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“We all have a bit of a common bond. We care.”

—Dorya Huser Robinson

I Think I Just Blinked!

Dorya Huser, Chief, Long Term Care

It happened so fast!! Like a speeding bullet!! What just happened? I’m not sure, but I’ve had fun. I don’t know where all the time went. One minute I was just sitting here trying to figure out what in the world I was doing and the next minute, 13 years flew by and I am retiring as your Chief of Long Term Care. Maybe I am still trying to figure out what I am doing. Let me say it has been fun! At this point, it is a library of people, memories, changes and events. The one thing that has remained constant is the resident and their need for our help.

I officially retired at the end of November, 2014, but when you do this work, it is really never over. You know what I mean? All my experiences represent a lot of joy. I have been graced with outstanding staff that have joined me in my visions and understand commitment and accountability. I could not have had success without them. Who has been luckier than me?

When I think of all my time in long term care, I have great memories and I really don’t think my connection will end when I retire. We will meet again either in thought or physical location. I have met many wonderful people on this journey. I could go down memory lane for hours. Many have worked with me and many others are from the “other side.” These are advocates, direct care givers, administrators, social services, activities, housekeeping, dietary, maintenance, managers, providers, and law enforcement. Goodness, who have I left out? A lot of people have the opportunity to impact this industry. I have come to the conclusion long ago that, as a whole, the worker bees in this industry do not stick around for all of the glamour, glitz and the potential for outrageous fortune. We all have a bit of a common bond. We care. We know this work is hard and we do it. We are not put off by the visible ramifications of aging or mental incapacity. We see people that are in a difficult place in their life and need us to be there for them. We see the value and not the end waste of this population. The way we treat our residents is our commentary on how we regard life. What do you want your legacy to be? You are heroes and don’t let anyone ever say otherwise.

I wish I could have met you all along the way. I want you to know that you can continue to be the change agents for improved care and culture in your facilities. You can set the quality standard in your community and make a difference. I want you to know that I would stand side by side with any of you and embrace the opportunity to tackle the tough situations. I want you to know that there is never a shortage of critics so don’t let them throw you off course. Anyone who has ever attended a sporting event knows that on any given day, any given player can’t get it right, refs can’t get it right, coaches can’t get it right and fans want to know who hired these people I just spent my hard earned money on to watch. HAH!! So never think you are alone on the critics list. Know you are in the game and not on the sidelines which is what counts!!!

The stakes are much higher in long term care. You may be the last face a resident gazes upon. You may be the last person to give them a hug or pat their hand affectionately. When one gets to that point and is alone, life can be very sterile. It is a very difficult time for residents and families. You are often the only chance they have to ease their pain and bring them some joy. You may be the person to bring them those pancakes for dinner they look forward to. What about that cup of coffee you shared with them this morning? Fifteen minutes of your time may seem like a lot when you are very busy, but maybe it really isn’t if you walk away from someone peaceful and smiling. You will smile too. I am completely convinced that quality staff time is priceless and keeps residents healthier and happier. Does anyone want to feel like they are just being rushed through the line? Good grief! Who made all those rules? Think about it!

I have had a great experience. Before I worked for the State, I worked in facilities for a time. There was never a shortage of laughter and creativity. There were also tears, but thank goodness we are there for them. We care. There is also a lot of laughter and creativity on the regulatory side. We are really not very different. Thank you for all you do!!! Thank you for being part of my life.

Dorya Huser Robinson
Chief, Long Term Care

Quality Indicator Survey (QIS) Update

Karen Gray, Training Programs Manager, QIS Lead

Protective Health Service/Long Term Care is pleased to announce QIS surveyor training is in full swing. Since February, 2014 we have trained 13 more surveyors to conduct QIS surveys in Oklahoma. Now this may not seem like very many, but to us it is a major achievement having taking a hiatus from this training for a year. We have plans to train at least four more teams (16– 20 surveyors, depending on team size) in 2015.

We now have 22 Registered QIS Surveyors, including four (4) Certified QIS Trainers. The training process is intensive and time consuming, however we are excited to have a plan in place to be fully implemented as a QIS state by January 2018. Training for each team entails two (2) weeks of classroom training followed by four (4) surveys of record. The total training time for each team takes approximately three (3) months!

Currently three teams (North, Northeast Central and Southwest) are dedicated to conducting QIS surveys. That means they no longer conduct any traditional surveys. That leaves us with eleven (11) more teams (approximately 66 surveyors) left to train!

During the four surveys of record conducted while a team is in training, it can be overwhelming for the residents and staff since there may be ten (10) of us (including the trainers) in your building! The trainers must accompany the surveyors conducting the actual survey to determine if they are following QIS survey protocol. Each surveyor on the team must be “compliance” by a trainer in order to become a “registered” QIS surveyor. **Thank you to the facility staff and residents who have endured this process with us. For those of you yet to have a QIS survey during the training process, thank you in advance!**

So, what can facilities do to prepare for a QIS Survey? Utilize the materials available on the CMS website to prepare your staff and residents. The website is: <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/QIS-Resources-Guides.html> (Also see the link to the QIS Survey Forms on the menu on the left of the webpage).

The QIS survey forms are a valuable tool in conducting quality assurance and assessment exercises in your facility to determine if you are in compliance with the regulations and to prepare you for a QIS Survey.



“To care for those who once cared for us is one of the highest honors.”

— Tia Walker

ARE YOUR NURSES SANE ???

Laura Crowley, RN, Intake and Incident Supervisor , OSDH

A review of incident reports submitted by Long Term care facilities for 2013 found approximately 280 incidents of sexual abuse, molestation, fondling, rape, sodomy, exposure, sexual comments or attempted rape were reported, including 66 allegations of rape. In 30 of those instances a facility nurse [either RN or LPN] 'assessed' the resident for signs of sexual assault. Comments included 'no physical signs or symptoms of rape'; 'no foreign hairs'; 'no abnormalities found'; 'refused to allow visual inspection of vagina'. This made us wonder what qualified the nurses, or what kind of training the nurses received, to be able to conduct these exams. Were these exams within their scope of practice? Did the nurses consider whether they might be 'contaminating' any evidence? Did they consider that collecting physical evidence would result in the need for chain of custody? We researched the Oklahoma Board of Nursing website for practice decisions and found it very helpful. You may wish to search the site too: www.ok.gov/nursing. We searched for *sexual assault exam* and found some information we wish to share with you. This is by no means all of the information available; however, we selected excerpts we thought might be of most benefit to LTC facilities. *Italics, underline and bold were not in the original texts.*

A good place to start is the OBN Decision-Making Model for Scope of Nursing Practice Decisions: Determining Advanced Practice Registered Nurse, Registered Nurse and Licensed Practical Nurse Scope of Practice Guidelines. 'The licensed nurse is responsible and accountable, both professionally and legally, for determining his/her personal scope of nursing practice.' You will see a decision making model to help nurses determine if their action is within their scope of practice. Questions that assist in decision making include *'Do you personally possess the depth and breadth of knowledge to perform the act safely and effectively as demonstrated by knowledge acquired in a pre-licensure program, post-basic program, or continuing education program?'* If the answer is yes, the nurse is prompted to maintain documented evidence of this. *'Is the performance of the act within the accepted standard of care which would be provided in similar circumstances by reasonable and prudent nurses who have similar training and experience?'* If the answer is yes, *'Are you prepared to accept the consequences of your action?'* If yes, then *'Perform the act based upon valid order when necessary, and in accordance with appropriately established policies and procedures of employing facility...Assume accountability for provisions of safe care'*. So, ask yourself if the nurses at your facility possess the knowledge and training necessary to conduct sexual assault exams. Are you sure? Perhaps the excerpts from 03/25/08, Amended Declaratory Ruling as to whether or not it is within the current scope of practice of the registered nurse to express an opinion about the presence or absence of sexual abuse in a child [read on]; and whether or not it is within the current scope of practice of the registered nurse *to report opinions and findings as 'consistent with; sexual abuse or a normal exam'* may be helpful. "The Oklahoma Nurse Practice Act provides registered nursing practice and includes, but is not limited to, performing additional nursing functions in accordance with knowledge and skills acquired beyond basic nursing preparation, **when said Registered Nurses have received such additional knowledge and skills...skills and training to perform sexual assault exams is currently provided through educational programs designed to train registered nurses in the role of the adult and pediatric Sexual Abuse Nurse Examiner (SANE).**" OAC485:10-11-1 of the Rules of OBN "was adopted to protect the patient from acts and procedures performed or carried out by a licensed nurse who does not have the proper education, training and preparation necessary to perform or carry out safely such acts or procedures."

OBN reached the conclusion the performance of the duties in connection with the sexual assault exams by a properly trained and educated registered nurse, in compliance with the International Association of Forensic Nurses Pediatric and Adult/Adolescent Education Guidelines for Sexual Assault Nurse Examiners...does not violate the Oklahoma Nursing Practice Acts and Rules. Are the nurses at your facility SANE? Do they have evidence of training, knowledge and skills to perform sexual assault examinations? Would they be prepared to bear testimony in a court of law as a trained Sexual Assault Nurse Examiner would? Are you prepared to accept the results of their sexual assault examinations for your precious and vulnerable residents? We are NOT suggesting your nurses need to be SANE but you will want to be sure the person who examines for sexual assault is trained to do so.

We are not making the decision for you; however, we respectfully request you consult, or have your nurses consult the OBN website and ensure they act within their scope of practice keeping residents' safety and rights in mind at all times.

Portable Space Heaters

Nathan Johns, MBA, CFI, NRP, LSC 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%), 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.

**“Cease dependence on inspection to achieve quality.
Eliminate the need for massive inspection by building
quality into the product in the first place.”**

– W. Edwards Deming



Standby Generator Maintenance – Be prepared for Power Outages

Nathan Johns, MBA, CFI, NRP, LSC Supervisor

Why perform standby generator maintenance?

While the average life expectancy of a well-maintained service vehicle is approximately 5000 hours (assuming 300,000 miles at 60 mph), a typical standby generator set can last from 10,000 to 30,000 hours. On the other hand, a standby generator might operate as little as 26 hours a year (based on only 30 minutes of weekly exercise and no outages) or as much as several hundred hours a year, depending upon the number and duration of power outages.

In either case, a standby generator set could conceivably last 20 to 30 years. One way to ensure a long, reliable operating life is to implement a preventive maintenance (PM) program.

Preventive maintenance and service are typically done on a schedule based upon engine hours and/or time periods. The maintenance cycle can—and should—be adapted to meet specific application needs. The more hours per year a unit operates, the more frequently it will require service. Environment also plays a role: The more severe the environment (dusty, extremely hot or cold, highly humid, etc.), the more frequent the need for service may be.

Most OEM-recommended maintenance schedules for generators—whether a unit is powered by diesel or gaseous fuels—are roughly the same. The typical maintenance cycle includes a general inspection followed by scheduled inspection and service of the following critical systems:

- ♣ **Fuel system (diesel fuel requires more maintenance)**
- ♣ **Coolant system**
- ♣ **Lubrication system**
- ♣ **Air system (combustion and cooling air)**
- ♣ **Starting system (batteries and charger)**
- ♣ **Alternator (a frequently overlooked item)**
- ♣ **Transfer switch (another often-overlooked item)**

At a minimum, a good visual inspection should be done on a monthly basis, as well as after any extended generator run times. Here are some basic tips:

Semi-annual inspections

In addition to monthly inspections; check the coolant thermal-protection level every six months. Use the appropriate tester for the type of coolant being used. At the same time, inspect the accessory drive belts for correct tension and condition.

Annual maintenance of your standby generator begins with changing the engine oil and filter. If you want to extend oil-change intervals, consider an oil-analysis program. This will give you recommendations based on the actual condition of the lubricating oil.

Replace the air filter and fuel filters, as well. If it is a diesel unit that does not use a lot of the fuel in its storage tank, consider having the fuel in the tank filtered and checked for additive content.

Two often-overlooked items that require annual inspection—and possible maintenance—are the alternator itself and the transfer switch:

1. **Alternators that are producing good power usually only require a visual inspection. Dirt, heat and moisture are their biggest enemies. Dirt can block the heat transfer necessary to keep the windings cool. Heat can damage the insulation on the windings. Moisture can cause windings to short to each other or to ground. Any of these situations will reduce the power that a winding can produce. Most alternator manufacturers provide recommendations for testing winding resistance and cleaning windings, if necessary.**
2. **Transfer switches can be a little more challenging to inspect and maintain. To do a thorough annual inspection requires turning off all power to the switch. This may involve coordinating a planned outage for a specific time period on a weekend or during the night.**

Other standby generator preventive maintenance (PM) aspects

The above items are by no means a complete list. Other PM aspects worth considering include the conducting of weekly exercise periods under load to test the entire system for proper operation and make the generator work at operating temperature. A monthly load test of at least 30% of rated load is required in some applications, using the building load, a load bank or a combination of the two.

OEMs (original equipment manufacturer) provide detailed standby generator maintenance guidelines that should be followed to provide the longest most reliable service life possible for their respective equipment. General guidelines for specific applications also can be found in several recognized standards. One such standard is the NFPA 110, Standard for Emergency and Standby Power Systems (2010 Edition). It is an excellent resource on general-maintenance requirements and detailed information on some specific maintenance items. This standard also contains a suggested maintenance schedule which, if followed, will meet minimum maintenance requirements for Level 1 and Level 2 emergency standby power systems. Remember: Establishing and following a thorough maintenance and service plan will provide you with a reliable power supply for many years.

A Standby Generator Maintenance Checklist

Here's a handy checklist to help guide you as you work to maintain your standby generator(s). Be sure to take note of the frequency recommendations for these maintenance activities.

Weekly Maintenance

- Run the generator (typically no-load, automatic transfer switch exercise cycle).
- Verify that the unit ran and has no alarms or warnings.
- Ensure adequate fuel levels.
- Ensure that the generator is in "Auto" mode, for automatic startup.
- Check that the circuit breaker is closed.
- Make sure there are no fluid leaks.

Monthly Maintenance

- Check engine coolant level.
- Check engine oil level.
- Check the battery charger.

Bi-Annual Maintenance (Schedule maintenance with a certified technician.)

- Inspect the enclosure.
- Check the battery electrolyte level and specific gravity.
- Check battery cables and connections.
- Inspect drive belts.
- Inspect the coolant heater.
- Check coolant lines and connections.
- Check for oil leaks and inspect lubrication system hoses and connectors.
- Check for fuel leaks and inspect fuel system hoses and connectors.
- Inspect the exhaust system, muffler and exhaust pipe.
- Check and clean air cleaner units.
- Inspect air induction piping and connections.
- Inspect the DC electrical system, control panel and accessories.
- Inspect the AC wiring and accessories.

Annual Maintenance (Schedule maintenance with a certified technician.)

- Change oil and filter.
- Change the fuel filter.
- Change the air filter.
- Clean the crankcase breather.
- Change spark plugs.
- Check coolant concentration.
- Flush the cooling system (as needed).
- Perform load bank testing.
- Fuel testing & reconditioning (diesel-fueled units only).
- Remove water from fuel tank (diesel-fueled units only).

Lateral Abuse

Gaye Rowe, RN, Training Dept.

Beth, an experienced RN, has worked with the geriatric population. She especially enjoys her job working with dementia residents. When Beth is off duty, a peer refers to Beth as "a little demented herself." A coworker was seen to chuckle and say, "I know what you mean."

I think we all agree that abuse of any kind is unacceptable. Mental, physical, sexual and misappropriation of property, are all terms we are familiar with and work hard to identify and investigate. But what about lateral abuse? Lateral abuse refers to acts that occur between colleagues. Is this a problem in today's work place? We may like to think that it isn't, but it is very prevalent and a very relevant topic.

Overt Lateral Abuse can include name calling, bickering, fault finding, criticism, intimidation, gossip, shouting, blaming, talking over others and condescending remarks.

Covert Lateral Abuse can include unfair assignments, refusing to help someone, ignoring others, making faces behind someone's back, eye rolling, whining, sabotage, withholding information, backstabbing, intentional exclusion and fabrication.

This form of abuse can have long lasting and far reaching affects. It can lead to a multitude of problems, such as low self esteem, depression, stress, job dissatisfaction, decreased work productivity and a desire to leave a job.

What can we do to help stop lateral abuse? Well, for one, we can learn how to recognize, avoid or diffuse abusive situations. We can speak directly to colleagues and supervisors about lateral abuse, and we can alert supervisors to any concerns that may arise. It must be dealt with promptly and not left to escalate.

We are all professionals. We must all learn to value one another and respect each of our unique gifts. Addressing lateral abuse together is a significant step in taking control and enhancing the work place for all of us.

Renewal Applications for Long Term Care Facilities in Oklahoma

By Darlene Simmons, Administrative Programs Manager, Health Facilities Systems,
Health Resources Development Service (HRDS)

Renewal applications for all nursing homes and adult day care centers have historically been submitted annually on July 31, prior to 2013. Legislation changes provided for these facilities to have the renewal period expanded throughout the year. This expanded period for renewal submittal allows staff to provide timely review of the applications. From October 2013, to the present, the review and issuance of renewal licenses has moved from greater than six (6) months to less than one (1) month, from the date a license expires until the renewal license is issued.

To provide for an expedited review of all long term care facility applications for renewal, the following must be submitted:

- ◆ The application must be signed by a person with authority. To ensure a person with authority has submitted the application, review the owner page attached to the application. The person signing the application must be listed on the owner page as part of the operating entity.
- ◆ The application must include the correct filing fee. For nursing homes, continuum of care and assisted living centers, the renewal fee is \$10 per licensed bed. For adult day care centers the renewal fee is \$75 annually. For residential care homes, the renewal fee is \$50, and the renewal is due every other year. All renewal applications must include the fee and be submitted to the Post Office Box address as follows: **Health Facility Systems, P.O. Box 268823, OKC, OK 72126-8823.**
- ◆ The name of the operating entity must be active with Secretary of State. You can determine if the entity is active by going to the Secretary of State website. The website allows you to check on the public portal with no cost. If the operating entity is not active, you should work with Secretary of State to receive documentation of the operating entity's status as active. Provide the report from Secretary of State website (https://www.sos.ok.gov/corp/corp_inquiryFinds.aspx)
- ◆ The person named as administrator must have a license that is active at the Oklahoma State Board of Examiners for Long Term Care Administrators. If the facility is using an administrator in training, the application must provide the name of the licensed administrator. Provide the report from the OSBELTCA website (<http://www.ok.gov/osbeltca>)

For centers or homes disclosing they provide Alzheimer Disease care as defined in Oklahoma Statutes (O.S.) 63-1-879.2b (1), the Alzheimer's Disease or Related Disorders Special Care Disclosure Form (ODH Form 613) must be submitted with the renewal application.

For renewal application questions please call 1-405-271-6868 and ask to speak with someone in HRDS, or contact us at <http://hfs.health.ok.gov>



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LTC is on the web! Visit us at: www.health.ok.gov

"Make allowances for your friends' imperfections as readily as you do for your own."

-H. Jackson Brown, Jr.

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"Creating a State of Health"

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.

Insider Chat: Edited by Donna Bell, RN

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

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