The change that has occurred is in the expansion in the guidance to surveyors, Appendix PP. The Interpretative Guidelines include information for assessment, treatment, and management of urinary incontinence (UI); appropriateness of catheter usage; care practices; and criteria for and treatment of urinary tract infections.

The Investigative Protocol provides general guidelines and best practices that surveyors will expect to see during the survey process. Included in the protocol are observations the surveyors will make during the survey; questions the surveyors will ask in interviews of the resident, family, responsible party, and staff; and documentation surveyors will look for in the record review and care plan.

A Compliance and Severity guidance section has also been included to assist in the determination of facility compliance or non-compliance at designated levels. Facilities should review this section carefully.

Information in the guidance to surveyors is useful for in-services and protocol/policy/procedure development in urinary incontinence, catheterization, and urinary tract infections.

(Continued)

The Sunflower Connection  
Published by The Kansas  
Department on Aging

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**KDOA Home Page**  
[www.agingkansas.org](http://www.agingkansas.org)

## **F315 Update Outline**

- I. Intent
- II. Definitions of clinical terms related to evaluation and treatment of UI and Catheter use.
- III. Overview of UI in the elderly and nursing home residents
  - A. Clinical Resources for prevention and management of UI, infection, and catheterization.
  - B. Resident Choice
  - C. Advanced Directives
- IV. Urinary Incontinence
  - A. Assessment – Frequency and pertinent information
  - B. Types
  - C. Interventions, including exercise and toileting programs
  - D. Skin Related Problems
- V. Catheterization
  - A. Assessment – Medical justification
  - B. Intermittent Catheterization
  - C. Indwelling Catheter Use
  - D. Catheter-Related Complications
- VI. Urinary Tract Infections
  - A. Catheter-Related Bacteriuria and UTI/Urosepsis
  - B. Clinical Evidence That May Suggest UTI
  - C. Indications to Treat a UTI
  - D. Follow-up of UTIs
- VII. Surveyor Investigative Protocol
- VIII. Deficiency Categorization

The changes can be found in more detail in the Survey and Certification Letter 05-23 at <http://www.cms.hhs.gov/medicaid/survey-cert/sc0523.pdf>.

## **NEW QUALITY MEASURES AND QUALITY INDICATORS REPORTS**

The effective date for the new Minimum Data Set Quality Measures (QM) and Quality Indicator (QI) reports has tentatively changed to July 17, 2005. 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 information pertaining to the new QI/QM reports: <http://www.qtso.com/mdsdownload.html>.

## **RESIDENT FUNDS**

**Question** – A facility is the designated payee for some of its residents. When the facility receives the resident’s monthly check, it puts the money in a general fund and writes a check to the resident for \$30. In this way they avoid having to have a large surety bond, is this an acceptable practice?

**Answer** - Yes.

## **MINIMUM DATA SET (MDS) 2.0 UPDATES**

### **June 2005**

The Centers for Medicare and Medicaid Services(CMS) announced revisions to the MDS manual effective June 15, 2005. The most notable changes are in section M (skin condition). The following link will take you to the CMS site where you can download the June 2005 revision: <http://www.cms.hhs.gov/quality/mds20/>.

### **October 2005**

Section W is supplemental items that will be added to the current version of the Minimum Data Set 2.0. According to the Centers for Medicare and Medicaid Services, the final version of Section W will be posted on August 22, 2005, with an effective date of October 1, 2005. Please go to <http://www.cms.hhs.gov/quality/nhqi/> to obtain a draft version of Section W. The Centers for Medicare and Medicaid Services will conduct a web cast on Nursing Home immunization on September 8, 2005. You may register for this free web cast at <http://www.cms.internetstreaming.com>. Facilities should contact their software vendors regarding updating their software to include Section W.

Section W includes:

- W1. National Provider ID – a system for uniquely identifying all providers of health care services.
- W2. Influenza Immunization – must be completed for all residents on all assessment types with assessment reference dates and all discharge tracking forms with discharge dates from October 1 through June 30. Staff will review the medical record and will interview residents or representatives to determine Influenza vaccination status.
- W2a. Staff will code indicating whether the resident received the Influenza vaccine.
- W2b. Staff will code the reason as to why the resident did not receive the Influenza vaccine.
- W3. Pneumococcal Immunization (PPV) – must be completed for all residents on all assessment types and all discharge tracking forms.
- W3a. Staff will code indicating whether the resident received the PPV.
- W3b. Staff will code the reason as to why the resident did not receive the PPV.

## **USEFUL WEBSITE**

The Anna and Harry Borun Center for Gerontological Research website is a joint venture between the UCLA School of Medicine and the Jewish Home for the Aging of Greater Los Angeles in Reseda. The website includes training modules on weight loss prevention, incontinence management, pain management, pressure ulcer prevention, quality of life and mobility decline prevention. There is no cost to access the website. The address for the website is: <http://borun.medsch.ucla.edu>.

## PHYSICIAN VISITS

### Part I. Time Requirement of Scheduled Physician Visits

**Resident in a Medicare Certified Facility (SNF), Medicaid Certified Facility (NF) or dually Certified Medicare and Medicaid Facility regardless of payment source.**

- Initial
- Every 30 days for the 1<sup>st</sup> 90 days
- Every 60 days thereafter

**Resident in a Licensed Only Facility**

- Annually

### Part II. Who is allowed to make the Scheduled Physician Visits

**Resident in a SNF or distinct SNF Unit (Medicare Certified)**

- Initial – Must be by a physician
- All scheduled visits thereafter can be alternated between the physician and an ARNP, CNS or PA.
- If the resident refuses any required visits while on Medicare Part A, Medicare coverage will stop.

**Resident in a NF (Medicaid Certified)**

- Initial and all scheduled visits can be made by a physician or ARNP, CNS, or PA not employed by the facility
- An ARNP, CNS, or PA employed by the facility can only see the resident for medically necessary visits.

**Resident in a dually certified facility (Medicare and Medicaid Certified)**

**The Payment source of the resident's stay, i.e. Medicare, Medicaid, or Private Pay, is the determining factor as to who can make the scheduled visits.**

- **A resident whose stay is Part A Medicare reimbursed – Scheduled visits are the same as if the resident was in SNF facility.**
  - Initial – Must be by a physician
  - All visits thereafter can be alternated between the physician and a ARNP, CNS, or PA
  - If the resident refuses any scheduled visits payment coverage while on Medicare Part A, Medicare coverage will stop.
- **A resident whose stay is Medicaid reimbursed or Private Pay – Visits are the same as if the resident is in a NF**
  - Initial and all scheduled visits can be made by a physician or ARNP, CNS, or PA not employed by the facility
  - If the resident refuses any scheduled visits payment coverage is not affected.

**Resident in a Licensed Only Facility.**

- The physician must write orders for admission to the facility.
- All scheduled visits may be made by a physician or ARNP or PA to whom the physician has delegated the visits.

## Reference Information

CFR 483.40 – With the exception of the initial visit to a resident in a SNF only facility or with Medicare Part A as the payment source, federal regulations do allow the State the right to determine who can make the scheduled physician visits in SNF, NF, or dually certified facilities.

KAR 28-39-155. Requires the physician to see the resident: due to a change in a resident's condition determined by the physician or licensed nursing staff; if requested by the resident or legal representative or at least annually.

CFR 483.10(b) (4) (F155) and KAR 28-39-147(e) (3) – The resident has the right to refuse treatment.

The right to refuse treatments includes scheduled physician visits whether made by the physician or ARNP, CNS, or PA.

Facilities should not ask a resident to make a blanket refusal of all visits. They need to notify the resident each time a scheduled visit is due and allow the resident the choice of acceptance or refusal of the visit. The facility should document in the clinical record the resident's understanding of the refusal and acceptance of the consequences of the refusal.

It is the facility's responsibility to notify the physician of the need for the scheduled visits. They are not responsible for the physician's refusal to see the resident. The facility should inform the resident of the physician's refusal and ask the resident if they desire to change to another physician. The facility should document the physician's refusal to see the resident, notification of the resident, and resident's response.

Adult Care Home Program Fact Sheet - July, 1996 – Physician Services

Sunflower Connection – January 2004 – Physician Delegation of Tasks in Skilled Nursing Facilities and Nursing Facilities.

Health Standards and Quality Regional Letter No. 91-46 5/30/1991 – Right of Long Term Care Residents to Refuse Routine Physician Visits

S and C Letter 04-08 11/13/03 – Physician Delegation of Tasks in Skilled Nursing Facility

## NATIONAL PROVIDER IDENTIFIER

According to The Centers for Medicare and Medicaid Services, starting May 23, 2005, all health care providers can apply for their National Provider Identifier (NPI). The NPI will replace health care provider identifiers in use today in standard health care transactions. The health plans with whom you do business will instruct you as to when you may begin using the NPI in standard transactions. All HIPAA covered entities except small health plans must begin using the NPI on May 23, 2007; small health plans have until May 23, 2008. For additional information, and to complete an application, visit <https://nppes.cms.hhs.gov> on the web.

In addition, an instructional web tool, called the NPI viewlet, is now available for viewing at <http://www.cms.hhs.gov/medlearn/npi/npiviewlet.asp> and under "HIPAA Latest News" at [www.cms.hhs.gov/hipaa/hipaa2](http://www.cms.hhs.gov/hipaa/hipaa2) on the CMS website. This tool provides an overview of the NPI, a walkthrough of the application, as well as live links to the NPPES website where the learner can apply for an NPI. This tool is designed for all health care providers. In the near future, you will also be able to access the viewlet at <https://nppes.cms.hhs.gov> on the web.

## QUALITY INDICATOR SURVEY

CMS has selected Kansas as one of five “pilot states” to test a new survey process, called the Quality Indicator Survey (QIS). The other states chosen were: California, Connecticut, Louisiana and Ohio. Florida and Illinois were selected as alternates. Twenty states expressed an interest in being a pilot QIS state.

Selection of the pilot states comes after seven years of program development. In 1998, CMS awarded a contract to develop the next major improvement to the standard survey process. The contract was awarded to the Research Triangle Institute (RTI) with the University of Colorado’s Division of Health Care Policy and Research and the University of Wisconsin’s Center for Health Systems Research and Analysis. CMS introduced the QIS process on December 1, 2004, as an enhanced nursing home survey process. One of the major goals in developing the QIS process includes improvement of consistency in surveyor sampling and decision-making. Other objectives are:

Consistently identifying quality of care/quality of life problems through a more structured process.

Comprehensively reviewing all care areas within the current survey process.

Enhancing documentation through greater automation to organize survey findings.

CMS will contact the state in the next few weeks through conference calls to begin the phase-in process. The state will commit two teams of surveyors, a manager and a technical resource person to the project. Teams will be trained by CMS in late September or the first part of January 2006. After training, the survey teams will use the new process for both freestanding and long term care unit facilities. This new process will substitute for the standard survey process in those facilities chosen to be surveyed under QIS.

The State is confident that Quality Indicator Survey is the general direction CMS is heading and is excited about being one of the five states chosen to pilot the process.

## MEDICAID AND MEDICARE SURVEY PROCESS DIFFERENCES

**Question** - Is the current survey process different for dually certified Medicare and Medicaid facilities than it is for Medicaid certified only facilities?

**Answer** - The only difference is in the review of billing. The billing statements for a sample of residents who received or are receiving Medicare payment for their stay are reviewed to ensure the resident was not billed for care and services covered during the time period of Medicare coverage. The resident record is also reviewed to see that they received the appropriate notification for discontinuation of Medicare coverage and their right to appeal the decision. And if an appeal was done, that the resident was not billed during the appeal process.

## **SEMIANNUAL REPORTS**

**Reports and instructions have been revised. The old forms will no longer be accepted.**  
The semiannual reports are due July 10, 2005. Please mail them to:

**Sandra Dickison  
Kansas Department on Aging  
503 S. Kansas  
Topeka, Kansas 66603**

For questions contact Sandra at [sandradickison@aging.state.ks.us](mailto:sandradickison@aging.state.ks.us) or (785) 296-4986.

It is important that accurate information is received in a timely manner. The electronic version of the Sunflower Connection contains links to the semiannual report forms and instructions. The reports forms and instructions are posted on the following website: [www.agingkansas.org/kdoa/lce/LTC\\_semi-annual\\_report.html](http://www.agingkansas.org/kdoa/lce/LTC_semi-annual_report.html). Facilities must complete the facility name and address section at the top of each form.

The forms are in Adobe Acrobat format. Viewing these files through your internet browser requires the [Adobe Acrobat Reader®](#) plug-in. Information regarding downloading the current version of Adobe Reader software and downloading PDF files are also found at <http://www.adobe.com/products/acrobat/readstep2.html>

Facility staff can enter data using their computer and the requested calculations will be performed automatically. After the forms are completed, they can be printed for submission. Administrators/Operators must review the data for accuracy before signing the form.

Directions for completing the forms before printing are available by clicking on the help box on the web version of the form. Additional instructions are found on the home page for the semiannual reports.

## **COOKING ON NEIGHBORHOODS**

Food preparation and service is a specialty area. Facilities need to meet with their dietitian and discuss the practices of preparing food on the neighborhoods. Just as staff are certified to provide resident care, staff who are cooking need to be trained in food preparation. A facility should have the dietitian teach the CNAs or provide training such as *ServSafe*.

Food Service should ensure food safety for residents at high risk for food borne illness. Each year in the United States 325,000 are hospitalized for food borne illness.

When cooking for a smaller number of residents, CNAs or other staff need to use safe food handling techniques. Techniques include wearing an effective hair restraint, using clean clothing covering after providing direct care or doing housekeeping tasks, using thermometers to check food temperatures, and not touching food that will not be cooked with bare hands. Clothing covers may be colorful smocks. Food may be handled with small colorful tongs or napkins.

## **MAINTENANCE SERVICES**

**Question** - What would be helpful to reduce deficiencies in Maintenance Services?

**Answer** - It is important to develop a preventive maintenance plan to keep the facility safe, clean, sanitary, orderly, and comfortable and to have a corresponding log to show that the plan is being followed. The surveyors will review the condition of the environment. CMS Form -803 “General Observations of The Facility” is the worksheet used by the surveyors. It can be downloaded at <http://www.cms.hhs.gov/forms/cms803.pdf>

## **DURABLE MEDICAL EQUIPMENT**

**Question** - Will Medicare Part B pay for durable medical equipment and/or diabetic testing supplies if an individual resides in a nursing home?

**Answer** - No, medical equipment that is ordered by a doctor (or, if Medicare allows, a nurse practitioner, physician assistant or clinical nurse specialist) is for use in private homes. A hospital or nursing home that provides mostly skilled care does not qualify as a home in this situation. Individuals residing in other types of adult care homes should contact Medicare to determine eligibility. More information can be obtained from: <http://www.medicare.gov/Publications/Pubs/pdf/11045.pdf>

## **NUTRITIONAL SUPPORT IN THE PREVENTION AND TREATMENT OF PRESSURE ULCERS**

**Question** - Do vitamin and mineral supplementation play a role in wound healing?

**Answer** - The use of vitamin C and zinc supplementation for wound healing is controversial. According to Appendix PP-Guidance to Surveyors for Long Term Care Facilities (CFR 483.25 C): “A simple multi-vitamin is appropriate, but unless the resident has a specific vitamin or mineral deficiency, supplementation with additional vitamins or minerals may not be indicated.” The Registered Dietitian should evaluate the individual to determine the adequacy of vitamin and mineral supplementation.

## **MEDICARE PRESCRIPTION DRUG COVERAGE**

Congress mandated a new prescription drug benefit for people with Medicare through passage of the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA). Beginning January 1, 2006, new Medicare prescription drug plans will be available to people with Medicare. This new benefit requires every Medicare beneficiary to make a decision. Individuals may ask their healthcare providers for information about the new drug coverage. The Centers for Medicare and Medicaid Services (CMS) have created a series of Medlearn Matters articles to keep providers informed about drug coverage, as the information becomes available.

Please visit <http://www.cms.hhs.gov/medlearn/drugcoverage.asp> to obtain more information.

## OMBUDSMAN'S CORNER

The Office of the State Long-Term Care Ombudsman is working with the nursing home profession, SHICK, SRS and others to gear up for the new Medicare Prescription Drug plan. Residents of long-term care facilities have unique needs and outreach campaigns must be created to address this hard to reach audience.

Ombudsman staff are working to learn as much as they can about the new prescription drug plan. Each of them recently attended SRS trainings regarding the upcoming changes. In addition, staff received training from the state ombudsman and the SHICK trainer. In the fall, they will receive updated SHICK training.

Volunteer ombudsmen are also receiving training. These ombudsmen are in direct contact with residents and may be called upon to provide basic guidance and referral. Ombudsmen attended a workshop at the recent volunteer conference and will receive regional training from SHICK in the fall after the prescription drug plans are announced.

Currently, ombudsman staff are working with members of the nursing home profession to strategize about building a coalition capable of addressing the needs of long-term care residents. Ombudsman staff and volunteers are interested in collaborating with other partners and are open to additional training opportunities.

If you want to discuss joint training opportunities, contact Kathy Greenlee, state ombudsman, or Deborah Merrill, volunteer coordinator, at 785-296-3017. Locally, you may wish to build a coalition of individuals who can respond to resident needs. You are welcome to contact your regional ombudsman.

### Office of the State Long-Term Care Ombudsman

Landon State Office Building; 900 SW Jackson, Ste. 1041; Topeka, KS 66612

Ph: 785-296-3017; Fax: 785-296-3916

Toll Free 1-877-662-8362

Home Page: <http://da.state.ks.us/care>

#### State Office

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**State Long-Term Care Ombudsman**

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#### State Office

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#### Topeka Area

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#### Kansas City Area

**Joe Dobson**

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#### Great Bend Area

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#### Western Area

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**HOC-(Health Occupations Credentialing) CORNER**  
**Bureau of Child Care & Health Facilities, KDHE**  
**Tel: (785) 296-6877**

**ELIGIBILITY TO WORK**

Before allowing a certified nurse aide to work in an adult care home, the facility must verify and document that the aide is certified and in good standing (has no findings of abuse, neglect, or exploitation or been convicted of a crime which prohibits working in an adult care home).

The facility should access the on-line registry ([www.ksnurseaidregistry.org](http://www.ksnurseaidregistry.org)) to determine eligibility. If the facility does not have access to the Internet, the facility may call the registry operator (785-296-6877). If online verification is successful, the facility may print the written confirmation required to document verification. If the facility calls the registry and the aide is certified and in good standing, the verbal confirmation may be documented by the facility (date and time they called) and the aide may begin working. The registry operator will mail a written confirmation the following day. The confirmation is to be retained in the employee's file.

Before allowing a certified medication aide to work as a medication aide in an adult care home, the facility must verify that the medication aide certificate is active. If it is, the website confirmation will list "Certified Medication Aide" and give the effective dates of the certificate. If the certificate is not active, the website confirmation will not list "Certified Medication Aide" as a credential for that individual.

**ACCESSING ANE FINDINGS**

KDHE now has two methods of accessing ANE findings. A list of individuals with a finding of ANE, as well as individuals who have been convicted of prohibited offenses, may be found at the following site:

[http://www.kdhe.state.ks.us/hoc/abuse\\_neglect\\_exploitation/index.html](http://www.kdhe.state.ks.us/hoc/abuse_neglect_exploitation/index.html).

This listing includes aides with ANE findings or prohibited offenses as well as other licensed employees of adult care facilities and home health agencies. It is an alphabetical list with a one-word description such as "neglect" or "abuse" after an individual's name. This listing is updated on a monthly basis.

The second method allows access to information on nurse aides, home health aides, and medication aides with findings of ANE or convictions for prohibited offenses. The on-line Kansas Nurse Aide Registry can be accessed at: <http://www.ksnurseaidregistry.org/>.

The on-line registry allows a name to be entered which brings up a list of matches. The "details" button can be clicked for more information about the aide. The on-line registry is updated on a more immediate basis when findings of ANE or criminal convictions for prohibited offenses are received by HOC and entered into the database.

## **VAIL BEDS**

Vail Products is permanently ceasing the manufacture, sale and distribution of all Vail enclosed bed systems, and will no longer be available to provide accessories, replacement parts or retrofit kits. On June 23 and 24, 2005, revised instruction manuals and warning labels were mailed to customers with Vail 500, Vail 1000 or Vail 2000 enclosed bed systems. The revised manuals include new warnings, precautions and instructions for use. FDA is advising hospitals, nursing homes and consumers who have a Vail enclosed bed system to stop using it and move the patient to an alternate bed. Consumers who are using Vail beds at home can consult with their physicians about other options.

Read the complete MedWatch 2005 Safety Summary, including a link to the Public Health Notification, at: <http://www.fda.gov/medwatchSAFETY/2005/safety05.htm#Vail>.

### **TOP DEFICIENCIES** **January 1, 2005 to March 31, 2005**

1. F314 – Quality of Care - Pressure sores
2. F324 – Quality of Care – Supervision and assistive devices to prevent accidents
3. F253 – Environment – Sanitary, orderly and comfortable interior
3. F312 – Quality of Care - Assistance with nutrition, grooming/personal/oral hygiene
4. F281 – Resident Assessment - Professional standards
5. F371 – Dietary Services – Store, prepare, distribute and serve foods
6. F309 – Quality of Care – Necessary care and services
7. F465 – Physical Environment – Safe, functional, sanitary and comfortable
8. F279 - Resident Assessment – Comprehensive care plans
9. F316 – Quality of Care – Incontinence
9. F323 – Quality of Care – Environment free of accident hazards

### **TOP G+DEFICIENCIES** **January 1, 2005 to March 31, 2005**

1. F314 – Quality of Care - Pressure sores
2. F324 – Quality of Care – Supervision and assistive devices to prevent accidents
3. F325 – Quality of Care – Weight loss
4. F309 – Quality of Care – Necessary care and services
5. F318 – Quality of Care – Range of motion
5. F323 – Quality of Care – Environment free of accident hazards
6. F223 – Abuse
6. F224 – Staff Treatment of Residents
6. F317 – Quality of Care – Range of motion
6. F322 – Quality of Care – Nasogastric or gastrostomy tube
6. F328 – Quality of Care – Special needs
6. F329 – Quality of Care – Unnecessary drugs

## EXEMPLARY CARE AWARDS

### Somerset-Claridge Court, Prairie Village

The facility developed and maintained the physical environment of the facility in a manner to assure the resident of the highest practical degree of function, autonomy, sanitation, cleanliness and aesthetic appeal.

## DEFICIENCY FREE FACILITIES

Facility	City	Type
Briggs Adult Care Home	Milford	BCH
Midwest HomePlace East	Leavenworth	BCH
Alterra Sterling House	Derby	ALF
Alterra Sterling House	Junction City	ALF
C&R Boarding Care Home	Topeka	BCH
MTM Boarding Care home	McPherson	BCH
Windsong Home	Milford	HP
Cedar Lake Village	Olathe	ALF
Riverview Manor	Oxford	SNF/NF
Franklin House	Fort Scott	HP
Gansel House	Independence	RHCF
Manor of the Plains	Dodge City	SNF/NF
Garden Terrace	Overland Park	SNF/NF
Woodlawn Heights	Beloit	BCH
Special People, Inc.	Abilene	BCH
Enterprise Estates	Enterprise	SNF/NF
Wilson Nursing Center	Wilson	SNF/NF
Heritage Health Care Center	Chanute	SNF/NF

## ENFORCEMENT ACTIONS CALENDAR YEAR 2005

*Licensure Category	Correction Orders 2004 Quarters			
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>
ANE Issues	8			
Disaster Preparedness	2			
General Sanitation and Safety	8			
Health Care Services	5			
Inadequate Administration	5			
Inadequate Admission	1			
Inadequate Accounting of Funds	-			
Inadequate Documentation of Employee Records	-			
Inadequate Documentation of Resident Records	8			
Inadequate Drug Regimen Review	5			

*Licensure Category	Correction Orders 2004 Quarters			
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>
Inadequate In-service Education	1			
Inadequate Policies/Procedures Regarding Infection Control	-			
Inadequate Policies and Procedures for Special Care Unit	-			
Inadequate Range of Motion Services	-			
Inadequate Supervision	-			
Inadequate or Unqualified Staffing	8			
Inadequate or Inappropriate Dietary/Nutritional Services	3			
Inadequate or Inappropriate Hygiene and Skin Care	1			
Inappropriate Admissions	-			
Inappropriate or Unauthorized use of Restraint	1			
Negotiated Service Agreement	14			
Physician Verbal Orders for Licensed Personnel	-			
Resident Functional Capacity Screen	3			
TB for Residents/ Staff	3			
Unsafe Medication Administration or Storage	2			
Other	-			
Civil Penalties	4			
Correction Orders	22			
Bans on New Admissions	4			
<b>Federal Remedies</b>				
Civil Monetary Penalties Recommended	13			
Denial of Payments for New Admissions Imposed	9			
Terminations				
NOTC	17			

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

**PUBLIC HEARING ON PROPOSED ADMINISTRATIVE REGULATIONS  
DEFINITIONS - PAID NUTRITION ASSISTANT  
FUNCTION CAPACITY SCREEN**

KDOA will be holding a public hearing on August 30, 2005 at 10 AM at the New England Building in Room 3-West to accept comments on KAR 26-39-144, KAR 26-39-243, KAR 26-39-278, and KAR 26-39-427. The official notice was placed in the Kansas Register on June 30, 2005.

Copies of the proposed regulations are available at the link

[http://www.agingkansas.org/kdoa/lce/lce\\_index.html](http://www.agingkansas.org/kdoa/lce/lce_index.html).

For further information, you may contact Tina Langley at 785-368-7331 and

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