

LTC Bulletin

Spring 2012

Make Your Health Care Wishes Known April 16

By Carol Scott, state long-term care ombudsman

National Health Care Decisions Day (NHDD) occurs April 16 each year to inspire and educate the public and providers about the importance of advance care planning. The 50-state initiative encourages individuals to express their health care wishes and encourages providers and facilities to respect those wishes.

The Missouri End-of-Life Coalition, which includes physicians, nurses, hospice and other health care organizations, has participated in NHDD every year since it originated in 2008. Coalition members hold numerous events to raise awareness about advance care planning. This year they plan even more events to mark the initiative's fifth anniversary.

While April 16 is the national day of observance, activities may be held any time. They might include hosting an educational session with local physicians and attorneys, offering notary services for persons who complete a health-care choices document, partnering with other agencies to hold an event, or simply distributing written materials. NHDD does not promote any particular agenda, but seeks only to provide information to people before a health care need or crisis arises. Free resources are available on the NHDD website:

<http://www.nhdd.org>.

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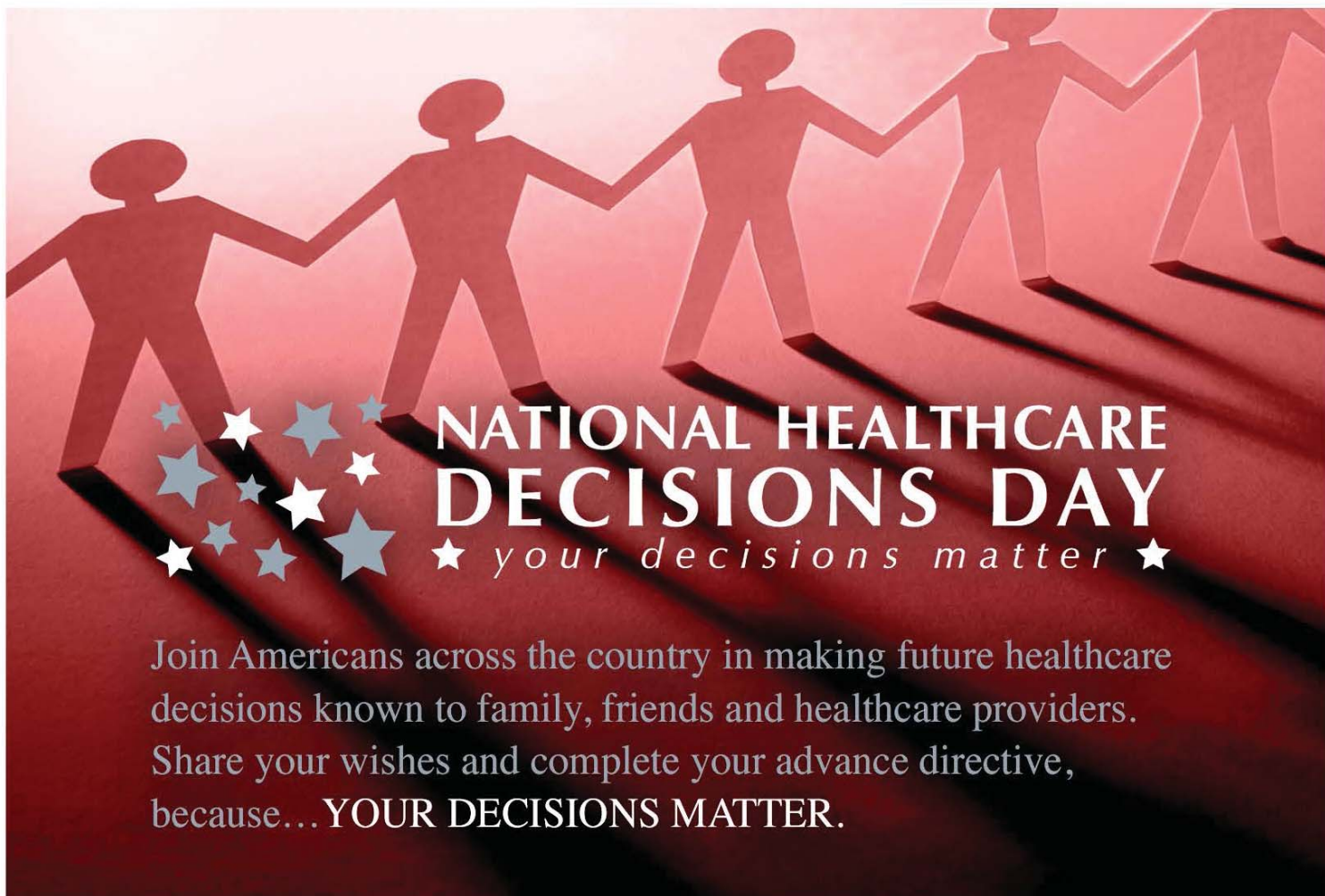
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**A publication of the
Section for Long-Term
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Health Care Wishes

(Continued from Page 1)



The Missouri End-of-Life Coalition is using the following script for 2012:

Have you had **THE** conversation? Does your family know what you want if you are unable to make your health care wishes known? Many of us are like Scarlett O’Hara in *“Gone with the Wind,”* thinking, “I’ll worry about that tomorrow.” But tomorrow can happen all too quickly. A car accident or severe illness like stroke or a heart attack can leave us completely altered in ways we never imagined. Those changes might be temporary, with improvement expected in a few weeks or months, or they might have devastating consequences affecting the rest of our lives.

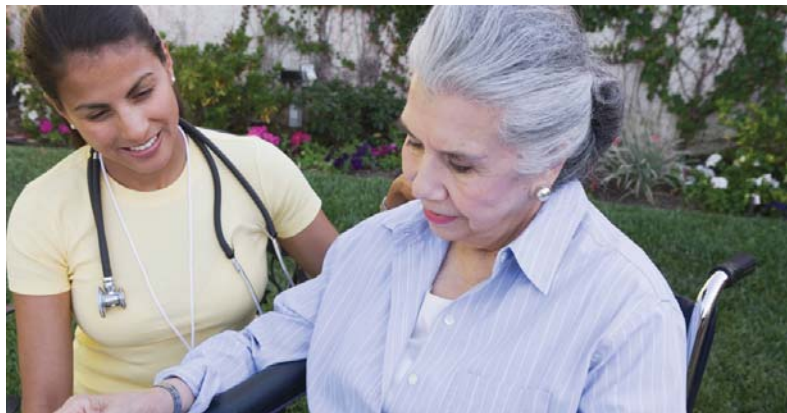
Whatever the impact, take time **NOW** to think about what’s important to you. Let your loved ones know your thoughts on health care treatment and end-of-life decisions. Don’t leave them in the dark trying to guess what you would do. These conversations might not be easy, but they will help your family and loved ones if a medical crisis occurs.

More information can be found on the End-of-Life Coalition website at <http://mo-endoflife.org/>.

Hepatitis B Outbreaks Linked to Improper Cleaning of Glucose Monitoring Devices

By Joan Brundick, state Resident Assessment Instrument coordinator

In August 2010, the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA) and the Centers for Medicare & Medicaid Services (CMS) issued new recommendations for glucose-monitoring or point-of-care devices. They did so because improper cleaning of these devices is linked to hepatitis B outbreaks in long-term care facilities.



Numerous Citations to Facilities

The Section for Long-Term Care Regulation (SLCR) has issued numerous citations to facilities for inadequately disinfecting glucose monitoring devices. Some facilities fail to disinfect or clean the devices between uses for different residents. Other facilities clean the devices, but fail to use an appropriate disinfectant. This is a concern that needs immediate attention.

F441 §483.65 Infection Control of the State Operations Manual (SOM) says: “Indirect transmission involves the transfer of an infectious agent through a contaminated intermediate object. The following are examples of opportunities for indirect contact.

- Resident-care devices (e.g., electronic thermometers or glucose monitoring devices) may transmit pathogens if devices contaminated with blood or body fluids are shared without cleaning and disinfecting between uses for different residents.”

Glucometers Must be Disinfected Between Each Use

Some facilities believe that only a glucose monitoring lancet (fingerstick) needs to be changed between uses for different residents. While it is imperative that a lancet (fingerstick) be used only once, it is also important that the glucose monitoring device or glucometer be disinfected *appropriately* after each resident use. CDC says that blood contamination is often evident on glucometers even if one cannot see it, and that facilities must use an EPA-registered disinfectant to clean glucometers. *Rubbing alcohol* is not an effective disinfectant against hepatitis B and *should not be used*. Surveyors often observe facility staff cleaning glucometers with alcohol wipes only. *This is unacceptable*.

The ideal situation is for each resident to have their own glucose monitoring device. That device should not be shared with anyone. However, if a facility must share glucose monitoring devices, then staff must disinfect those devices with an EPA-registered disinfectant after each resident use. It is important to use a glucose monitoring device designed for institutional use that can be disinfected frequently. Glucose monitoring devices designed for individual use may not withstand frequent disinfecting; therefore, they should not be shared among residents. The manufacturer’s instructions should say which cleaning solution a device can withstand, and the facility should follow those guidelines. If the manufacturer’s instructions do not specify steps for cleaning and disinfecting between uses of glucose monitoring devices, then the devices generally should not be shared among residents, according to CMS. *(Continued on Page 6)*

Housing a Second Business in Your Facility

By Carmen Grover-Slattery, policy unit manager,
Section for Long-Term Care Regulation

Providers: Do you allow a business to utilize space within your licensed long-term care facility? That business might include outpatient therapy services, child day-care centers, physicians' offices, independent living apartments or a home health agency. If so, you will need to obtain Section for Long-Term Care Regulation (SLCR) approval if that "second business" is not necessary for the administration of your licensed facility.



SLCR Approval Means

SLCR approval means a facility has permission to utilize space for a second business. Such approval does not constitute "licensure" for that second business. You must adhere to any statutory or regulatory requirements to operate such a business.

Approvals are time-limited. Make sure you are in compliance with the applicable regulations:

- **19 CSR 30-85.032 (48)**, relating to our intermediate care and skilled nursing care facilities, states: *"Only activities necessary to the administration of the facility shall be contained in any building used as a long-term care facility except as follows:*
 - (A) *Related activities may be conducted in buildings subject to prior written approval of these activities by the Department of Health and Senior Services. Examples of these activities are home health agencies, physician's office, pharmacy, ambulance service, child day care, food service, and outpatient therapy for the elderly or disabled in the community."*
- **19 CSR 30-86.032 (3)**, relating to our residential care and assisted living facilities, states: *"Only activities necessary to the administration of the facility shall be contained in any building used as a long-term care facility except as follows:*
 - (A) *Related activities may be conducted in buildings subject to prior written approval of these activities by the Department of Health and Senior Services (hereinafter—the department). Examples of these activities are home health agencies, physician's office, pharmacy, ambulance service, child day care and food service for the elderly in the community."*

SLCR's second-business approval should not be mistaken as approval for a facility to utilize its certification provider number to bill for second-business services. Facilities should seek assistance from their fiscal intermediary to determine which services are reimbursable.

To apply for or renew a request for a second business, please find the "Instructions for Second Business Request" form at: <http://health.mo.gov/seniors/nursinghomes/providerinfo.php>. Each document is listed in alphabetical order.

If you have questions, please contact Carmen Grover-Slattery, policy unit manager, at 573-526-8570.

DHSS Promotes Older Americans Month



As part of Older Americans Month in May, we invite older adults to tap into their fun-loving, playful side. That might mean a 90-year-old takes harmonica lessons for the first time or that a 67-year-old flies a kite. The Department of Health and Senior Services has compiled a list of speakers who will explore the ways seniors in all walks of life can have fun.

Our speakers are musicians, storytellers, entertainers, photographers, fitness and bird experts, and much more. We encourage you to book a speaker for a special event in May, and then let the department know about it. There is no cost for the speakers.



never too old
to **play**
older americans month 2012

Please e-mail Charisse.Pappas@health.mo.gov to obtain a speakers' list. Please note that the department cannot guarantee a speaker's availability, and that certain speakers may be available only in a specific part of the state.

Get Employee Background Checks Faster

By Beth Thompson, assistant chief, Family Care Safety Registry



Soon facilities and providers will be able to receive employee background-screening results faster. That's because the Family Care Safety Registry (FCSR) has developed a new, online system that can deliver the results electronically. Providers with an FCSR user account can check a print queue to access those results. If the results indicate that an employee or prospective employee does not have a background finding, providers can print the results letter within minutes. However, if FCSR staff needs time to determine whether an employee has a background finding, it may take three to five days for the electronic-results letter to arrive in an FCSR user's secure account.

Previously, most providers received the results letter through the U.S. mail.

Facilities that have yet to request FCSR online user accounts for their staff can do so now. Remember, the FCSR is a single place to conduct required checks of criminal history, the Employee Disqualification List, and other statewide databases.

To learn how to request an FCSR user ID and password, visit <http://health.mo.gov/safety/fcsr/forms.php>, or call the FCSR toll-free access line at 866-422-6872.



2012 Culture Change Conference



ou're invited to "Our Journey Continues... Lighting the Way for Change." The May 9 to May 10 Culture Change Conference occurs

at the Hilton Garden Inn in Columbia, Mo. It will focus on ways to implement culture change and person-centered care throughout Missouri. Missouri professionals who are leaders in skilled nursing homes, residential and assisted living care, and other various health care fields will attend. They will share valuable information about successful strategies and future trends in senior care. This conference provides an exciting forum for the exchange of practical knowledge, innovative strategies and technical advancements related to the continuum of health care for older adults. It also offers an opportunity to demonstrate your expertise and share your knowledge and organizational successes with other colleagues.

Keynote speaker Carmen S. Bowman, MSH, ACC, is a former CMS policy analyst and Colorado surveyor who owns Edu-Catering: Catering Education for Compliance and Culture Change. Her company provides trainers, consultants and public speakers. Bowman taught the national CMS Basic Surveyor Training Course and now serves as CMS' culture-change contractor. With CMS, she also co-developed the Artifacts of Culture Change measurement tool. Bowman holds a master's degree in Healthcare Systems with an emphasis in eldercare from Denver University. Her bachelor's degree is in Social Work and German from Concordia College in Moorhead, Minn.

The conference is sponsored by the Missouri Coalition Celebrating Care Continuum Change. For the most current information, please visit: www.momc5.com.



Hepatitis B Outbreaks (Continued from Page 3)

Administrators might assume that nursing staff knows and uses appropriate infection-control protocols. This assumption could lead to serious consequences if blood-borne pathogens are spread to residents and employees through blood glucose monitoring devices. Protection from blood-borne viruses and other infections is a basic requirement and expectation in health care. Surveyors are directed to cite for inadequate disinfection of these devices. Reusing lancets (fingersticks) for more than one resident is considered an Immediate Jeopardy situation. In order to protect your residents and staff, make sure your facility staff never reuses lancets (fingersticks). Staff must always disinfect glucose monitoring devices between uses for different residents and use an EPA-registered disinfectant recommended by the manufacturer.



Resident Spotlight
**Grace
Pennell**



By Rita Herron, administrative assistant, Monroe Manor

B

orn and raised a Kansas farm girl, Grace Sell Pennell learned to cook on a wood stove, went to a one-room schoolhouse, milked cows, sold cream and admits to riding on calves and an occasional pig. Her father Willie was born in hard-scrabble Kentucky; her mother Opal, in Oklahoma's Indian Territory. The two met at a church convention, married six years later and raised six daughters in Kansas.

Grace's father was a progressive farmer. He acquired a tractor and a wind charger that provided electricity to their home long before neighbors had either. Grace drove that tractor until she was 19, and then entered nursing school in 1945. She was among the first group of Kansas students in 1950 to become a licensed practical nurse, an occupation two of her sisters also chose.

Grace threw herself into furthering her education in 1963 after David died, her husband of 11 years. She was 37.

As a nurse, Grace spent almost half a century bringing care, comfort and relief to babies, the diseased, the injured, military veterans and the elderly. She worked in hospitals and as a private nurse, and ran her own four-resident nursing home from her house. She retired in 1993.

Grace is a master baker. For years she participated in annual cake-baking contests sponsored by the International Cake Society. She prepared a three-tier cake for her parent's 65th wedding anniversary. Grace is also known to make scrumptious oatmeal bread that will make your mouth water. An accomplished knitter, she has taken classes in ceramics, crochet, embroidery and macramé.

Grace has visited more than half our states, been up Pike's Peak, saw Niagara Falls from both the ground and the air, caught 150 pounds of fish in one day, and once delivered a baby that arrived before the doctor.

Today, she owns a computer and uses e-mail. She says she feels comfortable living at Monroe Manor in Paris, Mo., because she is among nurses, her favorite people.

New Type of Licensure Available for Administrators in a Residential Care or Assisted Living Facility

By Sally McKee, board coordinator,
Missouri Board of Nursing Home
Administrators



Effective Jan. 30, 2012, changes were made to the Missouri Board of Nursing Home Administrator's rules, 19 CSR 73, Chapters 1 and 2. The most significant change is the addition of the **Residential Care and Assisted Living (RCAL) Administrator License**.

An administrator with an RCAL license can only be in administrative charge of assisted living facilities, and of residential care facilities that are licensed as a residential care facility II (also known as RCF*).

This regulation does not pertain to facilities licensed as a residential care facility I (also known as RCF).

If you are a current Missouri-licensed nursing home administrator (NHA), you are ***not*** required to apply for the RCAL licensure or take the RCAL exams. A licensed NHA is able to be in administrative charge of ***any*** licensed long-term care facility in Missouri, which includes skilled-nursing, intermediate-care, assisted-living and residential-care facilities.

If you have any questions or concerns, please contact the Board office at (573) 751-3511 or email: bnha@health.mo.gov

To download and view the rules, please visit:

Chapter 1 - <http://www.sos.mo.gov/adrules/csr/current/19csr/19c73-1.pdf>

Chapter 2 - <http://www.sos.mo.gov/adrules/csr/current/19csr/19c73-2.pdf>.

A list of the amended rules and a brief explanation follow on page 9.



(continued on Page 9)

New Type of Licensure *(continued from Page 8)*

Rule	Changes
19 CSR 73-1.010 General Organization	Updated contact information and added the Board's website address.
19 CSR 73-2.010 Definitions	Added new definitions pertaining to the RCAL administrator license and NHA administrator license.
19 CSR 73-2.015 Fees	Removed the state exam fee due to the exam being administered by the National Association of Long Term Care Administrator Board.
19 CSR 73-2.020 Procedures and Requirements for Licensure of Nursing Home Administrators	Updated contact information and application form information.
19 CSR 73-2.022 Procedures and Requirements for Licensure of Residential Care and Assisted Living Administrators	Added new rule establishing procedures and requirements for RCAL licensure.
19 CSR 73-2.025 Licensure by Reciprocity	Updated language to provide clarification on the NHA and RCAL licensure by reciprocity and modified the performance criteria as a licensed administrator from one year to three years.
19 CSR 73-2.031 Prescribed Course of Instruction and Training	Updated criteria to become an approved preceptor – licensed for three years and have been employed as a MO licensed administrator for one year within the three years. Updated criteria on completing the internship – RCAL applicant may complete entire internship in a licensed ALF or RCF.
19 CSR 73-2.050 Renewal of Licenses	NAB courses held in-person within Missouri are approved by the Board. Updated contact information and application form information.
19 CSR 73-2.051 Retired Licensure Status	Minor language changes.
19 CSR 73-2.053 Inactive Licensure Status	Minor language changes.
19 CSR 73-2.055 Renewal of Expired License	Minor language changes.
19 CSR 73-2.070 Examination	Updated language to include the new RCAL licensure and procedures for examination(s).
19 CSR 73-2.080 Temporary Emergency License	Updated language to include appropriate temporary emergency licensure (TEL) level application (NHA or RCAL) for a TEL. Modified the requirement from including a copy of the Statement of Deficiencies (SOD) to providing the SOD event identifier and date on the TEL application.
19 CSR 73-2.085 Public Complaints	Updated contact information and minor language changes.
19 CSR 73-2.120 Duplicate License	Minor language change.
19 CSR 73-2.130 Notice of Change of Address	Updated language clarifying contact information change notification to the board – administrators are required to notify the board of changes in the personal mailing address, email, phone number(s), and facility employment.

Exception Requests to Long-Term Care Regulations

By Carmen Grover-Slattery, policy unit manager, Section for Long-Term Care Regulation



Do you have or need an exception to a long-term care regulation?

DHSS May Grant Exceptions

The Department of Health and Senior Services “may grant exceptions for specified periods of time to any rule imposed by the department if the department has determined that the

exception to the rule would not potentially jeopardize the health, safety, or welfare of any residents of a long-term care facility” (19 CSR 30-82.010 (4)). The department can only grant exceptions to licensure requirements established in rules imposed by the department. The department cannot grant exceptions to requirements established by state statute or federal regulations. Exception approvals are time-limited. Make sure you are in compliance.

Examples of an exceptions request:

- If you install a wireless nurse call system that is not in accordance with all the required elements listed in 19 CSR 30-85.012 (124), you will need to apply for an exception to that regulation. The regulation applies to both existing and new intermediate care and skilled nursing facilities.
- If you remove a required nurses’ station (work area) that no longer complies with 19 CSR 30-85.012 (47), you will need to apply for an exception to that regulation. The exception could also affect regulation 19 CSR 30-85.012 (37), regarding location of resident room doors more than 140 ft. from the nurses’ station and the dirty utility room.
- If you convert a required “central” bathroom into a storage room, office, etc., and the new space no longer complies with 19 CSR 30-85.012 (52), you will need to apply for an exception to that regulation. The exception could also affect regulations 19 CSR 30-85.012 (54) and 19 CSR 30-85.032 (21), regarding the aggregate number of tubs or showers, and regulation 19 CSR 30-85.012 (51), regarding training or handicap toilets per nursing unit.

Before renovating your facility, please contact the Section for Long-Term Care Regulation’s Engineering Consultation Unit at 573-522-6228, or its Policy Unit at 573-526-8520, to learn when an exceptions request is or is not required.

A facility operator or owner may request an exception to a long-term care regulation. If you wish to apply for or renew an exception request, a copy of the “Instructions for Exceptions Request” form is at:

<http://health.mo.gov/seniors/nursinghomes/providerinfo.php>. Each document is listed in alphabetical order.

If you have any questions, please contact Carmen Grover-Slattery, policy unit manager, at 573-526-8570.



Residential Care Facilities:



A Key Sector in the Spectrum of Long-Term Care Providers in the United States



Here are the key findings from the Centers for Disease Control and Prevention's 2010 National Survey of Residential Care Facilities:

- In 2010, residential care facilities (RCFs) totaled 31,100 with 971,900 beds nationwide.
- About one-half of RCFs are small facilities with four to 10 beds. The remainder are medium-sized facilities with 11 to 25 beds (16 percent), large facilities with 26 to 100 beds (28 percent), and extra large facilities with more than 100 beds (7 percent).
- One-tenth of all RCF residents live in small RCFs and about 9 percent live in medium-sized facilities. The majority reside in large (52 percent) or extra large (29 percent) RCFs.
- About four in 10 RCFs have one or more residents with some or all of their long-term care services paid by Medicaid.
- Larger RCFs are more likely than small RCFs to be chain-affiliated and to provide occupational therapy, physical therapy, social services counseling, and case management.

View the entire report at:

<http://www.cdc.gov/nchs/data/databriefs/db78.htm>

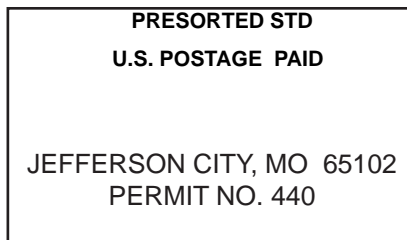
2011 Emergency Preparedness Survey



The Section for Long-Term Care Regulation (SLCR) conducted the fourth annual survey of all licensed long-term facilities in Missouri. Facilities were asked to provide information concerning the development and contents of their emergency plans. SLCR received 512 responses and would like to thank the facilities that responded. SLCR welcomes any questions concerning the survey or emergency preparedness planning at 573-522-8318. Emergency preparedness planning resources are also available at: <http://health.mo.gov/emergencies/readyin3/adultcare.php>.

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RETURN SERVICE REQUESTED



Do you have a special resident to nominate for the *Resident Spotlight*? *Resident Spotlight* will feature a resident who has a special talent, lived an adventurous life, given back to his or her community or experienced another type of accomplishment. Nominations will be reviewed and selected by a team from the Section for Long-Term Care Regulation. Facilities should ensure that all privacy policies are followed. All written submissions are subject to editing and approval by the Office of Public Information. Please contact Lisa Veltrop at Lisa.Veltrop@health.mo.gov, or 573-526-8514, to receive a nomination form.

Join the subscribers who already receive the weekly LTC Information Update. Go to the DHSS website at www.health.mo.gov/seniors/seniorservices/, and then click on “Subscribe to LTC Information Update.”

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 Lisa.Veltrop@health.mo.gov, or you may call (573) 526-8514.

