



SUNFLOWER CONNECTION

KANSAS DEPARTMENT ON AGING
LICENSURE, CERTIFICATION AND EVALUATION COMMISSION

CONNECTING KDOA WITH LONG TERM CARE PROVIDERS

Volume 4, Number 1 - January 2007

<http://www.agingkansas.org>

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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.

Medication and Pharmaceutical Services Guidance Changes

Effective December 18, 2006

http://www.cms.hhs.gov/manuals/Downloads/som107ap_pp_guide_lines_ltcf.pdf

Archived webcast at www.cms.internetstreaming.com/

Revised Ftags – Regulatory Language Unchanged

F329 – Unnecessary Medications (Previously F329, F330, F331)

F425 - Pharmacy Services (Previously F425, F426, F427)

F428 – Medication Regime Review (Previously F428, F429, F430)

F431 – Labeling and Storage of Drugs and Biologicals (Previously F431, F432)

Revised Guidances

CMS has revised the guidance for F329. Clarifications are provided on several aspects of medication management including indications for use, monitoring, dose, duplicate therapy, duration, tapering/gradual dose reduction, and prevention, identification, and response to adverse consequences. The guidance includes a new medication table of medications that are often problematic to the nursing home population. (The Beers list has been incorporated into the table.) New guidelines for the gradual dose reduction of antipsychotics, and the tapering of hypnotics/sedatives and psychopharmacological medications are also included in the guidance.

The Investigative Protocol at F329 covers both F329 Medications and F428 Medication Regime Review issues and severity guidance.

A new guidance was also written to cover the provision of pharmaceutical services (F425, F428, F431) for the entire medication distribution system, from ordering to acquisition to administration and disposal of medications to assure a safe system for each resident. A severity guidance has been provided for these tags.

The Sunflower Connection
published by The Kansas Department on Aging

Kathleen Sebelius, Governor
Kathy Greenlee, Acting Secretary

Licensure, Certification and Evaluation Commission

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SUBMISSION OF ANNUAL AND SEMI-ANNUAL REPORTS DUE 1/10/2007

KDOA's web-based Long Term Care Resident Statistics Web Application is available for data entry for the Semi-Annual and Annual Resident Statistics reports. Facilities that have access to the internet need to complete both of these reports using the web-based application.

The web-based application and instructions are available on the KDOA website at:

http://www.agingkansas.org/kdoa/lce/LTC_Reports.html

Also, available on the website is a printable version of the forms which may be used to gather information before entering information into the web-based application.

Each facility needs to use the user name and password that was issued to it in December 2005, to sign-on to the web based application. Administrators and operators also need to use the same e-signature that has been issued to them previously.

If you are a new administrator or operator and have not been issued an e-signature, please contact the KDOA Information Services Help Desk at (785)296-4987. For any questions related to the computer application, please contact the Information Services Help Desk.

KDOA is pleased at the effort facilities have made to change to web based submission of these required reports.

Below are common problems (P) and their solutions (S).

1) **P** The facility did not receive an e-mail reminder the reports are due.

S E-mail Caryl Gill the current operator's or administrator's e-mail address.
CarylGill@aging.state.ks.us

2) **P** A message "report has been submitted to KDOA" appears but questions are actually blank."

S Double check to be certain all questions are answered and saved. Using the tabs at the top of the forms, it only takes a few seconds to double check every question is answered and saved. Print and keep a copy of the report submitted.

3) **P** Dietary Staff or Certified Dietary Managers are reported as Paid Nutrition Assistants.

S Paid Nutrition Assistants are staff who have successfully completed the state approved course for assisting residents to eat. They are not staff employed as dietary staff or certified dietary managers.

http://www.kdheks.gov/hoc/ad_ssd_or.htm

4) **P** The log-in information: User Name, password, or electronic signature has been misplaced.

S **Please** keep this information in a safe place as it remains unchanged. If the information has been misplaced, e-mail either the Information Services Help Desk HelpDesk@aging.state.ks.us or Sandra Dickison SandraDickison@aging.state.ks.us requesting the needed information. Because names are similar, the e-mail request must include the facility name and city or the Administrator's or Operator's exact name. Request the information prior to January 10.

5) **P** A nursing facility has two levels of care, i.e. nursing facility with assisted living or residential health care, but the facility attempts to combine the information for both levels of care on one set of forms.

S The facility needs to complete separate reports for each level of care. The nursing facility reports appear when the ID number with a capital A is entered. The other level of care appears when the ID number with a capital B is entered. In January four separate reports will need to be completed for facilities with two levels of care. Be certain shared staff are appropriately allocated to each level of care and not counted twice.

6) **P** For ALF/RHCF facilities Question II. 11. b. The number of occupied apartments or living units on June 30 or December 31 is not answered or answered in the wrong space.

S For ALFs place the number of occupied apartments in the space after apartments, for RHCFs place the number of occupied living units in the space after living units.

If you need clarification to answer any question on either report please contact Sandra Dickison. Sandra can be reached at (785) 296-1245 or at SandraDickison@aging.state.ks.us.

CMS EDUCATION ON REVISED GUIDANCE FOR REGULATIONS

CMS has revised the guidance for several federal regulations over the past two years and it appears this trend will continue. The development of a guidance involves convening a panel of individuals that includes experts in the field on the topic of the regulation to write a draft guidance. The draft guidance is made available for a comment period to all interested parties, i.e. providers, state agencies. The panel often meets several times over the course of one to three years to review the comments and revise the guidance. Once CMS has finalized the guidance, it is issued as part of Appendix PP of the State Operations Manual.

Each guidance contains the same components: Regulatory Text, Interpretative Guidelines, Investigative Protocol, Determination of Compliance, and Deficiency Categorization. The guidance provides information to promote an understanding of the regulatory requirement and to assist in its implementation. The guidance also directs surveyors as to the needed observations, record reviews, and interviews for determination of compliance or noncompliance and the level.

Prior to the final implementation of the guidance, CMS has usually provided education for both surveyors and facility staff on the revised guidance through PowerPoint training slides and webcasts. The links for these are <http://www.cms.hhs.gov/surveycertificationgeninfo/> and www.cms.internetstreaming.com. It is our understanding that this is the type of training CMS will continue to use as future revised guidances are released. Administrators are encouraged to take advantage of this no cost educational opportunity for both themselves and their staff. The webcasts are available under archived webcasts for a year or greater after the live broadcast. LCE will continue to send email notifications regarding the implementation of revised guidances and upcoming webcasts to all facilities that have an email address. The Sunflower Connection will also at times contain this information. After watching a webcast, if an administrator or facility staff has a question, they are welcome to contact Vera VanBruggen, RN, BA,

Long Term Care Director at:

VeraVanBruggen@aging.state.ks.us or 785-296-1246.

Guidance Updates

http://www.cms.hhs.gov/manuals/Downloads/som107a_p_pp_guidelines_Itcf.pdf

F314 – Pressure Ulcers

- Implemented on November 14, 2004
- Satellite available on webstream at www.cms.internetstreaming.com

F315 – Incontinence

- Implemented on June 27, 2005
- Satellite available on webstream at www.cms.internetstreaming.com

F501 – Medical Director

- Implemented on November 18, 2005
- Guidance and power point training materials are provided at: <http://www.cms.hhs.gov/surveycertificationgeninfo/>

F520 – Quality Assurance

- Implemented on June 1, 2006
- Guidance and power point training materials available at: <http://www.cms.hhs.gov/surveycertificationgeninfo/>

F248/249 – Activities

- Implemented on June 1, 2006
- Guidance and power point training materials available at: <http://www.cms.hhs.gov/surveycertificationgeninfo/>
- Satellite available on webstream at www.cms.internetstreaming.com

Psychosocial Severity Guidance

- Implemented on June 8, 2006
- Guidance and power point training materials available at: <http://www.cms.hhs.gov/surveycertificationgeninfo/>
- Located in Appendix P
- Satellite available on webstream at www.cms.internetstreaming.com

F334 – Influenza and Pneumonia (new tag)

- Implemented on October 15, 2006

F329 – Unnecessary Drugs and F425, 428 and F431 – Pharmacy Services

- Implemented on December 18, 2006
- Guidance and power point training materials are provided at: <http://www.cms.hhs.gov/surveycertificationgeninfo/>
- Satellite available on webstream at www.cms.internetstreaming.com

PEAK AWARDS

Applications for the 2007 PEAK awards will be distributed soon. The PEAK awards process has been modified some and the award winners will be announced at the 2007 Governor's Conference on Aging Services in May. Please be looking for the application materials and submit your story of how your home has embraced culture change.

MDS COMMUNICATION

SECTION U – NO LONGER REQUIRED

The MDS Coordinators' request has been heard. Both the Kansas Department on Aging and Kansas Department of Health and Environment have agreed that effective January 1, 2007, Kansas will no longer require completion of Section U on the Minimum Data Set. Section U should no longer be submitted with MDS submissions. If Section U is submitted in error, it will not be accepted into the data base, as the field will be inactive and will not be recognized.

Facilities will be responsible to notify their software vendors of this decision in the event changes are needed in the software.

Web based Training

CMS has developed a MDS web based training. The online training provides the needed information for completion of the Resident Assessment Instrument. The web based training includes the following topics:

- Overview of the RAI
- Assessment Schedules
- Item by Item Guide
- RAPs and Care Planning
- Submission and Correction
- Medicare Skilled Nursing Prospective Payment System (SNF/PPS)

These are the same topics that are usually covered in MDS workshops provided by KDOA and KDHE.

All facility staff who are involved in the completion of the MDS, either directly or indirectly, will benefit from having ready access to this education. Although there is no fee for the training,

registration is required for access. The web based training is located at: www.MDSTraining.org

Correcting Errors in MDS Records That Have Been Accepted Into the State MDS Database

Inaccuracies in the completion of the MDS can occur for a variety of reasons. Two processes have been established to correct MDS records that have been accepted into the State MDS database:

- **Modification**
- **Inactivation**

An easy way to remember when to inactivate versus modify is as follows: Records should be inactivated when there are errors in any of the key fields: reason for assessment (A8a or b); or incorrect dates (AB1, A4a, ARD, RB2, VB2). Records should be modified if there are errors in coding any of the other sections of the MDS. If a record is modified when it should have been inactivated it will be rejected.

The MDS Correction Policy Provider Instruction Manual for The QIES Technical Support Office is available at www.qtso.com. Chapter five of the MDS 2.0 User's manual also contains information regarding the correction process. Any questions that may arise regarding your software in completing the process should be directed to your MDS software vendor.

Upcoming MDS Education – Televideo Conference

KDOA and KDHE will be presenting MDS 2.0, RAPS, Care Planning, RUGS - "Just the Basics" via televideo conferencing on April 16 and 17. Individuals that prefer "in person" workshops may attend at the Topeka site. Televideo conferencing sites are Wichita, Lawrence, Chanute, Dodge City, Hays, and Salina. Applications for registration will be accepted beginning February 26, 2006, by contacting Caryl Gill at CarylGill@aging.state.ks.us



ACTIVITIES INVOLVE EVERYONE



Effective June 1, 2006, CMS revised the guidance for Code of Federal Regulations 483.15(f)(1) Activities, “The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.” Activities are defined as, “Any endeavor, other than routine ADLs, in which a resident participates that is intended to enhance her/his sense of well-being and to promote or enhance physical, cognitive, and emotional health. These include, but are not limited to, activities that promote self-esteem, pleasure, comfort, education, creativity, success, and independence”.

The new guidance emphasizes the need for facilities to conduct a comprehensive assessment to allow staff to learn who each resident is as a person, their likes, dislikes, needs in relation to activities and what brings meaning to their daily lives. It is no longer appropriate to develop a generic facility activity calendar and ask residents which activities they would want to attend. Each resident’s care plan needs to identify the resident’s specific activity interests and what assistance or adaptations the facility must make to allow the resident to participate in it. For example, the facility must identify what aspect of music is really the resident’s preference, i.e. singing, playing the piano, listening to old time music, or watching gospel music programs. It is no longer acceptable to have a measurable goal as “the resident will attend 3 activities a week”. Examples of resident centered goals provided in the guidance include: the resident maintaining attention in an activity for a specified amount of time or the resident expressing satisfaction with an activity through a verbal or nonverbal response.

All facility staff are responsible to provide activities. (Look again at the definition of “activities” in paragraph 1.) All facility staff at all levels need to know the residents and assist in providing meaning to the resident’s day through interaction and conversation. In the CMS webcast

entitled “Nursing Home Journal Volume III: Surveying the Activities Requirement – Introduction of the New Activities Guideline,” available on www.cms.internetstreaming.com/, an administrator stressed the need for administration to recognize the importance of staff sitting down and visiting with residents and encouraging them to do so. Direct care staff should be informed of resident’s activities programs and provided with needed supplies and equipment to assist residents whose activities take place primarily in their room; for residents who respond best to one-on-one activity, and for all residents in the facility when activity staff are not present in the facility.

The interdisciplinary team should work together to enhance each resident’s participation in activities. Nursing and therapy staff need to look at care, medication, treatment, and therapy schedules to see what accommodations can be made per resident request to attend activities, especially special events. Since residents are hesitant at times to attend activities due to the need for assistance with eating during the activity or the possibility of needing to use the toilet, direct care staff should attend activities to be readily available to the residents. The social worker needs to ensure the financial assistance is available to attend activities outside the facility or to secure needed adaptive equipment for participation.

A section in the guidance provides examples of adaptations for residents with special needs or for those who have behavioral issues and recommendations for assisting residents who require special adaptations or who have behaviors. The guidance can serve both as a guide as to the regulatory requirements and as a resource manual for the Activity Director in the development of an activities program.



NATCEP BANS ON CNA TRAINING – APPLICATION FOR WAIVER HEALTH OCCUPATIONS AND CREDENTIALING

DeloresStaab, Education Certification Specialist

When an adult care home is under a Nurse Aide Training and Competency Evaluation Program (NATCEP) ban, the facility is ineligible to sponsor a nurse aide training course during the two year period the ban is in effect. After a Kansas Department on Aging (KDOA) survey has determined the deficiency that triggered the ban has been resolved and the facility is back in compliance, another eligible entity, such as a community college, technical college/school or facility that does not have a ban, may be granted approval to sponsor a course at the facility under a NATCEP ban. This eligible college/school/facility must submit an application for approval of an aide training course and an application for waiver of the NATCEP ban for each nurse aide at least four weeks prior to the start date of the course. Several different scenarios may come into play.

- If a ban on training is imposed after an approved course has begun, the course is permitted to continue as approved. If the course has not yet started, other arrangements must be made.
- If a waiver application has been submitted, and the course has been approved, the course is permitted to continue as approved if a new ban on training is imposed.
- If a regular course application has been approved and a ban on training is imposed prior to the course begin date, a waiver application must be submitted. If a sponsorship application was submitted, both a regular course application and a waiver application must be submitted. The course cannot be approved until the facility is back in compliance. If or when the facility is back in compliance, the course will be approved provided all other requirements are met.

Waiver courses require the submission of evaluations from the facility, the instructor and the coordinator within ten days of course completion. Additional waiver courses cannot be approved until

the evaluations have been received by KDHE, Health Occupations Credentialing.

If multiple course approval and waiver applications are submitted, they will be approved if the facility is in compliance and evaluations from previous courses have been received. Once approved, the courses may proceed. The outstanding evaluations condition will apply if a new application is received following any of those courses and evaluations have not been submitted to KDHE.

If there will be multiple clinical sites for a CNA course, a separate application for waiver is required for each facility that is under a NATCEP ban and facility evaluations for each of the clinical sites under a NATCEP ban will be due after the course has been completed.

If a sponsor has submitted an application for a waiver and has not received approval, contact Health Occupations Credentialing at 785-296-6796 or by email at dstaab@kdhe.state.ks.us to check the status of the application.

DEADLINE FOR NPI APPROACHING

According to the Centers for Medicare and Medicaid Services, starting May 23, 2005, all health care providers could apply for their National Provider Identifier (NPI). The NPI will replace the health care provider identifiers currently used for 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, to begin using the NPI. For additional information, and to complete an application, visit <https://nppes.cms.hhs.gov> on the web. It can take up to six months to have the application processed. An instructional web tool, called the NPI Viewlet, is now available at <http://www.cms.hhs.gov/medlearn/npi/npiviewlet.asp> and under “HIPAA Latest News” at www.cms.hhs.gov/hipaa/hipaa2 on the CMS website. The tool provides an overview of the NPI, a walk through of the application, and live links to the NPPES website where the learner can apply for an NPI. The tool is designed for all health care providers. In the near future, the viewlet will be accessible at <https://nppes.cms.hhs.gov>

ASK AL

SHARING OF PERSONAL CARE ITEMS

Question: Does a fire sprinkler system need to be installed for any of these adult care homes/facilities: Home Plus, Adult Day Care, Assisted Living and Residential Health Care Facilities?

Answer: According to the State Fire Marshal's Office, K.A.R. 22-1-2 requires that the 1991 Life Safety Code be used when enforcing regulations upon adult care facilities. Section 22-2.3.5.2 of the 1991 LSC requires adult care facilities licensed for four or more residents to be protected by an automatic fire sprinkler system that utilizes quick response sprinkler heads.

When an owner submits an application to KDOA requesting licensure, the owner must install a sprinkler system in the facility and submit a code foot print to the office of the State Fire Marshal for approval.

EGG CRATE MATTRESS FIRE SAFETY

Adult care homes, excluding ICFMRs, may allow the use of egg crate mattresses when the resident's room has at least a battery operated smoke detector. In ICFMRs, egg crate mattresses must be fire rated or the room must be protected by a sprinkler system. (2000 Life Safety Code 10.3.2 and 18.7.5)

Although egg crate mattresses can be used by following the required fire safety precautions, facilities still need to assess residents for the appropriateness of their use of these devices, provide them with safety education, and develop a corresponding care plan.



Viral Hepatitis C is transmitted by direct contact with human blood. It is possible for razors, nail clippers, tweezers and similar personal care items to come in contact with infected blood.



Therefore, the sharing of these items is discouraged. If these items are shared, they must be properly disinfected.

Electrical instruments and equipment should be disinfected in the following manner:

1. Remove all foreign matter.
2. Disinfect with an EPA-registered disinfectant with demonstrated bactericidal, fungicidal, and virucidal activity according to manufacturer's instructions.
3. Store all disinfected instruments in a clean, covered place.

Non-electrical instruments and equipment and removable components of electrical instruments and equipment, i.e. razor heads, should be disinfected in the following manner:

1. Remove all foreign matter.
2. Clean with soap or detergent and water
3. Disinfect by total immersion in an EPA-registered, hospital-grade disinfectant with demonstrated bactericidal, fungicidal, and virucidal activity used according to manufacturer's instructions.
4. Store all disinfected instruments in a clean, covered place.

(Resources: Kansas Board of Cosmetology K.A.R. 28-24-10 and K.A.R. 28-24-11 and Centers for Disease and Control Prevention Frequently Asked Questions about Hepatitis C: <http://www.cdc.gov/ncidod/diseases/hepatitis/c/faq.htm#1b>.)

PERSONAL CLEANLINESS AND HYGIENIC PRACTICES IN NEIGHBORHOOD KITCHENS

It is essential facilities ensure safe food practices are used throughout a facility. Neighborhood kitchens and resident centered care give residents more choice, involvement, and enjoyment of their food. Neighborhood kitchens should not increase a resident's risk of food borne illness or other infections. Safe food practices are especially important for the elderly and immuno-compromised persons who are at high risk for food borne illness.

Facilities need to follow food safety standards of practice. A recent version of the food code available on the U.S. Food and Drug Administration website, <http://www.cfsan.fda.gov/~dms/foodcode.html> may be used as a standard of practice. Chapter 2 subparts 3 "personal cleanliness" and 4 "hygienic practices" are the basis for food safety policies and procedures for staff, residents, and family use of neighborhood kitchens.

A neighborhood kitchen is used by many, i.e. several staff, residents, and families. The goal is to ensure **everyone** knows and follows appropriate food safety practices. This may be a special challenge as some people have used unsafe food practices in their own homes.

Many methods can be used to provide training or information about personal cleanliness and hygienic practices for neighborhood kitchens. Families may be given or sent attractive pamphlets covering facility policies and procedures concerning hand washing, hair restraint, and clean outer clothing prior to obtaining or preparing food in the neighborhood kitchens.

Some residents will recall wearing a cap, bonnet, or kerchief covering their hair; washing their hands; and putting on a clean apron before preparing food. Additional residents will recall always washing their hands before eating or preparing food. These residents are a resource for a facility learning circle discussing the topic of personal cleanliness and hygienic practices in neighborhood kitchens.

The food code does not identify a specific effective hair restraint or clean outer clothing. A facility wishing to provide more "home like"

effective hair restraints and clean outer clothing for staff, residents, and family certainly may chose colors and styles different than those used by staff in a large central kitchen. Facilities need to plan a readily accessible location for storage of hair restraints and outer clothing to ensure their use. This is especially important when staff perform both personal care for the residents and kitchen tasks. These staff need clean outer clothing each time they enter the kitchen to perform kitchen tasks.

MANAGING THE UNIQUE NEEDS OF THE BARIATRIC RESIDENT

Managing bariatric residents can provide special challenges to health care professionals. Bariatrics is a branch of medicine that deals with the treatment of obesity. There are many classification systems defining the term bariatric. According to the Centers for Disease Control and Prevention "an adult who has a BMI of 30 or higher is considered obese." The body mass index (BMI) is a measure of an adult's weight in relation to his/her height. A person's BMI is determined by dividing his/her weight in kilograms by his/her height in meters squared.

Facilities need to provide care, an environment, and equipment that allow bariatric residents to maintain their dignity, self-esteem, and safety. Most standard equipment is generally limited to 250-300 pounds. A resident who exceeds this weight should be assessed to determine if they are a candidate for specialized equipment. When the weight capacity of the equipment is unknown or less than that of the resident, it places the resident and direct care staff at risk for injury.

There are many aspects related to bariatric equipment and accessories. Specialized accessories and equipment include blood pressure cuffs, scales, ambulation/mobility aids, wheelchairs, and bed/mattresses. Since beds come in many designs, a thorough bed assessment must be completed to ensure that the bed and mattress as well as any other bed accessories can support the bariatric resident.

Resources and useful information for caring for bariatric residents are: Special Handling and Movement Challenges Related to Bariatrics: <http://www.visn8.med.va.gov/patientsafetycenter/safePtHandling/toolkitBariatrics.aspx><http://www.dlf.org.uk/pdf/professional/Overview%20of%20Bariatric%20Management.pdf>
<http://www.cdc.gov/nccdphp/dnpa/obesity/resources.htm>

Questions about the MDS, Regulations, Care, Nutrition or Construction
Contact the Long Term Care Consultant Team of the Licensure, Certification and Evaluation Division

Vera VanBruggen RN BA RAC-C, Director 785-296-1246
VeraVanBruggen@aging.state.ks.us

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2006 Deficiency Free and Exemplary Recognition

FACILITY	CITY	TYPE	AREA	EXEMPLARY	DEFICIENCY FREE	SURVEY DATE
Loving Care of McPherson	McPherson	BCH	SB/QR		X	9/5/06
Pleasant View Home	Inman	SNF/NF	NC		X	9/27/06
Gables Assisted Living	Overland Park	ALF	SB/QR		X	10/12/06
Guest Home Estates VIII	Erie	RHCF	SB/QR		X	10/12/06
Sandstone Heights	Little River	NF	NC		X	11/1/06
Cedar Lake Village	Olathe	ALF	SB/QR		X	11/2/06
Lexington Park Assisted Living	Topeka	ALF	SB/QR		X	11/13/06
Moore Adult Care Home	Topeka	BCH	SB/QR		X	11/15/06
Hays Good Samaritan Center	Hays	SNF/NF	W		X	11/15/06
Alterra Sterling House of Hays	Hays	ALF	SB/QR		X	11/30/06

ENFORCEMENT ACTIONS

*Licensure Category	1st	2nd	3rd	4th
ANE Issues	6	19	10	
Disaster Preparedness	3	2	3	
General Sanitation and Safety	23	10	9	
Health Care Services	17	16	15	
Inadequate Administration	2	2	4	
Inadequate Admissions	6	4	1	
Inadequate Accounting of Funds	-	-	-	
Inadequate Documentation of Employee Records	-	1	-	
Inadequate Documentation of Resident Records	6	10	7	
Inadequate Drug Regimen Review	6	4	5	
Inadequate Inservice Education	-	2	1	
Inadequate Policies/Procedures Regarding Infection Control	3	2	2	
Inadequate Policies and Procedures for Special Care Unit	-	-	-	
Inadequate Range of Motion Services	-	-	1	
Inadequate Supervision	-	2	-	
Inadequate or Unqualified Staffing	17	15	9	
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	
Physician Verbal Orders for Licensed Personnel	-	-	1	
Resident Functional Capacity Screen	12	7	6	
TB for Residents/Staff	-	3	1	
Unsafe Medication Administration or Storage	15	15	11	
Other				
Civil Penalties	2	7	3	
Correction Orders	26	28	22	
Bans on New Admissions	4	11	4	
FEDERAL REMEDIES	1st	2nd	3rd	4th
Civil Monetary Penalties Recommended	9	18	7	
**Denial of Payment for New Admissions Imposed	23	22	15	
Terminations				
No Opportunity to Correct	17	30	16	

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

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