



Sunflower Connection

Kansas Department on Aging

Licensure, Certification and Evaluation Commission

Connecting KDOA with Adult Care Homes

October 2007

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Board Eliminates GN Status

Senate Bill 106 amended K.S.A. 65-1124 eliminated graduate nurse status, effective Oct. 1, 2007. Previously, graduates of approved nursing programs were allowed to practice as a GN or GPN for up to 120 days pending the results of the first licensure examination.

After Oct. 1, graduates of a school of nursing need to pass the NCLEX exam and be licensed as an RN or LPN before they can practice as a nurse in Kansas. The 120-day GN or GPN status will no longer be.

Questions regarding the change may be directed to the Kansas Board of Nursing, <http://www.ksbn.org/contactus.htm>.

Grant Offers No-Cost Education for Staff

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 grant will be offered again this year. The final date for grant applications is Oct. 31, 2007. The criteria for which individuals may attend the educational presentations at no cost was expanded this past year to include one licensed staff person for at least every two unlicensed staff persons employed by the same nursing facility or LTC unit of a hospital.

Facilities are encouraged to contact the various long-term care organizations, community colleges and consultant groups to advise them of their needs for staff education and to encourage them to conduct educational presentations in their facility or community.

For more information about the grant, contact Caryl Gill at carylgill@aging.state.ks.us.

ROUTING SLIP

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

Teleconference Training Scheduled

MDS 2.0, RAPS, Care Plan, and RUGS Education will be presented on Nov. 8 and 9, 2007, via video teleconferencing to the KDHE District Offices at Dodge City, Hays, Wichita, Salina, Lawrence 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/enrollment_form_kdoa.pdf.

MDS Submission to Require Broadband

In July, CMS began switching from AT&T's dial-up service for MDS assessment submissions and reports to broadband on a state-by-state basis. Kansas facilities are scheduled to switch over in October.

In order to use the broadband service, it will be necessary to update AT&T's Global Network Client to version 7.0, version date May 24, 2007. Version 6.9 will work on Microsoft operating systems other than Vista. You can check which version you have by launching Client, left mouse click "Help" on the top menu bar and select "About." The version number and date will be displayed.

Facilities can obtain a copy of the new Client by logging onto www.qtso.com and clicking the MDCN Information link in the blue outlined box on the right hand side of the page.

The new Client is much larger than the older Clients and it may take a long time to download. As an alternative to downloading, you can request a CD version be mailed to you by emailing a request to mdcn.mco@palmettogba.com.

With the use of broadband, there may be some additional considerations, depending on your particular environment. For example, if you are on a corporate-wide area network (WAN) or a local area network (LAN) your network administrator will probably have to configure your network to allow access to the network's broadband connection through the new Client. Instructions are provided for your administrator.

Administrators, please read these instructions carefully before you attempt to resolve network issues. Since there are a variety of configuration options for networks, it may be necessary to work through some of the issues with the AT&T help desk. This is why it is transitioning on a state-by-state basis.

If you need assistance, you will need to call AT&T. The help desk number for facilities is 800-905-2069.

If you are in an area where there is no broadband service available you will have to submit a waiver request to CMS to continue using the phone modem method. The waiver form is also on the QTSO website.

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

New Regulation on Paid Feeding Assistants

CMS issued a new regulation, 483.35(h) - Paid Feeding Assistants - F373, that became effective on Aug. 17, 2007. The regulation mirrors K.S.A. 39-923 (a) (27), K.A.R. 26-39-144 (o), and K.A.R. 26-39-144 (tt). The Kansas Administrative Regulations (K.A.R.) were effective Nov. 4, 2005. Although the federal regulation uses the term “paid feeding assistant,” we as a State are allowed to refer to the position as a “paid nutrition assistant.”

All adult care homes in Kansas may employ paid nutrition assistants. Facilities may identify the position with other titles. However, the facility must be able to identify those employees who meet the requirements under the paid feeding assistant regulation. **The requirements do not apply to family and/or volunteers who may be providing the resident with assistance with eating.**

The federal requirement has five aspects addressing when the service of a paid feeding (nutrition) assistant is appropriate for the individual resident. These five aspects include:

1. Staff who are used as paid nutrition assistants must have completed a State-approved training course. The State training course guidelines were developed through Health Occupations and Credentialing, KDHE, and can be accessed at <http://www.kdheks.gov/hoc/index.html>.

2. The facility must base the selection of a resident who is to have eating assistance by a paid nutrition assistant on the charge nurse’s assessment and resident’s latest assessment and care plan. The clinical record of a resident being assisted to eat by a paid nutrition assistant should show evidence in the assessment and care plan that the resident was eligible to receive assistance from a paid nutrition assistant.

3. Paid nutrition assistants must work under the supervision of an RN or LPN, and, in an emergency, must call a supervisory nurse for help on the resident call system. The “resident call system,” for the purposes of the requirement includes not only the standard hard wired call system but also other means in an emergency situation where a paid nutrition assistant can achieve timely notification of a supervisory nurse. If dining areas, activity rooms, or areas such as patios or porches do not have a resident call system readily available alternative means of contacting a supervising nurse for help must be present. Adequate supervision should ensure residents are not fed too quickly, provided too much food to chew, given too little time to finish chewing their food or swallow, and fed so quickly the resident is pocketing their food. Negative outcomes could include coughing, choking, refusal to eat or decline in eating independence.

4. Paid nutrition assistants shall assist only residents who have no complicated health problems related to eating or drinking that make them ineligible for these services. Complicated feeding problems include but are not limited to: difficulty swallowing, recurrent lung aspirations and tube or parenteral / IV feedings.

5. The facility must maintain a record of all individuals used by the facility as paid feeding assistants, and must maintain documentation of successful completion of a State-approved training course by these individuals.

The federal regulation can be accessed at:

http://www.cms.hhs.gov/manuals/Downloads/som107ap_pp_guidelines_ltcf.pdf.

Additional training material on the topic is available at <http://www.cms.hhs.gov/SurveyCertificationGenInfo/PMSR/list.asp> Issuance of New Tag F373 (Paid Feeding Assistants) as Part of Appendix PP, State Operations Manual under Memo 07-30 (Revised) posted 8-1-07. The State regulation can be accessed at http://www.agingkansas.org/kdoa/lce/regs/reg_index.html.

NURSING STAFFING INFORMATION MUST BE POSTED

483.30 (e) (1) NURSING STAFFING INFORMATION – F356

The regulation F356 (1) requires facilities to post the following information on a daily basis: facility name, the current date, the resident census, the total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: registered nurses, licensed practical nurses and certified nurse aides. Facilities may use the following form to assist in compliance with the regulation.

Name of Nursing Facility

**Report of
Nursing Staff Directly Responsible
For Resident Care**

Date: _____

Resident Census

	RN		LPN		CNA	
SHIFT	FTEs	Actual Hours Worked	FTEs	Actual Hours Worked	FTEs	Actual Hours Worked
DAY						
EVENING						
NIGHT						

Pharmacists Should Help Coordinate Services

Pharmaceutical Services – F425

One of the components of the intent of regulation Pharmacy Services C.F.R. 483.60 (a) Procedures and (b)(1) Services Consultation is for the licensed pharmacist to collaborate with facility leadership and staff to coordinate pharmaceutical services within the facility and to guide the development and evaluation of the implementation of pharmaceutical procedures.

Pharmaceutical services include:

- Acquisition of medications
- Receiving medications
- Dispensing medications
- Administering medications (including monitoring)
- Disposition of medications
- Labeling and storage of medications, including controlled substances
- Authorized personnel for administration of medication

The guidance provides examples of the type of procedures that facilities should develop under the types of pharmaceutical services.

A helpful webcast done on Dec. 5, 2006, entitled Nursing Home Journal Volume IV Unnecessary Medications is available at <http://cms.internetstreaming.com> under Archived Webcasts. A PowerPoint presentation is available at <http://www.cms.hhs.gov/SurveyCertificationGenInfo/PMSR/list.asp> under the S and C Letter 06-29, 9/15/06, Issuance of Revised Guidance for Unnecessary Medications (F329) and entire Pharmacy Section.

Tags F323 and F324 Have Been Combined

Effective Aug. 6, 2007, F323 and F324 were combined to create F323, 42 C.F.R. 483.25(h)(1)and(2): Accidents and Supervision. The interpretive guidelines clarify areas such as resident supervision, hazard identification and resident risk, falls, unsafe wandering/elopement, environmental assessment of hazards, and resident-to-resident altercations.

The regulation and guidance are accessible in Appendix PP of the State Operations Manual at http://www.cms.hhs.gov/manuals/Downloads/som107ap_pp_guidelines_ltcf.pdf.

An educational PowerPoint is available at <http://www.cms.hhs.gov/SurveyCertificationGenInfo/PMSR/list.asp> Issuance of Revised Guidance for Nursing Homes: Accidents and Supervision, Memo 07-25, Posted 07/06/2007.

Facilities may also find the Quality Practice Guidelines for Falls Management and accompanying tools helpful. These were developed by the 2004 Quality Practice Workgroup and are available at http://www.agingkansas.org/kdoa/lce/lce_index.html.

CMS Issues Letter on Restraints

On June 22, 2007, CMS released a Survey and Certification Letter, S&C-07-22, entitled Clarification of Terms Used in the Definition of Physical Restraints as Applied to the Requirements for Long Term Care Facilities. Definitions included in the information are: Freedom of Movement, Remove Easily, and Medical Symptom.

The letter also included an important section on falls and restraint use: “Falls do not constitute self-injurious behavior or a medical symptom that warrants the use of a physical restraint. Although restraints have been traditionally used as a falls prevention approach, they have major, serious drawbacks and can contribute to serious injuries. There is no evidence that the use of physical restraints, including but not limited to side rails, will prevent or reduce falls. Additionally, falls that occur while a person is physically restrained often result in more severe injuries.”

The entire letter is available at <http://www.cms.hhs.gov/SurveyCertificationGenInfo/>. Click on the “Policy & Memos to States & Regions” link on the left side.

CMS also presented satellite webcasts on restraint use. The webcasts and handout documents are available under Archived Webcasts at <http://cms.internetstreaming.com>. The webcast on Aug. 3, 2007, titled “Physical Restraint Use in Nursing Homes: The Exception Not the Rule, Part I” highlighted some of the frequently asked questions regarding physical restraint use in nursing homes.

The webcast on Aug. 17, 2007, titled “Physical Restraint Use in Nursing Homes: The Exception Not the Rule, Part II” promoted an understanding of physical restraint mitigation issues.

The webcast on Aug. 31, 2007, titled “Physical Restraint Use in Nursing Homes: The Exception Not the Rule, Part III” provided information on restraint alternatives.

Pressure Ulcer Reduction and Elimination Chart

Program for Prevention

The following guidelines can reduce or eliminate bed sores:

- **Conduct a pressure-ulcer admission assessment for all patients**
Check all patients for risk of skin breakdown.
- **Reassess risk for all patients daily**
Changes in mobility, incontinence or nutrition can change patients' risk of developing pressure ulcers.
- **Inspect skin of at-risk patients daily**
Skin can begin to deteriorate within a matter of hours.
- **Manage moisture**
Wet skin due to perspiration, incontinence or wound drainage is more vulnerable to deterioration.
- **Optimize nutrition/hydration**
Poor nutrition can compromise a patient's ability to heal, contributing to skin failure.
- **Minimize pressure**
Physically reposition or turn patients at regular two-hour intervals; make sure they are resting on pressure-reducing surfaces.

Source: Institute for Healthcare Improvement

New Policy Forgoes Assessment for Terminal Patients

In February 2007, the CARE Program implemented a new policy regarding persons with terminal illness on hospice seeking admission to a nursing facility or long-term care unit of a hospital.

A CARE Level I assessment is NOT required when an individual has been **diagnosed with one of the following conditions**,

a. Terminal illness, as defined in the 42 Code of Federal Regulations (C.F.R.) 418.3 as necessary to qualify for hospice services, which includes a medical prognosis of a life expectancy of six months or less; or

b. Coma or persistent vegetative state and the diagnosis is based upon information documented in the individual's medical record and maintained by a hospital, nursing facility or physician's office.

For a person with a diagnosis of terminal illness, documentation must be sent to the AAA CARE Coordinator for processing. The AAA must send the documentation to Dwane Kratochvil at KDOA for review and generation of a categorical determination letter. The letter and supporting documentation must be maintained in the customer's clinical record.

Anyone with questions about this procedure may contact the local AAA or Dwane Kratochvil at 785-296-3516 or DwaneKratochvil@aging.state.ks.us.

Advancing Excellence Campaign

211 Participants Select Campaign Goals

Congratulations to the 211 nursing facilities and long-term care units of hospitals that have joined the Advancing Excellence Campaign to improve resident care and quality of life in their homes. If your facility has not yet joined, it is not too late.

The percentage order of the campaign goals selected by the Kansas homes are:

- √ Reduce pressure ulcers.
- √ Improve pain management for long stay residents.
- √ Increase staff retention
- √ Assess resident and family satisfaction.
- √ Establish facility targets and strategies for improving quality.
- √ Reduce use of physical restraints.
- √ Increase consistent assignment of staff so residents receive care from the same caregivers.
- √ Improving pain for short-term stay residents.



The Long-Term Care Division Team, http://www.agingkansas.org/kdoa/lce/LTC_Division.htm, along with the other members of the Local Area Networks for Excellence (LANE) are willing to provide assistance to facilities striving to achieve their goals.

Current and future nursing home consumers are encouraged to become involved in the campaign also. Participation as a consumer member demonstrates support for the improvement of resident care and quality of life in our nursing homes. Actively you can encourage nursing homes to become participating members and support them in their efforts. More information is available at <http://www.nhqualitycampaign.org/>. Click on "For Consumers" on the left side.

CMS WEBCASTS ON CULTURE CHANGE

<http://cms.internetstreaming.com>

Archived Webcasts

From Institutional to Individualized Care Part One: Integrating Individualized Care and Quality Improvement - 11/3/06

Goal of broadcast:

- To provide a framework and practical examples to help support individualized care

From Institutional to Individual Care Part II: Transforming Systems to Achieve Better Clinical Outcomes - 5/4/07

Goals of broadcast:

- To promote improvements in pressure ulcers, pain, restraints, and depression using a holistic approach to transformational change
- To show the alignment of health promotion strategies with good clinical care and to uncover the harmful effects of many current risk prevention strategies that, in the name of safety, inhibit mobility and put residents at greater risk

From Institutional to Individual Care Part III: Clinical Case Studies in Culture Change – 5/18/07

Goal of broadcast:

- To provide information about innovative changes in medical and nursing care policies and practices in nursing homes

From Institutional to Individualized Care Part IV: The How of Change – 9/14/07

Goals of broadcast:

- To provide practical hands-on tips for implementing individualized care and evaluating compliance with OBRA in a changing nursing home landscape
- To generate discussion and energize collaboration and examination about how to improve care by individualizing it, using quality improvement practices
- To examine the anatomy of the change process by tracing several nursing homes on their journey of transformation and reviewing their data to determine how their changes brought about improvements for residents

Time for Networking about Person-Centered Care

The Kansas Culture Change Coalition quarterly meetings are at 1:30 p.m. on Nov. 7, 2007, at Village Shalom in Overland Park and at 1:30 p.m. on Nov. 13, 2007, at Pleasant View Home in Inman.

The educational program will focus on the development of individualized activity programs based on the residents' life experiences. Attendance at the meetings is open to all facilities and their staff.

Additional information about the meeting and coalition is available at <http://www.kansasculturechangecoalition.org/>.

Variety of Clothing Protectors Found

Are you attempting to implement concepts of resident centered care or culture change in your facility and would like to know what other facilities have successfully implemented? Feel free to contact a member of the Long-Term Care Consultant Team at KDOA; they will contact other facilities through email for a response and print the results in the Sunflower Connection. (If you are on the SF Connection email list and would not like to be contacted for a response, please notify Caryl Gill at carylgill@aging.state.ks.us.)

A facility recently asked if the regulations prohibited the use of clothing protectors and what alternatives were available to using traditional white terry cloth clothing protectors. If a resident does not express a complaint about wearing a clothing protector, it is not likely it will be viewed as a deficient practice. However, as the concept of home is promoted, it is good to look beyond the regulations and at traditional institutional practices. The facility should evaluate if a resident needs a full clothing protector or if a napkin is sufficient. Additional questions to consider are: How many elderly people use clothing protectors in their homes? Have residents been institutionalized to think they need clothing protectors?

Below are the answers other facilities provided in response to the second part of the question requesting information as to what alternatives were available to using traditional white terry cloth clothing protectors. Please be advised KDOA is not endorsing any products or suppliers that may be recommended by facilities in their answers.

1. Oversized cloth napkins. A facility secures the resident's cloth napkin with clasp devices similar to that used by dentists. The clasps, purchased from Direct Supply <https://www.directsupply.net/dsnlogin/index.asp>, are sanitized between meals. The facility stated that the napkins look much classier than the traditional clothing protectors.

2. Linen protectors that match the table cloth from Harbor House can be found at http://www.harborlinen.com/catalog/dsp_plDetail.cfm?line_id=13&lob_id=6. Another facility that also used this product, stated the material did not absorb much liquid and food and did not protect the resident's clothing well.

3. Aprons. Barbecue aprons for the men and aprons that looked more feminine for the women. Members of the resident council made the suggestion. The facility purchased the fabric and had the aprons made. The residents love them.

4. Set the table with cloth napkins instead of paper napkins. For the very few residents who request clothing protectors, maroon "dignity" napkins with snaps or ties are provided.

5. Colorful clothing protectors.

6. "The Comfort Napkin" can be found at <http://www.sunflowerql.com> and was patented by one of their retired staff. The facility liked the napkin very much.

7. NapKleen made of 2-ply paper and one ply poly. It looks like a napkin with a peel off adhesive about 13 inches across the top. The facility stated that the adhesive does hold the protector in place. They also have a NapKleen with a chrome catcher that keeps food off the resident's lap. The NapKleen comes in several colors. The contact telephone number is 516-994-2701

8. Custom made adult clothing protectors, <http://yamabibs.com>. Every Yamabib is unique because the user chooses the design and color. Aprons are also available.

Tips for Facilities Serving as Clinical Sites for Training Courses

If your facility serves as a clinical site for a CNA or CMA training course, it may be helpful to be aware of the responsibilities of sponsors and instructors in ensuring that the course is meeting state and federal regulations.

In the past year, there has been a turnover of coordinators and instructors. Personnel changes present challenges that can cause disruption of classroom and clinical experiences and create stress for everyone involved, including the hosting facility.

Following is a checklist of items that can help ensure a successful training experience. If a course that is being held in your facility seems to be experiencing problems, you might check with the instructor to see that they are aware of, and complying with, these essential steps.

1. The instructor should have a copy of the approved **Curriculum Guidelines**, and should have determined that his or her teaching materials meet the objectives stated therein. This will help the students be successful because the State test is based on these guidelines.

2. The instructor should have a copy of **the sponsor/instructor's manual**. The manual is his or her personal tool for success. Each essential step is noted and explained in teacher-friendly format, including how to get approval, and the number of students that may be supervised during clinicals at one time. The manual also contains a copy of the regulations, application forms, rosters and test information, and instructions for obtaining materials.

3. **Paperwork** for the course needs to be submitted in a timely, orderly and thorough manner. *Course and instructor approvals must be submitted 3 weeks prior to the expected start date of the course. A course cannot begin until it has a KDHE approval number.* Class schedule and content forms and the syllabus need to be completed and kept on file in case we need to review them.

4. **Any time there is a change** in a course, including class hours, beginning or end dates, content, instructors or coordinators, or classroom or clinical sites, KDHE must be notified. Dolores Staab is available to help sponsors, instructors or facilities with any questions concerning the training course: **Dolores Staab**, dstaab@kdhe.state.ks.us or 785-296-6796

Course sponsors and course instructors carry a joint responsibility in fulfilling training requirements under State regulations. Making sure that these items have been provided for will help instructors and students be successful, provide facilities with well-trained staff and, ultimately, help ensure that the population we serve is receiving the best possible health care.

KMDA Has Reorganized

A resource to keep in mind to assist your medical director and your facility in the medical care of your residents is the Kansas Medical Directors Association (KMDA).

Arthur Snow, Jr., M.D., president, says that KMDA has been reorganized and reactivated to more effectively represent the interests of medical directors of Kansas long-term care facilities. Its purpose is to provide education, advocacy and information and professional development to physicians practicing in the long-term care continuum.

Gary Caruthers, director of administrative services for Kansas Medical Society, reports the KMDA commitment to excellence in patient care includes:

■ **Physician Leadership:** Ensure that residents and facilities have adequate physician education, support and resources to provide optimum health care services. Provide specific guidance for physician performance expectations. Promote peer education among medical directors and attending, referring and consulting physicians in long-term care settings.

■ **Patient Care – Clinical Leadership:** Participate in administrative decision-making and the development of policies and procedures related to resident care. Review, respond to and participate in federal, state, local and other external surveys and inspections. Maintain the highest level of clinical resources available to facilities and surveyors through the organization's relationship with the American Medical Directors Association.

■ **Quality of Care:** Help facilities establish systems and methods for reviewing the quality and appropriateness of clinical care and other health-related services. Promote the enactment of laws, regulations and payment systems that relate to excellence in resident care.

■ **Education, Information and Communication:** Promote a learning culture throughout the state through education, information and communication. Provide information to help facilities provide care consistent with the current standards of practice. Establish professional relationships with other health care organizations.

For additional information on KMDA activities, contact Gary Caruthers at gcaruthers@kmonline.org or call 1-800-332-0156.

Ask AI

Question: When do you do the final construction inspection?

Answer: According to K.A.R. 28-39-145a Licensure (e) (2) (B), the licensee shall submit to the department a 30-day written notice of the date on which the architect estimates that all construction will be completed. In addition, the licensee and the architect need to complete and resolve all items from their own internal final inspection (punch-list) before KDOA does the final inspection.

LCE Surveys

No Deficiency Surveys for Second Quarter of 2007

FACILITY	CITY	TYPE	AREA	NO DEF CERT/LET	SURVEY DATE
Arbor Home-Marjorie	Wichita	HP	MH/RH	X	4/24/07
Midland Care Services	Topeka	ADC	MH/RH	X	4/26/07
Vintage Place at Derby	Derby	ALF	MH/RH	X	6/5/07
DSNWK Eves Drive	Russell	ICF/MR	MH/RH	X	6/7/07
Coopers Home Care #2	Lawrence	HP	MH/RH	X	6/19/07
Vintage Park at Lenexa	Lenexa	ALF	MH/RH	X	6/20/07
The Sterling House of Tallgrass	Wichita	ALF	MH/RH	X	6/25/07
Meadowlark Adult Care Home 5	Wichita	HP	MH/RH	X	6/27/07
Country Place Senior Living	Larned	HP	MH/RH	X	6/27/07

ENFORCEMENT ACTIONS

YEAR - 2007	1st JAN-MAR	2nd APRIL-JUNE	3rd JULY-SEPT	4th OCT-DEC
Administration	3	0		
Admission, Transfer, Discharge	3	4		
Abuse, Neglect, Exploitation	13	4		
Dietary Services	5	4		
Disaster Preparedness	2	0		
Employee Records	11	7		
Environmental Issues	9	0		
Health Care Services	13	5		
Inadequate Staffing	5	2		
Infection Control	2	2		
Medication Management	20	17		
Negotiated Service Agreement	9	8		
Professional Standards for Licensed/Unlicensed Personnel	1	0		
Quality of Care Issues	1	4		
President Functional Capacity Screen	5	3		
Resident Funds	0	0		
Resident Records	7	6		
Resident Rights	7	2		
Restraints - chemical, physical	0	0		
Special Care Unit	0	0		
Staff Development	2	0		
Civil Money Penalties	7	1		
Correction Orders*	25	15		
Ban on New Admissions	1	2		

FEDERAL REMEDIES		2nd	3rd	4th
Civil Monetary Penalties Recommended	9	5		
**Denial of Payment for New Admissions imposed	15	14		
Terminations	0	0		
No Opportunity to Correct	18	11		

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

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

Cooking Equipment Code

The Kansas State Fire Marshal's Office is required to maintain the interest of public safety and welfare. The Kansas State Fire Marshal is mandated by the Centers for Medicaid and Medicare Services (CMS) to adopt rules and regulations for the safeguarding of life and property from fire. The Kansas State Fire Marshal is mandated to follow codes set forth by CMS.

The adopted code requirements for cooking equipment are in the NFPA 96 1998 edition that states the following:

The provisions of this standard are considered necessary to provide a reasonable level of protection from loss of life and property from fire and explosion. They reflect conditions and the state of the art prevalent at the time the standard was issued. This standard is intended to be applied as a united whole. It cannot provide safe design and operation if parts of it are not enforced or are arbitrarily deleted in any applications. The authority having jurisdiction shall determine compliance with this standard and authorize equivalent deviations from it in all applications

1-3.1 Cooking equipment used in processes producing smoke or grease-laden vapors shall be equipped with an exhaust system that complies with all the equipment and performance requirements of this standard, and all such equipment and performance shall be maintained per this standard during all periods of operation of the cooking equipment.

7-1.2 Cooking equipment that produces grease-laden vapors (such as, but not limited to, deep fat fryers, ranges, griddles, broilers, woks, tilting skillets and braising pans) shall be protected by fire-extinguishing equipment.

The Kansas State Fire Marshal's Office is striving to continue to provide a safe environment from the exposures of fire in places that Kansans work, live or congregate. If you have any further questions please give me a call.

Brenda Mc Norton

Chief Fire Prevention
700 SW Jackson, Suite 600
Topeka, KS 66603