

ACH* RESURVEY TRENDS

CY 2009 JAN. – SEPT.

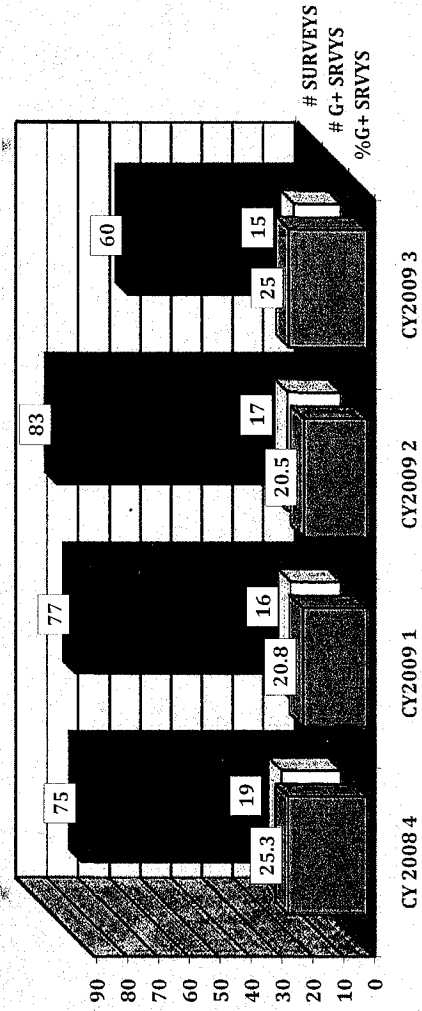
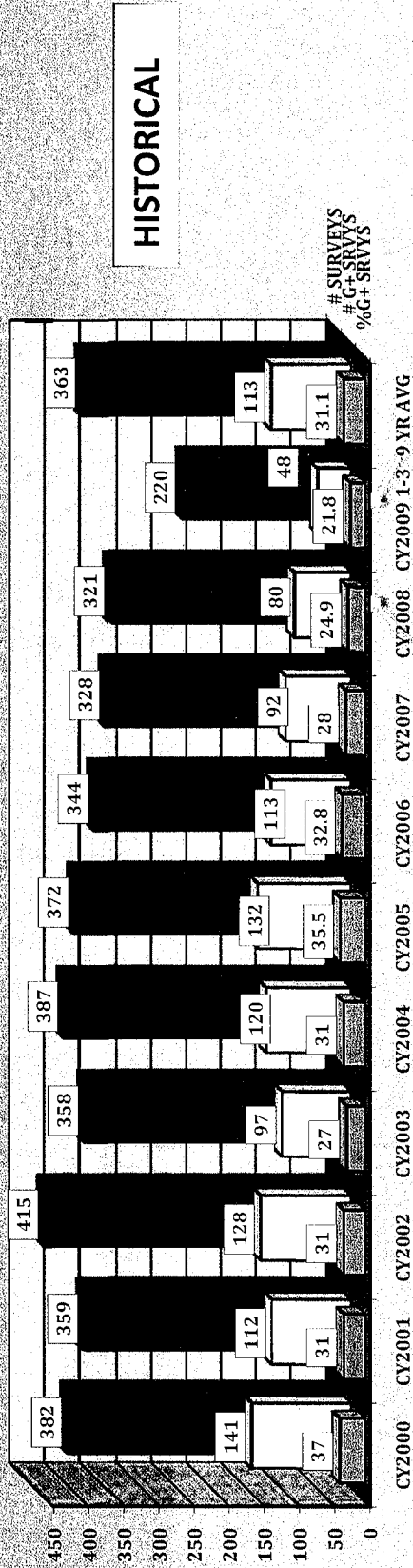
WITH COMPARISONS TO THE CY 2000 - CY 2008 PERIOD

*ACH = Adult Care Home (includes Nursing Facilities, Nursing Facilities for Mental Health and Hospital Long-Term Care Units)

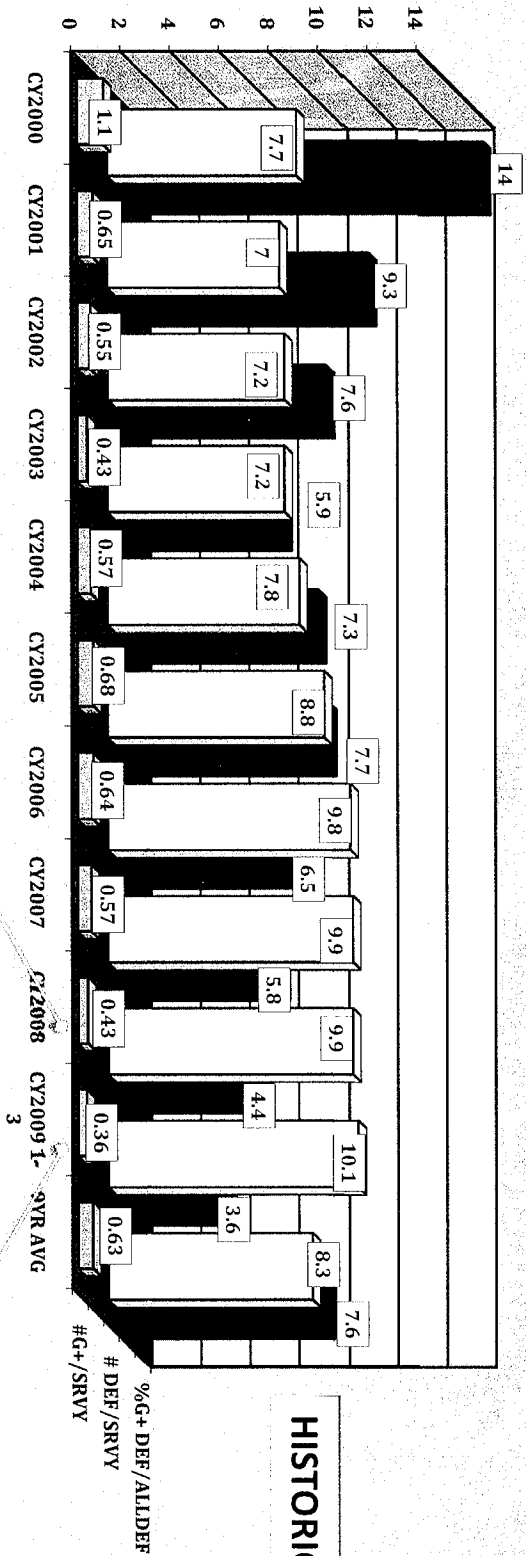
LICENSURE, CERTIFICATION & EVALUATION COMMISSION

CHARTS PREPARED BY ADMINISTRATIVE SERVICES COMMISSION, PROGRAM EVALUATION UNIT

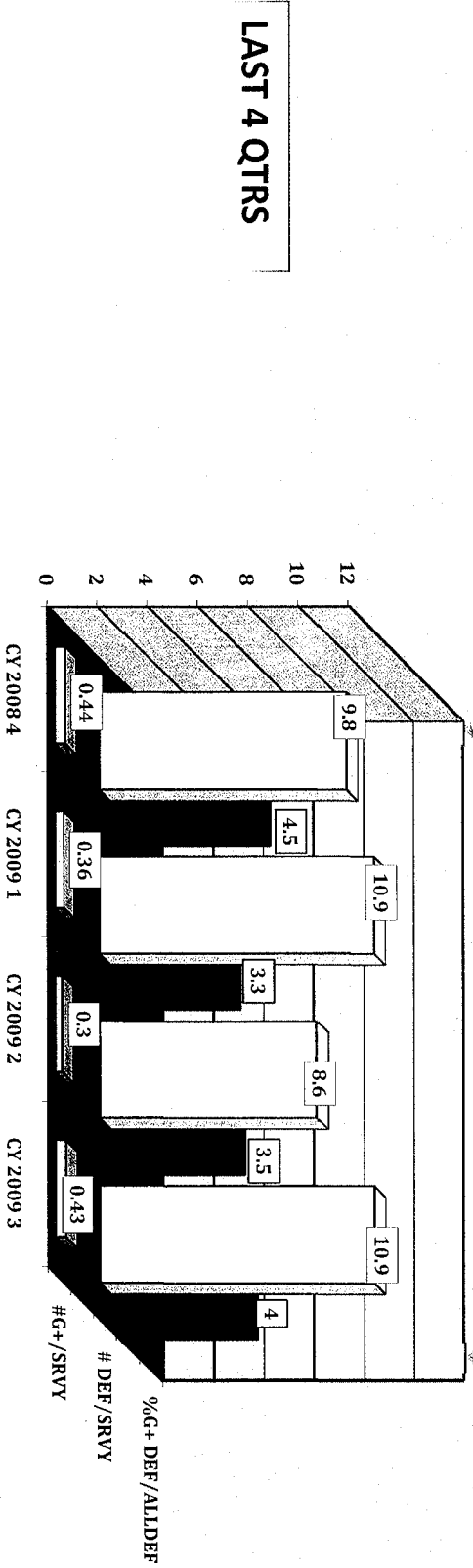
RESURVEY DATA CY 2000 - 2009



DEFICIENCY DATA CY 2000 - 2009

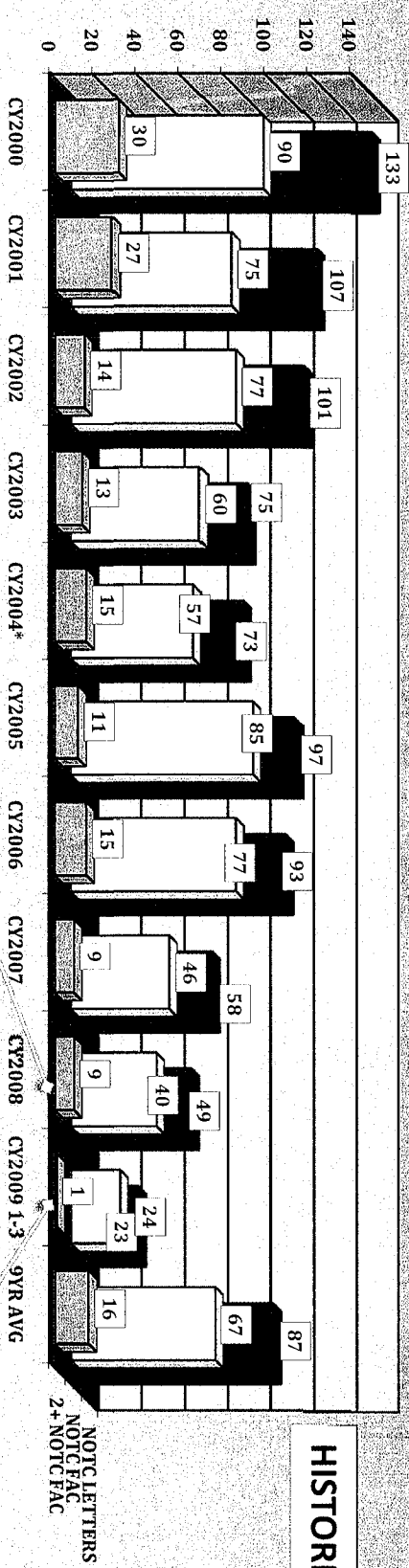


HISTORICAL



LAST 4 QTRS

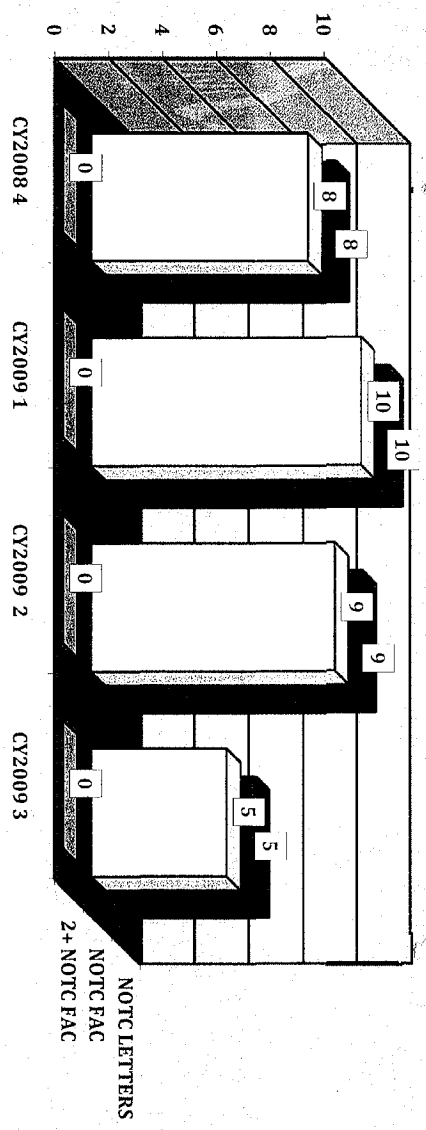
NO OPPORTUNITY TO CORRECT (GG) DATA CY 2000 - 2009*



HISTORICAL

NOTIC LETTERS
NOTIC FAC
2+ NOTIC FAC

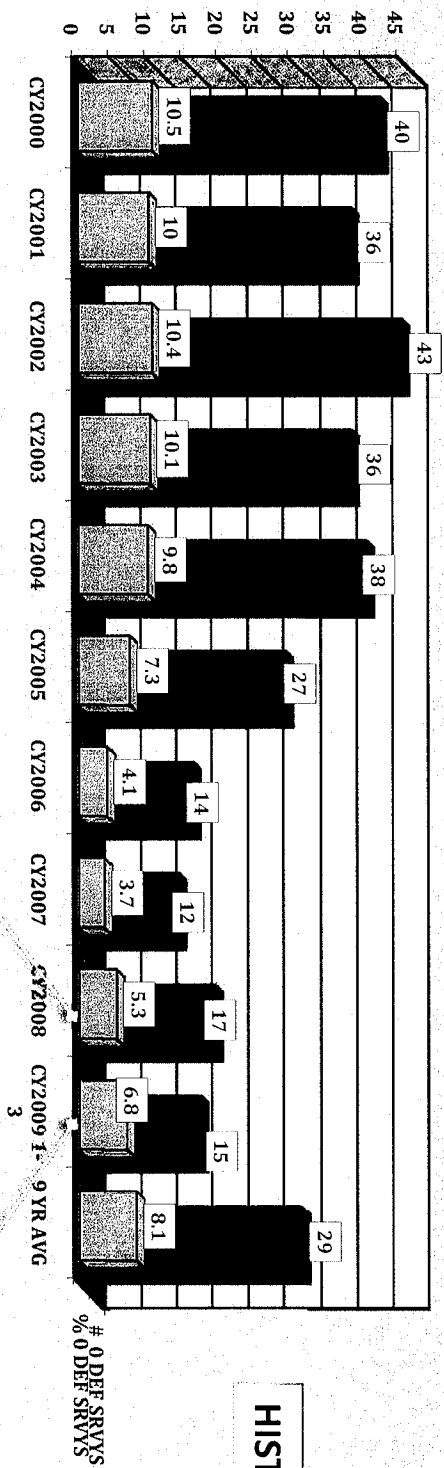
LAST 4 QTRS



NOTIC LETTERS
NOTIC FAC
2+ NOTIC FAC

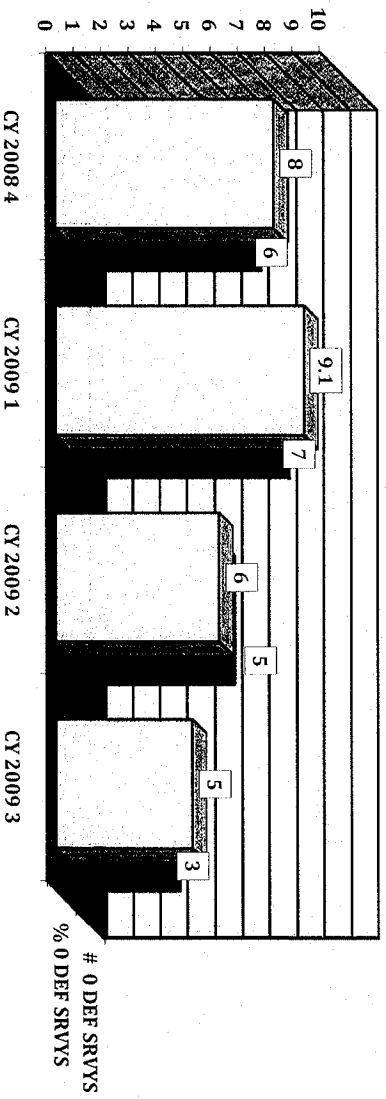
*Beginning with the 4th quarter of CY 2004, data is from a different source (PDQ) so may not be totally comparable with other data in chart

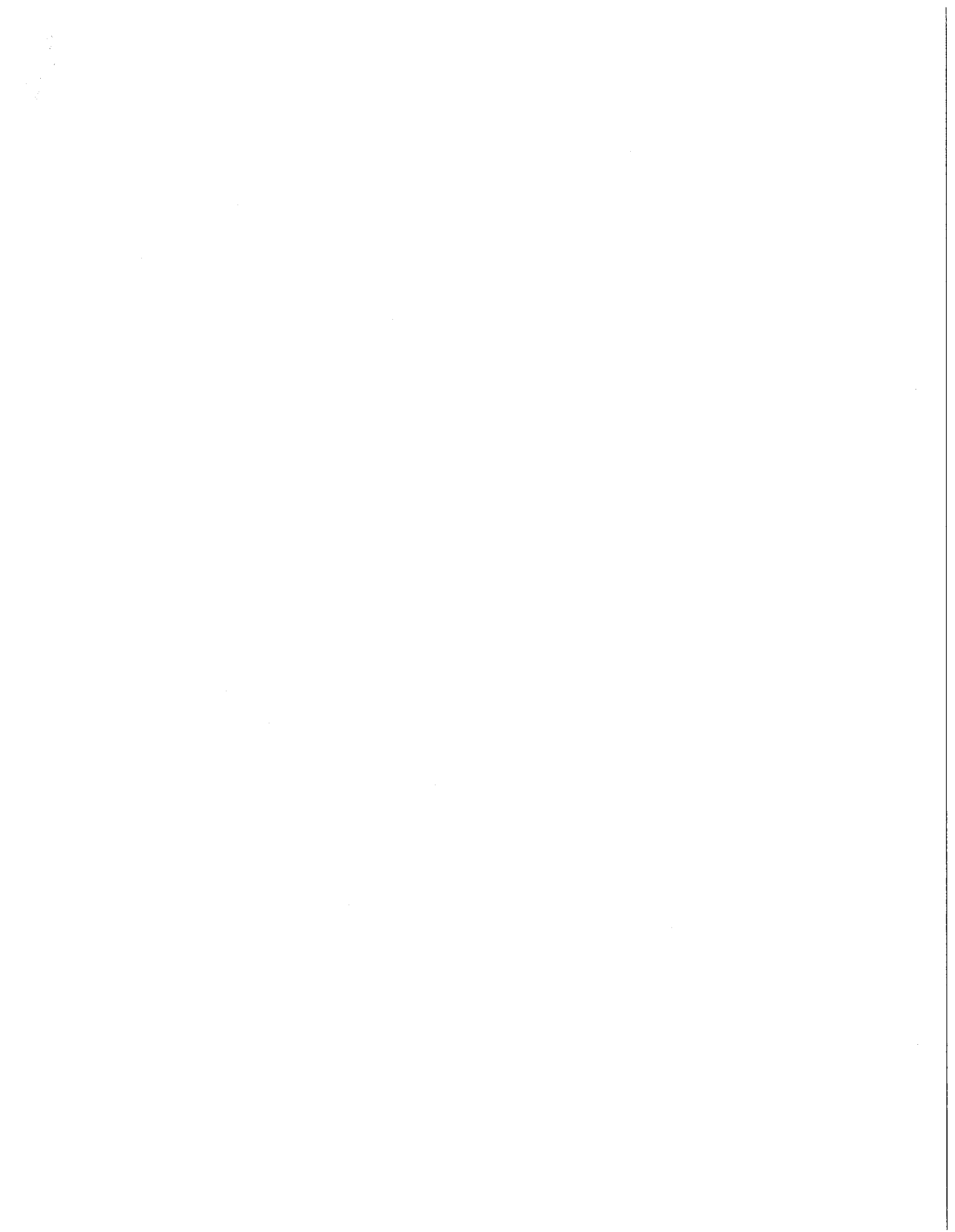
ZERO DEFICIENCY DATA CY 2000 - 2009



HISTORICAL

LAST 4 QTRS





KDOA LICENSURE, CERTIFICATION & EVALUATION COMMISSION

DEFICIENT PRACTICES DATA CY 2009 – SUMMARY

CY 2009 QUARTERS 1-3

The third quarter of CY 2009 saw the reversal of some of the positive trends of the first two quarters of the year with deficiency rates reverting close to levels from the 4th quarter of CY 2008. Both the G+ and the overall deficiency rates increased while the zero deficiency rate decreased. The NOTC rate remained about the same. Despite these changes, G+ deficiency/survey rates for the first three quarters of the year are the best since this data began to be compiled in CY 2000. The overall deficiency rates for quarters 1-3 remains at the historically high levels of the last 3 years.

CY2009 YTD Compared to Prior Periods

(See Resurvey Data charts) In CY 2009 Quarter 3, there were 60 resurveys conducted of which 15 were G+. This translates into a rate of 25.0% which is up from the prior two quarters approximately equaling the CY 2008. The combined G+ survey rate for the first three quarters remains a very low 21.8%. If maintained, CY 2009 would become the best G+ year since this data has been compiled.

(See Deficiency Data charts) During the quarter, 4.0% of all deficiencies were G+, up from the prior quarter but still a historically low rate. The average number of G+ deficiencies per resurvey during the 3rd quarter was .43, also up from the prior quarter but still matching the best rate of the 9 year reporting period set in CY 2003 and CY 2008. The rate for the combined first 3 quarters is .36 which quite likely will make the rate for the entire year the lowest since reporting began.

The number of all deficiencies per survey has shown a lot of volatility so far this year. The rate was 10.9 during the third quarter; a very large increase from the prior quarter which had a very large decrease from the first quarter. The combined rate for the first three quarters was 10.1, up slightly from the 9.9 rate of the last two years.

(See No Opportunity To Correct charts) There were 5 NOTC facilities during the quarter with none of them being in NOTC status more than once. For the Jan. – June period, there have been 23 NOTC facilities one of which being in NOTC status more than once.

(See Zero Deficiency charts) There were 3 zero deficiency resurveys during the quarter, which is a rate of 5.0%, a moderate drop from the prior quarter. The rate for the last three quarters is 6.8 % which, if maintained, would represent the highest rate since CY 2005.

RESURVEY G⁺ DEFICIENCY DATA¹

ANNUAL RANKINGS: CY 2000-2009

TAG	N	2009 1-3 RANK	2008 RANK	2007 RANK	2006 RANK	2005 RANK	2004 RANK	2003 RANK	2002 RANK	2001 RANK	2000 RANK	TEXT OF REGULATION
F0314	22	1	1	1	1	1	1	1	1	1	2	Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.
F0309	13	2	3	2	3	4	4	4	3	4	5	Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.
F0323*	11	3	4	3	2	2	2	2	2	2	1	The facility must ensure ... each resident receives ... supervision & assistance devices to prevent accidents .
F0315*	8	4	5	6	5	5	10	10	10		6	Based on the ... comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.
F0325	8	4	2	4	4	3	3	3	4	3	3	Based on a resident's comprehensive assessment, the facility must ensure that a resident - (1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and(2) Receives a therapeutic diet when there is a nutritional problem.
F0317	3	6	7	5	7	6	8	7	5			Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without a limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable.
F0318	3	6	8		8	7	6	5	8	10	8	Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.
F0329	3	6						9	6			Each resident's drug regimen must be free from unnecessary drugs ...
F0310	2	9	6		6	8	5	5	7		7	Based on the comprehensive assessment of a resident, the facility must ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable.

¹Data is for health resurvey G+ deficiencies. **Tags cited only 1 time during the period have been excluded.** * Effective July 2005 CMS combined tags F0315 and F0316 into one tag (0315). Eff. Aug. 2007 tags F0323 and F0324 were combined into one tag (F0323). Eff. Sept. 2008 tags F0325 and F0326 were combined into one tag (F0325) and tags F0370 and F0371 were combined into one tag (F0371). For purposes of this table, these tags have been combined for all time periods.

HEALTH RESURVEY DEFICIENCY DATA

Jan. 1 2009 - Sept. 30 2009

SUMMARY		
	N	%
SURVEYS:	220	
ZERO DEF SRVYS:	15	6.8
G+ SRVYS:	48	21.8
DEF:	2211	
DEF/SURVEY:	10.1	
G+ DEF:	79	3.6
G+ DEF/SURVEY:	0.36	
SUB F DEF:	5	0.23

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HEALTH RESURVEY DEFICIENCY DATA Jan. 1 2009 - Sept. 30 2009
ZERO DEFICIENCY FACILITIES

NAME	City	MCARE ID	FACID	EXIT DATE
ARKANSAS CITY PRESBYTERIAN MAN	ARKANSAS CITY	175309	N018008	5/29/09
CHENEY GOLDEN AGE HOME	CHENEY	175399	N087002	9/18/09
CLARIDGE COURT	PRAIRIE VILLAGE	175343	N046036	3/24/09
COUNTRY CARE INC	EASTON	175411	N052002	2/25/09
GOOD SAMARITAN SOCIETY - ATWOOD	ATWOOD	175366	N077001	3/5/09
HOEGER HOUSE	OLATHE	175491	N046073	1/28/09
HOLIDAY RESORT OF SALINA	SALINA	175423	N085011	2/26/09
LAKEPOINT NURSING CENTER	AUGUSTA	175424	N008005	7/27/09
LAWRENCE MEMORIAL HOSPITAL SNF	LAWRENCE	175151	H023101	5/12/09
MEDICALODGES KINSLEY	KINSLEY	175275	N024001	2/11/09
PARKSIDE HOMES	HILLSBORO	175387	N057004	1/17/09
PROMISE REGIONAL MEDICL CTR-HUTCHINSON	HUTCHINSON	175146	H078101	6/4/09
SUNSET HOME INC	CONCORDIA	175422	N015006	4/1/09
TRINITY NURSING & REHAB CTR	MERRIAM	175123	N046013	9/16/09
WICHITA COUNTY HEALTH CENTER	LEOTI	17E011	H102101	4/23/09

HEALTH RESURVEY DEFICIENCY DATA
Jan. 1 2009 - Sept. 30 2009 TOP 10 G+

TAG			
0314	PRESSURE SORES	22	27.8%
0309	QUALITY OF CARE	13	16.5%
0323	ACCIDENTS AND SUPERVISION	11	13.9%
0315	URINARY INCONTINENCE	8	10.1%
0325	NUTRITION	8	10.1%
0317	RANGE OF MOTION	3	3.8%
0318	RANGE OF MOTION	3	3.8%
0329	UNNECESSARY DRUGS	3	3.8%
0310	ACTIVITIES OF DAILY LIVING	2	2.5%

HEALTH RESURVEY DEFICIENCY DATA
Jan. 1 2009 - Sept. 30 2009 TOP 10

TAG			
0279	COMPREHENSIVE CARE PLANS	116	5.2%
0323	ACCIDENTS AND SUPERVISION	116	5.2%
0329	UNNECESSARY DRUGS	100	4.5%
0371	SANITARY CONDITIONS	97	4.4%
0309	QUALITY OF CARE	89	4.0%
0315	URINARY INCONTINENCE	87	3.9%
0253	HOUSEKEEPING/MAINTENANCE	85	3.8%
0314	PRESSURE SORES	83	3.8%
0280	COMPREHENSIVE CARE PLANS	81	3.7%
0428	DRUG REGIMEN REVIEW	81	3.7%

ALL TAGS CITED DURING PERIOD

NOTE: TAGS 325/326 & 370/371 ARE REPORTED RESPECTIVELY AS TAGS 325 AND 371 PER CMS REVISED POLICY

TAG	TAG TITLE	CFR	TOTAL COUNT	G+	SUB	F
0151	EXERCISE OF RIGHTS	483.10(a)(1)&(2)	2	0		
0155	NOTICE OF RIGHTS AND SERVICES	483.10(b)(4)	6	0		
0156	NOTICE OF RIGHTS AND SERVICES	483.10(b)(5) - (10), 483.10(b)(1)	27	0		
0157	NOTIFICATION OF CHANGES	483.10(b)(11)	21	0		
0159	PROTECTION OF RESIDENT FUNDS	483.10(c)(2)-(5)	15	0		
0160	CONVEYANCE UPON DEATH	483.10(c)(6)	3	0		
0161	ASSURANCE OF FINANCIAL SECURITY	483.10(c)(7)	1	0		
0164	PRIVACY AND CONFIDENTIALITY	483.10(e), 483.75(j)(4)	33	0		
0167	EXAMINATION OF SURVEY RESULTS	483.10(g)(1)	9	0		
0170	MAIL	483.10(i)(1)	6	0		
0172	ACCESS AND VISITATION RIGHTS	483.10(j)(1)&(2)	3	0		
0174	TELEPHONE	483.10(k)	3	0		
0176	SELF ADMINISTRATION OF DRUGS	483.10(m)	5	0		
0201	TRANSFER AND DISCHARGE REQUIREMENTS	483.12(a)(2)	1	0		
0202	DOCUMENTATION	483.12(a)(3)	1	0		
0203	TRANSFER AND DISCHARGE REQUIREMENTS	483.12(a)(4)-(6)	2	0		
0204	ORIENTATION FOR TRANSFER OR DISCHARGE	483.12(a)(7)	1	0		
0205	NOTICE OF BED HOLD POLICY & READMISSION	483.12(b)(1)&(2)	8	0		
0208	ADMISSIONS POLICY	483.12(d)(1)-(4)	2	0		
0221	PHYSICAL RESTRAINTS	483.13(a)	26	0		0
0223	ABUSE	483.13(b), 483.13(b)(1)(i)	1	0		1
0224	STAFF TREATMENT OF RESIDENTS	483.13(c)	3	0		0
0225	STAFF TREATMENT OF RESIDENTS	483.13(c)(1)(ii)-(iii), (c)(2) - (4)	45	1		0
0226	STAFF TREATMENT OF RESIDENTS	483.13(c)	15	0		0
0241	DIGNITY	483.15(a)	56	0		0
0242	SELF-DETERMINATION AND PARTICIPATION	483.15(b)	15	0		0
0243	PARTICIPATION IN RESIDENT & FAMILY GROUPS	483.15(c)(1)-(5)	1	0		0
0244	PARTICIPATION IN RESIDENT & FAMILY GROUPS	483.15(c)(6)	9	0		0
0246	ACCOMMODATION OF NEEDS	483.15(e)(1)	10	0		0
0247	NOTICE BEFORE ROOM CHANGE	483.15(e)(2)	8	0		0
0248	ACTIVITIES	483.15(f)(1)	36	1		0
0249	ACTIVITY DIRECTOR QUALIFICATIONS	483.15(f)(2)	1	0		0
0250	SOCIAL SERVICES	483.15(g)(1)	7	0		0
0252	ENVIRONMENT	483.15(h)(1)	8	0		0
0253	HOUSEKEEPING/MAINTENANCE	483.15(h)(2)	85	0		1
0254	ENVIRONMENT- LINENS	483.15(h)(3)	3	0		0
0256	ENVIRONMENT- LIGHTING	483.15(h)(5)	1	0		0
0257	ENVIRONMENT- TEMPERATURE	483.15(h)(6)	1	0		0
0258	ENVIRONMENT- SOUND LEVELS	483.15(h)(7)	4	0		0
0272	COMPREHENSIVE ASSESSMENTS	483.20, 483.20(b)	74	0		0
0273	RESIDENT ASSESSMENT- WHEN REQUIRED	483.20(b)(2)(i)	3	0		0
0274	RESIDENT ASSESSMENT- WHEN REQUIRED	483.20(b)(2)(ii)	11	0		0
0275	RESIDENT ASSESSMENT- WHEN REQUIRED	483.20(b)(2)(iii)	2	0		0
0276	QUARTERLY REVIEW/ASSESSMENT	483.20(c)	4	0		0
0278	RESIDENT ASSESSMENT	483.20(g) - (j)	24	0		0

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TAG	TAG TITLE	CFR	TOTAL COUNT	G+	SUB F
0279	COMPREHENSIVE CARE PLANS	483.20(d), 483.20(k)(1)	116	0	0
0280	COMPREHENSIVE CARE PLANS	483.20(d)(3), 483.10(k)(2)	81	0	0
0281	COMPREHENSIVE CARE PLANS	483.20(k)(3)(i)	51	0	0
0282	COMPREHENSIVE CARE PLANS	483.20(k)(3)(ii)	6	0	0
0283	DISCHARGE SUMMARY	483.20(f)(1)&(2)	1	0	0
0284	DISCHARGE SUMMARY	483.20(f)(3)	1	0	0
0309	QUALITY OF CARE	483.25	89	13	0
0310	ACTIVITIES OF DAILY LIVING	483.25(a)(1)	4	2	0
0311	ACTIVITIES OF DAILY LIVING	483.25(a)(2)	11	0	0
0312	ACTIVITIES OF DAILY LIVING	483.25(a)(3)	60	0	0
0314	PRESSURE SORES	483.25(c)	83	22	0
0315	URINARY INCONTINENCE	483.25(d)	87	8	1
0317	RANGE OF MOTION	483.25(e)(1)	6	3	0
0318	RANGE OF MOTION	483.25(e)(2)	39	3	0
0319	MENTAL AND PSYCHOSOCIAL FUNCTIONING	483.25(f)(1)	12	1	0
0320	MENTAL AND PSYCHOSOCIAL FUNCTIONING	483.25(f)(2)	2	0	0
0322	NASO-GASTRIC TUBES	483.25(g)(2)	11	1	0
0323	ACCIDENTS AND SUPERVISION	483.25(h)	116	11	0
0325	NUTRITION	483.25(i)	45	8	0
0327	HYDRATION	483.25(j)	19	1	0
0328	SPECIAL NEEDS	483.25(k)	10	0	0
0329	UNNECESSARY DRUGS	483.25(l)	100	3	0
0332	MEDICATION ERRORS	483.25(m)(1)	21	0	1
0334	INFLUENZA AND PNEUMOCOCCAL IMMUNIZATION	483.25(m)	44	0	1
0353	NURSING SERVICES - SUFFICIENT STAFF	483.30(a)	20	0	0
0354	NURSING SERVICES - REGISTERED NURSE	483.30(b)	3	0	0
0356	NURSE STAFFING	483.30(e)	20	0	0
0361	DIETARY SERVICES - STAFFING	483.35(a)	1	0	0
0362	DIETARY SERVICES - SUFFICIENT STAFF	483.35(b)	3	0	0
0363	MENUS AND NUTRITIONAL ADEQUACY	483.35(c)	17	0	0
0364	FOOD	483.35(d)(1)-(2)	18	0	0
0365	FOOD	483.35(d)(3)	1	0	0
0366	FOOD	483.35(d)(4)	4	0	0
0367	THERAPEUTIC DIETS	483.35(e)	7	0	0
0368	FREQUENCY OF MEALS	483.35(f)	7	0	0
0369	DIETARY SERVICES - ASSISTIVE DEVICES	483.35(g)	2	0	0
0371	SANITARY CONDITIONS	483.35(i)	97	0	0
0372	SANITARY CONDITIONS - GARBAGE DISPOSAL	483.35(f)(3)	1	0	0
0387	FREQUENCY OF PHYSICIAN VISITS	483.40(c)(1)-(2)	2	0	0
0406	SPECIALIZED REHABILITATIVE SERVICES	483.45(a)	1	0	0
0411	DENTAL SERVICES - SNF	483.55(a)	3	0	0
0412	DENTAL SERVICES - NF	483.55(b)	9	0	0
0425	PHARMACY SERVICES	483.60(a),(b)	63	0	0
0428	DRUG REGIMEN REVIEW	483.60(c)	81	0	0
0431	PHARMACY SERVICES	483.60(b), (d), (e)	19	1	1

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TAG	TAG TITLE	CFR	TOTAL COUNT	G+	SUB F
0441	INFECTON CONTROL - LINENS	483.65(c)	68	0	
0456	SPACE AND EQUIPMENT	483.70(c)(2)	3	0	
0463	RESIDENT CALL SYSTEM	483.70(f)	26	0	
0464	DINING AND RESIDENT ACTIVITIES	483.70(g)	7	0	
0465	OTHER ENVIRONMENTAL CONDITIONS	483.70(h)	37	0	
0466	OTHER ENVIRONMENTAL CONDITIONS - WATER	483.70(h)(1)	3	0	
0467	OTHER ENVIRONMENTAL CONDITIONS - VENTILATION	483.70(h)(2)	6	0	
0468	OTHER ENVIRONMENTAL CONDITIONS - HANDRAILS	483.70(h)(3)	1	0	
0469	PHYSICAL ENVIRONMENT- PEST CONTROL	483.70(h)(4)	6	0	
0490	ADMINISTRATION	483.75	3	0	
0493	GOVERNING BODY	483.75(d)(1)-(2)	1	0	
0496	REQUIRED TRAINING OF NURSING AIDES	483.75(e)(5)-(7)	2	0	
0497	REGULAR IN-SERVICE EDUCATION	483.75(e)(8)	2	0	
0498	PROFICIENCY OF NURSE AIDES	483.75(f)	1	0	
0501	MEDICAL DIRECTOR	483.75(i)	1	0	
0502	LABORATORY SERVICES	483.75(j)(1)	1	0	
0514	CLINICAL RECORDS	483.75(l)(1)	18	0	
0516	CLINICAL RECORDS	483.75(l)(3), 483.20(f)(5)	2	0	
0518	DISASTER AND EMERGENCY PREPAREDNESS	483.75(m)(2)	5	0	
0519	TRANSFER AGREEMENT	483.75(n)	1	0	
0520	QUALITY ASSESSMENT AND ASSURANCE	483.75(o)(1)	21	0	

GG FACILITIES

Provider#	Facility Name	Prior Cycle Start	HI SS	End Date	GG Cycle Start	HI SS	End Date
175171	MCCRITE PLAZA HEALTH CENTER	08/28/2008	G	09/23/2008	07/08/2009	G	9/16/2009 *
175175	GARDEN VALLEY RETIREMENT VILLA	01/23/2008	H	04/29/2008	02/03/2009	J	04/08/2009
175193	TOPEKA COMMUNITY HEALTHCARE CENTER	04/28/2009	G	07/09/2009	09/11/2009	G	11/20/2009 *
175218	WESTVIEW OF DERBY	08/01/2008	G	10/10/2008 *	05/15/2009	G	08/27/2009
175228	GOLDEN LIVINGCENTER - LANSING	09/17/2008	G	11/04/2008	05/08/2009	G	7/17/2009 *
175236	HUTCHINSON CARE CENTER LLC	09/23/2008	H	1/13/2009 *	06/30/2009	L	8/30/2009 *
175244	MEMORIAL HOSPITAL LTCU	05/28/2008	G	06/27/2008	06/16/2009	G	07/16/2009
175250	WELLSVILLE MANOR	07/11/2008	L	11/20/2008 *	08/13/2009	L	10/22/2009 *
175272	GOLDEN LIVINGCENTER - WAKEFIELD	12/15/2008	G	12/31/2008	05/18/2009	G	06/03/2009
175286	WHEATLAND NURSING & REHAB CENT	09/02/2008	G	11/11/2008 *	07/23/2009	G	10/11/2009 *
175291	GREAT BEND HEALTH & REHAB CENTER	01/31/2008	G	02/29/2008	03/20/2009	G	05/14/2009
175315	LAKEWOOD SENIOR LIVING OF PRATT	02/11/2008	G	03/11/2008	02/19/2009	G	4/30/2009 *
175358	GOOD SAMARITAN SOCIETY - JUNCTION CITY	07/17/2008	G	10/20/2008	03/05/2009	J	05/19/2009
175380	THE CEDARS	03/26/2008	G	6/4/2008 *	02/03/2009	G	3/5/2009 *
175409	PARKVIEW CARE CENTER	03/20/2009	G	03/20/2009	06/11/2009	G	07/02/2009
175429	THE HOMESTEAD HEALTH & REHAB CENTER	11/10/2008	G	02/10/2009	05/04/2009	G	7/13/2009 *
175434	DESERET NURSING & REHABILITATION AT OSWEGO	04/04/2008	G	06/27/2008	06/11/2009	G	8/20/2009 *
175459	WHEATRIDGE PARK CARE CENTER	10/04/2007	G	02/25/2008	01/21/2009	G	02/13/2009
175490	MEDICALODGES HERINGTON	03/17/2008	G	5/26/2008 *	03/30/2009	G	05/15/2009
175496	PRATT REHABILITATION AND RESIDENCE CENTER	08/13/2008	K	11/11/2008	03/31/2009	G	04/24/2009
175500	HILL TOP HOUSE	03/31/2009	G	04/24/2009	08/13/2009	G	09/07/2009
17A001	HAMILTON COUNTY HOSPITAL LTCU	06/24/2008	G	09/18/2008	03/12/2009	G	04/06/2009
17A001	GOVE COUNTY MEDICAL CENTER LTCU	07/23/2008	G	08/21/2008	04/23/2009	G	07/13/2009

*imputed

Projected

6

