



# Kansas Department of Health and Environment

## Adult Care Home Program

# FACT SHEET

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### **Implementation of MDS 2.0**

Beginning July 1, all nursing facilities and long term care units of hospitals which participate in the Medicare and/or Medicaid programs must use the Minimum Data Set Version 2.0 for all assessments conducted on and after July 1, 1997. Licensed nursing facilities which do not participate in Medicare/Medicaid are required to use the MDS 2.0 for all required assessments beginning July 1, 1997. All facilities who did not send staff to the training sessions will be mailed a copy of the MDS 2.0 manual. Additional copies of the manual may be purchased from a variety of vendors or facilities may copy the manual supplied by this agency.

New residents admitted on or after July 1, 1997 must be assessed using the MDS 2.0 format. Residents whose assessment period ends on or before June 30 are to be assessed using the MDS+ form. Residents whose assessment period ends on or after July 1 must be assessed using the MDS 2.0. As scheduled assessments are due, during July, August and September, facilities must use the 2.0 form. The first time a 2.0 form or tracking document is completed, the Face Sheet must also be completed. The date at Section AB. 11. (Date background information completed) is the actual date the information is entered on the form. Therefore the date at AB.11 will be July 1, 1997 or later. Date of entry at AB.1 (Demographic Information) must be the most recent admission to the nursing facility after being discharged and not expected to return.

Medicare and Medicaid facilities must maintain paper copies of the MDS including tracking forms and place them in the resident's record. See page B-16 and B-17 for examples of the tracking forms.

### **Therapeutic Leave**

The current Health Care Financing Administration policy does not require facilities to use the tracking system for therapeutic leave. **Please note** this is a change in direction from the training. The tracking system is used whenever a resident enters a hospital or another therapeutic setting and is expected to return to the facility.

The *Fact Sheet* is published by the Kansas Department of Health and Environment.

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## No information Code

The MDS 2.0 manual discusses the use of a circled dash as the "no information code" for computerized records. If your software provides for a circled dash "Ø," this may be used. Most software vendors have not included a circled dash as an option. In those cases, a dash " - " may be used to indicate that the information was not available. Please review the instructions for the software used in your facility or contact the vendor's help-line for specific directions. The use of the circled dash is found on the following pages in the MDS 2.0 manual: Page 2-24 - third bullet; page 3-9 - Social Security number; page 3-26 - next to last paragraph; page 3-128 - coding for resident's weight.

## Devices and Restraints and the Need for Physician Orders

Kansas regulations require a physician order for a physical restraint. Not all bedrails and positioning devices identified on the MDS 2.0 meet the state definition for a physical restraint.

The MDS 2.0 definitions require that when bedrails are used, this must be indicated on the form. Bedrails used for bed mobility or transfer by a resident are to be coded at G6b and are also coded in Section P4 as a device. A physician order for a bedrail is required only when the bedrail is used to keep a resident in bed who wants to get out of bed. Bedrails used by residents to assist in positioning do not require a physician order nor is an order required for the use of bedrails for residents who are comatose or in a persistent vegetative state. Facility staff must evaluate the need for the bedrails. If the bedrail is used as a physical restraint, a review of the Resident Assessment Protocol for Physical Restraints should be completed. When bedrails are used for positioning or safety, this information should be included in the care plan.

Beginning July 1, 1997 any resident placed in a reclining chair must be coded as using a chair that prevents rising (P4e = 1,2). A physician's order is not required for the use of a recliner for residents whose bed mobility has been coded at G1aA = 4/2 or 4/3. The directions in the manual will require facilities to review the Resident Assessment Protocol for Physical Restraints. This review should support the fact that the recliner is not for restraint purposes. A resident placed in a recliner to prevent the resident from getting out of the chair is considered a physical restraint and requires a physician's order under Kansas regulations.

Merry Walkers are considered an aid for ambulation. There are instances when a Merry Walker is used as a restraint. It is the responsibility of the facility to evaluate the use of any device. If the purpose for use of the device reflects the definition for a physical restraint, a physician's order must be obtained.

## Participants in the Assessment Process

The MDS Version 2.0 manual discusses who can participate in the assessment process on pages 2-16 and 2-17. Federal regulations require that the RAI assessment be conducted or coordinated by appropriate health care professionals. It is ultimately the responsibility of a facility to determine who can conduct the assessment. The Kansas Nurse Practice Act does not allow licensed nurses to delegate assessment to unlicensed staff. Therefore, a licensed nurse (registered nurse or licensed practical nurse) may not delegate portions of the assessment to nurse aides or other unlicensed staff. Social service designees who are nurse aides and restorative aides may not complete functional assessment sections of the MDS.

The practice act for dietitians allows dietary managers to perform assessments under the "general direction" of a licensed dietitian. Therefore, when a dietary manager performs portions of the assessment, a dietitian must provide guidance and training to ensure that the dietary manager can perform this function competently. Evidence that a dietitian has determined that the dietary manager is capable of performing nutritional assessments must be documented in the dietary manager's personnel file. It is very important that residents who need the expertise of a dietitian in assessing their nutritional needs receive that service. Facilities must have effective systems in place to notify dietitians of residents with nutritional problems. The dietitian must be afforded the opportunity to provide appropriate nutritional services to residents. Parameters can be set by a dietitian under which the dietary manager or licensed nurse notifies the dietitian of potential or actual nutritional problems

of residents.

The directions in the manual for assessing the resident for oral problems (K1a.b.c.) includes inspection of the mouth. It would appear to be appropriate for the nurse or other health care professional who completes Section L. Oral/dental status, also complete this section of the assessment. Identifying actual or potential problems with swallowing and chewing can be critical in preventing nutritional problems in residents.

At the NF/MH training, the following question was asked. Can a licensed mental health technician (LMHT) participate in the MDS assessment process. The Board of Nursing was consulted on this issue. In Kansas, a LMHT can perform assessments under the supervision of a registered professional nurse (RN). The RN is responsible for assuring that the LMHT is competent to perform an accurate assessment.

## REVISIONS OF REGULATION INTERPRETATION MANUAL

The Adult Care Home Regulation Interpretation Manual has been revised to reflect changes in regulations implemented in February 1997. Included with this *Fact Sheet* are the revised interpretations and a revised index. Please insert these pages into your manual and discard old interpretations. Please use the index to ensure that the facility's manual is up-to-date. The last major revision of the manual was in 1994. Interpretations adopted since the spring of 1994 have been included in previous issues of the *Fact Sheet*. Facilities **may copy** this publication or send a check for \$5.00 with a request to the Bureau of Adult and Child Care.

## PRACTICE GUIDELINES FOR ADMINISTRATORS

A task force was established in November of 1996 to develop guidelines for practice by adult care home administrators. The Kansas Professional Nursing Home Administrators Association, Kansas Association of Homes and Services for the Aging and the Kansas Health Care Association nominated members of their association to participate on this task force. The task force has met three times to discuss the issue of elopement of residents and have developed proposed guidelines. During part of a HCFA Regional Meeting for state survey agencies set in July, the issue of elopement will be discussed. The department will issue guidelines for prevention of elopement following that meeting.

## SEMI-ANNUAL REPORT

Enclosed with this *Fact Sheet* is the Adult Care Home Semi-Annual Report, January 1 - June 30, 1997, Form BACC 400. All nursing facilities, assisted living facilities, residential health care facilities and nursing facilities for mental health need to complete this form and return to BACC by July 10, 1997. Please note the reporting period for Resident Census and Staffing is the week of May 4 through May 10, 1997. When reporting "Hours Actually Worked" indicate the hours in **whole** numbers only.

Mail to:           Semi-Annual Report  
                      BACC/KDHE  
                      900 SW Jackson, Suite 1001  
                      Landon State Office Building  
                      Topeka, KS 66612-1290

## Credentialing Update

**SPEECH LANGUAGE PATHOLOGISTS** - A credentialing issue has come to the attention of the Speech-Language Pathology and Audiology Advisory Board concerning the designation of "Au.D" which could be interpreted that the holder of this title has a doctoral degree in Audiology. We have been informed by the American Speech-Language Hearing Association (ASHA) that this designation is obtained through the Audiology Foundation of America which evaluates an individual for equivalency experience, knowledge, skills, and continuing education and awards the Au.D designation by "Earned Entitlement" or "Equivalency." ASHA has denounced this designation as being in violation of its Code of Ethics and as a misrepresentation of credentials. Doctoral-level degrees in audiology are recognized only if earned from a regionally accredited post-secondary education institution. The state requirements outline the requirements for education and experience for licensure. The Au.D designation does not meet these standards.

**REGISTRY** - The registry telephone number is for facilities to receive registry confirmation on nurse aides. We are receiving calls from aides and perspective aides, and instructors. Please do not give out the registry telephone number. If someone has a question other than confirming that a nurse aide is on the registry, the number they can call is 296-1250. Giving out the proper phone number will provide better service in responding to registry inquiries. Thank you for your cooperation.

**EMPLOYMENT VERIFICATIONS** - Employment verification must be provided for each **certified** nurse aide/home health aide/medication aide employed for at least 8 hours during January 1, 1997 - June 30, 1997. Employment verification forms are due in this office by July 30, 1997. Attached to this *Fact Sheet* is the Employment Verification form. List only the aides that are certified. Do not include applicants who are/were Trainee II's and did not become certified during the time of employment. Computer printouts are acceptable as long as the printout is legible, print is large enough to be easily read, and all requested information has been provided.

**EXCEPTION REQUESTS FOR BANS ON NURSE AIDE EDUCATION** - Since February, 1996, there have been 53 requests for exceptions to the ban on nurse aide training imposed on Kansas nursing facilities. Forty-one have been approved, two have been denied, and 10 requests are under review. The 41 approved exceptions have been granted for 19 different nursing facilities. Twenty-eight of the total requests were received since January 1, 1997.

**NEW WALLET CARDS** - HOC is phasing in the issuance of newly-designed wallet documents for certification and licensure. All administrators renewing by June 1997 will receive the new card as evidence of their renewal. Administrators are the first licensees to receive the new cards. Certificates for medication aides expiring after May 23, 1997 are also being issued new wallet-size certificates. Licensure cards are light blue, with dark blue borders and black print. Certificate cards are tan, with brown borders and black print. These credentials were produced at a lower cost and are more durable. And, in the case of certificates, more readable than the older credentials.

**EDUCATION HIGHLIGHTS** - If you want to reduce the time involved in preparing course approval applications, call Eric Aspegren, (913) 296-6796, for information on becoming a course sponsor. By participating in the sponsor program, less paperwork is submitted and targeted turnaround time on approval is faster; one week as opposed to three weeks.

Participants in a Home Health Aide course must pass the reading test before being allowed to participate in the course. If a home health aide trainee II has not passed the reading test, the welfare of the client may be jeopardized.

If nurse aide trainee II's have not passed the course and the state test within four months of the start date of the course, the nurse aide trainee II cannot work as a trainee II. Interruption in work is a hardship for the potential nurse aide and facilities. Instructors need to send rosters as soon as possible after the first class session to enable the students to have a chance to work continuously.

A certified medication aide (CMA) who has completed the initial training course must provide a copy of the initial CMA certificate before working as a CMA. Either a certificate or a confirmation notice after completing a recertification course will

enable the CMA to work as a CMA.

INSTRUCTOR APPLICATIONS - Attached is a copy of the updated instructor application. Effective August 1, 1997, instructor applications submitted on old forms will be returned with a request to complete a current application.

<b>ANE ISSUE STATISTICS 4/1/97 to 6/18/97</b>			
<b>Complaint Calls Assigned for Investigation</b>			
<u>ANE Investigations</u>		<u>Care Issues Investigated</u>	
Total	377	Total	306
Apr	133	Apr	121
May	154	May	108
Jun	90	Jun	77
Alleged CNA/CMA Perpetrators - Administrative Review			
Total Cases			
<u>Reviewed</u>	<u>Admon. Ltr</u>	<u>Pending</u>	<u>Proceeding</u>
87	38	39	10

*Licensure Category	Civil Penalties				Correction Orders			
	1st	2nd	3rd	1997 Quarters 4th	1st	2nd	3rd	4th
Inadequate or inappropriate hygiene and skin care	9				52			
Inadequate or unqualified staffing	12				48			
Inoperable or inaccessible call system	-				1			
Inappropriate or unauthorized use of restraints	2				16			
Unsafe medication administration or storage	4				16			
Inadequate nursing services other than skin care	12				65			
Inadequate or inappropriate asepsis technique	4				8			
Inadequate or inappropriate dietary/nutritional services	-				6			
Unsafe storage of hazardous or toxic substances	-				4			
Failure to maintain equipment	3				19			
Resident right violations	8				43			
Unsafe high water temperature	-				5			
Inadequate hot water	-				-			
General sanitation and safety	9				35			
Other (including inappropriate admission)	-				14			
Inadequate rehabilitation services	-				-			
Civil Penalties	44							
Correction Orders					125			
Bans on Admission	4							
Denials	2							

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