

CONTINUUM

HEALTH CARE SERVICES, L.C.

“HEALTHLINE”

HEALTHLINE

FOURTH QUARTER 2007



THE “BEST” TITLE OF THE YEAR

It happens every year. Magazines, newspapers and television shows all do it. Now is the time. The year 2007 is currently being analyzed for “The Year in Review”. Who was the best? Who was the worst? For some it is a sense of pride and accomplishment. For others it can be disappointing and down-right scathing. Everything in 2007 is critiqued for that ultimate title.

The nursing home industry is no exception. There will be many reports, essays and opinions. We can certainly all attest to a challenging, or other descriptive words, for a 2007 title. Each of you can probably think of one, two or more challenges you have encountered in 2007. You may think some of those challenges have a “worst” title of the year.

I would like to encourage you to change your thinking. Remember every facility has challenges. And every challenge is an opportunity for a “best” title accomplishment. Focus on those accomplishments of 2007. What are the “best” titles for your facility? You all have them and you have many. I see them every time I visit your facility. Look and you will see them, too. Wow, what an extraordinary job you do! Your “best” of the year titles happens every day.

Consider writing your own Year in Review report. Have fun listing your “best” titles. It’s a great way to show off your exceptional facility. What a great moral booster! Be proud of your accomplishments. You are the “BEST” of 2007!

PART B OUTPATIENT THERAPY EXCEPTIONS



Part B outpatient therapy exceptions are due to expire December 31, 2007. The therapy caps will be reinstated as of January 1, 2008 at \$1810. Physical and speech-language therapy will share the therapy cap of \$1810. Occupational therapy will have its own cap.



TOP CITED DEFICIENCIES FOR RESIDENTIAL CARE

1. Dietary:

- Facility failed to provide a clean and sanitary kitchen environment.
- Facility failed to consistently assure that all resident’s diets were served in accordance with physician orders.
- Facility failed to serve foods within identified parameters (food temperatures).
- Facility failed to mark and date stored food items.

2. Personal:

- Facility failed to ensure a person with a criminal record or founded dependent adult abuse report had been evaluated by DHS.
- Facility failed to document the follow up of physician’s orders.

3. Service Plan:

- Facility failed to write and implement a service plan that addressed the individual needs. Failure to review quarterly.

- Facility failed to plan and implement a service plan for accidents/service plans.
- Failure to consistently address all resident identified needs with goals thru programming.
- Facility failed to properly identify in service plan the self-administering of medications.

4. Medications:

- Failure of facility to provide locked storage for resident medications.
- Failure to provide quarterly pharmacy inspections of the drug storage condition.
- Facility failed to administer medications according to physician order and to sign medication record.
- Facility failed to store drugs for internal use separate from those used for external use.

5. Records:

- Facility failed to complete incident reports for resident incidents.
- Facility failed to account for gaps in medication records.
- Failure to assure quarterly physician orders for each resident.
- Failure of facility to note resident's condition on record at time of discharge and failure to sign disposition of resident's valuables.

6. Maintenance:

- Failure to keep building and furnishings clean and in good repair.

7. Physical Examination:

- Facility failed to ensure all transfers returning to the building had orders to return to RCF.
- Failure to notify physician of change of condition.
- Facility failed to notify physician of a resident to resident altercation that resulted in injury.
- Facility failed to consistently assure TB status for each resident upon admission.

current and specific needs of the tenant.

- Program did not consistently develop service plans that include, for the tenants who are unable to plan their own activities, including tenants with dementia, planned and spontaneous activities.
- Program did not consistently carry out planned services.
- Program did not acquire required signatures for service plan.

2. Evaluation of Tenant:

- Program did not consistently complete cognitive, health and functional assessments prior to occupancy, within 30 days and annually.
- Program did not consistently complete health care evaluations prior to developing service plans and did not assure cognitive evaluations were completed by a health care or human service professional.

3. Staffing:

- Program did not provide appropriate staff training for falls, identified tenant needs and for dementia tenants.
- Program did not provide training by a Registered Nurse or Advanced Nurse Practitioner to tenant assistants who administer medications.
- The program did not provide nursing service according to the Iowa Code Chapter 152 and 655 –Chapter 6.

4. Nurse Review:

- Program did not consistently ensure current physician orders and appropriate administration and documentation of medications.
- Program did not consistently review tenants' health status every 90 days and with change of condition for those tenants receiving personal and/or health related services.
- Program did not complete 90 day reviews of medications to identify medication problems.
- Program nurse not signing, dating and timing all physician orders.

5. Medications:

- Program did not consistently follow an acceptable medication protocol.
- Program did not consistently document medications given by the program and did not give an explanation if medications were not given by the program.

TOP CITED INSUFFICIENCIES FOR ASSISTING LIVING



1. Service Plan:

- Program did not consistently develop or update service plan that reflected the

- Program did not apply acceptable standard of practice by not following physician instructions when administering medications.



ASSISTED LIVING REGULATORY GUIDELINES

While the assisted living philosophy promotes the importance of choice, dignity, privacy, and independence for the assisted living resident, providers are expected to meet regulatory guidelines. A review of 2007 3rd-quarter surveys indicated the most frequently cited insufficiencies as service plans, dietary, nurse review, personnel, medication and evaluation of the tenant.

The service plan begins prior to residency with the pre-admission visit by a health care professional (RN) or human services professional. During this initial visit, the prospective tenant must be evaluated for functional, cognitive, and health status. This evaluation should also determine if the services required can be provided and if the individual is eligible for the assisted living program. Individuals who are bed bound, who routinely require the assistance of two people to stand or transfer, are under the age of 18, or have unmanageable incontinence would be ineligible for admission.

Following admission, the tenant must be re-evaluated within 30 days of occupancy. This evaluation is to determine the tenant's continued eligibility for the program and to determine any changes or modifications to the services being provided. If a "trial period" is utilized, the agreement should be specific as to the length of the trial period and should be in writing.

Additional evaluations must occur as function, cognitive and health status change, or as needed, but not less than annually to determine again the continued eligibility and any changes or modification needed to the services provided. The service plan must be individualized and should indicate at a minimum the tenants need and requests for assistance, the expected outcome and any service providers if other than the programs.

Iowa is not an "aging in place" state where assisted living is concerned. As the tenant's condition changes and the needs and required services surpass those provided, transfer to a more appropriate care center may become necessary.

SNF ABN Skilled Nursing Facility Advanced Beneficiary Notice



The purpose of the ABN is to inform a Medicare beneficiary, before he or she receives specified items or services that otherwise might be paid for, that Medicare certainly or probably will not pay for them on that particular occasion. The ABN also allows the beneficiary to make an informed consumer decision whether or not to receive the items or services for which he or she may have to pay out of pocket or through other insurance. In addition, the ABN allows the beneficiary to better participate in his/her own health care treatment decisions by making informed consumer decisions. If the provider expects payment for the services to be denied by Medicare, the provider must advise the beneficiary before the services are furnished that, in its opinion, the beneficiary will be personally and fully responsible for payment. To be "personally and fully responsible for payment" means that the beneficiary will be liable to make payment "out of pocket", through other insurance coverage, through Medicaid or other payment sources. The provider must issue an ABN each time, and as soon as, it makes the assessment that Medicare payment certainly or probably will not be made. For your information:

- You are not required to use the SNF ABN. You are required to give notice to your residents, but any of the approved forms may be used. These include the NEMB, SNF ABN, or the old notices of non-coverage letters.
- The facility is accountable for information contained in the resident's medical record, including attending physician's notes. An example of this would be if a Physician clearly indicates in the medical record that the patient no longer needs a skilled level of care. The facility then needs to issue an ABN so the resident is aware that the services may not be covered.
- The ABN gives the resident the opportunity to have a demand bill completed. The purpose of the demand bill is to have Medicare review the chart, and determine if the services provided were at a skilled level of care.
- The very first thing Medicare will look at when they are making this determination is to see if the ABN was completed. If an ABN was not completed, they will issue a letter to the facility indicating that the facility is financially responsible for this stay because the resident was not notified of the potential liability.



TEN REASONS WHY YOU SHOULD ADVERTISE

Advertising is one of the most important links for a Health Care Facility to its customer. Savvy managers actually increase the amount of advertising they do when critical goals need to be met.

1) Advertising Increases Awareness

The first step toward increasing and expanding your potential customer base is to create 'continuous awareness' of your facility. The more the public is aware of your facility and its services, the greater the opportunity you have of meeting your goals.

2) Advertising Attracts New Customers

The market area is continuously changing. Potential customers are constantly moving into your area as it develops. This means new customers to make aware of your facility and its services. As people make more money, their lifestyle and buying habits may change. Healthcare needs may arise unexpectedly.

3) Advertising Encourages Repeat Business

In today's world-loyalty does not exist as it once did. There is much more mobility and freedom of choice for the customer. Advertising is needed to keep up with your competitor.

4) Advertising Generates Continuous Business

Every day that your doors are open -- you have employees to pay, overhead to meet and new customers to reach. Advertising your services will generate traffic now -- and in the future.

5) Advertising is an Investment in Success

An on-going advertising plan will give you an advantage over your competitors who cut back or cancel their advertising. Surveys have shown that businesses who maintain or expand their advertising plan over a five year period will meet their goals, while those who cut back on advertising may meet only half or less of their targeted goals.

6) Advertising Keeps You in the Competitive Race

There are only so many customers in the market needing your services. You have to advertise to be competitive. Advertising will help you keep and expand your market area against your more aggressive competitors.

7) Advertising Keeps Your Business 'On-Peoples-Minds'

We've all experienced the customer who puts off making a decision. He goes from facility to facility comparing prices, quality of care and service. Your name must be fresh in his mind when it comes time to make a decision. Advertising helps achieve that.

8) Advertising Gives Your Business a Successful Image

Rumors and bad news travel fast in a competitive market. Advertising can set the record straight in a hurry.

9) Advertising Maintains Morale

Positive advertising boosts your staff morale. It provides them strong, additional support.

10) Advertising brings in Big Bucks for Your Business

Advertising works. Successful businesses are usually steady, strong advertisers. You'll find the most aggressive and consistent advertisers are the most successful. Develop an advertising plan and watch your facility grow.



EARLY, LATE OR MISSED PPS ASSESSMENTS AND THE DEFAULT RATE

The Medicare MDS assessment schedule has specific days for the assessment reference date (ARD) placement depending on the type of assessment completed. A Medicare 5-day, 14-day, 30-day, 60-day or 90-day assessment has an ARD window that includes the use of grace days. For example, the Medicare 14-day MDS can place the ARD on day 11-14 or use grace days of 15-19. The "assessment window" for the 14-day Medicare assessment is therefore days 11-19. The Resident Assessment Manual (RAI) defines each type of Medicare PPS assessment on page 2-29.

An early or late Medicare assessment is one that is completed outside the assessment window. In the above 14-day Medicare assessment example, an ARD placed on day 10 would constitute an early assessment. And the ARD for a late assessment would be placed on day 20 or later. Missed assessments are those that were never completed. Compliance with the assessment window is crucial for the provider to receive the RUG-III payment rate. Any early, late or missed assessments will be paid by Medicare at the default rate. This rate is significantly lower than the rate payable if the assessment had been completed within the appropriate assessment window. Failure to complete the Medicare assessment

within the assessment window can have a huge financial impact on the provider.

Providers are allowed to change the ARD of a PPS assessment as long as the assessment window for that scheduled assessment has NOT passed. Once the assessment window has passed, the provider is NOT allowed to backdate the ARD. The RAI Manual discusses early, late or missed assessments and the default rate on pages 2-39 and 40.

This past spring concerns were raised when a CMS transmittal issued to fiscal intermediaries instructed them to deny any claim “when no MDS can be found in the national repository.” This meant the provider would no longer be able to bill the default rate for a missed assessment. The October 25th Open Door Forum by CMS made statements that clarified this concern. Providers can continue to bill at the default rate for Medicare services when an MDS was not completed within the assessment window.

IMPORTANT POINTS TO REMEMBER WHEN A SURVEYOR INTERVIEWS YOU



We all get nervous when a surveyor wants to talk with us. Here are some quick pointers to get you through it!

1. You have the right to request a witness if you are not comfortable being in the room alone with the surveyor. The witness must be very quiet and not talk or have any contact with you. The witness may take notes.
2. You may take notes during the interview yourself.
3. You may decline the interview if you are not comfortable talking to the surveyor.
4. Review any statements carefully if you are asked to sign a summary of the interview. Be sure it is what you have stated. Ask to edit it if it is not correct. You have the right to decline to sign.
5. You may request a copy of your signed statement.
6. Don't feel you have to agree with what the surveyor is telling you.
7. Review your answers in your head before speaking. Do you have the appropriate knowledge to answer the question?
8. Be careful of leading questions where it is presumed what the answer is already.
9. If you do not understand the question, ask for clarification. Do not answer a question that you do not understand.

This is a very brief summary of what you need to know at a minimum to talk with a surveyor. Above all be honest with your answers. Be sure that you are answering on facts only. No hearsay or speculation. You can only attest to what you actually know. Keep these few things in mind and talking with a surveyor will be a snap!



START WITH A CHUCKLE

It's the beginning of a new year and with all the challenges facing us in the future, it might be good for us to start out on a light note. The following was taken from Canadian Nursing Home magazine, Vol. 18, No.4, Dec. 2007. Author not identified. Hopefully this will provide you with a little laugh to start the New Year.

- A reporter interviewing a 104 year old woman: “And what do you think is the best thing about being 104?” She replied: “No peer pressure.”
- A nice thing about memory deficit is you can hide your own Easter eggs.
- My Memory's not as sharp as it used to be. Also my memory's not as sharp as it used to be.
- Prior to the funeral services, the undertaker came up to the very elderly widow and asked, “How old was your husband?” “98,” she replied, “two years older than me.” “So you're 96,” the undertaker commented. She responded: “Hardly work going home!”
- An elderly woman decided to prepare her will and told her caregiver she had two final requests. First, she wanted to be cremated, and second, she wanted her ashes scattered over Wal-Mart. “Wal-Mart?” the caregiver exclaimed. “Why Wal-Mart?” “Then I'll be sure my daughters visit me twice a week.”
- I feel like my body has become totally out of shape, so I got my doctor's permission to join a fitness club and start exercising. I decided to take an aerobics class for seniors. I bent, twisted, gyrated, jumped up and down, and perspired for an hour. But, by the time I got my leotards on, the class was over. WELCOME 2008!!!!



ADDITIONAL TRAINING RESOURCE

Try This is a collaborative project of the Hartford Institute for Geriatric Nursing at NYU's College of Nursing and the *American Journal of Nursing*. Two topics from the Hartford Institute's *Try This* series will

be made available each month through December 2008 in cost-free, Web-based resources including demonstration videos and companion articles in the *AJN*. These resources are designed to build knowledge and assessment skills among those caring for older adults.

The videos are approximately 30 minutes, or less, and can be viewed in their entirety--or in chaptered formats when time is an issue and a quick refresher on assessments or best practices is needed. Beyond demonstrating assessments, videos also provide viewers with tips on how to deal with challenges faced when administering various assessments; interdisciplinary approaches to dealing with problems; and best practices in communicating and utilizing findings to inform patients, families, and the plan of care. *This series can be viewed, downloaded, and shared without any fees.* Articles include detail on the issue addressed by the *Try This* tool, case studies, psychometric properties of the tool, and describe when and how to use the assessment. Information in the articles is also organized for ready access by novice to expert clinicians. *Articles may be printed and copied for educational use without copyright fees.*

AHRQ RELEASES EVIDENCE REPORT ON THE PREVENTION OF URINARY AND FECAL INCONTINENCE IN ADULTS



AHRQ released an evidence report that looked at the prevalence of and risk factors for urinary and fecal incontinence in adults in long-term care settings and in the community. The report, *Prevention of Fecal and Urinary Incontinence in Adults*, indicates that individualized, conservative management programs can improve incontinence in long-term care facility residents, and they require ongoing effort to sustain. People at high risk for incontinence include pregnant or menopausal women, women with vaginal prolapse, men treated for prostate disease, patients with rectal prolapse, and frail elderly and nursing home residents.

The report suggests that routine clinical evaluation could include an assessment of the risk factors, symptoms, and signs of incontinence. The report was prepared by AHRQ's Minnesota Evidence-based Practice Center and requested and funded by the NIH Office of Medical Applications of Research. Select to access the [report](#). A print copy is available by sending an e-mail to ahrqpubs@ahrq.hhs.gov.



DIA TO START OFFICIAL COMMUNICATIONS VIA E-MAIL IN 2008

DIA has announced that it will begin using e-mail for official communications to facilities in 2008. This will be to conduct facility business. Facilities need to ensure that e-mail with resident specific information will be protected. Facilities need to assess their current e-mail usage. Policies and procedures may need to be implemented or revised to ensure confidentiality. Facilities need to utilize their software vendors to assist with ensuring the safety for the facility and residents.

www.PrimoPDF.com: Free PDF writer encryption and password protection. No user registration required
www.CreativeSolutionsUnlimited.com: E-mail packages.

www.Google.com/mail/: E-mail packages.

FROM THE DESK OF THE ACCOUNTANT

Financial Audits becoming more challenging

As in the Nursing Home industry, the auditing industry is highly regulated. New Auditing Standard (SAS 112) has placed even more regulations on how an audit can be conducted. These new procedures will require more time for the nursing home staff as well as the auditor, which translates to an increase in price you pay for the audit. Many of the new standards relate to internal control. The auditors will spend more time deciding if the internal controls will "catch" mistakes or fraud. Since most of our bookkeeping offices have one or two people, the audit will deem the internal controls as "Weak" and not efficient at minimizing risk. This will cause a letter to the board from the auditors that will seem alarming.

Some things you can do to minimize your risk:

1. Don't have the same person who makes up the resident bills in charge of writing the deposit. It may seem like the obvious person, but from an audit standpoint, it allows one person to be able to generate and send a bill and receive the payment. Embezzling is possible by pocketing the payment when it comes in and deleting the original bill. A simple solution is for all incoming monies to be kept by the administrator with the deposit slip written and deposited by the administrator. The

- deposit slip can be given back to the accounts receivable clerk to record.
- Do not have the bookkeeper have check signing ability.
 - After checks to vendors are prepared, have the signer stuff the envelopes and prepare them for mailing. Do not return the checks back to the bookkeeper.
 - If you haven't already, involve a C.P.A. in your monthly financial statement preparation. Involving another person in the cycle can help spread out the tasks and eliminate some risk.



ACTIVITY PROFESSIONALS WEEK IS JANUARY 20th TO THE 25th.

Ways to honor your staff during Activity Professional Week

Each day provide a different breakfast item such as Bagels, Donuts, Fresh Fruit
 Designate one specific day and take them out to lunch and be sure the Administrator comes.
 Provide a custom made banner that pays tribute to the Activity Department.
 Purchase the promotional items and give to the staff.
 Give an individual Thank You card to each activity professional.
 Put up balloons that have a tribute to the professionals all over the building.
 Have a party with the residents and all staff one day during the week.
 Provide Activity pins for Activity Professional Week.
 Send an editorial to your local paper about what your Activity Department provides.
 Put up a table in the lobby showcasing all the activities you do. Place pictures on 3 panel display boards.
 Ask the residents to write poems about what Activities means to them.
 Submit a tribute about the activity profession to <http://www.activitytherapy.com/>
 Pay for membership in your state association for your staff.
 Allow paid time to attend the local state association meetings.
 Allow staff to attend the state convention and give it in writing.
 Pay for a seminar. Or reimburse once they attend.
 Write about each person in your department and place in the facility newsletter.
 Take a picture of each person and place in a frame and high light them during the week.
 Create a word search for staff and residents using all the words that define the profession.
 Give a corsage or flowers.
 If approved, allow them to leave early on Friday.
 Put up tributes written by other professionals. See <http://www.activitytherapy.com/>

Ask Administrator and DON to make a speech about activities during your party.
 Ask the Ombudsman to attend the party and make a speech about activities.
 Ask the resident council president to make a speech about activities.
 Ask the Volunteers to participate in the party; generally they support your department.
 If you are with a large corporation, ask the owners to acknowledge Activity Professionals during Activity Professional Week.
 Gift certificates to stores or movies or restaurants.
 Honor your Activity Director with a card, flowers or just say Thank You.

GENERIC NOTICE: QIO NUMBER

It has come to our attention that some of the Generic Notices being given out have the QIO phone number identified incorrectly. Please double check your notices to make sure that the number is as follows: 1 - 800-752-7014.

FLU SEASON IS UPON US



Most facilities have provided flu shots for their residents and staff by now. It is hard to keep that pesky little germ out of our homes, but here are some ways to help reduce the amount of sickness that goes around this time of year.

If you have a breakout of 3-4 cases of the flu, have housekeeping provide extra cleaning in those areas most affected by the resident. This would include areas such as; door knobs, light switches, TV remotes, counters, furniture, fire doors, handrails, and public restrooms.

If there are more than 4 cases of the flu it is time to close the doors and self-quarantine your building. This will protect the residents from any outside germs. Only those who are answering emergency situations should be allowed in. Visitors should be asked to return after the illness has passed. Ill residents should be encouraged to stay in their rooms and meals should be brought to their room and served on disposable dishware. Disposable utensils should also be used.

Remember that it is important to continue to provide activities for the residents, however all outside entertainers should be postponed until everyone is well again.

SPIRIT!!!!



With the New Year stretched out before us, we as providers should take a moment to reflect on the last year and consider things that we might like to change in our buildings. With the push for culture change coming, some facilities may need to consider some self assessment/audit tools that can help shed some light on where to start. Every facility has a certain spirit or feeling about it when you walk into the door. Odors, noises, staff appearance, etc., set a tone for anyone who happens to walk in. Whether you know it or not, your facility has a spirit and every employee on your team is a big part of that spirit. When you walk into other facilities, what is their spirit? How does the building make you feel? Following is a list of things you can do at your own facility to assess what the spirit of your facility is. You should spend at least one day listening carefully and watching the movements of your staff, residents, volunteers, visitors, consultants, department heads, evening shift, etc. Try to be as unbiased as possible and answer the following questions about your facility's spirit.

1. What does the appearance of the facility tell you about the kind of spirit you have?
2. How is the energy level?

3. Are there certain times in the day when the energy level peaks or drops?
4. How is the spirit at 6am as opposed to 6 pm?
5. What is the spirit of the residents and when does it seem to rise or fall during the day?
6. What is said at employee break times or shift changes that reveals the staff spirit?
7. How dedicated is the spirit of your volunteers?
8. What happens to the spirit when things get tense?
9. How is your spirit?
10. What spirit does your facility reflect to surveyors when they come into your building?

You should repeat these same questions on a weekend day as well. If you have the opportunity, visit another facility in your area and observe their facility and ask yourself the same above 10 questions. Compare and contrast your findings and make a plan to correct the areas that need improved upon or maybe use one of the ideas gained from observing the other facility. Gaining and maintaining a positive, friendly spirit in your nursing facility is a vital key to success and a huge reason why people will want to come to your facility as opposed the next one down the road. With census always being an issue these days, every little extra effort given will go a long way.



PO Box 193, Ankeny Iowa, 50021