



# SUNFLOWER CONNECTION

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

Volume 4, Number 3, July 2007

[http://www.agingkansas.org/kdoa/lce/facts\\_newsltr/facts\\_newltr.html](http://www.agingkansas.org/kdoa/lce/facts_newsltr/facts_newltr.html)

**In This Issue...**

**Water Plan**

**Section T PPS Assessment Only  
 Review Process for PPS**

**Revised Facility Investigation Forms**

**Approval for Remodeling**

**Controlled Medication Reconciliation and  
 Storage**

**HOC Staff Contact  
 Nurse Aide Task Checklist**

**Insulin Pens**

**Vaccine and PPD Storage**

**Interpretive Guidelines**

The Sunflower Connection published by The  
 Kansas Department on Aging

**Kathleen Sebelius, Governor  
 Kathy Greenlee, Secretary**

**Licensure, Certification and Evaluation  
 Commission**

New England Building  
 503 S. Kansas Avenue  
 Topeka, KS 66603-3404

**ROUTING SLIP**

Use this list to distribute SF Connection to facility staff who may find the information useful.

Administrator	Nurse Manager(s)	Therapy
Director of Nursing	Social Service Director	Break Room
Asst. Director of Nursing	Activities Director	Dietary Manager
Human Resources	MDS Coordinator	Other

**SEMI-ANNUAL REPORT DUE JULY 10**

Nursing Facilities and Nursing Facilities for Mental Health, Intermediate Care Facilities for the Mentally Retarded, Assisted Living and Residential Health Care Facilities, and Home Plus Facilities must submit the semi-annual report of facility, resident, and staffing information by July 10, 2007, on the Kansas Department on Aging web site:

[http://www.agingkansas.org/kdoa/lce/LTC\\_Reports.html](http://www.agingkansas.org/kdoa/lce/LTC_Reports.html)

The reference week is May 20-26, 2007.

Simple changes have been made in the LOG IN process. The facility will need to:

- 1) enter the facility State ID number as before;
- 2) select the facility licensure type from a drop down box;
- 3) enter the administrator's or facility's email address; and
- 4) enter the facility password. The password may be the one used by the facility to complete the report in the past **or** the facility may create a new password. If a facility creates a new password, they should be certain to remember the password for future use.
- 5) If it is the first time the facility has submitted their report via the website, they will need to check the box saying "Check this box if this is the first time the facility accessed the system."

The need to enter an electronic signature has been **eliminated**. Entering the completion date on the last page of the report will change the status of the document to "Signed" and allow for KDOA processing. (Continued on Page 2)

**\*All links are active. Clicking on them will take internet-ready readers directly to the website mentioned.**

**SEMI-ANNUAL REPORT DUE JULY 10  
(Continued)**

It is very important to submit accurate information. Select the "Print View" tab to view the answers to all questions. Please double check to ensure each question is answered and the answers are correct before selecting the last "Save" box. A notice that the report was submitted to KDOA will appear inside a blue box.

Although safeguards have been placed in the report completion process to prevent submission of a report with obvious errors, it can still happen. If errors are noticed in the report after submission, call Sandra Dickison at 785-296-1245 to request the resetting of the report so you may EDIT the report. KDOA staff also review each report for obvious errors. Facilities should log back to the website after July 24, 2007, to check the status of their facility report. Reports without obvious errors show the report as "Posted." Reports with obvious errors are reset to "Edit" and a note in a yellow box describes the obvious error. Please promptly correct any obvious errors.

As in the past, please call the KDOA Computer Help Desk at 785-296-4987 with web application questions and Sandra Dickison, LCE, 785-296-1245 for questions on the report.

All the information gathered from the semiannual reports is compiled in a report prepared by the University of Kansas Office of Social Policy Analysis. It is available on the Kansas Department on Aging Web site:  
[http://www.agingkansas.org/kdoa/lce/occupancy\\_staffing.html](http://www.agingkansas.org/kdoa/lce/occupancy_staffing.html).

**WHAT IS THE LATEST IN UNNECESSARY MEDICATIONS AND PHARMACEUTICAL SERVICES?**

The Joint Provider and Surveyor Training will focus on the revised guidance of §483.25(l) Unnecessary Drugs, §483.60 Pharmacy Services, §483.60(a) Procedures, §483.60(b) Service Consultation,

§483.60(c) Drug Regimen Review, §483.60(d) Labeling of Drugs and Biologicals, §483.60(e) Storage of Drugs and Biologicals.

Two members of the CMS panel that revised the guidance and who have provided education to state surveyors across the country will be the presenters. Dr. Sam Levenson is the President of the American Medical Directors Association. Dr. Loriann DeMartini is the Chief of the Licensure and Certification Pharmaceutical Consultants for the State of California. Administrators should encourage their Medical Director, nursing staff, and consultant pharmacist to attend. The training will be held in Topeka July 25 and in Wichita July 26. For additional information and registration, please contact KACE at Telephone: 785-273-4393, Fax: 785-273-8681, or E-mail:

[kaceassoc@mindspring.com](mailto:kaceassoc@mindspring.com)



You can still be part of the national coalition campaign that is striving to improve the quality of life for the residents and staff in America's Nursing Homes. <http://www.nhqualitycampaign.org/>

If you have joined AE, you will want to look at the Process Frameworks developed to assist you in reaching your goals. The frameworks can serve two purposes. First, they can be used to develop new protocols, or to review and revise, as needed, current protocols for the selected goals. Secondly, the frameworks can be used in the QA program to monitor outcomes and evaluate effectiveness of approaches. The Process Frameworks can be found at the following link:

[http://www.nhqualitycampaign.org/star\\_index.aspx?controls=nhTechAssist](http://www.nhqualitycampaign.org/star_index.aspx?controls=nhTechAssist).

---

## WATER PLAN



42 CFR 483.70(h)(1) and KAR 28-39-163(n)(3) require nursing facilities have a plan to ensure that water is available when there is a loss of the normal water supply.

The intent of the regulation is to assure that each facility would have available a water supply for at least a 24-hour period when the normal water supply is interrupted. The number of residents and their clinical condition determine calculation of the amount of water needed. In most instances, a half gallon of potable water per resident and staff member per day should be sufficient. If the water emergency occurs during a heat wave, additional water may be needed. Potable water is water needed for drinking and cooking. If the water emergency would last longer than 24 hours, the facility should also have arrangements with the disaster management agency within the city or county in which the facility is located to provide an on-going emergency water supply or arrange for the transfer of residents.

Non-potable water is used to provide for personal hygiene needs of residents and to flush toilets. The amount needed is dependent on the care needs of the residents and the amount of water required to flush the toilets in the facility. Most toilets require at least three gallons of water for flushing.

Federal regulations also require that facilities have written protocols that define the source of water, provisions for storing the water (potable and non-potable), a method for distributing the water once it reaches the facility and a method for estimating the volume of water required.

## MDS COMMUNICATION

### SECTION T PPS ASSESSMENT ONLY

The requirement to complete Section T, Therapy Supplement for Medicare PPS, for only Medicare or PPS Assessments became effective May 21, 2007.

Please share with your software vendor the following summary of the RAI requirements in Kansas.

- Section AA through R, and Section V for Comprehensive Assessments
- Optional Version for RUG III Form for Quarterly Assessments
- Section W – Supplemental Items for all OBRA and PPS Assessments with Assessment Reference Date and Discharge Tracking Forms with Discharge Dates from October 1 through June 30.
- Section T for PPS Assessments Only
- Discharge Tracking Form and Reentry Tracking Form
- Correction Request Form

Other questions often asked by software vendors and the answers are:

- Can the quarterly assessment be combined with a PPS Assessment using the MPAF form? Yes
- Is a MDS related case mix used for Medicaid reimbursement? Yes
- If so, which type (grouper)? 5.12 34 Grouper
- Is it hierarchical or index maximized? Index
- Is it required to be submitted on the MDS in T3-state field? No
- Does the MDS need to be submitted for residents in non-certified beds? No
- Is the transmission of items I2d and I2h prohibited? No

## Q & A AND DAVE 2 TIP SHEET

MDS educational material available at

<https://www.qtso.com/mdsdownload.html>

Questions and Answers from RAI Panel – Fall 2006

DAVE 2 Tip Sheet: Item K5a Parenteral/

Intravenous



\*\*\*\*\*

**UPDATED MEDICAL REVIEW PROCESS  
FOR SKILLED NURSING FACILITY  
PROSPECTIVE PAYMENT SYSTEM (SNFPPS)  
BILLS**

**Carol Job, RN Consultant, Myers and Stauffer**

On March 30, 2007, the Centers for Medicare and Medicaid Services (CMS) issued Transmittal 196 or Change Request 5418. The document provided instructions to the Fiscal Intermediaries (FI) addressing the revision to the Medical Review process that was effective April 30, 2007.

With the revision the reviewers are using a new automated MDS quality control (QC) system software that allows them to access the MDS database, review the MDS, and make payment changes if warranted. The FI medical reviewer will still request a copy of the medical record to substantiate whether the resident met skilled level of care criteria, whether services were reasonable and necessary, and provided as billed. The MDS QC system will re-calculate the Resource Utilization Group (RUG-III 53 groups) if the medical record documentation does not support the billed RUG-III group.

According to Transmittal 196, the FI will deny claims under medical review when the MDS cannot be found in the national repository. Carol Evans, Nurse Education Coordinator, from Wheatlands Administrative Services, reported they have been using this system for about a year. She noted there are occasions when they cannot find an MDS on a particular resident. Although there may be several reasons, one possibility is the Medicare numbers are not accurate. The FI medical reviewers use the Medicare number to search for the MDS in the database and if the Medicare numbers are incorrect, either on the MDS or on the claim, they cannot locate the appropriate MDS. If they have no MDS the bill will be denied.

According to the CMS document, there are two exceptions that allow the FI to pay the default rate to providers rather than deny the claim when there is no PPS assessment:

- When the beneficiary dies or was discharged on or before day eight of SNF admission or readmission. In this scenario “the contractor shall pay the claim at the default rate if coverage criteria are met and skilled services are provided and are reasonable and necessary.”
- When there is a demand bill. “For demand bills, the contractor shall pay the claim at the default rate for the period of covered care for which there is no associated MDS in the repository if the contractor determines that coverage criteria are met, and skilled services are provided and they are reasonable and necessary. As previously instructed, a 14-day OBRA assessment may be used as a basis for billing the days associated with that Medicare required assessment if it has an assessment reference date within the assessment window of either the Medicare 5-day or 14-day assessments.”

Transmittal 196 is available at the following website:

Chapter 6, “SNF Inpatient Part A Billing, Medicare Claims Processing Manual:

[www.cms.hhs.gov/manuals/downloads/clm104c06.pdf](http://www.cms.hhs.gov/manuals/downloads/clm104c06.pdf)

Note: LCE MDS assistance is provided primarily for the completion of OBRA or clinical MDS assessments. Questions about the article can be directed to Carol Job at [cjob@mslc.com](mailto:cjob@mslc.com) Questions about the new process should be directed to the FI.

## **RESOURCE INFORMATION**

**HIPPA Security Guidance Document.** The guidance document reinforces ways that a covered entity may protect electronic health information in order to ensure compliance with the HIPPA Security Rule. The guidance discusses the use of laptops, other portable and/or mobile devices and external hardware that store, contain or are used to access the electronic health information. The guidance also

---

## RESOURCE INFORMATION (Continued)

contains links to HIPPA educational materials and overview of the HIPPA regulatory requirements. The guidance document is located at:  
<http://www.cms.hhs.gov/SecurityStandard/Downloads/SecurityGuidanceforRemoteUseFinal122806.pdf>

**Clostridium Difficile (C-Diff).** C-Diff is a bacterium that causes diarrhea. There is an emergence of an epidemic strain of C-Diff. The Centers for Disease Control and Prevention website contains educational materials regarding C-Diff. The information is located at:  
[http://www.cdc.gov/ncidod/dhqp/id\\_Cdiff.html](http://www.cdc.gov/ncidod/dhqp/id_Cdiff.html)

## REVISED FACILITY COMPLAINT INVESTIGATION FORMS

The Facility Complaint Investigation Form on the Licensure, Certification, and Evaluation Commission, KDOA website has recently been revised. All facilities need to download a clean copy of the form for use in submitting reports and need to discard all the old forms. Page 4 of the form is an updated map identifying the name and address of the Regional Manager to whom the investigations should be sent. KDOA witness forms are also a part of this form. We would strongly encourage facilities to use these witness forms when taking statements from staff.

The revised forms can be found at [http://www.agingkansas.org/kdoa/lce/Complaint\\_Inv\\_estigation\\_Form.html](http://www.agingkansas.org/kdoa/lce/Complaint_Inv_estigation_Form.html). The facility report form and the witness statements are two separated documents so you will need to print them separately. Please contact Mary Jane Kennedy, Complaint Coordinator, at 785-296-1265 if you have any questions about the forms or their use.



## ASK AL

### APPROVAL FOR REMODELING

**Question:** When remodeling does the facility need approval from the Kansas Department on Aging (KDOA)?

**Answer:** It is recommended a facility calls and discusses their remodeling project with Al Gutierrez, environmental specialist, before beginning a construction or remodeling project. He will inform the facility if the project needs KDOA approval. Al can be reached at 785-296-1247 or [algutierrez@aging.state.ks.us](mailto:algutierrez@aging.state.ks.us)

K.A.R. 28-39-145a (e) addresses the required process if alteration or remodeling of a facility involves structural elements. This includes moving or eliminating a weight bearing wall, other major changes in the building structure, and changes in electrical and plumbing services. These projects must be performed under the supervision of a licensed architect or licensed engineer. A copy of the final plans and specifications sealed and signed and certified by a licensed architect to be in compliance with the regulations must be sent to the environmental specialist prior to beginning the project. The administrator or their designee also needs to contact the State Fire Marshall about the proposed changes.

KAR 28-39-145a (i) addresses the need to receive KDOA's approval prior to changing the use of a required room or area. Eliminating a required room or area is considered a change in use. The facility must make the request by submitting the form available at [http://www.agingkansas.org/kdoa/lce/forms/request\\_change\\_use\\_room\\_kdoa.pdf](http://www.agingkansas.org/kdoa/lce/forms/request_change_use_room_kdoa.pdf).

It is also important that a facility be familiar with regulations specific to their type of facility. The regulations are at [http://www.agingkansas.org/kdoa/lce/lce\\_index.html](http://www.agingkansas.org/kdoa/lce/lce_index.html)

---

## F425 AND F431 – PHARMACEUTICAL SERVICES

**483.60(a) Procedures.** A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals to meet the needs of each resident.

**(b) Service Consultation.** The facility must employ or obtain the services of a licensed pharmacist who

(1) Provides consultation on all aspects of the provision of pharmacy services in the facility:

(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and

(3) Determines that the drugs are in order and that an account of all controlled drugs is maintained and periodically reconciled.

**(e) Storage of Drugs and Biologicals**

(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.

(2) The facility must provide separately locked permanently affixed compartments for storage of controlled drugs listed in the Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing drug can be readily detected.

Facilities need to be aware of the detailed guidance that CMS issued December 18, 2006, that accompanies these regulations. An emphasis is placed on the need for the facility to have its consultant pharmacist assist them in developing policies and procedures addressing all aspects of pharmaceutical services. One aspect of special concern is that of reconciliation and storage of controlled drugs. The Complaint Hotline frequently receives calls from facilities reporting misappropriation of resident property, medications. Often times the facility is uncertain as to when the misappropriation of the medication took place due to the lack of a consistent system of reconciliation of controlled medications. A standard that has been practiced by health care facilities through the years is

that of having two persons who are authorized by the facility to administer medications, at least one being a licensed nurse, count and record the number of controlled medications at the end of each shift. Another long standing standard of practice has been the safeguarding of controlled medications by storing them in a locked, permanently affixed compartment in a medication room or medication cart. The locked compartment is under a second lock that is differently keyed than the compartment in which non-controlled medications are stored. Although KDOA has granted individual facilities permission to store the residents' medications in locked cabinets or drawers in their room when they meet specific requirements, KDOA does not allow facilities to store a resident's controlled medication in their room. Facilities with the assistance of their consultant pharmacist need to ensure their pharmaceutical policies address storage of controlled medications Schedule II in separately locked affixed compartments and drug reconciliation in a manner that allows for ready identification of missing controlled medications. Components may include identification of staff responsible for reconciliation, the frequency in which it must be done, and the documentation process.

Any facility that has had to investigate the misappropriation of medications would likely agree the old saying "an ounce of prevention is worth a pound of cure" is very appropriate in safeguarding resident's property of medication.



\*\*\*\*\*  
**HOC CORNER**

**KDHE HEALTH OCCUPATIONS  
CREDENTIALING - STAFF CONTACT  
INFORMATION**

**Aide Certification Program**

Betty Domer 785-296-1250  
[bdomer@kdhe.state.ks.us](mailto:bdomer@kdhe.state.ks.us)  
*Test scheduling, forms, fees, general questions*

Sheila Seymour 785-296-0060  
[sseymour@kdhe.state.ks.us](mailto:sseymour@kdhe.state.ks.us)  
*Forms*

**Kansas Nurse Aide Registry**

Kathryn Fritts 785-296-6877  
[kfritts@kdhe.state.ks.us](mailto:kfritts@kdhe.state.ks.us)  
*Nurse aide registry, interstate and reciprocity for  
CNA, instructor approval*

**Criminal Record Check Program**

Melinda Reynard-Lindsay 785-296-8628  
[mreynard-lindsay@kdhe.state.ks.us](mailto:mreynard-lindsay@kdhe.state.ks.us)  
*CRC Program Administrator, policy questions*

Sarita Everett 785-296-6958  
[severett@kdhe.state.ks.us](mailto:severett@kdhe.state.ks.us)  
*CRC program support, notice of prohibitions,  
procedure questions*

Dana Derrick 785-296-0446  
[dderrick@kdhe.state.ks.us](mailto:dderrick@kdhe.state.ks.us)  
*CRC program support, CRC forms*

Jasmin Boyd 785-296-1226  
[jboyd@kdhe.state.ks.us](mailto:jboyd@kdhe.state.ks.us)  
*CRC program support*

**Licensure Program**

Brenda Nesbitt Kroll 785-296-0061  
[bnesbitt@kdhe.state.ks.us](mailto:bnesbitt@kdhe.state.ks.us)  
*Licensing Administrator*

**Education Staff**

Dolores Staab 785-296-6796  
[dstaab@kdhe.state.ks.us](mailto:dstaab@kdhe.state.ks.us)  
*Education and training program approval,  
sponsorships, certification course approval*

Vacant 785-296-0058  
*Education and training, policy research and  
planning*

**General Administrative**

Pam Oswalt 785-296-1251  
[poswalt@kdhe.state.ks.us](mailto:poswalt@kdhe.state.ks.us)  
*Statistical reports, program data and technical  
support*

Vacant 785-296-0583  
*Open records requests (interim contact, Steve Irwin)*

Steve Irwin 785-296-6647  
[sirwin@kdhe.state.ks.us](mailto:sirwin@kdhe.state.ks.us)  
*Health Program Analyst, on-line processes*

Marla Rhoden 785-296-1281  
[mrhoden@kdhe.state.ks.us](mailto:mrhoden@kdhe.state.ks.us)  
*Director*

**NURSE AIDES - TASK CHECKLIST FOR  
EMPLOYMENT VERIFICATION**

The Department of Health and Environment, Health Occupations Credentialing, has been encountering problems with the use of the Task Checklist for Employment Verification. The following is a reminder of the purpose and process for administering the task checklist.

In order for a nurse aide's certification to remain current and in active status, the person must have a minimum of eight hours nursing-related services in the past 24 month period. When a nurse aide's certification becomes inactive, there are two means available to get their certification back into an active status. The first way for a nurse aide's certification to become active is for the nurse aide to take a CNA

---

## **NURSE AIDES - TASK CHECKLIST FOR EMPLOYMENT VERIFICATION (Continued)**

refresher course. This is a ten-hour course which is offered at a number of the schools that offer nurse aide training.

The second way a nurse aide can get their certification back in active status, and the most commonly used, is the Task Checklist for Employment Verification. The Task Checklist is used to update employment information for certified nurse aides who have not provided nursing or nursing-related services in the last 24 months, and serves in lieu of the refresher course referenced in state statute.

The checklist may only be administered by a registered nurse in a long-term care facility, patient lab setting at a school, or a hospital for the purpose of updating the nurse aide's eligibility for hire. The registered nurse may provide additional training for items not satisfactorily performed and retest for those specific items on the checklist. The nurse aide must demonstrate competence for each task. ***It is imperative that the nurse aide demonstrate all tasks on the checklist competently, and that only a registered nurse with an active Kansas license administer and sign off on the checklist.***

The important points to keep in mind concerning the Task Checklist are:

- The nurse aide must possess a Kansas nurse aide certificate.
- The nurse aide must perform the skills competently and to the satisfaction of the registered nurse.
- The registered nurse must be present and observe the nurse aide demonstrate the skills on the checklist.
- Upon completion of the checklist, the registered nurse must sign and mail or fax the completed form to KDHE. The form should not be given to the nurse aide to send in.

For questions concerning the task checklist, contact Betty Domer at 785-296-1250 or e-mail at [bdomer@kdhe.state.ks.us](mailto:bdomer@kdhe.state.ks.us).

### **USE OF INSULIN PEN IN SAM (Self Administration of Medication)**

**Question:** Can a CMA (Certified Medication Aide) adjust an insulin pen for a resident to self administer?

**Answer:** CMAs may not assist residents with Self Administration of Insulin with an Insulin Pen. The insulin pen is considered a prefilled syringe system that depending on the system, requires the setting of dosage, changing needles, and priming the needle. Unit 5 and Unit 7 of the CMA curriculum address the limitation of the CMA role in parenteral medications and calculation of drug dosages. K.A.R. 28-39-247 (c) (2) states that only a physician or licensed nurse can administer parenteral drugs. Preparing an insulin pen for a resident to inject themselves is considered part of the administration of a parenteral medication. A resident who self-administers their own medication must be more independent in the process than just being able to self-inject the medication.

Additional regulations on the topic include: K.A.R. 29-39-147(b) "Self Administration of medications with assistance (1) A resident may self-administer medication with the use of prefilled medication reminder boxes or prefilled syringes, if an assessment has been performed by a licensed nurse and a determination has been made that the resident can safely and accurately administer the preselected medications using medication reminder boxes or prefilled syringes, without further staff assistance. (A) The assessment shall include an evaluation of the resident's physical, cognitive, and functional ability to safely and accurately administer medications using medication reminder boxes or prefilled syringes. K.A.R. 28-39-247(b)(1)(C) identifies that a licensed nurse or pharmacist have the responsibility for prefilling syringes."

**VACCINE & PPD STORAGE AND HANDLING CHART**

**06/01/07**

<b>Vaccine</b>	<b>Storage Requirements</b>	<b>Shelf Life after Reconstitution, or Opening</b>	<b>Unopened Vial/Container</b>	<b>Special Instructions</b>
Hepatitis A&B H BIG	Do not freeze Refrigerate immediately at 2-8°C (35-46°F)	Until expiration date, if not contaminated.	Until expiration date.	Shake vial vigorously before withdrawing each dose. Rotate stock so that the shortest dated vaccine is used first.
Influenza	Do not freeze Refrigerate immediately at 2-8°C (35-46°F)	Until expiration date, if not contaminated. (Formulated for use within current influenza season.)	Until expiration date.	Shake vial vigorously before withdrawing each dose. Rotate stock so that the shortest dated vaccine is used first.
Pneumococcal Polysaccharide Vaccine	Do not freeze Refrigerate immediately at 2-8°C (35-46°F)	Until expiration date, if not contaminated.	Until expiration date.	Shake vial vigorously before withdrawing each dose. Rotate stock so that the shortest dated vaccine is used first.
Td (Tetanus)	Do not freeze Refrigerate immediately at 2-8°C (35-46°F)	Until expiration date, if not contaminated.	Until expiration date.	Shake vial vigorously before withdrawing each dose. Rotate stock so that the shortest dated vaccine is used first.
Tuberculin Purified Protein Derivative (Tubersol and Aplisol)	Do not freeze Refrigerate at 2-8°C (35-46°F).	30 days after opened, if not contaminated. Date vial when opened.	Until expiration date.	Protect from light.

Information for vaccine storage obtained from:

[http://www.cdc.gov/nip/vfc/st\\_immz\\_proj/vacc\\_mgmt\\_guide\\_utah.pdf](http://www.cdc.gov/nip/vfc/st_immz_proj/vacc_mgmt_guide_utah.pdf)

Information for Tuberculin Purified Derivative obtained from:

[http://www.kingpharm.com/kingpharm/uploads/pdf\\_inserts/Aplisol\\_Web\\_PI.pdf](http://www.kingpharm.com/kingpharm/uploads/pdf_inserts/Aplisol_Web_PI.pdf)

<http://www.vaccineplace.com/products/>

**ENFORCEMENT ACTIONS**

<b>YEAR - 2007</b>	<b>1st JAN-MAR</b>	<b>2nd APRIL-JUNE</b>	<b>3rd JULY-SEPT</b>	<b>4th OCT-DEC</b>
Administration	3			
Admission, Transfer, Discharge	3			
Abuse, Neglect, Exploitation	13			
Dietary Services	5			
Disaster Preparedness	2			
Employee Records	11			
Environmental Issues	9			
Health Care Services	13			
Inadequate Staffing	5			
Infection Control	2			
Medication Management	18			
Negotiated Service Agreement	9			
Professional Standards for Licensed/Unlicensed Personnel	1			
Quality of Care Issues	1			
President Functional Capacity Screen	5			
Resident Funds				
Resident Records	7			
Resident Rights	6			
Restraints - chemical, physical				
Special Care Unit				
Staff Development	2			
Civil Money Penalties	7			
Correction Orders*	25			
Ban on New Admissions	1			

<b>FEDERAL REMEDIES</b>	<b>1st</b>	<b>2nd</b>	<b>3rd</b>	<b>4th</b>
Civil Monetary Penalties Recommended	9			
**Denial of Payment for New Admissions imposed	13			
Terminations				
No Opportunity to Correct	18			

**\*A correction order on civil penalty may consist of multiple issues summarized**  
**\*\*Total figures for previous quarters are updated as this remedy becomes effective.**

**Deficiency Free and Exemplary Recognition**

<b>FACILITY</b>	<b>CITY</b>	<b>TYPE</b>	<b>AREA</b>	<b>EXEMPLARY</b>	<b>DEFICIENCY FREE</b>	<b>SURVEY DATE</b>
Manor of the Plains	Dodge City	SNF/NF	W	X	X	3/14/07
Buhler Sunshine Home	Buhler	SNF/NF	SC	X		2/9/07
Medicalodge of Eureka	Eureka	SNF/NF	SE	X		2/7/07
The Shepherd's Center	Cimarron	NF	W		X	5/3/07
Arbor Home-Marjorie	Wichita	HP	MN/RH		X	4/24/07
Midland Care Services	Topeka	ADC	MH/RH		X	4/26/07



**CONGRATULATIONS**

to the

**2007 PEAK (Promoting Excellent Alternatives in Kansas) Nursing Homes  
AWARD-WINNING HOMES!**

- Bethel Health Care Centre, North Newton, Leigh Peck, Administrator**
- Brewster Health Center, Topeka, Linda Farrar, Administrator**
- Greeley County Health Services/Long Term Care Unit, Tribune, Todd Burch, Administrator**
- Medicalodge of Kinsley, Janel T. Burr, Administrator**
- Pleasant View Home, Inman, Jalane White, Administrator (for an unprecedented fifth straight year)**
- Salina Presbyterian Manor, Salina, Fran Paxton, Administrator**
- Schowalter Villa, Hesston, James Krehbiel, Administrator (for the third time since 2003)**
- Village Manor, Abilene, Amy Hoch Altwegg, Administrator**
- Village Shalom, Overland Park, Mathew Lewis, CEO**

## ADVANCING EXCELLENCE NURSING HOME PARTICIPATING PROVIDER LIST

KDOA is pleased the following facilities have joined the Advancing Excellence Campaign as of June 8, 2007.

\*Alma Manor, \*Arma Care Center, \*Asbury Park Inc, \*Ashland Health Center LTCU, \*Ashland Health Center LTCU, \*Atchison Senior Village, \*Attica Long Term Care, Baldwin Healthcare and Rehab Center, \*Belleville Health Care Center, \*Bethel Home Inc, \*Bethesda Home, \*Bonner Springs Nursing & Rehab Center, \*Brandon Woods Retirement Community, \*Brewster Health Center, \*Brighton Place West, \*Cambridge Place, \*Catholic Care Center, \*Centennial Homestead Inc, \*Chanute Healthcare Center, \*Chapman Valley Manor, \*Cherry Village, \*Cherryvale Nursing & Rehab Center, \*Clay Center Presbyterian Manor, \*Colby Care Center, \*Community Hospital Onaga LTCU, \*Council Grove HealthCare Center, \*Country Care, \*Countryside Health Center, \*Crestview Manor, \*Dawson Place Inc, \*Decatur County Good Samaritan Center, \*Delmar Gardens of Overland Park, \*Deseret Healthcare of Kensington, \*Deseret Nursing & Rehab at Hutchinson, Deseret Nursing & Rehab Wichita, \*Deseret Nursing & Rehab of Onaga (Golden Acres), \*Deseret Nursing & Rehab of Smith Center, Dexter Care Center, \*Dodge City Good Samaritan, \*Eastridge, \*Ellis Good Samaritan, \*Ellsworth Good Samaritan Retirement Village - Villa Grace, \*Enterprise Estates Nursing Center, \*Flint Hills Care Center, \*Frankfort Community Care Home Inc, \*Galena Nursing Center, \*Golden Heights Living Center, \*Golden Living Center - Lucas, \*Golden Living Center of Chase County, \*Golden Living Center of Fredonia, \*Golden Living Center of Marion, \*Golden Living Center of Wakefield, \*Golden Living Center of Pittsburg, \*Golden Living Center of Wellington, \*Golden Living Center of Wilson, \*Golden Plains Healthcare, \*Good Samaritan Center, \*Greeley County Health Services/LTC, \*Halstead Health & Rehab, \*Hays Good Samaritan Center, \*Haysville HealthCare Center, \*HCR ManorCare, \*Hickory Pointe Care & Rehab Center, \*High Plains Retirement Village, \*Highland Healthcare and Rehab, \*Hillsboro Community Medical Center Long Term Care, \*Hilltop Lodge Inc, \*Hilltop Manor Inc, \*Hoeger House, \*Holiday Resort of Salina, \*Homestead Health Center, \*Hutchinson Good Samaritan Village, \*Indian Creek Nursing Center, \*Indian Meadows Healthcare Center, \*Johnson County Nursing Center, \*Junction City Good Samaritan Center, \*Kansas Christian Home, \*Kidron Bethel Health Care Centre, \*Kiowa Hospital District Manor, \*Lakewood Senior Living of Seville, \*Larned HealthCare Center, \*Lexington Park Nursing & Post Acute, \*Life Care Center of Burlington, \*Life Care Center of Osawatomie, \*Life Care Center of Seneca, \*Linn Community Nursing Home, \*Logan Manor Community Health Service,

\*Lone Tree Retirement Center, \*Louisburg Healthcare & Rehab Center LLC, \*Lyons Good Samaritan Center, \*Manor at Park West Plaza, \*Manor Care Health Services, \*ManorCare Health Services, \*Maple Heights Nursing and Rehab, \*Maple Heights of Hiawatha, \*McPherson Care Center, \*Meadowbrook Rehab Hospital, \*Meadowlark Hills Retirement Community, \*Medicalodge Clay Center, \*Medicalodge East Healthcare Center, \*Medicalodge Gardner, \*Medicalodge Leavenworth, \*Medicalodge North of Pittsburg, \*Medicalodge of Atchison, \*Medicalodge of Columbus, \*Medicalodge of Eureka, \*Medicalodges Coffeyville, \*Medicalodges Douglass, \*Medicalodges Fort Scott, \*Medicalodges Goddard, \*Medicalodges Herington, \*Medicalodges Holton, \*Medicalodges Jackson County, \*Medicalodges Kansas City, \*Mecicalodges Kinsley, \*Medicalodges Paola, \*Medicalodges Pittsburg South, \*Medicalodges Post Acute Care Center, \*Medicalodges Post Acute Care Center, \*Medicalodges Wichita, \*Memorial Home, Inc., \*Memorial Hospital LTCU, \*Mennonite Friendship Manor, \*Minneapolis Good Samaritan Center, \*Mitchell County Hospital Health Systems LTCU, \*Mount Joseph Senior Village, \*Mt Hope Nursing Center, Ness County Hospital Long Term Care, \*Newton Presbyterian Manor, \*North Point Skilled Nursing by Americare, \*Oak Ridge Acres, \*Olathe Good Samaritan Center, \*Osage Nursing Center, \*Parkside Homes Inc, \*Parkview Care Center, \*Parsons Good Samaritan Center, Phillips County Retirement Center, \*Pinnacle Park, Pinnacle Ridge Nursing & Rehab Center, \*Pioneer Lodge, \*Pioneer Ridge Nursing, \*Plaza West Regional Health Center, \*Pleasant View Home, \*Prairie Manor Good Samaritan Center, \*Prairie Mission Retirement Village, Providence Place, \*Quaker Hill Manor, \*Republic County Hospital LTCU, \*Richmond Healthcare & Rehab Center, Riverview Manor Inc, \*Rolling Hills Health Center, \*Rossville HealthCare & Rehab Center, \*Saint Francis Good Samaritan Village, \*Saint John's Rest Home Victoria Campus, \*Schowalter-Villa, \*Sedgwick HealthCare Center, \*Shawnee Gardens Healthcare & Rehab, \*Sherman County Good Samaritan Center, \*Slate Creed Good Samaritan Center, \*Smoky Hill Rehab Center, \*Solomon Valley Manor, \*Stonybrook Nursing, \*Sunshine Meadows Retirement Community, \*The Cedars, \*The Forum at Overland Park, \*The Good Samaritan Society - Liberal Center, \*The Shepherd's Center, Tonganoxie Nursing Center, \*Topeka Community Healthcare Center, \*Trego County-Lemke Memorial Hospital LTCU, \*Trinity Manor, \*Valley Health Care Center, \*Valley Vista Good Samaritan Center, \*Villa Saint Joseph, \*Villa St Francis, \*Wathena Healthcare & Rehab Center, \*Wesley Towers Inc, \*Western Prairie Care Home, Westwood Manor, \*Westy Community Care Home, \*Wheat State Manor, \*Wheatland Nursing Center, \*Windsor Place at Iola, \*Windsor Place LLC, \*Winfield Good Samaritan Village, and \*Yates Center Healthcare & Rehab.

\*Trailblazer status. Registered for AE Campaign by May 14, 2007.

**LONG TERM CARE  
REGULATION INTERPRETATION  
LICENSURE, CERTIFICATION, AND EVALUATION COMMISSION**

**C.F.R. 483.75(f)  
K.A.R. 28-39-162a(b)(4)(H)(I)**

**SUBJECT: WIRELESS RESIDENT CALL SYSTEM**

**DATE:** April 6, 2007

**NUMBER: 07-02**

**INTERPRETATION:** A facility's call system shall ensure all staff responsible for responding to a resident's call for assistance are promptly notified. The call system must have at least the components of an electronic device that notifies direct care staff of the location at which the resident call was activated and a system that registers and documents the location of the activated call system in an area that would allow other staff to be notified of the call also, i.e. nurses station or staff work area.

**DISCUSSION:** As facilities have begun attempting to create a home-like environment, they have chosen to implement wireless call systems. When choosing a wireless system the facility must focus on the intent of the regulation which is prompt notification of all staff, which are responsible to respond to a resident's request for assistance. These staff may be more than nursing staff. This requires both the appropriate electronic equipment and procedures to ensure needed communication is available to staff who may not have access to electronic equipment.

First, the system must have a component for the resident or staff to use to send the notification that they need assistance. There must be a pull cord in the resident's room and toilet room, and any bathing rooms and toilet rooms in the facility to which residents have access. Watchlets or pendants may be used in addition to a pull cord but not in place. Staff must go to the location of the call to deactivate it.

Second, the system must have an electronic device to receive notification of a call. A pager or telephone with a screen that identifies the location from which the call was activated is appropriate. After a specified amount of time, the system should send a repeat notification to the initial pager(s) and also notify additional staff, i.e. charge nurse, director of nurses, and/or administrator via another pager of the need for assistance. The facility should have a means to notify these staff if there is a need for an emergency response, especially if they are not in the same building.

Third, the system needs to have a monitor or screen in the nurse station or staff work area that registers and documents the location of the activated call. A laptop, thin client or personal computer, with a monitor or screen large enough for staff to view information can be used. The location of these computers or monitors should allow staff who do not have a pager to be notified of an activated call. A computer with software that maintains a record of the calls throughout a period of time may be kept in a different location.

It is important for the facility to provide staff with education for use of the system, to perform periodic maintenance checks of the system, including the pagers, and to conduct quality assurance reviews to ensure residents' calls are responded to promptly. All these will assist in ensuring the resident call system meets the regulations.

Vera VanBruggen, RN, BA

Martin Kennedy, Commissioner

**LONG TERM CARE  
REGULATION INTERPRETATION  
LICENSURE, CERTIFICATION, AND EVALUATION COMMISSION**

**C.F.R. 483.10(d)(2)  
K.A.R. 28-39-147(d)  
K.A.R. 28-39-156  
K.A.R. 28-39-234  
K.A.R. 28-39-247  
K.A.R. 28-39-282  
K.A.R. 28-39-436**

**SUBJECT: Sample Drugs and Drugs from Indigent Drug Programs**

**DATE:** January 19, 2006

**NUMBER: 06-01**

**INTERPRETATION:** A facility may allow licensed nurses and certified medication aides to administer physician prescribed sample drugs and drugs from indigent drug programs when the following criteria are met:

1. The drug is not a controlled drug.
2. The drug is received in the facility in its original, unbroken manufacturer's package.
3. A written physician's order accompanies the drug stating the resident's name, the drug name, strength, dosage, route, frequency of administration, and cautionary instructions regarding administration.
4. The facility has a policy that addresses the receiving and identifying of sample drugs and drugs from indigent drug programs that include:
  - a. Designation of a licensed nurse as the responsible person for receiving and identifying the drug.
  - b. Maintenance of a log that records the physician's name, resident's name, drug name, quantity received, lot number, and expiration date, and initials of the staff verifying having received the medication. Two licensed nurses or one licensed nurse and a certified medication aide must verify receiving the medication.
  - c. Placement on the drug or package containing the drug, identification information that includes the physician's name, the resident's name, drug name, strength, dosage, route, frequency of administration, and cautionary instructions as documented on the physician's order. Two licensed nurses or one licensed nurse and certified medication aide must verify the identification information on the drugs matches that of the information of the physician's order.
  - d. Documentation of education to the resident or their legal representative that the drug did not go through the usual process of labeling and initial review by a licensed pharmacist which included identification of adverse drug interactions and potential allergies and the resident or legal representative's acceptance of the risk of potential adverse reactions.
6. The facility has the same policy for administration, storage, accountability, and disposition, drug review, and administration of sample drugs and drugs from indigent drug programs as is in place for other drugs in the facility as specified according to State and Federal laws.

\*\*\*\*\*  
**DISCUSSION:** Residents in licensed adult care homes and their legal representatives have requested to receive physician prescribed sample drugs and drugs from indigent drug programs due to the rising cost of drugs. When a facility receives medication directly from a physician, it precludes the safeguard of having a pharmacist label and review the drug prior to administration by facility staff. To allow adult care home staff, licensed nurses and/or certified medication aides, to administer such drugs the facility must have policies in place to ensure resident safety in the receiving and identification of the drugs by licensed nursing staff. The facility must ensure the resident and their legal representative are aware the resident has the potential for drug reactions due to a pharmacist not reviewing or labeling the drugs. The resident and their legal representative must accept this risk prior to administration of sample drugs and drugs from indigent drug programs by facility staff. The survey task of medication administration will be conducted in the same manner for sample drugs and drugs from indigent drug programs as it is for drugs obtained through prescriptions or over-the-counter.

Vera VanBruggen, RN, BA  
Long Term Care Director

Martin Kennedy, Commissioner  
Licensure, Certification and Evaluation Commission

LONG TERM CARE  
REGULATION INTERPRETATION  
LICENSURE, CERTIFICATION AND EVALUATION COMMISSION

KAR 28-39-162 (a)  
K.A.R. 28-39-254 (a) (b) (c)  
K.A.R. 28-39-254(g) (1) (E)  
K.A.R. 28-39-254(g) (3) (B)

**SUBJECT:** Shower Accessibility for a Resident with Disabilities

**DATE:** 04-06

**NUMBER:** 06-02

**INTERPRETATION:** New construction, modification, and equipment in Adult Care Homes, e.g. nursing, assisted living, and residential health care facilities must meet the Americans with Disabilities Act Accessibility Guidelines (ADAAG) Title III Chapter 6 Medical Facilities, Long Term Care Facilities. The ADAAG for Long Term Care Facilities require all public use and common use areas and at least 50% of the rooms, areas, and spaces be accessible to individuals with disabilities. This includes the showers in the residents' rooms, apartments, and individual living units. Fifty percent of the residents' rooms, apartments, and individual living units must have roll-in showers that measure 3 feet by 5 feet and have no greater than a ½ inch lip.

The remaining fifty percent balance of residents' rooms, apartments, and individual living units may have showers that do not specifically meet the ADAAG for accessibility but rather allow for meaningful access. The Adult Care Home regulations require all residents' apartments and individual living units in assisted living and residential health care facilities to have a toilet room which contains a toilet, lavatory, and a bath tub or shower accessible to a resident with disabilities, but do not specify ADAAG must be met for the remaining fifty percent balance.

Residential health care facilities previously licensed totally or partially as a nursing facility on or before July 1, 1995, must have private bathing facilities in at least 20percent of the individual living units in each section. If a facility must remodel the building to achieve the 20% requirement, the private bathing facilities must include roll-in showers that measure 3 feet by 5 feet and have no greater than a ½ inch lip.

**DISCUSSION:** The state ADA Coordinator provided clarification as to the ADA classification of the Adult Care Homes, e.g. nursing, assisted living, residential health care, home plus, adult day care and boarding care facilities, licensed by LCE. The adult care homes are classified as Long Term Care Facilities under Title III of ADA Chapter 6 Medical Facilities. The state ADA Coordinator also clarified the showers in resident rooms, apartments, and individual living units are included in the rooms, areas, and spaces that must be accessible. In view of the population who lives in Adult Care Homes, the state ADA Coordinator further affirmed the agency's requirement that 50% of the residents' rooms, apartments, and individual living units to have roll-in showers that measure 3 feet by 5 feet and have no greater than a ½ inch lip. The people living in adult care

\*\*\*\*\*  
homes often have mobility issues that limit their ability to safely use a shower independently or with minimal assistance when having to step across a shower lip, or when the room floor and the shower floor are at different heights. Facilities and contractors must be aware not all shower compartments labeled as ADA approved meet ADAAG.

Adult Care Home regulations require all residents' apartments and individual living units in assisted living and residential health care facility to have toilet rooms/bathrooms containing a toilet, lavatory, and bathtub or shower accessible to a resident with disabilities and facilities must meet this requirement for the remaining 50% balance. KDOA recommends all the residents' rooms, apartments, and individual living units have roll-in showers that measure 3 feet by 5 feet and have no greater than a ½ inch lip. However, the facility has the flexibility to determine how a resident with a disability will have meaningful access in the toilet room/bathrooms and in use of the associated fixtures, toilet, lavatory, and bathing facility. A disability is defined as an impairment that substantially limits one major life activity, including caring for oneself, walking, seeing, hearing, speaking, breathing, and working. Grab bars appropriately placed and a seating appliance in the shower or tub may assist in resident safety and accommodation of needs for the bathing/showering process.

If a resident living in a room, apartment, or living unit that does not have a roll-in shower with no greater than a ½ inch lip presents an ADA complaint regarding shower accessibility, the facility will be required to make the needed modification of lowering the height of the lip. The resident cannot be required to move to another apartment or be discharged to avoid this accommodation. The facility is responsible overall to ensure the needs of the residents residing in the rooms, apartments or living units are accommodated and that the resident is not dependent on staff assistance due to the toilet and shower or bathtub not meeting their level of disability.

Vera VanBruggen, RN, BA  
Long Term Care Director

Martin Kennedy, Commissioner  
Licensure, Certification and Evaluation Commission