

# Long Term Care News

Volume 2, Issue 1

January 2006

## ROUTE TO:

- ◇ Administrator
- ◇ Director of Nurses
- ◇ Infection Control Coordinator
- ◇ Social Services
- ◇ Dietary Services
- ◇ Activities
- ◇ Health Information Mgmt
- ◇ Business Office
- ◇ Environmental Services
- ◇ Other

## Inside this issue:

- ADA's Position on Liberalized Diets for Older Adults 2
- Soft Cooked Eggs Revisited 2
- CMS Prescription Drug Program in relation to LTC Pharmacies 3
- New CMS Nurse Staffing Posting Requirements 4

## CDC Recommends against the Use of Amantadine and Rimandatine

The Centers for Disease Control and Prevention (CDC) has issued CDC Advisory 00240 (enclosed with this newsletter), recommending against the use of one of the two classes of currently available antivirals, the M2 ion channel inhibitors (i.e., amantadine and rimandatine), for the treatment or prophylaxis of Influenza A in the US during the 2005 - 2006 influenza season.

This recommendation is based on recent viral testing results indicating that a high proportion of currently circulating Influenza A viruses in the US are resistant to these medications.

On the basis of these anti-

ral testing results, CDC is providing an interim recommendation that neither amantadine and rimandatine be used for the treatment or prophylaxis of Influenza A for the remainder of this flu season.

During this period, CDC recommends that, if an antiviral medication is used for the treatment or prophylaxis of influenza, one of the neuraminidase inhibitors (i.e., oseltamivir or zanamivir) should be selected.

CDC will continue testing influenza viruses for resistance to antiviral medications throughout the remainder of the 2005 - 2006 flu

season, and recommenda-



tions will be updated as needed.

CDC reminds us that the primary means of preventing morbidity and mortality associated with influenza is through the administration of influenza vaccinations annually.

## A Change in the Medicaid Manual Related to Transfer and Discharge Policies in Nursing Facilities

According to the Bureau for Medical Services, effective November 1, 2005, a revision to Chapter 500, Volume 15, Section 511 of the Medicaid Program Manual addressing Nursing Facility Services, has **removed** the requirement that nursing facilities provide "an

addressed stamped envelope for mailing of the appeal to the State" with each transfer / discharge notice given to a resident.

Please note that this change does not remove the obligation of the nursing facility to fully inform a resident of his or

her right to appeal a transfer / discharge action to the State.

As a reminder, the agency designated by the State to receive such requests for appeals is the Board of Review within the WV Department of Health and Human Resources Office of Inspector General.

## CMS Prescription Drug Program in relation to Long Term Care Pharmacies

The following communication was shared with this office by the Certification and Enforcement Branch of the CMS Regional Office in Philadelphia:

"It has been brought to the attention (of the) CMS Prescription Drug Program Officials that some nursing facilities have distributed letters to their patients falsely asserting that CMS has placed a requirement on facilities to contract only with Long Term

Care pharmacies that currently meet all of the Performance and Service Criteria for LTC Network Providers under Medicare Part D. We understand that this is causing some LTC facilities to exclude some pharmacies from servicing Part D patients resident in their LTC facilities.



"Please be advised that this is an inappropriate reading of the CMS requirements. On November 8, 2005, CMS issued the 'Long-Term Care (LTC) Convenient Access Standard State-

ment' stating the following:

"We also reiterate our previ-

*(Continued on page 3)*

## The ADA's Position on Liberalized Diets for Older Adults

Surveyors have noted that residents in a number of WV nursing homes and nursing facilities have orders for very restrictive therapeutic diets.

In an abstract from the Journal of the American Dietetic Association 2002; 102:1316-1323, the American Dietetic Association espoused the following position

statement:

"It is the position of the American Dietetic Association (ADA) that the quality of life and nutritional status of older residents in long-term care facilities be enhanced by a liberalized diet...

"Nutrition care for older adults in long-term care settings must meet two goals: maintenance of health

through medical care and maintenance of quality of life...

"Medical nutrition therapy must always address medical needs and individual desires, yet for older adults in long-term care this balance is especially critical because of the focus on maintaining quality of life...

*(Continued on page 3)*

## Soft Cooked Eggs Revisited

During recent surveys, it has also been noted that staff at some WV nursing homes and nursing facilities were unaware that residents CAN be served soft cooked eggs, as long as the shell eggs used during the soft cooked preparation have been pasteurized.

Although pasteurized shell eggs are more expensive than regular shell eggs, the opportunity to accommodate the requests of residents desiring soft cooked eggs does exist.

Please be aware that, when a surveyor observes a facility serv-

ing residents soft cooked eggs, the surveyor will look for evidence that the dish was prepared with pasteurized shell eggs.

Invoices from the facility's food vendor reflecting the purchase of pasteurized shell eggs may serve as such evidence.

## CMS Prescription Drug Program in relation to Long Term Care Pharmacies

*(Continued from page 2)*

ous guidance that any pharmacy - whether it is a LTC or retail pharmacy - that can meet the ten performance and service criteria outlined in our March 2005 LTC Guidance and is willing to accept any other standard contracting terms and conditions established by the plan for its network pharmacies can participate as a LTC network pharmacy. As clarified in previous guidance, this means

that network LTC pharmacies must have the capability to meet the performance and service criteria, either directly or through a subcontractor. It does not mean that prospective LTC network pharmacies must show that they currently provide such services or that they could provide all these service directly. The actual services that must be provided by the LTC network pharmacy will depend on the specific needs of the specific LTC facilities serviced by the

pharmacy.”

All licensed nursing homes and Medicare / Medicaid certified nursing facilities in WV are urged to identify and take immediate steps to remedy any inaccurate misinformation that may have been communicated to residents and/or their responsible parties with respect to the above matter.

## The ADA's Position on Liberalized Diets for Older Adults

*(Continued from page 2)*

“For frail older adults, overall health goals may not warrant the use of a therapeutic diet because of its possible negative effect on quality of life. A diet that is not palatable or acceptable to the individual can lead to poor food and fluid intake, which results in weight loss and undernutrition,

followed by a spiral of negative health effects. Often, a more liberalized nutrition intervention that allows an older adult to participate in his or her diet-related decisions can provide for the person's nutrient needs and allow alterations contingent on medical conditions while simultaneously increasing the desire to eat and enjoyment of food. This ultimately decreases

the risks of weight loss, undernutrition, and other potential negative effects of poor nutrition and hydration.”

Interdisciplinary care teams need to be aware that a very restrictive diet has the potential for doing a resident more harm than good.

## Nursing Home and Nurse Aide Program Personnel Changes

On December 31, 2005, **Ron Kelemen**, Health Facility Surveyor II, retired from the Nursing Home Program after approximately 25 years of service with the WV Civil Service.

**Linda Bruce**, Health Facility Nurse Surveyor II, joined the Nurs-

ing Home Program on December 16, 2005; Linda brings with her many years of experience both as a provider and, most recently, a long term care surveyor in Texas.

**Leah Brisendine**, Office Assistant II, began providing clerical support

in the Nurse Aide Training and Competency Evaluation unit of the Nurse Aide Program in January 2006.

**Janet Fox**, Health Facility Nurse Surveyor II, resigned from the Nurse Aide Program effective January 22, 2006, to pursue personal goals.

**DEPARTMENT OF HEALTH AND  
HUMAN RESOURCES  
OFFICE OF HEALTH FACILITY  
LICENSURE AND CERTIFICATION**

Capitol and Washington Streets  
1 Davis Square, Suite 101  
Charleston, West Virginia 25301-1799

Phone: 304-558-0050  
Fax: 304-558-2515



**Mission Statement**

*To create healthy environments  
for clients, patients and  
residents of healthcare  
facilities...*

[www.wvdhhr.org/ohflac](http://www.wvdhhr.org/ohflac)

**STAFF DIRECTORY**

Nursing Home Program - Dee Kramer, Program Manager II

Julie Hall, Senior Specialist  
(Licensure, Certification, and Surety Bonds)

Tammy Taylor, Office Assistant III

Emily Garnett, Office Assistant III

Nurse Aide Program - Karen Blankenship, Program Manager I

Shannon Wallace, Office Assistant III  
(Nurse Aide Registrations and Reciprocity )

Carol Thornton, Office Assistant II  
(Nurse Aide Abuse Registry)

Leah Brisendine, Office Assistant II  
(Nurse Aide Training and Competency Evaluation Programs)

**Changes in the CMS Nurse Staffing Posting Requirements**

Effective December 27, 2005, the new CMS requirements for the posting of nurse staffing information by all nursing facilities certified for participation in Medicare and / or Medicaid went into effect. The new requirements are as follows:

Per 42 CFR 483.30(e) *Nursing staffing information*—

(1) **Data requirements.** The facility must post the following information on a daily basis:

- (i) Facility name.
- (ii) The current date.
- (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift:

- (A) Registered nurses.
  - (B) Licensed practical nurses or licensed vocational nurses (as defined under State law).
  - (C) Certified nurse aides.
  - (iv) Resident census.
- (2) Posting requirements.**
- (i) The facility must post the nurse staffing data specified in paragraph (e)(1) of this section on a daily basis at the beginning of each shift.
  - (ii) Data must be posted as follows:
    - (A) Clear and readable format.
    - (B) In a prominent place readily accessible to residents and visitors.

(3) **Public access to posted nurse staffing data.** The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.

(4) **Facility data retention requirements.** The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.

Because of the new access and retention requirements, facilities will not be able to satisfy these posting requirements through the use of reusable displays such as chalk boards or dry erase boards.