



SUNFLOWER CONNECTION

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

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http://www.agingkansas.org/kdoa/lce/facts_newsltr/facts_newltr.html

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Kathleen Sebelius, Governor
Kathy Greenlee, Secretary

**Licensure, Certification and Evaluation
Commission**

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KDOA is a local participating member of Advancing Excellence, a national coalition based, two-year campaign, launched in September 2006. Its aim is to pursue quality of life and quality of care for the more than 1.5 million residents of America's nursing homes by enhancing choice, strengthening workforce, and improving clinical outcomes. Many nursing facilities, consumers, advocates, provider organizations, and health care professionals are already members and participants of the Kansas Local Area Network for Excellence.

Participating facilities must select at least three goals for the two year period; one clinical, one operational, and one additional goal, either clinical or operational.

1. Reducing high risk pressure ulcers;
2. Reducing the use of daily physical restraints;
3. Improving pain management for longer term nursing home residents;
4. Improving pain management for short stay, post-acute nursing home residents;
5. Establishing individual targets for improving quality;
6. Assessing resident and family satisfaction with the quality of care;
7. Increasing staff retention; and
8. Improving consistent assignment of nursing home staff, so that residents regularly receive care from the same caregivers.

If your facility is already working on any of the goals independently or through the QIO, Quality First, corporate benchmarks, etc., you will find AE participation will require minimal additional effort. The link for on-line enrollment and additional information is <http://www.nhqualitycampaign.org/>.

KDOA would like to encourage facilities whose pressure ulcer rate for high risk residents is 6% or greater, or daily physical restraint use is 3% or greater on the quality measures found at <http://www.medicare.gov/NHCompare/Home.asp?version=alternate&browser=IE%7C6%7CWin2000&language=English&defaultstatus=0&pagelist=Home&CookiesEnabledStatus=True> to consider selecting at least Goals 1 and 2 in the campaign. The KDOA Long Term Care Consultant Team and other LANE members are available to assist facilities in gathering resources for staff education.

**WORKFORCE ENHANCEMENT GRANT
NO COST EDUCATION**

For the past three years KDOA has offered the Workforce Enhancement Grant to incorporated entities, i.e. facilities, organizations, community colleges and businesses to provide educational programs at no cost for unlicensed staff in long term care nursing facilities and long term care units of hospitals.

The criteria for which individuals may attend the educational presentations at no cost has been expanded for the contract year of January to December, 2007 to include one licensed staff person for every two unlicensed staff persons employed by the same nursing facility or long term care unit of a hospital. This year KDOA awarded the grant to nine entities:

1. The Geriatric Education Resource & Training Institute (GERTI), (913) 477-8251
2. The Foundations for Aging & Care of Elders of Kansas (FACE of KS) affiliated with Kansas Health Care Association, (785) 267-6003
3. Kansas Advocates for Better Care, (785) 842-3088
4. Kansas Restaurant and Hospitality Association, (316) 267-8383
5. Aging Research Institute affiliated with Kansas Association of Homes and Services for the Aging, (785) 233-7443
6. Central Plains Geriatric Education Center at the University of Kansas Medical Center, (913) 588-1464
7. Brewster Place Retirement Community, (785) 274-3358
8. We Care Online, (620) 895-6400

Topics of the presentation include the Serv Safe course, reducing pressure ulcers and restraint use, culture change, pharmacology, teamwork, and resident care and needs.

Long term care nursing facilities and long term care units of hospitals are encouraged to use this opportunity to obtain education for their staff at no cost. Please contact the entities for additional information regarding their educational presentations.

MDS COMMUNICATION

MDS UPDATE

The March 2007 RAI Manual updates are located at:

<http://www.cms.hhs.gov/NursingHomeQualityInits/downloads/MDS20Update200703.pdf>

The fifth entry (Correction Policy Manual) is not correct.

1. As of today it is not on the site mentioned in the update.
2. The correct date is October 2002.

The Correction Policy Manual can be found at the old address:

<https://www.qtso.com/download/mds/PrMn1002.pdf>

UPCOMING MDS EDUCATION

MDS 2.0, RAPS, Care Plan, and RUGS Education will be presented on April 16 and 17, 2007, via video teleconferencing to the KDHE District Offices at Dodge City, Hays, Wichita, Salina, Lawrence, Chanute and Topeka. The Topeka site allows for direct contact with the presenters. The workshop provides basic information on completion of the MDS, RAPS, and Care Plan for new MDS Coordinators and other individuals who complete the information. Registration forms are available at

http://www.agingkansas.org/kdoa/lce/Education_Info/Education_index.html.

WEB BASED PASRR TRAINING

KDOA is pleased to announce that the CARE Level I - Pre-Admission Screening and Resident Review (PASRR) assessment training is now available on the web. The training has been posted through a partnership with the Kansas Department of Health and Environment (KDHE) on the KS Train website. The TrainingFinder Real-time Affiliate Integrated Network. To learn more about who should take the PASRR training, please go to: <http://www.aging.state.ks.us/Programs/Careinfo/careindex.htm> Also located at the site is the web-based training announcements and other helpful information about the program.

ADMISSION AND TRANSFER OF INDIVIDUALS WITH MULTIDRUG-RESISTANT ORGANISMS

MRSA (Methicillin Resistant Staphylococcus Aureus) and VRE (Vancomycin-Resistant Enterococci) are the most common multidrug-resistant organisms in nursing homes and other long term-care facilities. With appropriate infection control practices in place, nursing facilities can safely care for and manage residents with multidrug-resistant organisms. Facilities should not refuse admission of a resident based solely on the fact that the individual has a multidrug-resistant organism. According to the Centers for Disease Control (CDC), Frequently Asked Questions on Multidrug-Resistant Organisms (MDRO) in Non-Hospital Healthcare Settings: "...non-hospital healthcare facilities should be aware that persons with MRSA, VRE, and other infections may be protected by the Americans with Disabilities Act or other applicable state or local laws or regulations."

CDC's 2006 General Recommendations for Routine Prevention and Control of MDROs in Healthcare Settings include the following:

- Follow standard precautions in all healthcare settings.
- Consider the individual patient's clinical situation and facility resources in deciding whether to implement Contact Precautions. The issues of when to discontinue Contact Precautions are unresolved; therefore no recommendations can be made as to when to discontinue Contact Precautions.
- Masks are not recommended for routine use to prevent transmission of MDROs from patients to healthcare workers. Use masks according to Standard Precautions when performing splash-generating procedures, caring for patients with open tracheotomies with potential for projectile secretions and when there is evidence for transmission from heavily colonized sources (e.g. burn wounds).
- Room Placement. When single-patient rooms are available, assign priority for these rooms to patients with known or suspected MDRO colonization or infection. When single rooms are not available, cohort patients with the same MDRO in the same room or patient-care area.

Give highest priority to those patients who have conditions that may facilitate transmission, e.g. uncontained secretions or excretions. When cohorting patients with the same MDRO is not possible, place MDRO patients in rooms with patients who are at low risk for acquisition of MDROs and associated adverse outcomes from infection and are likely to have short lengths of stay.

- Environmental Measures. CDC recommended guidelines should be followed for cleaning, disinfection and sterilization of patient care areas and equipment. Dedicate non-critical medical items to use on individual patients known to be infected or colonized with an MDRO. Prioritize room cleaning of patients on Contact Precautions. Focus on cleaning and disinfecting frequently touched surfaces (e.g. bedrails, bedside commodes, bathroom fixtures in the resident room, door knobs, and equipment in the immediate vicinity of the resident).

The entire guideline is located at:

<http://www.cdc.gov/ncidod/dhqp/pdf/ar/mdroGuideline2006.pdf>

Links to additional resources include:

1. 12 Steps to Prevent Antimicrobial Resistance Among Long Term Care Residents, http://www.cdc.gov/drugresistance/healthcare/ltc/12steps_1tc.htm
2. Centers for Disease Control Frequently Asked Questions on Multidrug-Resistant Organisms in Non-Hospital Healthcare Settings, http://www.cdc.gov/ncidod/dhqp/ar_multidrugFAQ.html#3

SPECIAL CARE UNIT DISCHARGE FACILITY DISCHARGE

KAR 28-39-160, Other Resident Services. (a) Special care section, addresses the requirements a nursing facility must meet when it chooses to develop a special care unit. One requirement is the development of discharge criteria. Facilities should not equate the discharge criteria from a special care section with that of discharge criteria from the facility. KAR 28-39-148, Admission, Transfer, Discharge addresses facility discharge criteria. When a resident admitted to a special care unit, i.e. dementia care, rehab care, meets the criteria for discharge from the unit but another bed is not available in the facility, the facility cannot

**SPECIAL CARE UNIT DISCHARGE
FACILITY DISCHARGE (Continued)**

involuntarily discharge or transfer the resident from the facility. The facility must allow the resident to remain in the licensed bed in the special care unit until a bed is available in another section of the facility.

DEMAND BILL IS NOT EXPEDITED REVIEW

The State Operations Manual Appendix P Survey Protocol for Long Term Care Facilities, Section VII speaks to a task surveyors must conduct in long term care facilities that are Medicare participants. It is commonly referred to as Demand Bill. The following information is taken from Section VII.

Medicare-participating long term care facilities are obligated to inform Medicare beneficiaries about specific rights related to billing, and to submit bills to the Medicare intermediary when requested by the beneficiary.

- *If a Medicare SNF provider believes, on admission or during a resident's stay, that Medicare will not pay for skilled nursing or specialized rehabilitative services, the facility must inform the resident or his/her legal representative in writing why these specific services may not be covered. The facility must use the mandatory denial notice found in §358 of the Skilled Nursing Facility Manual, and keep a copy of this uniform denial notice on file.*
- *The facility is also required to inform each Medicare resident of his/her right to request that the facility submit the bill to the Medicare payor (demand bill). If the resident requests that the bill be submitted to the intermediary or carrier for a Medicare decision, then evidence that the submission has occurred should also appear in the resident's record. The facility must not charge the resident while the demand bill is under review by the Medicare payor.*

The Demand Bill process should not be confused with the Expedited Review process. An article explaining the Expedited Review process can be found in the Sunflower Connection, January 2006, at the following link:

http://www.agingkansas.org/kdoa/lce/facts_newsltr/facts_newltr.html.

Although both processes do allow for an appeal of the facility's determination that a resident's stay is not covered by Medicare, the processes are different, with different time requirements for review, and are done by two different agencies. The facility is surveyed for compliance with the Demand Bill Process. When completing the task of Demand Bill, it has been found facilities are incorrectly thinking the two appeal processes are the same and are combining the required forms. Doing this has facilities being cited for a deficient practice at F156 due to lack of proper documentation of the resident's decision regarding a request for Medicare Intermediary Review and Verification of Receipt of Notice for Demand Bill appeal process.

The forms to provide to the resident for the Demand Bill appeal process are found at http://www.cms.hhs.gov/BNI/04_FFSSNFABNandSNFDenialLetters.asp#TopOfPage, Under Downloads, SNF Denial Letters.

The forms to provide to the resident for Expedited Review appeal process are found at http://www.cms.hhs.gov/BNI/06_FFSEDNotices.asp#TopOfPage, Under Downloads, FFS Expedited Review Generic Notice CMS 1023 and FFS Expedited Review Generic Notice CMS 1024. All questions relating to the Expedited Review Process and Forms should be referred to KFMC.

**NURSING HOME CULTURE CHANGE
REGULATORY COMPLIANCE**

Questions and Answers

Survey and Certification Letter – Dated December 21, 2006

The memorandum provides: 1. Responses CMS has made to inquiries concerning compliance with the long-term care health and life safety code requirements in nursing homes that are changing their cultures and adopting new practices; 2. Summarizes questions and answers from a June 2006 CMS Pic-Tel conference with leaders of the Green House Project (Attachment A); and 3. Provides information about an upcoming series of 4 CMS culture change satellite webcasts (Attachment B).

The letter can be downloaded at <http://www.cms.hhs.gov/SurveyCertificationGenInfo/PM/SR/list.asp#TopOfPage>.

KANSAS CULTURE CHANGE COALITION

Visit the Website at:

<http://www.kansasculturechangecoalition.org/>

HOUSEHOLD KITCHENS

Pleasant View Home in Inman, Kansas, has added two new beautiful households of eleven nursing facility residents each. The facility already provides care for 102 nursing facility residents. The facility is pleased that all the facility staff members have completed Serv Safe training.

The new household kitchens have several unique features. The kitchens are especially designed for residents who use wheelchairs for mobility. A drawer-type dishwasher that reaches 160 degrees Fahrenheit is used. One resident likes to hand dishes to the staff as they are filling the machine drawers. As the photo shows, the nourishment center is designed to be wheelchair accessible. Families especially like the nourishment center because they may use everything without interfering with tasks in the kitchen. The kitchen has a counter top ice and water machine for staff use when filling water mugs for the resident rooms.

Currently the household staff prepares only breakfast for residents. Household staff will transition to preparing vegetables and salads. Eventually, the facility plans to have all the food prepared in each household.

When initially planning the kitchen, the staff was uncertain if they needed a second center work island in the kitchen. After working in the kitchen the staff is quite pleased they decided to have the additional work island.

The work counter separating the kitchen and dining room has both a hand washing sink and second sink for food preparation. Residents are enjoying being able to use both sinks. Residents have prepared apple pies from “scratch.” Some residents washed, pared, and sliced apples; another resident prepared the crust and other residents watched the process. A cognitively impaired resident, who is totally dependant for eating, eagerly observed and at one point reached for the rolling pin and began rolling the pie dough. Both she and her husband had large smiles on their faces during the process.

One resident stated she “enjoys helping with the food and feels appreciated when others enjoyed the cookies.” (She had been a part of making cookies the night before, and proudly proclaimed that they were all gone by morning.) Residents have made foods from bread pudding to brownies for watching NCAA basketball on the big screen TV.



SINKS FOR NEIGHBORHOOD AND HOUSEHOLD KITCHENS

Neighborhood and household kitchens provide many advantages for residents including the opportunity for residents to actually participate in food preparation. A neighborhood or household kitchen combines a home design with the requirements to prepare food safely in a licensed facility. Whether food preparation takes place in a main kitchen or a neighborhood or household kitchen, compliance with the number and types of sinks needed in the dietary areas must be met. The regulation is KAR 28-39-162a (m) (4), (5), and (8).

The three types of required sinks are used for three different tasks:

1. A hand washing sink is used for both staff and residents to wash their hands prior to preparing food. Most neighborhoods and households have

SINKS FOR NEIGHBORHOOD AND HOUSEHOLD KITCHENS (Continued)

a wheelchair accessible handwashing sink at the end of a work island or counter near an entrance to the kitchen. The sink may have a motion sensor that starts the flow of water.

2. A two compartment sink is used in the preparation process of the food.
3. A three compartment sink is used for manual ware washing, i.e. dishes, flatware and cooking utensils. An alternative to three compartment sink that KDOA has allowed per substantial compliance in neighborhood and household kitchens is a single compartment sink next to the dishwasher. The dishwasher must be able to sanitize the dishes. The sink should be located for convenient work flow. The facility must also have a policy and procedure and conduct staff training for ware washing should the dishwasher not work properly.

If a facility remodeling or constructing a neighborhood kitchen initially plans only very limited food preparation, it would be wise to plan space and plumbing for all three sinks. Feedback from facilities has revealed that residents enjoy participating in food preparation whether for meals or as part of an activity.

USE OF AGENCY STAFF

CFR 483.13 (e) (1) (ii) prohibits employment in a nursing facility of an individual who has been found guilty of abuse, neglect, mistreatment or exploitation of residents by a court of law, or has had a finding entered into the State nurse aide registry concerning abuse, neglect, or exploitation.

KSA 39-970(d) requires an adult care home to receive from the employment agency who provides an employee to work in the adult care home written certification that the employee is not prohibited from working in adult care homes.

KSA 39-936(B)(5) prohibits employment of an unlicensed individual to provide direct, individualized care prior to receiving registry verification.

CFR 483.75(f) requires the facility to ensure nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments and described in the plan of care.

KAR 28-39-163 (g) and KAR 28-39- 248 address the need for employee orientation of facility policies and procedures to ensure residents receive needed services and procedures to promote their highest practicable level or functioning.

Both licensed and certified nursing staff provided by employment agencies are expected to promote quality of life and provide care according to standards of practice for residents in adult care homes. The facility needs to be aware of the requirements for registry verification; criminal background checks and staff orientation, competency and education that apply to the staff they employ also apply to staff provided by employment agencies.

Prior to a Certified Medication Aide (CMA) or Certified Nurse Aide (CNA) providing care for a resident in an adult care home, the nurse aide registry must be checked for certification verification and criminal history for offenses that would not allow them to be employed in an adult care home. When an employment agency is the actual employer of the CMA or CNA, the adult care home must either conduct the certification and criminal background checks, or have copies on file in the facility to show the employment agency has conducted the certification and criminal background checks.

Prior to a licensed nurse providing care or services in an adult care home, the adult care home should ensure the nurse has an unencumbered license and is not prohibited from working in an adult care home. Either the adult care home or the employment agency should check the Kansas State Board of Nursing (KSBN) and the nurse aide registry if the nurse was a CNA prior to becoming a licensed nurse for the information and it should be on file in the facility prior to the licensed nurse's start of duty.

Facilities should also provide orientation and competency testing as needed to ensure both licensed and certified nursing staff are able to care for the residents' needs as identified in the assessment and plan of care.

Insulin Storage and Stability Information Chart

Vials	Unopened Refrigerated (36° F to 46° F)	Unopened Room Temperature (59° F to 86° F)	Opened Room Temperature or Refrigerated (36° F to 86° F)
Humulin R	Labeled expiration date	28 days	28 days
Humulin N	Labeled expiration date	28 days	28 days
Humulin L	Labeled expiration date	28 days	28 days
Humulin U	Labeled expiration date	28 days	28 days
Humulin 70/30	Labeled expiration date	28 days	28 days
Humulin 50/50	Labeled expiration date	28 days	28 days
Humalog Vial	Labeled expiration date	28 days	28 days
Humalog Mix Vial 75/25	Labeled expiration date	28 days	28 days
Humalog Mix 50/50	Labeled expiration date	28 days	28 days
Humulin 50/50	Labeled expiration date	28 days	28 days
Novolin R	Labeled expiration date	30 days	30 days
Novolin N	Labeled expiration date	30 days	30 days
Novolin 70/30	Labeled expiration date	30 days	30 days
Novolog	Labeled expiration date	28 days	28 days
Novolog 70/30 Mix	Labeled expiration date	28 day	28 days
Lantus	Labeled expiration date	28 days	28 days

Pens/Cartridge	Unopened Refrigerated (36° F to 46° F; 2° C to 8° C)	Unopened room temperature	In use Room temp
Humulin N Pen	Labeled expiration date	14 days	14 days
Humulin 70/30 Pen	Labeled expiration date	10 days	10 days
Humalog Pen	Labeled expiration date	28 days	28 days
Humalog Mix 75/25 Pen	Labeled expiration date	10 days	10 days
Humalog Mix 50/50	Labeled expiration date	10 days	10 days
Humalog 3.0 mL Cartridge	Labeled expiration date	28 days	28 days
Lantus 3.0 ml cartridge	Labeled expiration date	28 days	28 days
Lantus OptiClik 3.0 ml cartridge Inserted into OptiClik			28 days (Do not refrigerate)
Novolog Flex Pen	Labeled expiration date	28 days	28 days (Do not refrigerate)
Novolog Penfill	Labeled expiration date	28 days	28 days (Do not refrigerate)

Vials
 If opened vials cannot be refrigerated, vials can be kept unrefrigerated for up to 28 days away from direct light, as long as the temperature is not greater than 86° Fahrenheit.
 Potency loss may occur after the vial has been opened for greater than 1 month, especially if stored at room temperature.
 Insulin should not be stored in the freezer and should be discarded if frozen.
 Lantus should not be mixed with other insulin products.

Pens and/or cartridges
 Manufacturers recommend not refrigerating pens.

Information regarding Lantus was retrieved on 3/12/07 from: <http://products.sanofi-aventis.us/lantus/lantus.html> .
 Information regarding Humalog products was retrieved on 3/12/07 from: http://www.humalog.com/patient/humalog_storage_stability.jsp.
 Information regarding Novolin and Novolog received from Novo Nordisk via fax on 03/14/07.
 Reviewed and updated 3/07cmg.

PHYSICAL RESTRAINTS

What is a physical restraint?

According to Code of Federal Regulation 483.13, “physical restraints are defined as any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident’s body that the individual cannot remove easily which restricts freedom of movement or normal access to one’s body.”

Examples of physical restraints include but are not limited to hand mitts, vests, restrictive chairs, lap belts and beds pushed up against a wall. Side rails can be considered a restraint if they prevent an individual from voluntarily getting out of bed.

Some devices may be considered a restraint for one individual but not for another individual. An example is a geriatric chair. If an individual has no voluntary or involuntary movement, or does not have the ability to transfer, the geriatric chair is not considered a restraint. However, if an individual has the ability to transfer from other chairs but cannot transfer from the geriatric chair, the device is considered a restraint. Another example is side rails. If an individual uses side rails for positioning in bed, or as a transfer or mobility aid to get in and out of bed and move in bed, the side rails are not considered a restraint. However, if side rails are used to keep an individual in bed, the side rails would be considered a restraint.

Negative effects of a physical restraint

- Loss of autonomy, dignity and self-respect
- Decrease or loss of mobility
- Bowel and bladder incontinence
- Increased potential for the development of pressure ulcers
- Entrapment or strangulation

Myths about restraints

Often times family members or legal representatives think a restraint will prevent falls or injuries from a fall. However, research shows that **physical restraints do not make people safer**. Physical restraints can cause harm to individuals. Individuals attempting to get out of their restraints sometimes receive broken bones and concussions. The risk of falling and receiving a broken bone is greater when individuals attempt to crawl over side rails. Restraints can lead to strangulation and death. According to AARP, between 1985 and 2005, the U.S. Food and Drug Administration received 606 reports of people caught, trapped or strangled in bed with rails.

Request for restraints

A resident, legal representative or family member may request a restraint, but it is the facility’s responsibility to evaluate the appropriateness of the request. As with all medical treatment, the resident, legal representative or family member has the right to refuse treatment, but they cannot demand its use when not medically necessary. Ask yourself if you would want the facility to administer insulin to you or your family member if the individual was not a diabetic. The answer of course is no because of the adverse effects. The same is true when requesting a restraint if it is not medically necessary.

A resident’s legal representative cannot give permission to use restraints for the sake of discipline or convenience. CFR 483.13 prohibits restraints imposed for purposes of discipline or convenience.

Are restraints prohibited?

Federal and State regulations do not prohibit restraints. Family members or legal representatives often think restraints are needed because of inadequate staffing. However, restraints cannot be used to discipline an individual or for staff convenience. There must be a medical symptom that warrants the use of the restraint. In addition, legal representatives and family members cannot dictate restraint usage. Facilities must comprehensively assess the individual’s mental and functional status prior to implementing physical restraints, ensuring that the least restrictive device is used. The facility also has to ensure the resident’s safety when the restraint is used. The facility must plan for ongoing evaluation to reduce the use of the restraint. The facility should explore alternatives to physical restraints. Restraint usage should be the exception and not the norm.

Alternative to restraints

- Modifying the individual’s environment
- Low bed
- Concave mattress
- Mat on the floor
- Exercise/restorative programs
- Personal assistive devices
- Increased staff observation
- Attention to individualized needs

References:

- Appendix PP Interpretive Guidelines for Long-Term Care Facilities
- AARP
(KDOA recommends facilities download this article for Family and Resident Education.)

**GOVERNOR'S CONFERENCE ON AGING
MAY 2 AND 3, 2007**

Additional information and on-line registration at <http://www.agingkansas.org/kdoa/govconf/RegistrationInfo.htm>

ANNUAL AND SEMIANNUAL STATISTICAL WEB BASED REPORT CHANGES

The transition of the annual and semiannual statistical reports of adult care homes to web based reports has been accomplished. To further improve the process, several changes will occur for July 10, 2007, semiannual report. The log in process will include: 1. the facility's current ID number, 2. the administrator's or operator's email address, and 3. a password created by the facility. The administrator's or operator's electronic signature will no longer be required to submit a report(s) to KDOA. After the submitted report without obvious errors is received and reviewed by KDOA staff, an email stating the report has been accepted will be sent to the administrator or operator listed with the report.

The individual facility and aggregate data collected from the reports, the Adult Care Home Semiannual Report January-June 2006, prepared by the University of Kansas Office of Social Policy Analysis and graph analyses, are available on the KDOA website at http://www.agingkansas.org/kdoa/lce/lce_index.html under Reports, Staffing and Occupancy Data. Future reports will also be posted to the website.

**ASK AL
MIRROR HEIGHTS**

Question: What is the required height for mirrors in the resident's toilet rooms in nursing facilities and assisted living/residential health care facilities?

Answer: The Americans with Disabilities Act Accessibility Guidelines (ADAAG) for Buildings and Facilities, Rule 4.19.6, states, "Mirrors shall be mounted with bottom edge of the reflecting surface no higher than 40 in. (1015 mm) above the finish floor." This rule is applicable for all mirrors in resident toilet rooms and bathing rooms, and the public toilet rooms in nursing facilities. The rule also applies to any apartments or living units that are ADA accessible in assisted living and residential health care facilities.

FACILITY	CITY	TYPE	EXEMPLARY AWARD	DEFICIENCY FREE	SURVEY DATE
Gables Assisted Living	Overland Park	ALF		X	10/12/2006
Guest Home Estates VIII	Erie	RHCF		X	10/12/2006
Sandstone Heights	Little River	NF		X	11/01/2006
Cedar Lake Village	Olathe	ALF		X	11/02/2006
Lexington Park Assisted Living	Topeka	ALF		X	11/13/2006
Moore Adult Care Home	Topeka	BCH		X	11/15/2006
Hays Good Samaritan Center	Hays	SNF/NF		X	11/15/2006
Alterra Sterling House of Hays	Hays	ALF		X	11/30/2006
The Homestead of Topeka	Topeka	ALF		X	12/27/2006
Medicalodge of Eureka	Eureka	SNF/NF	X		02/07/2007
Buhler Sunshine Home	Buhler	SNF/NF	X		02/09/2007

***TYPE OF ADULT CARE HOME**

- ALF: Assisted Living Facility
- RHCF: Residential Health Care Facility
- BCH: Boarding Care Home
- NF: Nursing Facility
- SNF: Skilled Nursing Facility

ENFORCEMENT ACTIONS
(Assisted Living , Residential Health Care, Home Plus, Adult Day Care, and Boarding
Care Facilities; Intermediate Care Facilities for the Mentally Retarded)

Licensure Category	1st	2nd	3rd	4th
ANE Issues	6	19	10	3
Disaster Preparedness	3	2	3	
General Sanitation and Safety	23	10	9	8
Health Care Services	17	16	15	7
Inadequate Administration	2	2	4	2
Inadequate Admissions	6	4	1	
Inadequate Accounting of Funds				
Inadequate Documentation of Employee Records		1		
Inadequate Documentation of Resident Records	6	10	7	4
Inadequate Drug Regimen Review	6	4	5	1
Inadequate Inservice Education		2	1	1
Inadequate Policies/Procedures Regarding Infection Control	3	2	2	1
Inadequate Policies and Procedures for Special Care Unit				
Inadequate Range of Motion Services			1	
Inadequate Supervision		2		1
Inadequate or Unqualified Staffing	17	15	9	7
Inadequate or Inappropriate Dietary/Nutritional Services	4	2	9	
Inadequate or Inappropriate Hygiene and Skin Care		3	2	
Inappropriate Admissions	6	4	1	
Inappropriate or Unauthorized Use of Restraint	2	1	1	
Negotiated Service Agreement	14	10	10	4
Physician Verbal Orders for Licensed Personnel			1	
Resident Functional Capacity Screen	12	4	6	6
TB for Residents/Staff		3	1	
Unsafe Medication Administration or Storage	15	15	2	6
Civil Penalties	2	7	3	3
Correction Orders*	26	28	22	15
Bans on New Admissions	4	11	4	2

***A correction order on civil penalty may consist of multiple issues summarized.**

FEDERAL REMEDIES (Nursing & Skilled Nursing Facilities; Nursing Facilities for Mental Health)	1st	2nd	3rd	4 th
Civil Monetary Penalties Recommended	9	18	7	10
**Denial of Payment for New Admissions Imposed	23	22	15	19
Terminations				
No Opportunity to Correct	17	30	16	13

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

**RESURVEY DEFICIENCY DATA¹ (ALL Federal Health Deficiencies)
ANNUAL RANKINGS: CY 2000-2006**

TAG	N	2006 RANK	2005 RANK	2004 RANK	2003 RANK	2002 RANK	2001 RANK	2000 RANK	TEXT OF REGULATION
F0315*	197	1	3	4	6	3	1	4	Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.
F0281	167	2	2	2	6	5	9		The services provided or arranged by the facility must meet professional standards of quality .
F0314*	151	3	1	9	9	7	6	3	Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.
F0371	132	4	5	6	4	4	5	9	The facility must store, prepare, distribute, and serve food under sanitary conditions.
F0324	128	5	4	3	3	2	2	1	The facility must ensure that each resident receives adequate supervision and assistance devices to prevent accidents .
F0253	122	6	7	4	8	9	10		The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.
F0279	119	7	9			8	4	3	A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.
F0312	119	7	6	8	5	6	8	7	A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.
F0309*	112	9	8	1	1	1	1	2	Each resident must receive and the facility 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.
F0272	108	10							The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.

¹Data is for health deficiencies from resurveys only. G+ means facilities/surveys with a deficiency cited at a scope and severity level equal to or greater than "G". Bold tag numbers and frequencies are common to all time periods. Shaded Tag cells indicate that the Tag also appears in the most frequently cited G+ deficiency list for CY 2006.

*In November 2004, CMS modified surveyor guidance on tags F0309 and F0314 apparently resulting in a significant change in citation patterns. Effective July 2005, CMS combined tags F0315 and F0316 in to one tag (0315). For purposes of this table, tags 0315 and 0316 have been combined for all time periods.

RESURVEY G⁺ DEFICIENCY DATA¹ ANNUAL RANKINGS: CY 2000-2006

TAG	N	2006 RANK	2005 RANK	2004 RANK	2003 RANK	2002 RANK	2001 RANK	2000 RANK	TEXT OF REGULATION
F0314 QOC	48	1	1	1	1	1	1	2	Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.
F0324 QOC	40	2	2	2	2	2	2	1	The facility must ensure that each resident receives adequate supervision and assistance devices to prevent accidents .
F0309 QOC	37	3	4	4	4	3	4	5	Each resident must receive and the facility 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.
F0325 QOC	25	4	3	3	3	4	3	3	Based on a resident's comprehensive assessment, the facility must ensure that a resident maintains acceptable parameters of nutritional status , such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible.
F0315* QOC	16	5	5	10	10	10		6	Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.
F0310 QOC	9	6	8	5	5	7		7	Based on the comprehensive assessment of a resident, the facility must ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's ability to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems.
F0317 QOC	7	7	6	8	7	5			Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without a limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable.
F0318 QOC	6	8	7	6	5	8	10	8	Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.
F0241 QOL	5	9	10	8					The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.
F0319 QOC	4	10							Based on the comprehensive assessment of a resident, the facility must ensure that a resident who displays mental or psychosocial adjustment difficulty receives appropriate treatment and services to correct the assessed problem.

¹Data is for health deficiencies from resurveys only. G⁺ means facilities/surveys with a deficiency cited at a scope and severity level equal to or greater than "G". Bold tag numbers and frequencies are common to all time periods. QOC = Quality of Care; QOL = Quality of Life

* Effective July 2005, CMS combined tags F0315 and F0316 in to one tag (0315). For purposes of this table, tags 0315 and 0316 have been combined for all time periods.