

Insider Chat

Volume II, Issue III

February, 2012

PLEASE POST
AND SHARE
THIS
NEWSLETTER
WITH YOUR
STAFF.

It is better to receive than give???

Dorya Huser, Chief, Long Term Care

The holidays are over so let's assess how it worked out for you. I heard on an advertisement "it is better to receive than give." Most folks have heard this said the other way around, but think about it. I don't know about you, but when I give, I usually receive a greater return. Whether it is an act of kindness or helping get a job accomplished or donating for a charitable cause, I always get a return. It may come in the form of a warm fuzzy or a sense of accomplishment or knowing I made a day better for someone or helping create a successful outcome or just knowing I did the right thing. It might not come right away, but you will know

when it happens. My goodness, sometimes I even hit the jackpot and get a combination of several in return. Has that happened to you? Can you think of a time you had to call on your patience and understanding to get to the right goal? Have you had to reach way down inside to make the best decision? Can you think of a time that the road seemed to be full of unending bumps, but then you hit the super highway? Are you saying to yourself when an unpleasant situation occurs- "what goes around comes around." I don't think that necessarily holds true for those who treat others poorly. My best response to that is "they just don't get it!"

They go through life unaware and missing the good stuff. While they are busy trying to criticize, give poor customer service, complain and create barriers to success, they never get the big bonanza of reaping the rewards of good deeds. It **IS** better to receive!!! Are you with me now? Do you see how this works? If you have a neat story to tell about how you "received" and how fun that was, send to me. We will share in the next edition of Insider Chat. You may have also heard about "pay it forward." It works the same. Cool!!!!

In the Spirit,

Dorya Huser

Inside this issue:

Crabby Old Men	2
QIS Update	3
Portable Space Heaters	4
ODH Form 718	5
Smoking Safety	6
Chapter 675	7
2012 Provider Training Dates	8



Remember this poem when you next meet an older person who you might brush aside without looking at the young soul within.



We will all, one day, be there too!

“The best and most beautiful things of this world can't be seen or touched. They must be felt by the heart.”

“Crabby Old Man”

What do you see nurses?...What do you see?
What are you thinking...When you're looking at me?
A crabby old man...Not very wise,



uncertain of habit...With faraway eyes?
Who dribbles his food...And makes no reply.
When you say in a loud voice... “I do wish you'd try!”

Who seems not to notice...The things that you do.
And forever is losing...A sock or shoe?
Who, resisting or not...Lets you do as you will,
with bathing and feeding...The long day to fill?

Is that what you're thinking?...Is that what you see?
Then open your eyes, nurse...You're not looking at me.
I'll tell you who I am...As I sit here so still,
as I do at your bidding...As I eat at your will.

I'm a small child of Ten...With a father and mother,
Brothers and sisters... Who love one another.
A young boy of Sixteen...With wings on his feet.
Dreaming that soon now...A lover he'll meet.
A groom soon at Twenty...My heart gives a leap.
Remembering, the vows...That I promised to keep.
At Twenty-Five, now...I have young of my own.
Who need me to guide...And a secure happy home.
A man of Thirty...My young now grown fast,
Bound to each other...With ties that should last.

At Forty, my young sons...Have grown and are gone,
But my woman's beside me...To see I don't mourn.
At Fifty, once more, babies play 'round my knee,
Again, we know children...My loved one and me.

Dark days are upon me...My wife is now dead.
I look at the future...Shudder with dread.
For my young are all rearing...Young of their own.
And I think of the years...And the love that I've known.

I'm now an old man...And nature is cruel.
Tis jest to make old age...Look like a fool.
The body, it crumbles...Grace and vigor, depart.
There is now a stone...Where I once had a heart.
But inside this old carcass...A young guy still dwells,
and now and again...My battered heart swells.
I remember the joys...I remember the pain.

And I'm loving and living...Life over again.
I think of the years, all too few...Gone too fast.
And accept the stark fact...That nothing can last.
So open your eyes, people...Open and see.
Not a crabby old man...Look closer...See ME!!

-Author: Unknown

Portable Space Heaters

Nathan Johns, MBA, Life Safety Code Supervisor

Despite the fact that electric space heaters do not have an open flame, according to the National Fire Protection Agency (NFPA), space heaters (portable or stationary) accounted for 30% of the home heating fires and 75% of home heating fire deaths in 2006.



Space heaters (portable and stationary) were involved in an estimated 64,100 U.S. home structure fires, 540 civilian deaths, 1,400 civilian injuries, and \$9.4 million in direct property damage. Much of the injury and damage was caused by the heating elements used in some types of electric heaters, which are hot enough to ignite nearby combustibles such as draperies, paper, clothing, furniture, and flammable liquids.

In 2009, heating equipment was involved in an estimated 58,900 reported home structure fires, 480 civilian deaths, 1,520 civilian injuries, and \$1.1 billion in direct property damage. Fires, injuries, and damages were all lower than in 2008 (and deaths were virtually unchanged) and fit into a largely level trend over the past few years, coming after a sharp decline from the early 1980s to the late 1990s. In 2005-2009, most home heating fire deaths (79%) and injuries (66%) and half (52%) of associated direct property damage involved stationary or portable space heaters. Space heating poses a much higher risk of fire, death, injury, and loss per million users than central heating.

The NFPA 101, Life Safety Code section 19.7.8 **prohibits** the use of portable space heaters in health care occupancies but provides the following exception: Portable space heating devices shall be permitted to be used in non-sleeping staff and employee areas where the heating elements of such devices do not exceed 212°F.

With this in mind, if you use a space heater(s) in non-sleeping staff and employee only areas you must have the manufacturer's documentation indicating the heating element does not exceed 212°F. This documentation will need to be reviewed by the LSC surveyor at the time of the standard survey, complaint investigation or revisit to ensure that the space heater(s) being used are Life Safety Code compliant.

Reference: <http://www.nfpa.org/assets/files//PDF/OS.heating.pdf>



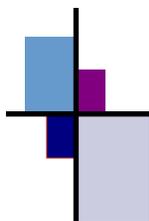
The ODH Form 718—What is it, Why do I Need It, Where do I get It
Patty Scott

“The details of this job are killing me.” - Franklin D. Roosevelt

If Franklin D. Roosevelt was a long term care administrator, he might have said this about the ODH Form 718...just one more detail in an already complex time-consuming process. This detail, however, is vital to the scheme of abuse prevention. The form entitled *Notification of Nurse Aide/Nontechnical Service Worker Abuse, Neglect, Mistreatment or Misappropriation of Property ODH Form 718* is required by Oklahoma Administrative Code (OAC) 310:675-7-5.1(l). The form should be completed and submitted to the Department when an allegation of abuse, neglect or misappropriation is made against a nurse aide or non-technical service worker. Use of the form with the required information filled out is a small detail that can have large ramifications.

“...the form and information on the form, are important in maintaining the abuse registry maintained by the Department.”

Information required on the form includes, but is not limited to, the facility name and address, the reporting party, the employee name (name of the alleged perpetrator of abuse, neglect or misappropriation), and details about the allegation. It should be submitted to the Oklahoma State Department of Health (OSDH) along with the initial incident report (within 24 hours), so that the information can be forwarded to investigators as soon as possible. The form and information included in the form are important in maintaining the abuse registry maintained by the Department. The Nurse Aide Registry was created in 1991 and includes the abuse registry that lists nurse aides and non-technical services workers with annotations of abuse and/or convictions of abuse. This is a critical tool to assist providers with implementation of the screening component of policies related to Abuse/Neglect/Misappropriation prevention. The abuse registry can be accessed at <http://www.ok.gov/health/pub/wrapper/nrsaid.html>.

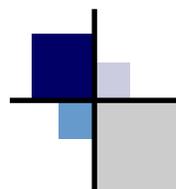


The Long Term Care Intake and Incident service area now has the capability to identify facilities that repeatedly fail to submit the mandatory information contained on the ODH Form 718. In the past, providers have been prompted for this information, however it is the facility’s responsibility to comply with Federal and State rules for incident reporting. The future may include onsite or offsite investigation of compliance with reporting allegations of abuse and neglect.

“Arriving at one goal is the starting point to another.”

- Fyodor Dostoevsk

When an allegation of abuse, neglect or misappropriation is made against a nurse aide or non-technical service worker, please complete an incident report form, ODH Form 283, along with the ODH Form 718 and submit to Long Term Care Intake and Incidents service area via facsimile at 405-271-4172 or toll free at 1-866-239-7553. Both forms are available at http://www.ok.gov/health/Protective_Health/Long_Term_Care_Service/Long_Term_Care_Forms/index.html.



Smoking Safety in Long Term Care Facilities

Karen Gray, MS, RD/LD, Training Programs Manager

In calendar year 2011, the Oklahoma State Department of Health (OSDH), long term care surveyors cited four (4) Immediate Jeopardy deficiencies and twelve (12) deficiencies at the level of potential for more than minimal harm related to lack of assessment and supervision of residents who smoke tobacco products.

Supervision of residents who smoke tobacco products in long term care facilities was recently re-emphasized in a Centers for Medicare and Medicaid Services (CMS) Survey & Certification letter dated November 10, 2011 (S&C: 12-04-NH) based on the reporting of a resident death in a facility due to lack of supervision while the resident was smoking.

In this situation, the resident was smoking outside the building without supervision and accidentally ignited her clothing. Staff members who were inside the building attempted to assist, but could not reach the resident in time and she died as a result of her injuries. The resident was not wearing a smoking apron and her wheelchair was blocking the fire extinguisher in the vicinity. The resident had been deemed appropriate to smoke unsupervised.

The current Federal regulations and the Guidance to Surveyors (Interpretive Guidelines) at 42 CFR, Part 483.25(h), F323, Accidents and Supervision, describes appropriate precautions such as smoking only in designated areas, supervising residents whose assessment and plans of care indicate a need for supervised smoking, and limiting the accessibility of matches and lighters by residents who need supervision when smoking. You may access the regulation and Interpretive Guidelines at: http://www.cms.gov/manuals/Downloads/som107ap_pp_guidelines_ltcf.pdf

The facility's assessment of each smoking resident's capabilities and deficits determines whether or not supervision is required. A resident deemed incapable of independent smoking should have this informa-

tion documented in the care plan or other designated location, so that staff know the correct procedures for each individual. This information must be kept current and updated as needed in accordance with any variance in the individual's capabilities and needs.

Facility policies must describe the methods by which residents are deemed safe to smoke without supervision. These methods may include assessment of a resident's cognitive ability, judgment, manual dexterity and mobility. Frequency of reassessment to determine if any change has occurred should also be documented. Surveyors may request to see documentation of the assessment that resulted in a resident being permitted to smoke without supervision. Facilities should err on the side of caution and provide staff, family or volunteer supervision when unsure of whether or not the resident is safe to smoke unsupervised.

Oxygen use is prohibited in smoking areas for the safety of residents (NFPA 101, 2000 ed., 19.7.4.) An oxygen-enriched environment facilitates ignition and combustion of any material, especially smoking products such as matches and cigarettes. Facilities should ensure resident safety by such efforts as informing visitors of smoking policies and hazards to prevent smoking related incidents and/or injuries.

The facility is obligated to ensure the safety of designated smoking areas which includes protection of resident from weather conditions and non-smoking residents from second hand smoke. The facility is also required to provide portable fire extinguishers in all facilities (NFPA 101, 2000 ed., 18/19.3.5.6). The Life Safety Code (NFPA 101, 2000 ed., 19.7.4) requires each smoking area be provided with ash-

trays made of noncombustible material and safe design. Metal containers with self closing covers into which ashtrays can be emptied must be readily available.

A new issue concerns the use of electronic cigarettes (e-cigarettes). These are not considered smoking devices, and their heating element does not pose the same dangers of ignition as regular cigarettes.

The Survey & Certification letter referenced in this article may be accessed on line at: http://www.cms.gov/Surveycertificationgeninfo/downloads/SCLetter12_04.pdf

2012

Provider Training
!!Save the Date!!

LTC Provider Training
Wednesday, June 27
Moore/Norman Tech
Oklahoma City, OK

Thursday, July 26
OU, Perkins Auditorium
Tulsa, OK

Residential Care
Provider Training
Thursday, Aug 16th
Moore/Norman Tech
Oklahoma City, OK

ICF/MR Provider Training
Thursday, Sept 13
Moore/Norman Tech
Oklahoma City, OK

Assisted Living Provider
Training
Tuesday, October 16
Moore/Norman Tech
Oklahoma City, OK



“Facility policies must describe the methods by which residents are deemed safe to smoke without supervision.”



'Great things are not done by impulse, but by a series of small things brought together.'

~ Vincent Van Gogh

Chapter 675

Lisa McAlister, RN and Gaye Rowe, RN, Training Department

For those Nursing and Specialized Facilities subject to the provisions of the Oklahoma Administrative Code, Title 310, Chapter 675, there have been some rule changes that went into effect June 25, 2011. The rules are specific to the resident calling system, the medication cart, application of powders by nurse aides, medication destruction, and emergency pharmacy services. A current copy of Chapter 675, with the new rules, may be accessed through the Oklahoma State Department of Health website at the following web address: http://www.ok.gov/health/documents/HRDS_Chapt675.pdf.

The following identifies those rule changes:

In Subchapter 5, Physical Plant at 310:675-5-21. Electrical requirements:

(4) Notification system (Previously Nurses' call system)

(A) **Resident areas.** Each room, toilet and bathing area shall have a means for residents to directly contact nursing staff. This communication may be through audible or visual signs, electronic systems and may include "wireless systems." (Previously there was a requirement that when a call button was pressed, the call was to register with the floor staff and activate a visible signal in the corridor at the resident's door, in the clean workroom, in the soiled workroom, and in the nourishment station of the nursing unit. In addition, the Nurse's calling system had to provide two-way voice communication and there was no provision for a "wireless system".)

(B) **Wireless nurse call system.** Facilities may substitute a wireless nurse call system for wired call systems or operate both a wireless and a wired nurse call system in parallel. (This is a completely new requirement.)

(C) **Resident's emergency.** (There was no change except the paragraph was previously (B).)

In Subchapter 9, Resident Care Services at 310:675-9-1.1. Nursing and personal care services:

310:675-9-9.1. Medication services

(a) **Storage.**

(1) Medications shall be stored in a medication room, a locked cabinet, or a locked medication cart, used exclusively for medication storage.

(Previously the medication cart was to be located in an area convenient to the nurse's station.)

(8) The medication areas shall be well lighted, clean and organized. (Previously there was a requirement for a work counter.)

(10) Powdered over-the-counter medication for topical use may be kept in the resident's room for administration by a nurse aide if:

(A) The facility develops and implements policies and procedures for safe storage and application of the powder; (Previously the facility was required to submit its policies and procedures specific to application of powders, by a nurse aide, to the Department for written approval.)

(e) **Medication destruction.**

(1) Non-controlled medications prescribed for residents who have died and non-controlled medications which have been discontinued shall be destroyed by both the director of nursing and a licensed pharmacist or another licensed nurse. Controlled medication shall be destroyed by a licensed pharmacist and the Director of Nursing. (Previously all medications had to be destroyed by only the Director of Nursing and the Consultant Pharmacist and there was no differentiation between non-controlled and controlled medications. A licensed nurse other than the Director of Nursing may now destroy non-controlled medications only.) The facility may transfer unused prescription drugs to city-county health department pharmacies or county pharmacies in compliance with the Utilization of Unused Prescription Medications Act and all rules promulgated thereunder. Prescription only medications including controlled medications shall not be returned to the family or resident representatives. (Previously no medications could be returned to the family or resident representative but now non-prescription medications are excluded from this requirement.)

(3) There shall be policies and procedures for the destruction of discontinued or other unused medications within a reasonable time. The policy shall provide that medications pending destruction shall not be retained with the resident's current medications. The destruction of medication shall be carried out in the facility and a signed record of destruction shall be retained in the facility. (Previously this paragraph also identified the requirement that destruction of medication would be carried out jointly by the Director of Nursing and the licensed pharmacist. This change is addressed specifically at 310:675-9-9.1(e)(1).)

(h) **Emergency pharmacy.** The facility shall have a contract, or letter of agreement, with a licensed pharmacy that agrees to serve as the emergency pharmacy. The emergency pharmacy shall be available twenty-four hours a day. (Previously a pharmacist or a hospital pharmacy was required to be within a 10 mile radius of the facility and approved by the Department.)



Introduction to Protective Health Services

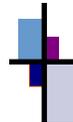
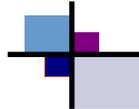
The Protective Health Services Program areas provide regulatory oversight of the state’s health care delivery service through a system of inspection, licensure, and/or certification. Several other trades/professions are also licensed.

Protective Health Services’ Mission:

To promote and assess conformance to public health standards, to protect and help ensure quality health and health care for Oklahomans.

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Insider Chat: Edited by Donna Bell and Joyce Bittner



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For suggestions, comments, or questions, e-mail us at:
ltc@health.ok.gov



Training Corner

- June 27th – Long Term Care – Oklahoma City
- July 26th – Long Term Care – Tulsa
- August 16th – Residential Care – Oklahoma City
- September 13th – Intermediate Care Facilities for Persons with Mental Retardation – Oklahoma City
- October 16th – Assisted Living – Oklahoma City

Mark your calendars and note the first session for the LTC training will be in Oklahoma City this year. We are also moving the Residential Care training back to OKC for 2012. Registration for these programs will not open until approximately four weeks prior to the training date. Registrations will be mailed to each facility type announcing registration is open. Watch our website for registration information as well.

[http://www.ok.gov/health/ProtectiveHealth/LongTermCareService/Long Term Care Meetings & Events/index.html](http://www.ok.gov/health/ProtectiveHealth/LongTermCareService/LongTermCareMeetings&Events/index.html)

If you have suggestions for topics you would like to have us address at any of the trainings email your suggestions to: ltc@health.ok.gov

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