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Volume XXII, Edition 35

## Cover

### ■ Revealing the 7 Habits of Highly Effective Care Givers

By Cyndi Spencer

#### Leadership Strategy Expert to Keynote 2007 Convention

A solid foundation for the 2007 Care Providers of Minnesota Convention & Exposition "Architects of Excellence" will be created with an Opening Keynote address by leadership strategy expert Jeff Call. We are thrilled to have his presence at our Convention this year and know that attendees will benefit tremendously from his insight and experience.



The 7 Habits of Highly Effective Care Providers will draw parallels from the book, *The 7 Habits of Highly Effective People*, selected by *The Wall Street Journal* as the most influential book of the past century. (Call is a strategic alliance partner with FranklinCovey, best known for publication of this extraordinary book.)

Convention attendees will learn how to use the 7 Habits to increase their effectiveness—as care providers and in their personal lives—in a variety of important ways. You'll learn to distinguish between "urgent" and "important" when everything seems like a crisis situation, how to manage a person who is "not performing well," and how to deal with an employee who blames others, but refuses to take responsibility.

In addition to opening this year's convention on November 12, Call will also conduct an exclusive half-day executive leadership session that afternoon. Top administration and leaders from Care Providers of Minnesota facilities and corporate offices will receive invitations to this limited audience event.

Jeff Call is the president of My InnerView's Center for Applied Leadership, which helps leaders execute strategy. He is also the creator of the innovative Focus&Execute™ web tool, an online software program helping leaders execute strategy as they articulate strategic objectives, set goals, document action plans, measure and report progress, and hold leaders accountable for results.

The Care Providers of Minnesota 2007 Convention, Architects of Excellence, will be held November 12 - 14 at the Hyatt Regency Minneapolis.



This keynote session is partially underwritten with support from Professional Portable X-Ray.

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[\[Return to top\]](#) [\[Print this article\]](#) [\[Email this article\]](#)

## In this Issue...

### Cover

- ▶ [Revealing the 7 Habits of Highly Effective Care Givers](#)
- ▶ [DHS Announces Nursing Facility Performance-Based Incentive Payments](#)
- ▶ [Fall Region Meetings](#)

### Legislative/On the Hill

- ▶ [Health Care Access Commission Marches On](#)
- ▶ [Nursing Home Working Group to Meet in Faribault](#)
- ▶ [Bridging the Health Continuum Workgroup Begins Meeting](#)
- ▶ [Legislative Working Group Discusses Cost Containment Strategies](#)

### State News

- ▶ [Questions Linger About Statewide Smoking Ban](#)
- ▶ [Participation in State Fair Poll Increases over 2006](#)

### National News

- ▶ [House Member Reacts to Medicare Ads](#)
- ▶ [New Home Dialysis Water Treatment Device](#)

### Housing

- ▶ [Home Care and Assisted Living Providers Need to Be Aware of "Tamper-Proof" Rx Requirement](#)
- ▶ [Home and Community-Based](#)

### ■ DHS Announces Nursing Facility Performance-

[Employee Scholarship Program Dollars Available on Competitive Basis](#)

### Quality Initiatives

- ▶ [Resident Outcomes in Small-House Nursing Homes](#)

### Education

- ▶ [Time Is Running Out](#)
- ▶ [Attention, Nurses in Assisted Living and Senior Housing](#)
- ▶ [Web Seminar on F323](#)
- ▶ [Urinary Incontinence—Revisiting F-315](#)

### Association Activities

- ▶ [A Final Look at the 2007 Summit](#)

### Member News

- ▶ [2007 Outstanding Senior Award Goes to George Rossbach](#)
- ▶ [Golden Clinical Services Directors Receive Certification by NCCDP](#)

### Survey Issues

- ▶ [Staff Background Studies](#)
- ▶ [Do You Verify Nurses' License Information?](#)
- ▶ [Resident and Family Councils](#)
- ▶ [Quality Indicator Survey Process \(QIS\)](#)

### Legal Trends

- ▶ [Motor Scooter Lawsuit Settles in California](#)

### Associate Member News

- ▶ [Pathway Health Services Announces New Positions](#)

### FYI Corner

- ▶ [Take Advantage of this Great Benefit!](#)
- ▶ [Would your health care organization benefit from interactive e-communications like this one?](#)

## Based Incentive Payments

By Todd Bergstrom

**Upcoming round to have 6.7 million dollars, or over 4 times more money available**



The Minnesota Department of Human Services has released the list of nursing facility projects that were awarded a Performance-Based Incentive Payment. Last fall 154 nursing facilities submitted a proposal to the Minnesota Department of Human Services (DHS) for the new Nursing Facility Performance-Based Incentive Payment program. Twenty projects were selected, and will now receive a time limited rate increase of up to 5%.

To view a listing of the projects selected and description, please go to:

<http://www.careproviders.org/members/2007/DHSAPSP4PRound1952007.pdf>. This and other documents may be found on the Care Providers of Minnesota website at Find It Here / Payment Sources / Medicaid.

DHS expects to issue an RFP for the second round of the Nursing Facility Performance-Based Incentive Payments in late September. DHS will award up to 6.7 million dollars (state share) for projects, or over 4 times the amount available for the first round. Care Providers of Minnesota will provide information on the RFP and DHS bidder's conferences when available. All member nursing facilities should strongly consider responding to the 2nd RFP.

Congratulations to the following members who had projects selected for the inaugural round:

Chris Jensen Health & Rehabilitation Center  
Foley Nursing Center  
Madonna Towers  
Saint Anne of Winona  
St. Benedict's Senior Community  
Talahi Care Center  
Villa Vista – Cromwell

Please direct any questions you may have about these incentive payments to Todd Bergstrom at the Association office.

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[\[Return to top\]](#) [\[Print this article\]](#) [\[Email this article\]](#)

## ■ Fall Region Meetings

By Doug Beardsley

**F-Tags, Surveys, and MDH VIPs**

The Fall round of Region Meetings is a very special series of gatherings focusing on current survey outcomes (both nursing facility and Class F home care) and the future survey process (QIS), as well as a wonderful chance to meet with "top" Minnesota Department of Health (MDH) staff at a time when you are not (hopefully) in the middle of a survey.



This is a fantastic meeting agenda which provides a good reason for Administrators to bring along Directors of Nursing and other key department directors to participate. CEU's will be available for both Nursing Home Administrators and Nurses.

The tentative agenda includes:

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- [National News Issues](#)
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1. Top 10 Nursing Facility Survey Deficiencies (Doug Beardsley)
2. Top 10 Class F Home Care Survey Deficiencies (Doug Beardsley)
3. Update on the new QIS nursing facility survey process and provider training (Doug Beardsley)
4. Update on the Minnesota Department of Health Activities (Darcy Miner and/or Mary Absolon)
5. QIS from the MDH Perspective (Darcy Miner and/or Mary Absolon)
6. Open forum with MDH representatives (including Survey District Supervisors)

Representatives from the Minnesota Department of Health attending the meetings include: Darcy Miner, Mary Absolon, Christy Jonson, Pat Halverson, Peggy Lien, Vernice Berg, Marge Meeker, Susanne Reuss, Ellie Laumark, Gary Nederhoff, and Mary Zabel! Darcy Miner and/or Mary Absolon will be attending all eight region meetings along with the survey district supervisor from the appropriate part of the state.

Click on the following links to view the [meeting dates, times, locations, and confirmed speakers](#) from MDH for each region, and, in case you're unsure which region you work in, a [map of the 8 regions](#). Members are encouraged to attend the region meeting that their facility/community is located in; however, they may attend any region meeting location that best fits their schedules.

This is a great opportunity to get to know the professionals at MDH that direct the staff responsible for your surveys (on the nursing facility side). The Minnesota Department of Health has dedicated a significant amount of staff time to participate in these fall region meetings; let's take advantage of the occasion to spend our time with them!

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Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13*	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

**CPM CALENDAR**

[\[Return to top\]](#) [\[Print this article\]](#) [\[Email this article\]](#)

**Legislative/On the Hill**

■ **Health Care Access Commission Marches On**  
*By Todd Bergstrom*  
**Cost Shifting and Federal Changes Presented**

The Health Care Access Commission held its fourth meeting on September 5, 2007. The commission listened to three presentations on health care reform.

First, Steve Barta, Minnesota Department of Human Services, presented on actions at the Federal Level that could affect the commission's work.

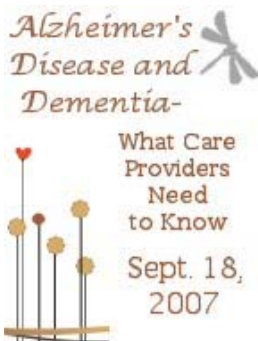
Second, Lynn Blewett from the State Health Access Data Assistance Center (SHADAC), presented on cross subsidies and how uncompensated care affects health care spending.

Finally, Julie Sonier, Health Economics Program Director from the Minnesota Department of Health, provided an overview of the uninsured in Minnesota above and below 300% of the federal poverty guideline.

If you would like more information on the Health Care Access Commission, please contact Todd Bergstrom at the Association office.

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[\[Return to top\]](#) [\[Print this article\]](#) [\[Email this article\]](#)

## ■ Nursing Home Working Group to Meet in Faribault

By Jonathan Lips

**Provider comments are welcome at the meeting.**

This is to notify our facility members in southern Minnesota that the House of Representatives Nursing Home Working Group plans to meet in Faribault for a discussion of the nursing home payment system. Specifically, the meeting is set for **Thursday, September 20, 2007, at 2:00 PM, at St. Lucas Care Center, 500 1st St. SE, in Faribault.**

The working group, which formed during the 2007 session, is an unofficial sub-committee of the House Health and Human Services Committee, and is chaired by State Representative Patti Fritz (DFL-Faribault). Other members include Kent Eken (DFL-Twin Valley), Sondra Erickson (R-Princeton), Rod Hamilton (R-Mountain Lake), Larry Hosch (DFL-St. Joseph), Mary Ellen Otremba (DFL-Long Prairie), Sandra Peterson (DFL-New Hope), and Dean Urdahl (R-Grove City).

The meeting will involve short presentations by the Department of Human Services, representatives of the Seniors and Workers coalition (representing the consumer and labor point of view), and by the Long-Term Care Imperative. Jon Lips, Association Vice President of Advocacy, will attend and speak on our behalf.

The working group is also reserving time for comments from others—including nursing home providers—who wish to share their perspective on the payment system. If you have an interest in attending the meeting and offering comments, you are welcome to sign up by contacting **Jennifer McNertney**—the working group staff person at the House of Representatives—at (651) 296-3244 or [Jen.McNertney@house.mn](mailto:Jen.McNertney@house.mn).

**If you do decide to speak at the meeting, please contact Jon at the Association office—952-851-2480 or [jlips@careproviders.org](mailto:jlips@careproviders.org)**—so we can provide any support you might need, and coordinate the Long-Term Care Imperative's testimony with yours.

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[\[Return to top\]](#) [\[Print this article\]](#) [\[Email this article\]](#)

## ■ Bridging the Health Continuum Workgroup Begins Meeting

By Patti Cullen, CAE

**Significant and Complex Charge Given by Health Care Access Commission**

One of the last working groups developed under the oversight of the Legislative Commission on Health Care Access is "Bridging the Health Continuum," which held its first meeting on September 4. The group convener is Senator Kathy Sheran (DFL-Mankato). The purpose of this workgroup is to study the reasons for the disconnections in funding, regulation, and operation of programs and services for the elderly and people with mental illness, a disability or complex health care needs; and to propose a seamless model that integrates the separate segments of the health care system. The specific charge to this workgroup is:

- Compare the reform strategies that have been developed or are being developed for acute and episodic care, long-term care, mental health care, health care for the elderly, and health care for people with physical or developmental disabilities.
- Identify potential conflicts and barriers between the different reform proposals and





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the opportunities to improve coordination and integration.

- Provide information and recommendations to the Legislative Commission, the Governor's Transformation Task Force, and to other agencies, workgroups and coalitions working on health care reform on how to coordinate or integrate reform strategies across all health care sectors.

At the first public meeting of the workgroup, much of the meeting time was spent discussing expectations, reviewing background materials that were prepared by the policy and technical staff advisors from Halleland Health Consulting, and discussing how best to move ahead with their charge given the limited timeframe they have. (The group is planning to have a report completed by mid-November.) They also "fine-tuned" the workgroup goal: The goal of this group is to propose a seamless health care delivery model that integrates and coordinates the separate segments of the health care and social services system; rewards and supports health maintenance and promotion at all levels of care (primary, secondary and tertiary); and discourages cost shifting between and among acute and chronic health care providers and payors. The next meeting of the group is set for September 25. If you are interested in any more details from the meeting, or copies of the materials distributed at the meeting, contact Patti Cullen at the Association office.

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[\[Return to top\]](#) [\[Print this article\]](#) [\[Email this article\]](#)

### ■ Legislative Working Group Discusses Cost Containment Strategies

*By Larry Johnson*

#### **Working Group is One of Many within the Health Care Access Commission**

On September 5, 2007, the Legislature's Health Care Access Commission met to continue hearing testimony and to continue discussions. One of the designated working groups, the Development of New Cost Containment Strategies Workgroup, chaired by Senator Ann Lynch (DFL-Rochester) and Representative Jim Abeler (R-Anoka), heard testimony on different proposals to contain the cost of health care. The working group invited input from several long-term care providers on the subject of wound care, including Jon Lundberg, Andi Sadowksi and Kathy King of Minnesota Masonic Homes and Steve Chies of Benedictine Health Systems.

Dr. John Mielke of the Aspen Medical Group presented a formulary approach to reduce costs in long-term care by utilizing high tech devices. Dr. Mielke presented information on a new technology, a Pulsed Electromagnetic Field, or PEMF that can give a more precise diagnosis of certain lower extremity wounds and allow the provider to better treat the wound with accurate information on the cause of the wound. Currently, many lower extremity wounds are incorrectly classified as pressure ulcers. This classification as pressure ulcers rather than arterial or venous wounds can lead to lower scores on nursing home scorecards.

Dr. Mielke testified that this new ability to correctly diagnose and treat wounds has saved the North Ridge Care Center half the cost of dressings to treat the wounds after using the PEMF technology from 2005 to 2006. In addition to more accurate diagnoses, the new formulary approach saves additional time and money by generating automated reports on the wound treatment and recovery.

Kathy King, the Director of Nursing at the Bloomington Minnesota Masonic home recommended the use of this technology, and Dr. Mielke asked that the state appropriate case management funds for providers who invest in the technology.

The various working groups will continue to meet through the end of October or so, then provide their ideas to the full Health Care Access Commission.

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## State News

### ■ Questions Linger About Statewide Smoking Ban

By Jonathan Lips

**Members have raised questions in recent weeks about the law's impact.**

In recent weeks we have received a few questions about the statewide smoking ban that is set to take effect October 1. We thought we would publish the questions and answers, in case other members have been working on the same issues. All of these happen to have come from nursing facilities. If there are senior housing or assisted living members with specific questions, we encourage you to contact us, too.



(1) Can residents still smoke in a designated indoor smoking room?

Yes. There are very few exceptions to the general smoking ban, but one specifically exists for nursing facility residents. Under section 144.414, subd. 3(a): "Smoking is prohibited in any area of a . . . health care-related facility, except that a patient or resident in a nursing home, boarding care facility, or licensed residential facility for adults may smoke in a designated separate, enclosed room maintained in accordance with applicable state and federal laws."

(2) Can a nursing facility permit staff who smoke to do so in a designated indoor smoking room?

No. Smoking is not permitted in places of employment, which would include your indoor smoking room, and employers must not permit it to happen. This rule is subject to the exception noted above, that specifically permits residents to smoke indoors.

(3) Does the law prohibit employees from smoking outdoors?

No. If a you want to create an outdoor smoking area for your staff, you are free to do so under the State law. The Minnesota Department of Health website (see link in item 6 below) includes a Frequently Asked Questions section, one of which states as follows: "The Minnesota Clean Indoor Air Act does not regulate smoking outside of buildings. At this time there is no statewide law regulating the act of smoking outside of buildings, regardless of distance from a building or building opening. Property owners may choose to create restrictions regarding smoking areas outside of their buildings on their property. Some county and city governments do prohibit smoking within a certain distance outside of their buildings and at outdoor parks and recreation facilities. Check with your local government to determine if such rules apply where you live."

Note the caveat in the MDH information, however—that a city or county may have a more restrictive rule than the State law. Be sure to contact the city and county where your facility is located to see if they regulate outdoor smoking. In Bloomington, where the Association office is located, smokers have to be more than 25 feet away from our building's entrances.

Also, our staff regulatory expert, Doug Beardsley, notes that, if you decide to create an outdoor smoking area on your property, make sure the area is at least 4 feet from your building or any overhang of your building, and make sure any smoking area has self-closing metal ashtrays, which are required under the Life Safety Code (you can have other types too, but you must have at least one of the self-extinguishing metal types).





If you have any comments, suggestions, or questions about this e-mail, please contact [our webmaster](#) at the Care Providers of Minnesota office. We appreciate your input!



(4) If a facility wants to go smoke free, can it require existing residents to quit smoking?

No. There is language in the federal interpretive guidelines concerning F242 (self-determination and participation) that says if a facility decides to go smoke free, it must permit current residents who smoke "to continue smoking in an area that maintains the quality of life for these residents. Weather permitting, this may be an outside area."

(5) We have a separate building from our facility that has been designated for staff members to use as a smoking building, is this legal with the new law? It is only used by staff members.

One of our members submitted the preceding question to the Minnesota Department of Health. The Enforcement Coordinator of the Indoor Air Unit at MDH responded as follows: "When the Freedom to Breathe amendments to the Minnesota Clean Indoor Air Act take effect on October 1, 2007, smoking will be prohibited in virtually all indoor places of employment. An indoor area is a structure with a ceiling that is more than 50% enclosed (windows and doorways count as enclosed, standard screen material does not). A place of employment is a place where two or more individuals perform service for payment. The building that you describe sounds like an indoor place of employment. As such, smoking will be prohibited in this building on October 1, 2007."

(6) Where can I get some general information and background on this issue?

For general information, members may also review the [Association's 2007 Legislative Update](#), available on our website or in a bound form from [our eStore](#), and the Minnesota Department of Health has created a [new web page](#) where employers, property owners and others can find information about the new law.

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[\[Return to top\]](#) [\[Print this article\]](#) [\[Email this article\]](#)

## ■ Participation in State Fair Poll Increases over 2006

By Larry Johnson

### State Fair Attendees Polled on Legislative Issues

The Great Minnesota Get-Together closed its gates on Labor Day and the results from the State House of Representatives and State Senate information booths are now available.

More than 58% of respondents in the 2007 House of Representatives poll support raising the state gas tax by ten cents provided all the money goes to improve roads and bridges throughout the state. This result was up from 41.1% in the 2006 poll. The House survey also found that 70.7% of participants are in favor of the state ensuring quality affordable health coverage for all Minnesotans. In the Senate poll, a plurality of those responding, 33.15% said that access to health care was the most important issue facing the legislature followed by controlling taxes and spending at 24.41%.

This year, 6678 fairgoers participated in the House poll while 4613 voted in the Senate poll. The polls surveyed fairgoers on a number of issues in play at the state legislature during the current biennium, but were informal and unscientific. These diverse issues included education funding, tax policies, a new stadium for the Vikings and the designation of the tilt-a-whirl as the state amusement ride. Unfortunately, neither poll included any questions specifically related to long-term care.

All of the poll results can be found at:

<http://www.house.leg.state.mn.us/hinfo/Fair/2007Results.pdf> and:

[http://www.senate.leg.state.mn.us/departments/secretary/info/statefair/2007/fair\\_survey.pdf](http://www.senate.leg.state.mn.us/departments/secretary/info/statefair/2007/fair_survey.pdf).

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[\[Return to top\]](#) [\[Print this article\]](#) [\[Email this article\]](#)

## National News

### ■ House Member Reacts to Medicare Ads

By Patti Cullen, CAE

#### Keep the Message in Focus: We Need a Healthy Medicare Program

As reported in the last week's issue of Action, the American Health Care Association (AHCA) continues the fight to preserve critical Medicare funding for Skilled Nursing Facilities and encourage Congress to restore the ill-advised Medicare cuts contained within the House Children's Health and Medicare Protection Act of 2007 (CHAMP Act). Their latest efforts included paid advertising—both television and newspaper—in 23 congressional districts nationwide. This is part of AHCA's coordinated efforts with the Alliance for Quality Nursing Home Care to protect critical Medicare funding for long-term care. The print ads encouraged members of the House to "do the right thing" after returning from their August recess. Somewhat expected was the response to the ad written in the form of editorials in local newspapers. Congressman Walz, who represents the First Congressional District in Southern Minnesota, was one of the targets, and he responded to the ad with an editorial in the Mankato Free Press. The following is an excerpt from his editorial response, with some clear inaccuracies.

*"Hundreds of non-profit groups and professional organizations supported my vote, including the AARP, Children's Defense Fund, American Nurses Association, the AFL-CIO, and the American Medical Association. These grassroots and non-profit associations stand in stark contrast to the big businesses that bought the ad.*

*The Alliance for Quality Nursing Home Care is an umbrella group of the American Health Care Association, which is made up of companies like the pharmaceutical giant Merck, Credit Suisse, and several of the largest for-profit nursing homes, all of whom make millions of dollars from the Medicare system . . . .*

*Instead of heeding the advice of biased organizations such as the Alliance, my colleagues in Congress and I listened to the recommendations of the Medicare Payment Advisory Commission (MedPac), a non-partisan, independent group, which found that skilled nursing facilities were making substantial profits from Medicare and judged that there would be ample access to nursing care for beneficiaries even without these taxpayer-funded windfalls.*

*The CHAMP Act froze, but did not cut, funding to skilled nursing facilities in order to allow fair competition with inpatient rehabilitation facilities. The best part of this lesson is that our democracy is alive and well. Congress did not fold to pressure from multi-million dollar conglomerates that falsely claim that the CHAMP Act is taking away from Medicare and from seniors. For too long, these private insurance companies and big nursing home chains have reaped the benefits of Medicare overpayments, and when I voted for the CHAMP Act, I voted for legislation that will help the most vulnerable of our community: our low-income children and seniors."*

Members reaching out to their congressional representatives need to know what portions of the House message noted above are misleading:

1. The House version of the CHAMP Act, while it doesn't actually reduce current Medicare SNF rates, does take away all of the market-basket increase that was recommended by the Centers for Medicare and Medicaid Services—and we know what happens when there are no inflationary increases included in payment systems.
2. The Alliance is not an umbrella group for AHCA, but rather, a separate organization



comprised of several larger multi-facility organizations, most of which are members of both the Alliance and AHCA.

3. The pharmaceutical giants noted are not represented by AHCA.
4. Both AARP and AAHSA, as members of the national Leadership Council on Aging, supported the House CHAMP Act because of the provisions that lower the Part B premium payments for all beneficiaries, NOT because of the reductions in Medicare payments to skilled nursing facilities. AHCA's message is similar—support the “good” provisions of the CHAMP Act but not at the expense of the SNF Medicare rates.

Regardless of what the ad says or the editorial response to the ad says, the message back to your member of Congress can be very simple: Medicaid is so underfunded that Medicare is the only way facilities are able to keep their doors open . . . the Medicare payments often offset the serious deficit left by the Medicaid program. In addition, we need to be able to keep pace with increases in costs, which is what the Medicare marketbasket is intended to do.

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[\[Return to top\]](#) [\[Print this article\]](#) [\[Email this article\]](#)

### ■ **New Home Dialysis Water Treatment Device**

*By Doug Beardsley*

#### **Are You Using NxStage PureFlow™ SL Water Purification Systems?**

The Centers for Medicare and Medicaid Services (CMS) recently released S&C-07-34 pertaining to a new water treatment device (PureFlow™) used for home hemodialysis. This S&C is important because some nursing facility providers contract for home dialysis systems to be utilized within their facility.

The memo provides minimum water/dialysate testing standards that must be followed if the PureFlow™ system is utilized. Providers who offer "in-house" dialysis should check with their dialysis providers to determine if the PureFlow™ system is being used and if so, if the minimum standards outlined in S&C-07-34 are being implemented. Click on the following link to view the [CMS S&C-07-34](#).

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[\[Return to top\]](#) [\[Print this article\]](#) [\[Email this article\]](#)

## Housing

### ■ **Home Care and Assisted Living Providers Need to Be Aware of “Tamper-Proof” Rx Requirement**

*By Jonathan Lips*

**CMS and DHS guidance leave potential issues for Medicaid beneficiaries living outside of nursing homes.**

Last week we published a story explaining that, beginning October 1, 2007, in order for Medicaid outpatient drugs to be reimbursable by the federal government, written, non-electronic prescriptions must be executed on tamper-resistant pads. Many observers have been concerned that prescribers will not know of or comply with the requirement, and that pharmacies will refuse to fill the non-compliant prescriptions, knowing they will not be



reimbursed.

We also explained, however, that the Minnesota Department of Human Services had issued a [provider update](#) that listed several exceptions, or instances when the rule does not apply. To quote the DHS update, the following Medical Assistance prescriptions are exempt from the tamper-resistant requirement:

- Paid by managed care organizations (MCOs) (two-thirds of Minnesota's MA population).
- Provided in specified institutional and clinical settings\* for which the drug is not separately reimbursed, but is reimbursed as part of a total service. [\* Institutional and clinical settings [are defined as] nursing facilities, intermediate care facilities for the mentally retarded (ICF/MR): inpatient and outpatient hospital, hospice, dental, laboratory, x-ray and renal dialysis services.]
- E-prescribed, faxed to the pharmacy from the provider's office, or telephoned to the pharmacy by the provider.
- Refills for which the original prescription was filled before October 1, 2007.
- Emergency fills for prescriptions written on non-tamper resistant pads are permitted as long as the prescriber provides a verbal, faxed, electronic, or compliant written prescription within 72 hours after the date on which the prescription was filled. In an emergency situation, this allows a pharmacy to telephone a prescriber to obtain a verbal order for a prescription written on a non-compliant prescription pad. The pharmacy must document the call on the face of the written prescription.

Besides these, the Update states that "This requirement applies to all non-electronic prescriptions, legend and over-the-counter, written for fee-for-service MA recipients (MA, FF), when MHCP (Minnesota Health Care Programs) is the primary or secondary payer." This means that if Medicare Part D or another payment source other than Minnesota Medical Assistance is paying for a prescription, the new requirement does not apply.

Taken together, these exceptions have headed off most of the problems that providers serving Medicaid seniors might have faced under the new tamper-proof requirements. However, **as Associate Member Jeff Lindoo of Thrifty White Pharmacy Services has asked us to emphasize, there are still some areas that are not exempt from the requirement that will create challenges:**

- CMS does not consider assisted living facilities nursing facilities, so **assisted living is not exempt from the tamper-proof prescription requirement.**
- Dual-eligibles who receive their benefits through an MSHO plan are exempt from the requirements, but **dual-eligibles who receive their prescription benefits through a stand-alone Medicare D plan still have their over-the-counter medications paid for through the State, so those prescriptions for assisted living residents are not exempt.** (Repeat: this reference is to over the counter medications.)
- The DHS provider update states that prescriptions that are "e-prescribed, faxed to the pharmacy from the provider's office, or telephoned to the pharmacy by the provider" are exempt from the tamper-resistant requirement. Some observers have interpreted the word "provider" in that sentence to mean only the prescriber. Many assisted living facilities send their residents to the doctor's office with a physician visit form and orders are written on that form, which goes back to the assisted living establishment with the resident, and an assisted living nurse then faxes the script to the pharmacy. Those faxed prescriptions would not be exempt if the exception is only for prescriptions that the prescriber e-sends, faxes or calls in. We have written to the Minnesota Department of Human Services to ask for clarification on this point, and we will let you know in a future newsletter what we find out.

Please take the time to study this issue, in case you have to work out solutions to one of these issues with a prescriber or pharmacy.

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[\[Return to top\]](#) [\[Print this article\]](#) [\[Email this article\]](#)

---

## ■ Home and Community-Based Employee Scholarship Program Dollars Available on Competitive Basis

*By Phil Manz*

### **Bidder's Conference is on September 18, 2007**

On September 6, 2007, representatives from the Minnesota Department of Human Services provided us the following announcement:

NOTICE IS HEREBY GIVEN that the Minnesota Department of Human Services is requesting proposals from qualified Medicaid Home and Community-Based service (HCBS) providers interested in receiving scholarship funds for employee education and training in nursing and other health care fields.

The Minnesota legislature, under Minnesota Statutes §256B.0918, enacted a program to provide scholarships for Home and Community-Based healthcare workers. The purpose of the HCBS Scholarship fund is to help create meaningful career paths for employees serving in the field of long-term care, specifically those serving in HCBS programs. In addition, this funding supports provider efforts to recruit, retain and train qualified employees and to expand the long-term care workforce.

Home and Community-Based providers approved to participate in the HCBS scholarship program will receive a rate adjustment of up to 3/10 of one percent of their medical assistance reimbursement rate, to be used for qualified employee scholarships.

The term of any resulting contract is anticipated to be from October, 2007 or upon program implementation (whichever is later), until September 30, 2009.

A bidder's conference will be held at The Minnesota Department of Human Services (DHS) Elmer Andersen Building, 540 Cedar Street, St. Paul, MN., on Thursday September 18, 2007, from 12:30 to 2:00 p.m., in Room 3335.

The Request for Proposal (RFP) can be obtained from:

Munna Yasiri  
State Programs Administrator Director  
Department of Human Services  
Continuing Care Administration  
Phone: (651) 431-2264  
[munna.yasiri@state.mn.us](mailto:munna.yasiri@state.mn.us)

Proposals submitted in response to the Request for Proposals in this advertisement must be received at the address above no later than **4:00 p.m., Central Time, Friday, September 28, 2007**. Late proposals will not be considered.

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[\[Return to top\]](#) [\[Print this article\]](#) [\[Email this article\]](#)

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**Quality Initiatives**

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## ■ Resident Outcomes in Small-House Nursing Homes

By Doug Beardsley

### A Longitudinal Evaluation of the Initial Green House Program

Reforms enacted in the late 1980s helped to improve the health care received by many nursing home residents, but for the most part these changes did not address the larger problem of quality of life. Since then, what is known as the "culture change" movement has gathered force (consider the 1,000 plus recent attendees at the Pioneer Network's conference in Minnesota). Its adherents advocate transforming the large, institutional nursing facility into smaller-scale housing with private rooms and baths; empowering frontline workers to be centrally involved in decisions about day-to-day resident care; and implementing the principles of individualized care.

One of the most innovative projects in the culture change field is the Green House®—a radical vision of deinstitutionalized nursing homes. In Green Houses, seniors enjoy privacy, community, and, perhaps most important, an environment designed to look and feel like a real home. In a study comparing health outcomes and quality of life for Green House residents with residents at two traditional nursing homes, Green House residents were found to experience better quality of life, with the same or better quality of care than those in the comparison homes.

The study, "[Resident Outcomes in Small-House Nursing Homes: A Longitudinal Evaluation of the Initial Green House Program](#)," (Journal of the American Geriatrics Society, June 2007), was led by researcher Rosalie A. Kane, Ph.D., of the University of Minnesota School of Public Health, and supported by The Commonwealth Fund and the Robert Wood Johnson Foundation.

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[\[Return to top\]](#) [\[Print this article\]](#) [\[Email this article\]](#)

## Education

### ■ Time Is Running Out

By Cheryl Smith

#### Sign Up Today for Alzheimer's Disease and Dementia Seminar

Care Providers of Minnesota has created a new program that will address Alzheimer's disease and dementia issues in long-term care. It is predicted that 106 million people will have Alzheimer's by 2050. As a result, the number of residents cared for with these diseases is expanding too.



This program will provide care providers with crucial information on:

- Understanding Alzheimer's disease and related dementias
- Vulnerable adult laws
- Guardianship and conservatorship
- What families look for in long-term care
- Medical treatment and research
- Creating the best physical environment for those with memory loss
- Minimizing behaviors in the care setting

#### Alzheimer's & Dementia – What Care Providers Need to Know

September 18, 2007

University of Minnesota Continuing Education and Conference Center  
1890 Buford Avenue, St. Paul

9:00 am – 4:15 pm (8:30 am check-in)  
**\$125** members, **\$175** non-members  
CEUs: **6** clock hours, **7.2** contact hours

To register go to: <http://www.careproviders.org/eventDetail.asp?where=member&what=1959>.

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[\[Return to top\]](#) [\[Print this article\]](#) [\[Email this article\]](#)

---

## ■ Attention, Nurses in Assisted Living and Senior Housing

*By Cheryl Smith*

### Popular education series returns October 9 through 11

Many nurses working in assisted living and senior housing settings have had to make it up as they went along. Some came into the field with a wealth of nursing background—years of education and practice that prepared them well for the autonomy of this new role. Unfortunately, given the growth of assisted living facilities and senior housing in the state and the shortage of professional nurses available, a nurse in assisted living may feel unprepared for the work he or she faces every day.

Care Providers of Minnesota will once again present the popular Managing Your Nursing Practice in Assisted Living and Senior Housing education series. Mark your calendars for October 9, 10, and 11.

This education series is designed for the nurse in assisted living and senior housing—whether you've been there for a while or you are new to this role. You will learn from the instructors as well as from the other nurses you meet in the series. You will have the chance to share stories, problem situations, and experiences that can and will shape your career. You will see how other nurses do it and learn some of the systems, tools, and processes that have made their work more manageable.

Topics include:

- What it means to manage your nursing practice
- Redefining your roles
- Avoiding the worst case scenarios
- Medication management
- Delegation and supervision
- Personnel issues
- Training
- Using systems to get your work done
- Quality assurance and quality improvement

Speakers include:

**Rose Mary Brandt**  
Nurse Consultant  
Tealwood Care Centers, Inc.

**Susan Christianson**  
Director  
Moorhead Manor

**Sue Ann Guildermann, RN, BA, MA**  
Director of Education  
Empira

**Roberta Guidry**

Senior Housing & Services Administrator/Housing Leadership Support for BHS  
Benedictine Senior Living At Steeple Pointe

**Julie Limberis**

Benedictine Senior Living At Steeple Pointe

**Phil Manz**

Director of Assisted Living, Housing and Home Care  
Care Providers of Minnesota

**Christine Mueller**

Associate Professor; Chair, Adult and Gerontological Health Co-operative Fesler-Lampert  
Chair in Aging Studies  
University of Minnesota, School of Nursing

**Sam Orbovich, Attorney at Law**

Principal  
Orbovich & Gartner

**Wes Pruett**

HR Advisors

**Anne L. Ringquist, RN, BSN**

Nursing Practice Specialist  
Minnesota Board of Nursing

Plus other experts

**October 9-11, 2007**

University of Minnesota Continuing Education and Conference Center  
1890 Buford Avenue, St. Paul

Additional information will be available soon; however, mark your calendars today.

**Cheryl Smith**

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[\[Return to top\]](#) [\[Print this article\]](#) [\[Email this article\]](#)

**■ Web Seminar on F323**

*By Cheryl Smith*

**Accidents and Supervision guidance program on September 17**

CMS has revised surveyor guidance for surveying Accidents and Supervision (Tag F323) requirements in long-term care facilities. The Minnesota Training Stakeholders Work Group, including Minnesota Department of Health and Care Providers of Minnesota, has designed an educational program to go through the revised guidance. This education program will be in the form of a web seminar that has no charge to participate. Participants will access the printed material through a web site and the audio through a conference call.

A 90-minute statewide web seminar will be broadcast twice on **Monday, September 17, 2007**. Space is limited to 200 lines for each session. **Please, only one line per facility.**

Facilities in the following counties should call in for the first session, which will be from 10:00 AM-11:30 AM:

Anoka	Dakota	Lesueur	Nicollet	Renville	Waseca
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Blue Earth	Faribault	Lincoln	Nobles	Rice	Washington
Brown	Goodhue	Lyon	Pipestone	Rock	Watsonwan
Carver	Hennepin	Martin	Ramsey	Scott	Yellow Medicine
Cottonwood	Jackson	Murray	Redwood	Sibley	

Facilities in counties NOT listed above should call in for the second session, which will be September 17 from 1:00 PM - 2:30 PM.

Please click on the following link for instructions to join the web seminar:

[http://www.health.state.mn.us/divs/fpc/profinfo/ib07\\_6.html](http://www.health.state.mn.us/divs/fpc/profinfo/ib07_6.html).

In addition to this web seminar, two statewide follow-up conference calls will be conducted relating to implementation of the revised Accidents and Supervision guidance for F323. All nursing home providers and interested parties are invited to participate. Both of these telephone conferences are scheduled from 11:00 a.m. to 12:00 noon. Each nursing home is requested to use only one line. There is no charge to participate.

Call in number is: 1-888-455-6925  
 Meeting ID# for participants is: 69717  
 Monday, February 11, 2008  
 Monday, June 23, 2008

Details for [Issuance of Revised Guidance for Nursing Homes: Accidents and Supervision](#) are available on the CMS website.

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[\[Return to top\]](#) [\[Print this article\]](#) [\[Email this article\]](#)

## ■ Urinary Incontinence—Revisiting F-315

By Cheryl Smith

**Mark your calendars today**

The Minnesota Department of Health (MDH) began surveying nursing facilities for compliance with revised Urinary Incontinence and Catheters (F-315) on November 7, 2005. Before that date, MDH provided a series of provider/surveyor training sessions regarding the changes to F-315. How is Minnesota doing with implementation of this no longer new guidance?

# Understanding F-315

If we are to believe survey outcome data, Minnesota is the worst state in the nation in regards to our ability to provide appropriate treatment for residents who are incontinent of bladder, in providing services to prevent urinary tract infections, in our ability to restore as much normal bladder function as possible for our residents, and at preventing unnecessary catheterization of our residents! Minnesota cites F-315 more than any other state in the nation, and it is currently the #1 deficiency written in Minnesota! How can that be?

- How can we stop this embarrassing and inaccurate portrayal of our care delivery?
- What part of the 2005 training did we not "get" or what has changed since the training?
- What types of provider behavior and resident outcomes are supporting these deficiencies in Minnesota?

Using the highly praised format Care Providers of Minnesota used to review the F-314

deficiencies (Pressure Ulcers), this one-day program will help clinicians review the F-315 guidelines as they relate to common facility staff behavior that enables surveyors to cite F-315. Providers can take this information "back home" to determine what staff behaviors and facility policies cause survey vulnerability at F-315.

Speakers:

**Doug Beardsley**

*Director of Quality Improvement and Membership Services Division  
Care Providers of Minnesota*

**Michelle Stober**

*Consultant  
Pathway Health Services*

**Tuesday October 30, 2007**

Midland Hills Country Club  
2001 Fulham Street  
Roseville, MN

**10:00 am to 3:30 pm** (check-in 9:30 am)

\$150 Members / \$195 Non-Members (includes continental breakfast and lunch)

To register, go to: <http://www.careproviders.org/eventDetail.asp?where=member&what=1961>.

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[\[Return to top\]](#) [\[Print this article\]](#) [\[Email this article\]](#)

## Association Activities

### ■ A Final Look at the 2007 Summit

*By Cyndi Spencer*

#### It's a Wrap!

Want to find out if we caught you on camera? See what you missed? You can catch some of the 2007 Assisted Living & Senior Housing Summit highlights online at: <http://www.careproviders.org/AssistedLiving07.asp>.



With this year's Summit wrapped up and planning for 2008 already beginning, we'd be remiss to not extend special appreciation to the 2007 Exhibitors/Sponsors. Support from our Exhibitors provides essential funding for our programs, which allows us to keep registration costs reasonable. Remember to consider these companies when making product/service purchases:

1st Line Group  
Advanced Wireless  
A'viands Food & Services Management  
BlueCross BlueShield BluePlus  
Crest Healthcare Supply  
Merwin Long Term Care Pharmacy  
Miller Architects & Builders  
Minnesota Business Finance Corporation  
Stanley-Senior Technologies  
Thrifty White Pharmacy Services

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[\[Return to top\]](#) [\[Print this article\]](#) [\[Email this article\]](#)

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## Member News

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### ■ 2007 Outstanding Senior Award Goes to George Rossbach

*By Lisa Olson*

#### Advisory Board Member at the Good-Samaritan Society – Maplewood

George Rossbach, one of four individuals, received an Outstanding Senior Award at the Minnesota State Fair on August 30th. Rossbach is an Advisory Board member at the Good-Samaritan Society – Maplewood. Governor Pawlenty and Mary Keope, chair of the Minnesota Board of Aging, presented Rossbach with the award.

George has served on the Good Samaritan Society – Maplewood Advisory Board since 1995. He was integral in drawing up the original design and working with the City of Maplewood for a chapel fund raiser. George is also the former Mayor of Maplewood and served on the Ramsey County Fair Board.

The Outstanding Senior Award has been awarded since 1965; recipients are judged on leadership, diversity of accomplishments, variety of volunteer services performed, quantity of accomplishments, and quality of activities. Only services performed after the age of 65 are considered by the judges.

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[\[Return to top\]](#) [\[Print this article\]](#) [\[Email this article\]](#)

---

### ■ Golden Clinical Services Directors Receive Certification by NCCDP

*By Lisa Olson*

#### Dementia-training instructors on staff

Golden Clinical Services, an affiliate company to Golden LivingCenter – Lake Ridge, has been awarded instructor certification by the National Council of Certified Dementia Practitioners (NCCDP).

Sherri Lage and Carolyn Pegelow are now Certified Dementia Practitioners and will be able to teach 3-day workshops to Golden LivingCenter – Lake Ridge employees.

Cyndi Seiwert, Executive Director at Golden Living – Lake Ridge commented, “We are very fortunate to have NCCDP certified instructors on our staff. Our residents and employees will benefit from enhanced dementia training provided by Sherri and Carolyn.”

Congratulations to Sherri, Carolyn, and Golden Living Center – Lake Ridge!

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[\[Return to top\]](#) [\[Print this article\]](#) [\[Email this article\]](#)

---

## Survey Issues

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### ■ Staff Background Studies

*By Doug Beardsley*

#### Campuses and Corporations may be duplicating efforts



A question was asked during a breakout session at the Assisted Living and Senior Housing Summit, and at the time, the speaker was uncertain regarding the correct answer. The question was about background studies in relation to campuses and corporations. MDH Case Mix staff have researched this issue and the following is their guidance regarding background studies for corporations and campuses.

Only one background study is required for each individual working on a campus or in a corporation as long as both of the following requirements are met:

1. Personnel records and the responsibility for background studies are centralized, and
2. One individual (this can be a position) is designated to be the contact person for background studies.

The actual statute is below:

**245C.07 STUDY SUBJECT AFFILIATED WITH MULTIPLE FACILITIES.**

(a) When a license holder owns multiple facilities that are licensed by the Department of Human Services, only one background study is required for an individual who provides direct contact services in one or more of the licensed facilities if:

(1) the license holder designates one individual with one address and telephone number as the person to receive sensitive background study information for the multiple licensed programs that depend on the same background study; and

(2) the individual designated to receive the sensitive background study information is capable of determining, upon request of the department, whether a background study subject is providing direct contact services in one or more of the license holder's programs and, if so, at which location or locations.

(b) When a background study is being initiated by a licensed facility or a foster care provider that is also registered under chapter 144D, a study subject affiliated with multiple licensed facilities may attach to the background study form a cover letter indicating the additional facilities' names, addresses, and background study identification numbers. When the commissioner receives a notice, the commissioner shall notify each facility identified by the background study subject of the study results. The background study notice the commissioner sends to the subsequent agencies shall satisfy those facilities' responsibilities for initiating a background study on that individual.

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[\[Return to top\]](#) [\[Print this article\]](#) [\[Email this article\]](#)

---

■ **Do You Verify Nurses' License Information?**

*By Doug Beardsley*

**It's easy to do on the web!**



Representatives from the Minnesota Department of Health made an excellent suggestion at the Assisted Living and Senior Housing Summit. Apparently there has been an increase in falsified RN and LPN licenses. The best way to verify a nurse's credentials is on the web site of the Minnesota Board of Nursing:

<https://www.hlb.state.mn.us/mbn/Portal/DesktopDefault.aspx?tabindex=0&tabid=41>.

If you have not previously used this service, you will need to register as a new user (it's free), and from there search by license number or name.

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[\[Return to top\]](#) [\[Print this article\]](#) [\[Email this article\]](#)

---

## ■ Resident and Family Councils

*By Doug Beardsley*

### What are the Nursing Facility Requirements?

A few members have recently inquired about the rules and regulations relating to Resident Councils and Family Councils in nursing facility settings. In a nutshell, nursing facilities are required to . . .

1. Establish and permit resident advisory councils and family councils if there is a desire of three or more residents or family members to participate.
2. Offer assistance for meetings and make private space available for such councils if they exist.
3. Staff or visitors can attend council meetings only upon the invitation of the councils.
4. Designate a staff person to provide assistance to the councils (upon request of the council(s)) and to respond to written council requests.
5. Listen to the views and act upon recommendations or complaints of such councils regarding issues that affect resident care or life in the facility, or facility policies.
6. The resident council must be comprised of residents in the facility (resident groups).
7. The family council must be comprised of families of residents.
8. You must permit the Elder Care Rights Alliance to provide education to your councils, if the councils exist.
9. There is no required makeup of the councils, no minimum meeting schedules, no required "officers" and minutes are not required.
10. If you do not have such councils, you must document that at least once each year you attempted to establish such councils.

Click on the following link if you would like to have this [summary list along with the actual requirements](#).

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[\[Return to top\]](#) [\[Print this article\]](#) [\[Email this article\]](#)

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## ■ Quality Indicator Survey Process (QIS)

*By Doug Beardsley*

### The 5th in a Series

As you already know, the Minnesota Department of Health (MDH) will begin implementing the QIS process for some nursing facility surveys in 2008. A new survey process means that nursing facility staff, residents, and family members should become aware of the changes to the survey process.



The QIS has four objectives:

1. Improve consistency and accuracy of the survey
2. Comprehensively review more regulatory areas within current survey resources
3. Enhance documentation through automation
4. Focus survey resources on facilities with the greatest quality concerns

Between now and January 2008, Care Providers of Minnesota will be providing members with additional information about the QIS process. This will include newsletter articles and useful QIS preparation survey tools, as well as a formal provider training session on **December 11, 2007**. Keep your eyes on this newsletter space for weekly QIS updates!

**Your 5th QIS tool is to know how surveyors will be observing and investigating your**

**dining room experience.** Click on the following link for the [Dining Room Observation QIS survey protocol](#). Nursing facilities should begin routinely making their own dining room observations using this form to verify consistent compliance with a multitude of regulations. This one observation tool looks for the following 17 potential deficiencies: F241, F253, F258, F310, F311, F312, F327, F353, F362, F364, F366, F368, F369, F371, F441, F443, and F464!

Advance knowledge and comfort level with surveyor protocols will help you, your staff, and your residents be better prepared and lead to a less stressful survey process with better outcomes!

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[\[Return to top\]](#) [\[Print this article\]](#) [\[Email this article\]](#)

## Legal Trends

### ■ Motor Scooter Lawsuit Settles in California

*By Jonathan Lips*

**Senior living communities agree to modify policies and to pay damages.**

**Barb Blumer, attorney with Orbovich & Gartner Chartered, a Care Providers of Minnesota Associate Member, provided the following reports about a recent Fair Housing Act case involving motorized assistive devices. The law firm regularly monitors important developments of interest to members, and was not directly involved in either case.**

The long awaited resolution of the Department of Justice Fair Housing case against three California senior living communities occurred on August 27, 2007, with the filing of a Consent Order in the California District Court. The case, initially filed in 2005, focused on policies and practices relating to residents and prospective residents using motorized assistive devices. The case originated when a retired couple filed discrimination complaints with the U.S. Department of Housing and Urban Development (HUD). HUD conducted an investigation and referred the matter to the Justice Department.

According to the Department of Justice's complaint, the California facilities allegedly employed policies and practices that, among other things, required residents who used motorized mobility aids (e.g., wheelchairs and scooters) to:

- obtain personal liability insurance;
- demonstrate competence at operating the motorized aid and obtain annual training (at the resident's expense);
- sign an agreement regarding use of mobility aids;
- provide a physician order and/or a nurse's determination of necessity;
- live in assisted living settings rather than independent housing settings;
- not use mobility aids in dining rooms and in other common areas; and
- not park in more convenient interior parking.

The Consent Order, which has the effect of a settlement agreement, dismantles those alleged policies and practices, calling them unlawful discriminatory practices. Under the agreement, among other remedies, the facilities must:

- Use special nondiscrimination language in all publications;
- Provide specialized employee training;
- Establish a nondiscrimination policy,
- Establish an approved policy about treatment of mobility aids to be given to all residents and prospective residents,
- Establish an inquiry registry for all persons inquiring about residence to record whether or not they use a mobility aid;

- Establish an application log, noting whether each applicant uses a mobility aid and other information;
- Ongoing monitoring for 3 years;
- Establish a \$530,000 settlement fund for persons who may have been injured by their policies and advertise the availability of the settlement fund by newspaper ads and mailing to each current resident, each living former resident, each applicant for residence and each person who visited any facility;
- Pay each resident who was tested \$200-\$250 and any additional damages they may have suffered as a result of the allegedly discriminatory policies; and
- Pay \$30,000 as a penalty to the DOJ “to vindicate the public interest.”

Although the improper conduct occurred at the California establishments, the above remedies will apply to all facilities in the nation owned and operated by the organization. The defendants were specifically permitted to establish “reasonable traffic and parking rules for safe operation of motorized mobility aids.”

A notable aspect of the case is that, on the face of it, the Consent Order appears to treat skilled nursing home units as covered by the Fair Housing Act in the same way that independent housing and assisted living apartment units are covered—calling all of them “dwellings” subject to the Fair Housing Act. None of the allegedly illegal practices were asserted against, and none of the remedies seem to be imposed on, the skilled nursing facilities in the senior living communities, although the Consent Order is unclear on that point. If this case is an indication of the position of the Department of Justice in the future, the DOJ may be joining a number of senior citizen advocates in strongly arguing that nursing homes as well as independent housing and assisted living facilities are covered by the Fair Housing Act—a conclusion not previously widely held. That position could have far reaching implications for the way skilled nursing facilities operate.

Copies of the August 23, 2007 Press Release and the Consent Order are available on the Department of Justice website at: <http://www.usdoj.gov/crt/housing/filings.htm>. Incidentally, that web page also announces a Consent Order in which a Hastings, Minnesota, landlord agrees to pay \$400,000 to settle allegations that he sexually harassed female tenants. Although this second case did not involve senior housing, it is important for members to know that the U.S. Department of Justice is active in Minnesota and has the power to extract large settlement amounts here, too.

All senior living communities will want to review their policies and procedures regarding treatment of assistive devices in light of this new development and participate in educational sessions. The Care Providers of Minnesota August Assisted Living and Senior Housing Summit featured an educational session by Barb Blumer on motorized assistive devices, and the Association will look for future opportunities to repeat that training.

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[\[Return to top\]](#) [\[Print this article\]](#) [\[Email this article\]](#)

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## Associate Member News

### ■ Pathway Health Services Announces New Positions

By Lisa Olson

#### 10 years of service brings new changes

Pathway Health Services Managing Partners Duncan McDougal, Debby Schuna, and Kim Hysjulien recently announced the following staff changes and new positions:

Debby Schuna, CEO; Donna Webb, COO; Dennis Anderson, CFO; Linda Nelsen, Senior Vice President of Assisted Living, Sr. Housing & Homecare; Betty Brunner, Vice President of Development; Lisa Thompson, Vice President of Regional Operations. New Directors: Bonnie Friske, Marketing; Cindy Fronning, Clinical Reimbursement; Jeri Lundgren, Wound

& Incontinence Services; Terry Nelson, Education & Resources, Diane Peters, Leadership & Quality Initiatives; Keith Stanhill, Human Resources; Michelle Stober, Corporate Services; Nat Tyler, Information Technology.

Pathway Health Services, Inc. provides management, technical support and consulting services for the long-term care and senior housing industries.

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[\[Return to top\]](#) [\[Print this article\]](#) [\[Email this article\]](#)

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## FYI Corner

### ■ Take Advantage of this Great Benefit!

By Lisa Olson

#### Post Job Openings at No Charge

Remember—as a member of Care Providers of Minnesota, you can post job openings on our website at no charge. And, when you post a job vacancy on our website, your listing automatically gets uploaded and posted to [Minnesota Works.net](http://MinnesotaWorks.net) (a site provided by the Minnesota Department of Employment and Economic Development).



Posting your job online is easy and there are no limits to the number of jobs for which you can advertise.

To post your job openings:

1. Go to the [Care Providers of Minnesota website](http://www.careproviders.org).
2. Under the Members Admin dropdown box along the top of the page, go to "Members Site Admin."
3. Click on your membership type, and enter your Member Site Admin user name and password. (This is different than your personal username/password used to gain general member access to the site. If you can't remember your login information and/or if you'd like your login information to be the same for both systems, email Angela @ [aaltepet@careproviders.org](mailto:aaltepet@careproviders.org) or call 952-854-2844.)
4. Click on Add/Edit Job Postings and you're ready to go (easy-to-follow directions will be displayed).

If you'd rather not submit your jobs online, simply submit your job information by printing out this form: [http://www.careproviders.org/members/down/Job\\_Form1.pdf](http://www.careproviders.org/members/down/Job_Form1.pdf) and faxing it to our webmaster at 952-854-6214. If we do not have your company's logo on file, we will call you and ask you to email it so it can be included in the ad. Then we'll take care of the rest.

Care Providers of Minnesota members are hiring employees via the CPM Internet Job Center every day. We hope that you, too, will take advantage of this powerful benefit of your membership in Care Providers of Minnesota.

If you have any questions, please contact Lisa Olson at the Association office.

**Lisa Olson**

952-851-2483

[lolson@careproviders.org](mailto:lolson@careproviders.org)

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