

# LTC Bulletin

## Summer 2012

**10TH  
ANNIVERSARY  
ISSUE!**

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<http://health.mo.gov/seniors/nursinghomes/providerinfo.php>

## Do Volunteers and Students Need to be Screened for Tuberculosis?

*By Matt Younger, SLCR Section Administrator, and Joan Brundick, State RAI Coordinator*

Do volunteers and students working in a long-term care facility need to be screened for tuberculosis?

It depends on the amount of time these individuals spend in the nursing home.

The Section for Long-Term Care Regulation (SLCR) views students in clinical rotations as volunteers. If these students, or any volunteers, work more than 10 hours per week, they must have the appropriate tuberculosis (TB) screening test, in accordance with the specific state regulations listed below.

SLCR does not regulate educational institutions or individual health care providers, so facilities must ensure regulatory compliance of the individuals allowed to work in their homes.

Facilities may adopt internal policies that are more restrictive than the state regulations. For example, a facility can require all students and volunteers to have TB tests, no matter how much time they spend at the facility.

As a reminder and helpful guidance for all facilities, please refer to the following article published in the LTC Bulletin – Volume 8, Issue 3, Summer 2010:

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# TB Screening *(Continued from Page 1)*



All long-term care facilities must perform a tuberculosis screening on all new residents, employees, and volunteers who work ten or more hours per week. Facilities should use the Mantoux PPD two-step tuberculin skin test.

Facilities must also test employees and volunteers annually for TB and evaluate residents annually. The process can get confusing because there are different requirements for employees, residents, and those who test positive.

TB is a contagious disease that can spread easily in residential populations such as those in long-term care facilities. TB is spread through the air when an infected person coughs or sneezes. Those near that person may become infected. Most people who become infected are able to fight off the disease. The TB bacteria may still be in their bodies and can become active later in life. This is called latent TB infection (LTBI).

People with weak immune systems, such as elderly people in long-term care, are at risk of the latent bacteria becoming active and causing TB. The good news is that medicine can prevent them from developing the full-fledged disease. For that reason, we have regulations to identify people at high risk.

*(Continued on Page 5)*

# Missouri Nursing Homes Have Happy Clients, MU Researchers Say

By Jesslyn Chew

As loved ones age and face challenges that prevent them from living on their own, family members often struggle with the decision to place their relatives in nursing homes. Sometimes viewed as last alternatives, long-term care facilities can have reputations as hopeless, institutionalized environments.

Now, those negative perceptions are changing, say two University of Missouri researchers in the Sinclair School of Nursing.

After conducting a statewide survey of Missouri nursing homes, the researchers found that nearly 90 percent of nursing home residents and their family members are satisfied with the residents' long-term care facilities.

“The findings paint a positive picture of nursing homes that contradict previous perceptions,” said Marilyn Rantz, Curators Professor in the nursing school, who helped conduct the survey. “Nursing home administrators have worked diligently throughout the past decade to improve the quality of care delivered to residents and to make care settings more homelike. Their efforts have made a difference in improving perceptions of long-term care facilities.”

To read the entire article, visit: <http://munews.missouri.edu/expert-comment/2012/0326-for-expert-comment-missouri-nursing-homes-have-happy-clients-mu-researchers-say/>.

An executive summary of survey results can be found at <http://nursinghomehelp.org>.



*Marilyn Rantz, Curators Professor in the Sinclair School of Nursing, left, conducted a statewide survey to evaluate nursing home residents' and their family members' satisfaction with nursing facilities. Marcia Flesner, right, a clinical educator in the nursing school, assisted Rantz with the statewide survey of nursing homes.*

# MU Leadership Development Academy for Nurse Leaders and Nursing Home Administrators in Long-Term Care



*A certificate program offered by the University of Missouri to strengthen the registered nurse (RN)- nursing home administrator (NHA) leadership connection for better outcomes in Long-Term Care (LTC)*

**Columbia and St. Louis: September 2012 - March 2013**  
**Kansas City and Springfield: April 2013 - October 2013**

**Open to all RNs and NHAs in LTC**

This is the last session of leadership development classes the MU Leadership Development Academy will offer to RNs and NHAs. The innovative, seven-month classes start in September 2012 and feature eight face-to-face sessions and two webinars. The classes are based on a proven, evidence-based curriculum that focuses on practical applications and peer consultation to help participants overcome daily challenges, strengthen leadership behavior and increase job retention.

**We would like to thank DHSS for offering \$350.00 scholarships to those who attend.**

More information is available at: <http://nursingoutreach.missouri.edu/>.

## **LIMITED ENROLLMENT!**

To assure a spot, call the MU Nursing Outreach office at 573-882-0215

or e-mail: [nursingoutreach@missouri.edu](mailto:nursingoutreach@missouri.edu)

University of Missouri Health System

Sinclair School of Nursing

**Nursing Outreach: Where Continuing Education and Continuing Competency Meet**

# TB Screening (continued from page 2)

Most people have no harmful side effects from a Tuberculin Skin Test (TST). But it should not be administered to those who have experienced a severe reaction in the past such as necrosis, blistering, anaphylactic shock, or ulceration. A physician's statement verifying a resident's, employee's or volunteer's previous, severe reaction to the test should be included in their record. In lieu of the test, those individuals should be evaluated upon admission or employment for coughing, bloody sputum, weight loss or other signs of TB.

The evaluations must be documented and must also occur annually. The TST test is safe for infants, children, pregnant women, HIV-infected people, or those who have been vaccinated with the TB vaccine bacilli Calmette-Guerin (BCG).



Flowcharts to help long-term care facilities determine the steps to take to comply with the TB regulations are available at: <http://health.mo.gov/seniors/nursinghomes/providerinfo.php>.

The flowcharts are located just below LTC Bulletin – Volume 8, Issue 3, Summer 2010.

The department strongly encourages you to read the following regulations:

- 19 CSR 30-85.042 (27) for Skilled Nursing and Intermediate Care Facilities;
- 19 CSR 30-86.042 (17) and (18) for Residential Care I Facilities;
- 19 CSR 30-86.043 (4) and (17) for Residential Care II Facilities; and
- 19 CSR 30-86.047 (18) and (19) for Assisted Living Facilities

All these regulations, other than 19 CSR 30-86.043 for Residential Care Facilities II, make specific reference to 19 CSR 20-20.100, the Tuberculosis Testing for Residents and Workers in Long-Term Care Facilities and State Correctional Centers:

*19 CSR 20-20.100 (3) Long-Term Care Employees and Volunteers. All new long-term care facility employees and volunteers who work ten (10) or more hours per week are required to obtain a Mantoux PPD two (2)-step tuberculin test within one (1) month prior to starting employment in the facility. If the initial test is zero to nine millimeters (0–9 mm), the second test should be given as soon as possible within three (3) weeks after employment begins, unless documentation is provided indicating a Mantoux PPD test in the past and at least one (1) subsequent annual test within the past two (2) years. It is the responsibility of each facility to maintain a documentation of each employee's and volunteer's tuberculin status.*

If you have any questions, contact Joan Brundick at 573-751-6308 or e-mail: [Joan.Brundick@health.mo.gov](mailto:Joan.Brundick@health.mo.gov).

# Avoiding Tick Bites is Especially Important for Adults over 50

By Alyce Turner, Communicable Disease Health Educator, Missouri Department of Health & Senior Services

When you or your residents spend time outdoors this summer, beware of ticks. They can transmit diseases that are more likely to lead to serious illness and complications for people older than 50.

Reduce your chances of getting a tick-borne disease. Apply a repellent to your clothing and bare skin before going outside, one that contains 20 percent to 50 percent of DEET. Then check your entire body and clothes for ticks when you return inside.

Research indicates that tick checks are an effective way to avoid tick bites. The longer an infected tick is attached to your body, the greater your chance of being bitten and infected. Avoiding tick bites is the key to prevention.

To find more information on tick-borne disease, please visit the following websites:

Centers for Disease Control and Prevention (CDC):

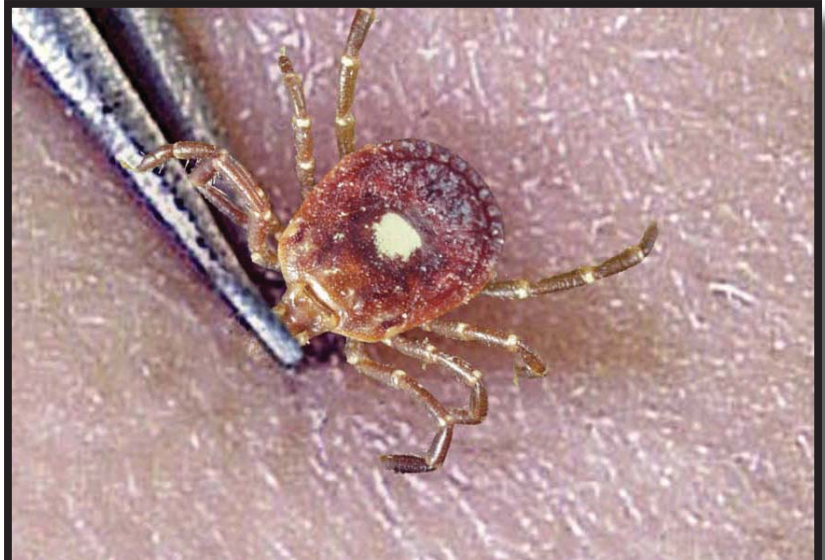
[www.cdc.gov/ticks/index.html](http://www.cdc.gov/ticks/index.html)

Missouri Department of Health & Senior Services:

[www.health.mo.gov/living/healthcondiseases/communicable/tickscarrydisease/](http://www.health.mo.gov/living/healthcondiseases/communicable/tickscarrydisease/)

To order free educational materials, please visit:

[www.health.mo.gov/living/healthcondiseases/communicable/tickscarrydisease/prevention.php](http://www.health.mo.gov/living/healthcondiseases/communicable/tickscarrydisease/prevention.php)



Prompt removal of ticks can help prevent disease.

Ticks can infect in 10 hours or less.

1. Using tweezers, grasp tick near its mouth and as close to your skin as possible.
2. Pull tick firmly, straight out, away from skin. Do not jerk or twist the tick.
3. Do NOT use alcohol, matches, or petroleum jelly to remove the tick.
4. Wash your hands and the bite site with soap and water after the tick is removed. Apply an antiseptic to the bite site.
5. Tell your doctor you had a tick bite if you develop symptoms such as fever, headache, fatigue or rash.

# Missouri Association of Area Agencies on Aging Announces 2012 Show Me Summit

By Catherine Edwards, Executive Director, MA4

The challenges facing Missouri's aging population get top billing at the 9th Annual Show Me Summit on Aging and Health Aug. 22 to 24 in Jefferson City. More than 350 civic and business leaders, providers, caregivers and interested citizens are expected to attend the unique forum sponsored by the Missouri Association of Area Agencies on Aging (MA4).

According to Mary Schaefer, president of MA4, a new feature this year is AARP's "You've Earned a Say" on Social Security and Medicare. The interactive session starts at 8:30 a.m. Friday, Aug. 24, and is open to the public.

"We are very pleased to partner with AARP on this important initiative and applaud AARP for its innovative approach to these critical topics," says Schaefer.

The three-day summit kicks off with a keynote address from Martha Roherty, executive director of the National Association of States United for Aging and Disability (NASUAD). NASUAD educates Congress, the Administration, and others on health and social policy issues of special concern to state officials administering programs for long-term care services.

Margaret Donnelly, director of the Missouri Department of Health and Senior Services, will provide the state perspective on aging, advocacy and awareness.

The summit is the largest forum on aging in Missouri. This year's theme is, "Aging, Awareness and Advocacy: Let's Stand Together."



The summit continues to offer pre-conference training on a national issue: elder abuse and exploitation. Other specific training tracks involve advocacy, senior center management, chronic disease management, exercise, falls prevention, stroke rehabilitation, resource development and care-transition topics. Alliance of Information and Referral Systems certification and testing will be offered, as will nursing home administrator and social work continuing education credits and certifications.

Workshops will continue throughout the summit, and special mobile workshops will be offered Thursday afternoon, Aug. 23, with tours of the Capitol and Governor's Mansion at 2 p.m.

A complete program and list of events, as well as exhibitor and sponsorship information, is available at: <http://www.ma4web.org/>. Click on the SUMMIT tab or contact:

Catherine Edwards, Executive Director, MA4 at: [cedwards@ma4web.org](mailto:cedwards@ma4web.org)

# New Dining Practice Standards

*By Sam Plaster, State Culture Change Coordinator, Missouri Department of Health & Senior Services*

According to the Academy of Nutrition and Dietetics (formerly the American Dietetic Association), malnutrition is one of the most serious problems facing health professionals in long-term care. Malnutrition is associated with poor outcomes and can increase one's mortality risk. The association found that most malnourished residents are on restricted diets that might discourage nutrient intake.



*Photo courtesy of the Life Care Center of Brookfield*

In 2010 the Pioneer Network, the Centers for Medicare & Medicaid Services (CMS), the American Health Care Association, and the Hulda B. & Maurice L. Rothschild Foundation teamed up to convene, “Creating Home II National Symposium on Culture Change and the Food and Dining Requirements.” Prompted by symposium feedback, the Food and Dining Clinical Standards Task Force formed to “establish nationally agreed upon new standards of practice supporting individualized care and self-directed living versus traditional diagnosis-focused treatment.” The task force was comprised of symposium experts, representatives from CMS, the U.S. Food and Drug Administration, the Centers for Disease Control and Prevention, and standard-setting groups.

The New Dining Practice Standards, completed in August 2011, reflect evidence-based, up-to-date research. The standards also include current thinking, relevant research trends and recommended courses of practice.

The New Dining Practice Standards, completed in August 2011, reflect evidence-based, up-to-date research. The standards also include current thinking, relevant research trends and recommended courses of practice.

The New Dining Practice Standards are available on the Pioneer Network website at <http://www.pioneernetwork.net/Providers/DiningPracticeStandards/>.

The following organizations have agreed to the standards:

- American Association for Long Term Care Nursing
- American Association of Nurse Assessment Coordination
- American Dietetic Association
- American Medical Directors Association
- American Occupational Therapy Association
- American Society of Consultant Pharmacists
- American Speech-Language-Hearing Association
- Dietary Managers Association
- Gerontological Advanced Practice Nurses Association
- Hartford Institute for Geriatric Nursing
- National Association of Directors of Nursing Administration in Long Term Care
- National Gerontological Nursing Association



# Nursing Homes are Invited to Participate in Primaris' Learning and Action Networks

By Deborah K. Finley, Director of Quality Improvement-Physician Offices and Nursing Homes, Primaris

Implementing what you learn in trainings or conferences can be more difficult than expected; the real world presents unique challenges. Staff may be resistant to change, other emergent issues seem to always arise, and time to make improvements is always in short supply.

Health care quality improvement works best when everyone learns and everyone shares. That's why Primaris, Missouri's Quality Improvement Organization, will be forming *learning and action networks* this fall using the Institute for Health Improvement's learning collaborative model.



This is an opportunity to:

- Be part of a national movement to improve resident care.
- Share your expertise and perspective with other facilities.
- Access free resources, tools and education on interventions that have been proven to work.
- Build relationships with other healthcare professionals.

Topics will be announced shortly.

Learn more by contacting Deborah Finley at: [DFinley@primaris.org](mailto:DFinley@primaris.org) or call 1-800-735-6776, ext. 133. You may visit the website at [www.primaris.org](http://www.primaris.org).



*Submitted by: Christine E. Crouch, R.N., Vice President and Administrator*

*Special Recognition: Ms. Cristina Vigil, Activities Director & Ms. Jan Keale, Volunteer Coordinator  
Bethesda Southgate - St. Louis, Missouri*

Mary Jane Butenuth, 92, epitomizes her generation. She was and is a symbol of feminism and women's economic power. She grew up on a North Dakota farm her family acquired through the Homestead Act and came of age during the Great Depression.

When World War II broke out, she responded to the need for workers, along with 4.1 million other women from many different backgrounds and cultures. Some women worked in factories like the fictional icon "Rosie the Riveter"; others became part of the defense industry. At age 23, Mary Jane joined the Army as a nurse's aide and tended to wounded soldiers in Springfield, Mo.

When the soldiers came home, women were encouraged to return to their housework or more traditional positions. However, Mary Jane and her peers provided the foundation for breaking down social barriers and recognizing diversity, and set the stage for the contemporary women's movement.

Mary Jane resumed civilian life as a waitress at the iconic *Bevo Mill* and cherished her role as a helpmate to husband, Larry, who had a long career at Anheuser Busch. They enjoyed a comfortable life in Saint Louis Hills and were married for more than 40 years.

Mary Jane represents many people in nursing homes -- a generation of rock-solid citizens from humble roots with clear social values and an amazing sense of patriotism.



*By Ms. Cindy Heck, Activities Director  
Tiffany Heights - Mound City, Missouri*

Arnold Rehm, 96, participates in many activities at Tiffany Heights, including the card game Pitch and recently, Rummikub®, a board game.

Last year Tiffany Heights started a “walk and roll” program, where residents, families and staff walk together or use wheelchairs to log miles. Long-distance walker Arnold logged more than 13 miles.

Arnold has created wire puzzles for more than 30 years and loves to teach others how to use them. He even writes puzzle instructions. But for those who still can’t figure one out, he offers private lessons and encouragement, “Now practice, and, if you need help, come back”.

“I have gone to Arnold many times with puzzles that I cannot solve,” says Cindy Heck, Tiffany Heights’ activities director. “I’m afraid I’ve even damaged some of them”.

The puzzles keep Arnold entertained and engaged and provide a unique opportunity to test his wits and everyone else’s. He has given more than 300 away.

“I’ve offered people \$20 if they can solve the puzzles,” Arnold laughs. As of the time of this publication, he still has his \$20.

Do you have a special resident to nominate for the Resident Spotlight? Residents featured may have a special talent, lived an adventurous life, given back to their community or experienced other accomplishments. 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 submissions are subject to editing and approval by the DHSS Office of Public Information.

To receive a nomination form, please call 573-526-8514.

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If you have suggestions for future articles, please e-mail [Lisa.Veltrop@health.mo.gov](mailto:Lisa.Veltrop@health.mo.gov) or call 573-526-8514.