

# Long Term Care Highlights



North Dakota Department of Health  
Division of Health Facilities

OCTOBER 2008



## **THE LONG TERM CARE OMBUDSMAN PROGRAM**

*Kara Steier, LSW  
Health Facilities Surveyor*

In 1978, the federal Older Americans Act required each state to have a Long Term Care Ombudsman Program to address complaints and advocate for improvements in the long term care system.

The Centers for Medicare and Medicaid Services (CMS) defines an ombudsman as “an advocate (supporter) for nursing home and assisted living facility residents who works to resolve problems between residents and nursing homes or assisted living facilities.”

The Long Term Care Ombudsman program in North Dakota not only serves residents in nursing homes and assisted living facilities, but also residents in basic care facilities and hospital swing beds or transitional/sub-acute units. An ombudsman also serves residents family and friends and facility staff.

An Ombudsman is not only an advocate, but also a mediator (someone who settles differences by bringing both sides together for communication) and a person who is concerned with protecting resident rights in long term care settings.

The North Dakota Department of Human Services website, <http://www.nd.gov/dhs/onlineserv/ndseniorinfo/line/provider.aspx?provider=105> indicates The State Long Term Care Ombudsman does the following:

- Receives, investigates and works to resolve concerns affecting residents.
- Answers questions and provides information and referral services.
- Promotes resident, family and community involvement in long-term care facilities.
- Promotes community education about long-term care issues.
- Coordinates efforts with other agencies and organizations.
- Identifies issues and problem areas, and recommends needed changes.

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## HOW TO CONTACT AN OMBUDSMAN IN NORTH DAKOTA

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**Joan Ehrhardt** is the State Long Term Care Ombudsman. She serves Bismarck and the counties of Burleigh, Emmons, Grant, Kidder, McLean, Mercer, Morton, Oliver, Sheridan and Sioux. The telephone number is 701.328.4617 or 800.451.8693.

There are also four Regional Ombudsmen:

**Bryan Fredrickson** serves Fargo and Jamestown and Barnes, Cass, Dickey, Foster, Griggs, LaMoure, Logan, McIntosh, Ransom, Richland, Sargent, Steele, Stutsman, Traill and Wells counties. He can be reached at 701.298.4413 or 888.342.4900.

**Kim Locker Helten** serves residents in Devils Lake and Grand Forks, as well as the counties of Benson, Cavalier, Eddy, Grand Forks, Nelson, Pembina, Ramsey, Rolette, Towner and Walsh. She can be reached at 701.665.2269 or 888.607.8610.

**Deb Kraft** serves Minot and Williston and the counties of Bottineau, Burke, Divide, McHenry, McKenzie, Mountrail, Pierce, Renville, Ward and Williams. She can be reached at 701.857.8582 or 888.470.6968.

**Mark Jesser** serves Dickinson and Adams, Billings, Bowman, Dunn, Golden Valley, Hettinger, Slope and Stark counties. He can be reached at 701.227.7557 or 888.227.7525.

Sources: <http://www.nd.gov/dhs/>; <http://www.ndltca.org/>; [http://www.aoa.gov/OAA2006/Main\\_Site/](http://www.aoa.gov/OAA2006/Main_Site/)

## RAI UPDATES

*By Joan Coleman  
State RAI Coordinator*

In July 2008, the Centers for Medicare and Medicaid Services (CMS) released the latest revisions to the Long-Term Care Facility Resident Instrument (RAI) User's Manual. The updates can be found in the Downloads section of the Minimum Data Set (MDS) 2.0 CMS website at :

<http://www.cms.hhs.gov/NursingHomeQuality-Initiatives/NHQIMDS20.asp#TopOfPage>

In June 2008, CMS released another MDS Tip Sheet (previously referred to as a DAVE Tip Sheet). This MDS Tip Sheet is in response to questions related to coding items K2a/K2b Height and Weight. This MDS Tip Sheet, as well as other Tip Sheets, can be found in the Downloads section of the MDS 2.0 CMS website at:

<http://www.cms.hhs.gov/NursingHomeQuality-Initiatives/NHQIMDS20.asp#TopOfPage>

Revised information and timelines on MDS 3.0 can be found in the Downloads section of the MDS 3.0 CMS website at:

[http://www.cms.hhs.gov/NursingHomeQualityInitiatives/25\\_NHQIMDS30.asp](http://www.cms.hhs.gov/NursingHomeQualityInitiatives/25_NHQIMDS30.asp)

A draft crosswalk of MDS 2.0 to MDS 3.0 items is expected to be published on this site within the month of October.

The next Basic RAI Training session is being planned for November 13, 2008, in Bismarck, ND.





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## MDS 2.0 Tip Sheet: ITEMS K2a/K2b

### Height and Weight

JUNE 2008

<b>INTRODUCTION</b>	In response to questions related to MDS coding for items K2a and K2b, Height and Weight, the following tip sheet has been developed. Use this MDS 2.0 Tip Sheet to better understand MDS coding rationale for this item.
<b>DEFINITION</b>	This item directs you to record a current height and weight in order to monitor nutrition and hydration status over time, and provides a mechanism for monitoring the stability of weight over time.
<b>CLARIFICATIONS</b>	<p><b>HEIGHT</b></p> <ul style="list-style-type: none"> <li>• <b>New Admissions</b> – Measure height in inches.</li> <li>• <b>Current Admissions</b> – Check the clinical records. If the last height recorded was more than one year ago, measure the resident's height again.</li> </ul> <p><b>WEIGHT</b></p> <ul style="list-style-type: none"> <li>• <b>Process</b> – Check the clinical records. If the last recorded weight was taken more than one month ago or <b>previous</b> weight is not available, weigh the resident again. If the resident has experienced a decline in intake at meals or snacks, or a decline in fluid intake, weigh the resident again. If the resident's weight was obtained more than once during the preceding month, record the most recent weight.</li> </ul>
<b>CODING TIPS</b>	<p><b>HEIGHT</b></p> <p><b>Round height upward to the nearest whole inch.</b> Measure height consistently over time in accordance with standard facility policy and procedure (e.g., shoes off). If a resident cannot stand to obtain a current height or is missing limbs, use another means of determining height in accordance with facility policy and current standards of clinical practice. <b>If a resident refuses to be measured, use the standard no-information code, the dash (-).</b> Document your rationale in the resident's record.</p> <p><b>WEIGHT</b></p> <p><b>Round weight upward to the nearest whole pound.</b> Measure weight consistently over time in accordance with standard facility policy and procedure (e.g., after voiding, before meal). There may be circumstances when a resident cannot be weighed (e.g., extreme pain, immobility, risk of pathological fractures) or refuses to be weighed. <b>If, as a matter of professional judgment, a resident cannot be weighed or refuses to be weighed, use the standard no-information code, the dash (-).</b> Document your rationale in the resident's record.</p>
<b>CODING EXAMPLES</b>	<p>1) Mr. B was admitted to Glen Falls Nursing Home today. Per nursing home policy, the nursing staff measured Mr. B's height with his shoes off, to find that he was 5 feet 7¼ inches tall. The height in Mr. B's chart was documented as such. However, on the MDS, the RAI Coordinator correctly documented his height as 5 feet 8 inches.</p> <p>2) Mrs. R. has been at Heather Gardens Nursing Home for 5 years. As per nursing home policy, Mrs. R has her weight documented every month. When the nursing home staff weighed her, it was determined that she was exactly 115.3 pounds. The nursing staff documented her weight as 115.3 pounds in her medical record. However, on the MDS, the RAI Coordinator correctly documented her weight as 116 pounds.</p>
<b>FOR MORE HELP</b>	<p>The RAI User's Manual for MDS coding is available on the Centers for Medicare &amp; Medicaid Services website: <a href="http://www.cms.hhs.gov/NursingHomeQualityInits/20_NHQIMDS20.asp">http://www.cms.hhs.gov/NursingHomeQualityInits/20_NHQIMDS20.asp</a>. If you need help interpreting MDS coding instructions, contact your State RAI Coordinator listed in Appendix B of the User's Manual. If you require further assistance, you may submit your question to <a href="mailto:mdsquestions@cms.hhs.gov">mdsquestions@cms.hhs.gov</a>.</p>

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## Safe Food Temperatures

By Judith Johnson, RN, BSN  
Health Facilities Surveyor

Effective August 31, 2008, F370 483.35 (i) (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities, has been merged with F371 483.35 (i) (2) Store, prepare, distribute and serve food under sanitary conditions. The revised guidance for F371 has had significant changes.

The regulatory language for both regulations remained the same, but the interpretive guidelines and surveyor investigative protocols provide definition, education, explanation and examples for surveyor reference.

Maintaining safe food temperatures is an essential and effective part of food safety. Controlling food temperature is probably the most critical way to ensure food safety. The food temperature Danger Zone is defined as “Temperatures above 41 degrees Fahrenheit (F) and below 135 degrees F that allow the rapid growth of pathogenic microorganisms that can cause foodborne illness. Potentially Hazardous Foods or Time/ Temperature Control for Safety foods held in the danger zone for more than four hours if being prepared from ingredients at ambient temperature, or six hours if cooked and cooled may cause a foodborne illness if consumed.”

Most foodborne microorganisms grow more rapidly between the temperatures of 41 degrees Fahrenheit and 140 degrees Fahrenheit. Microorganisms need sufficient time to grow. Cooling cooked food items as quickly as possible eliminates the possibility of bacteria development.

The proper cooling of food items requires the food temperature to drop from 135 degrees F to 70 degrees F within two hours, and to 41 degrees F within an additional four hours.

If Potentially Hazardous Foods (PHF) or Time/ Temperature Control for Safety (TCS) foods remain in the temperature danger zone for more than four hours, the food may cause a foodborne illness outbreak if consumed.

The following methods can facilitate the rapid cooling of cooked foods:

- Placing the food in shallow pans no deeper than three to four inches.
- Dividing the food into smaller or thinner portions.
- Using cooling equipment such as “Blast Chillers” .
- Stirring the food in a container placed in an ice bath.
- Adding ice as an ingredient to the cooked food.
- Using containers such as metal pans that facilitate the transfer of heat.

Food must also be kept at a safe temperature during thawing.

There are four acceptable ways to thaw food safely:

- In a refrigerator.
- Under running water.
- In a microwave.
- As part of the cooking process.

The preferred method for thawing foods is in the refrigerator at 41 degrees or below to keep the dangerous microorganisms from growing.

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When thawing food under running water, the food item is to be completely submerged, the water temperature at 70 degrees or lower, and the water flow strong enough to wash loose food particles into the over flow drain.



Food can be safely thawed in a microwave if the food will be cooked immediately. Large items such as roasts or turkeys may not thaw well in a microwave.

Food can be thawed as part of the cooking process.

Nursing home residents are more likely than the general population to experience foodborne illness because of their susceptibility to become ill if they ingest microorganisms or toxins as a result of their compromised health status, chronic disease or advanced age.

## References:

1. State Operations Manual 483.35 (i) Sanitary conditions Interpretive Guidance and Investigative Protocol.
2. 2005 Food Code US Department of Health and Human Services.
3. North Dakota Requirements for Food and Beverage Establishments North Dakota Department of Health.
4. David McSwane, H.S.D., Richard Linton PhD, and Nancy Rue Ph D, Super Safe Mark Guide to Food Safety.

## QUOTES:

*Our mental and emotional diets determine our overall energy levels, health, and well-being to a far greater extent than most people realize. Every thought and feeling, no matter how big or small, impacts our inner energy reserves.*

By Doc Childre and Howard Martin

*When a man is serene, the pulse of the heart flows and connects, just as pearls are joined together or like a string of red jade, then one can talk about a healthy heart.*

By The Yellow Emperor's Cannon of Internal Medicine, 2500 B.C.



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