

LTC Bulletin

Winter 2011

Holiday Decorations Make Sure They're Safe!

By Cheryl Blackburn, Region 1 Manager

It's that time of year again; the holiday season is in the air and we begin decorating our homes and work spaces. The residents of long-term care facilities also enjoy holiday decorations. Keep the following things in mind when decorating your facility:

1. Decorations can be highly flammable and must meet flame spread ratings for interior finishes. For example, corn stalks, hay bales and cut evergreens are highly flammable and cannot be used inside a facility or under outdoor canopies or overhangs.
2. Do not hang decorations from sprinkler heads or in a way that impedes the function of smoke-barrier or corridor doors.
3. Ensure all exit paths are visible and unobstructed. Side intrusions in an exit corridor cannot exceed 3 1/2 inches on each side. Exit signs and emergency lighting must be visible.
4. Be sure the wiring and plugs of electrical decorations are in sound condition and approved by Underwriters Laboratories. Do not use extension cords with electrical decorations. Do not run cords under carpets and make sure cords do not present a falling hazard for residents.

Be safe and enjoy the sites of the holiday season!

You may find more information about holiday safety at Underwriter Laboratories at <http://www.ul.com/global/eng/pages/search/?q=christmas+lights&site=All&defaultText=Search+UL+> or at the National Fire Protection Association <http://www.nfpa.org/aboutthecodes/AboutTheCodes.asp?DocNum=101>.

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Long-Term Care Nurses Can Act as Physicians' Agents

By Sam Plaster, Planning and Development Unit Manager

The Drug Enforcement Administration (DEA) has issued a policy statement outlining how “agents” are to communicate a controlled-substance prescription to a pharmacy. An agent is a nurse or someone else a physician or other health practitioner authorizes for such communication. The goal is to make the prescription

process more efficient. The agent may be located in the practitioner’s office or elsewhere. A practitioner may authorize more than one person as his or her agent, and a person can be an agent for more than one practitioner. For instance, a doctor who does not have an office in a long-term care facility may authorize several different nurses in a long-term care facility as his or her agent. If so, there should be a written agreement in each nurse’s personnel file stating such. Blanket approval for facility nurses is not allowed.

Roles and limitations addressed include:

- A practitioner acting in his or her professional capacity must determine there is a legitimate medical purpose for a controlled-substance prescription; an agent may not make this determination.
- An agent may prepare a written prescription for a practitioner’s signature, provided the practitioner has specified the required elements of the prescription. The practitioner cannot delegate his or her signature authority.
- A physician or his or her agent may issue an oral prescription to a pharmacy for a Schedule III, IV, or V controlled substance. The pharmacist promptly writes up the oral prescription, but does not sign it. The practitioner is responsible for ensuring the prescription conforms to the law and regulations.
- Generally, a Schedule II controlled-substance prescription cannot be faxed. However, there are two exceptions: (1) Faxes are acceptable for patients enrolled in a hospice care program certified and/or paid for by Medicare under Title XVIII, or a hospice program licensed by the State; and (2) Faxes are acceptable for residents of long-term care facilities. A physician or practitioner must sign **any** controlled-substance prescription before it is faxed. The facsimile must be a legal prescription with all elements documented.
- A physician may issue oral prescriptions for Schedule II controlled substances in an emergency. Emergency oral prescriptions are limited to the quantity necessary to treat the patient during the emergency. A physician must follow up the oral prescription with a written, signed prescription to the dispensing pharmacy within 7 days. An agent may not call in an oral prescription for a Schedule II controlled substance on behalf of a physician, even in an emergency situation.

The DEA believes it is in the best interest of the practitioner, the agent, and the dispensing pharmacist that a practitioner specifies his or her agent in writing. A sample written agreement and guidance are provided at: http://www.deadiversion.usdoj.gov/fed_regs/rules/2010/fr1006.htm.

Preadmission Screening and Resident Review (PASRR)

By Ammanda Ott, Medical Review Unit Supervisor

Who must be screened for PASRR?

All individuals diagnosed with mental illness (MI), mental retardation (MR) or developmental delays (DD) must be screened before being admitted to a Medicaid-certified bed. It doesn't matter if the individuals are private pay or receive Medicaid.

A facility completes a DA-124 C application for a private-pay resident who is not mentally ill or mentally retarded/developmentally delayed and enters a Medicaid-certified bed, then places the DA-124 C application in the resident's record. If the resident exhausts his or her resources and becomes Medicaid-eligible, the facility removes the DA-124 C application from the resident's record and completes a DA 124 A/B application for the resident. The facility attaches the resident's C application to the resident's DA 124 A/B application, and submits both to Central Office Medical Review Unit (COMRU) for level of care approval.



Individuals entering a Medicaid-certified bed in a nursing facility are required to submit a DA-124 A/B and C to the COMRU. COMRU assesses the individuals for level of care (21 point count). Individuals who require a Level II evaluation are sent to the Department of Mental Health for the Level II evaluation.

When must a Level II be completed and what is the nursing facility's role?

A Level II screening determines an individual's need for specialized services. The screening must be performed for any individual who had inpatient psychiatric treatment in the last 2 years (DA-124 C form, Section B #5) or who has an MR/DD diagnosis or related condition.

The Level II screening must be completed before an individual is admitted to a nursing facility. The only exception is if COMRU grants an individual special admission. Nursing facilities should obtain a copy of the Level II screening prior to admitting an individual (See Federal Tag 285).

When does a significant change using the MDS 3.0 trigger another PASRR screening?

Refer to the handout referring to the changes in status. The handout was recently mailed to all nursing facilities and is available on the COMRU web page, <http://www.dhss.mo.gov/NursingHomes/PASRR.html>.

Please refer to the PASRR Desk Reference at <http://www.dhss.mo.gov/nursinghomes/PASRR.html>, and email any questions to COMRU@dhss.mo.gov.

Bake-Offs and Celebrations Highlight Residents' Rights Week

By Julie Ballard, Vice President of Missouri Coalition Celebrating Care Continuum Change



More than a dozen events were held in Missouri Oct. 3 through Oct. 9 to highlight the rights of people in long-term care facilities.

The effort was part of Residents' Rights Week, an annual, nationwide event designated by the National Consumer Voice for Quality Long-Term Care. This year's theme "Defining Dining: It's About Me" emphasized the fundamental rights of all long-term care residents to be treated with dignity and respect.

During the weeklong celebration, residents and staff in Jefferson City received a visit by an "Elvis" impersonator. They also participated in a sing-a-long of food-related songs while eating cookies. Cookie bake-offs were held in several locations where staff and residents joined in to bake cookies and local dignitaries judged their goodies.

Residents' Rights Week is a wonderful time to honor long-term care residents, but it is not the ONLY time to schedule a celebration. If you missed this year's festivities and would like to honor your residents in a special way, contact your regional ombudsman or the Missouri Long-Term Care Ombudsman Program at 800-309-3282, or e-mail LTCOmbudsman@dhss.mo.gov.

2010 Annual Surveyor Training



The Division of Regulation and Licensure held the 2010 Annual Surveyor Training Nov. 15 to 17 in Columbia, Mo. More than 300 individuals attended, including long-term care, hospital, homecare and rehab surveyors, and representatives. Speakers addressed life safety codes, infection control, residents' funds, MDS 3.0, and more. Handouts and PowerPoint presentations are available at the DHSS website, www.dhss.mo.gov/SeniorServices.

A special thank you goes to Hellen Adrian, who coordinated the training for the first time due to Anita Turnball's retirement. Way to go Hellen, the training was great!

St. Charles Hosts 2011 Pioneer Network Conference

By Joan Devine, President of Missouri Coalition Celebrating Care Continuum Change

"Pioneer Network is Comin', Care Givers and Elders Come Runnin'."

The above refrain rang out recently at the national Pioneer Network Conference in Indianapolis. Missouri providers dressed in pioneer garb and rowing cardboard canoes sang it to invite attendees to come "Rollin' to St. Charles" next year, when that city hosts the national conference Aug. 1 to Aug. 4 in the Embassy Suites Hotel.

The Missouri Coalition Celebrating Care Continuum Change, known as MC5, is a proud sponsor of the 2011 conference and a major player in promoting the culture change movement. The movement strives to put the "home" back in nursing and believes that resident choice is at the heart of person-centered care. MC5 hopes the conference will spur more Missouri senior service providers to join the culture change movement.

Joan Devine and Julie Ballard, co-chairs of the Missouri Conference Committee, have already begun to work with Karen Stobbe, the Pioneer Network's conference chair. The committee is looking for opportunities to highlight and involve Missouri providers and agencies that are changing the culture of long-term care in Missouri. Those agencies include the Department of Health and Senior Services, Primaris, the Missouri Long-Term Care Ombudsman Program and others.

MC5 also continues the "No Provider Left Behind" campaign, its effort to raise money to help fund registration fees for providers who otherwise would not be able to attend the 2011 conference.

Please visit the MC5 website at www.MoMC5.com for more information on the campaign and other conference information. We hope you plan to "Meet us in St. Charles" next August.



The Dos and Don'ts of Electric Blankets

By Cheryl Blackburn, Region 1 Manager

In the winter months, electric blankets provide warmth and comfort. But they can also become a fire hazard and cause burns. Though incapacitated and incontinent residents may request an electric blanket, it can be dangerous to honor their request. The best thing is to discuss such a request with the resident's physician and get his or her approval in writing.

A facility must determine how to monitor the use of electric blankets. If a resident is confused, the blanket's controls must be modified to prevent the resident from increasing the temperature. Staff must closely observe residents who use electric blankets to assure residents' comfort and safety.

Electric blankets should be purchased new and approved by Underwriters Laboratories. Facilities should keep the manufacturer's care instructions and guarantee that the wiring is sound. The blankets should be plugged directly into a wall outlet.

Medicare- and Medicaid-certified facilities must comply with federal regulations that specify the resident environment remain as free from accidents and hazards as possible. F323 also specifies that each resident receive adequate supervision and assistive devices to prevent accidents.

Facilities that take the precautions above will be able to verify they have honored residents' wishes and reduced the risk of any adverse affects.



Focusing on Customer Service

By Matt Younger, SLCR Section Administrator

Last fall, Change and Innovation, Inc., evaluated the nursing home survey process from a customer service standpoint. The Section for Long-Term Care Regulation (SLCR) commissioned the statewide study. The group's final report, issued earlier this year, included recommendations from long-term care providers and SLCR staff. To help address these recommendations, three implementation workgroups formed: Communications Strategies, Tools and Documents Development, and Training Strategies. Group members met for the first time last month and include surveyors, DHSS regional managers, nursing home administrators, directors of nursing, and certified nurse aides. The workgroups will help ensure that any changes SLCR makes are as helpful and mutually beneficial as possible. Please look for more information about this new and exciting collaborative effort to improve the lives of Missouri residents in long-term care.



Matt Younger (at computer), SLCR Section Administrator, meets with the Training Strategies workgroup.

Prepare for Bad Weather Now

By Shelly Williamson, SLCR Operations Manager

Winter weather can cause many problems for long-term care facilities. Therefore, state officials developed a protocol to keep communication channels open in case of an emergency. The protocol lists the cellular and main phone numbers of the section's seven regional offices.

Facilities should call the regional office closest to them in the event of an emergency. Springfield facilities, for instance, should call Region One's main office phone number if they lose a necessary service such as electricity, gas or water during normal business hours. Poplar Bluff facilities should call Region Two's main number, and so on. The cellular phone numbers should be used for emergencies that occur between 5 p.m. and 8 a.m. Monday through Friday, and on weekends.

For questions about the protocol, contact Shelly Williamson, SLCR Operations Manager, at (573) 526-8524.



Cut and Save

Section for Long-Term Care Regulation Emergency Protocol Phone Numbers*

Region	Main Office Phone	Cellular Phone
Region 1 - <i>Springfield</i>	(417) 895-6435	(417) 425-8780
Region 2 - <i>Poplar Bluff</i>	(573) 840-9580	(573) 778-6495
Region 3 - <i>Kansas City</i>	(816) 889-2818	(816) 719-0089
Region 4 - <i>Cameron</i>	(816) 632-6541	(816) 632-9371
Region 5 - <i>Macon</i>	(660) 385-5763	(660) 651-1468
Region 6 - <i>Jefferson City</i>	(573) 751-2270	(573) 619-3338
Region 7 - <i>St. Louis</i>	(314) 340-7360	(314) 623-2852

* This protocol is NOT to be used to self report incidents normally reported to the Elder Abuse and Neglect Hotline.



By Candi Ralston, La Plata Nursing Home, Activities Director

On Monday and Thursday nights at La Plata Nursing Home, you'll find Resident Leland Roberts jamming with the community music group. Residents love it, and the public comes from miles around to hear "Red," as he is called by friends.

No stranger to organizing jam sessions, Red played his first banjo at age 17, with instruction from a friend. The year was 1941. Later, Red taught himself the mandolin, guitar and fiddle.

"Red plays by ear," says Candi Ralston, La Plata's activity director. "He hears a song, learns it, then he can play it. He also makes up his own songs on occasion but never writes lyrics."

Though born with a cleft palate that caused a speech problem, Red never let the impairment hamper his love for singing and music. He and a neighbor played in a band for 10 years, and Red continued playing with other groups for more than 20. Until a few years ago, he still played at dances on Saturday nights.

Off stage, you'll often find Red at the bedside of a distressed resident giving a personal concert. He also walks the hall singing Christmas carols during the holidays.

"His singing and playing have a calming effect on those who listen and bring cheer to the residents," says Ralston.

Red also takes pride in La Plata's garden. Staff brags that "it's the best garden in town." Red says he has "done a little" gardening his whole life, a hobby he inherited from his mother.

Red is always there to give a helping hand to other residents, families, or staff members. He might be in the garden, playing music for a resident, helping other residents to meals or activities, or organizing the community jam session people come from miles to hear.



The *LTC Bulletin* is published quarterly by the Section for Long-Term Care Regulation and is distributed to all Missouri long-term care facilities. Suggestions for future articles may be sent to Tara.McKinney@dhss.mo.gov, or you may call (573) 526-8514.