Feature Focus

Each edition of the IHCA Regulatory Beat will feature focus articles on specific regulatory topics. If you have a topic you’d like to see covered here, please let us know!

CMS Region 5 LTC Provider Association Meeting

On December 15-16, 2015, federal CMS held their annual Region 5 LTC Provider Association meeting in Chicago. The meeting was attended by all six states in Region 5, including state ombudsmen, state survey supervisors, CMS staff and representatives from the various state LTC provider associations. A wide variety of issues and topics were covered and we will attempt to hit the highlights in this article. IHCA was represented at the meeting by Mike Bibo, RFMS and Bill Bell, IHCA Regulatory Director. The meeting focused on SNF long term care issues and did not address ID/DD or AL/SLF issues.

1) CMS Region 5 Staffing Changes - Gregg Brandush was promoted from LTC Certification and Enforcement Manager to the Deputy Associate Regional Administrator under Nadine Renbarger. Jean Ay was promoted into Gregg’s vacated position of LTC Certification and Enforcement Manager. Jan Suzuki remains as the Illinois contact under the LTC Certification and Enforcement Section. Ewelina Rzeznik is the Illinois Lead Health Surveyor and David Fliess is the Illinois Lead LSC Surveyor. It was also announced that Thomas Hamilton, who is the Director of the Survey and Certification Group within CMS’s Center for Medicaid and State Operations in Baltimore’s Central Office is retiring the end of April 2016. No replacement for Mr. Hamilton has been named. (Click here for the most current Region 5 CMS Phone Directory.)

2) Data Trends (SNF Facilities Only)

- Average Number of Deficiencies Cited Per Survey by Region 5 States and Nation on Standard and Complaint Surveys
- Remedies in Effect for the Region 5 States and Nation
- Top 10 Citations/Deficiencies Cited by Region 5 States and Nation on Standard and Complaint Surveys
- Total Deficiencies Cited by Region 5 States and Nation by Severity Level on Standard and Complaint Surveys
- Percentage of Harm and IJ Citations by Region 5 States and Nation on Standard and Complaint Surveys

3) CMS’s Jean Ay gave a presentation (click here) on the use of Federally Imposed Civil Money Penalties (CMP) Funds by States. These monies are to be used to support activities that benefit residents, including assistance to support and protect residents of a facility that closes or is decertified, projects that support resident and family councils and other consumer involvement in assuring quality care in facilities, and facility improvement initiatives approved by CMS. Illinois has a large sum of money sitting in this account not being utilized. IHCA has this issue on our agenda for the next Illinois LTC Provider Association Meeting to discuss possible uses of this money to benefit residents in our LTC facilities.

4) Dr. Steven Simpson, MD., a Professor of Medicine with the Division of Pulmonary and Critical Care at the University of Kansas gave an in-depth presentation (click here) on sepsis. Sepsis is defined as a life threatening organ dysfunction
due to a dysregulated host response to infection. Sepsis is a major cause of morbidity and mortality worldwide and is the leading cause of death in non-coronary ICU in the US. More than 750,000 cases of severe sepsis occur in the US annually and more than 500 US patients die of severe sepsis daily. Timely and accurate diagnosis remains a challenge. There is currently no single test or marker for sepsis. Much more work needs to be done regarding sepsis and CMS will be providing more information on this in the future.

5) Top 10 LTC Life Safety Code (LSC) Citations and Helpful Hints to Avoid Them
   - Top 10 Cited LSC Deficiencies for Region 5 and 7 States, Region 5, Region 7 and Nation
   - Top 10 LSC Deficiencies in Region 5 (as a whole) and Helpful Hints to Avoid Them

6) Other Updates
   - CMS Region 5 management would not comment on the provision on the federal Budget Act that increases the potential amount of a CMP. Until this legislation, both OSHA fines and CMPs were set at a daily maximum that did not adjust to inflation. CMPs have been set at a maximum daily amount since 1987 of $10,000 a day. This new law could adjust all fines, in all provider settings, with the rate of inflation. It impacts other laws as well, including OSHA fines. We believe this could take the maximum CMP to over $20,000 a day. It's not mandatory. What is CMS's position on this? With reduced rates and other budget concerns, this could be extremely problematic for LTC providers. They stated that Central Office CMS will be addressing this issue in the near future.

   - Both the new 2012 Life Safety Code and the new emergency preparedness standards are sitting in the White House's Office of Management and Budget for review and approval. This is the last step of the federal rulemaking process before adoption. However, no date or timeline was given.

   - CMS Region 5 management could not comment on the status of the proposed Requirements for Participation. They acknowledged that there were over 9000+ comments and they were being reviewed and could offer no other status or timeline.

   - CMS is considering mandating States implement electronic Plans of Correction (POCs), but no timeline was given.

   - CMS is reviewing the concept of electronic monitoring/granny cams, but has no official position or guidance at this time.

   - The Special MDS Monitoring Surveys will continue into 2016. CMS is reviewing and analyzing the results of the last round of surveys and will then determine if any changes are going to be made and how many of these special surveys will be done in 2016. CMS is contemplating making the MDS special survey process part of the annual survey sometime in the future.

   - CMS was very pleased with the results of the Special Dementia Pilot Surveys and they plan to expand on this survey concept in 2016. No details yet as to number and if this will still continue to be a pilot survey process or a special survey like the MDS surveys.

   - CMS would not offer any guidance or comment on the use of medical marijuana in LTC facilities.

   - CMS is evaluating a new survey tool that would incorporate the best of the QIS and standard survey processes. There is no timeline on this project, but CMS believes that there will not be enough monies available to implement the QIS system in the remaining States. Therefore, they are working on a new survey tool combining the best of both for implementation in all States.
**Licensed Medication Aides**

GOOD NEWS!!! After a lot of work between IHCA and the American Nurses Association – Illinois Chapter, an agreement was reached to pass legislation in the form of PA 98-990, effective August 18, 2014, mandating the Illinois Department of Financial and Professional Regulation (IDFPR) to create and administer a Licensed Medication Aide Pilot Program. IDFPR recently adopted rulemaking (see the *Illinois Register* starting on page 15764 – 15802, look at Subpart E) to implement this pilot program. The Act states that during the 3-year pilot program, the Department shall license and regulate licensed medication aides. As part of the pilot program, no more than 10 skilled nursing homes, which shall be geographically located throughout the State, shall be authorized to employ licensed medication aides, as approved by IDFPR, and it provides that IDFPR may consult with the Department of Public Health as necessary to properly administer and enforce this program.

The Medication Aide Pilot Program will commence on July 1, 2016 and terminate on June 30, 2019. As stated above, the Medication Aide Pilot Program will only consist of 10 qualified skilled nursing facilities geographically dispersed throughout the state, two from each of the five Appellate Court Districts (click here).

Applications to be approved or selected as a qualified facility for the Medication Aide Pilot Program will be accepted from **January 1, 2016 through March 31, 2016**. The application shall be made on forms furnished by IDFPR (http://www.idfpr.com/Renewals/apply/forms/I-QEFLMA.pdf). The application requires that the applicant be:

- In good standing as a skilled nursing facility with IDPH;
- Have an overall Five-Star Quality Rating of a 3, 4, or 5 at the time of application;
- Certify that the employment of a licensed medication aide will not replace or diminish the employment of a registered nurse or a licensed professional nurse at the facility;
- Certify that a registered nurse will be on duty and present in the facility to delegate and supervise the medication administration by a licensed medication aide at all times when the medication aide is administering medication;
- Certify that, with the exception of licensed health care professionals, only licensed medication aides will be employed in the capacity of administering medication;
- Certify that the facility will provide information regarding patient safety, efficiency and errors as determined by IDFPR; and
- Submit the non-refundable $500 application fee.

To be a licensed medication aide, the prospective medication aide must:

- File with IDFPR a signed and completed application form, furnished by IDFPR (being developed);
- Successfully complete and provide proof of the required Medication Aide Curriculum as set forth in Section 1300.660 of the aforementioned rulemaking;
- Successfully pass the Medication Aide Certification Examination:
- Be in good standing with the IDPH Health Care Worker Registry;
- Show proof of completion of 2,000 hours of practice as a certified nurse aide within 3 years prior to application for a medication aide;
- Have a current CPR certification;
- Complete ISP fingerprint process;
- Show proof of employment by a qualified facility; and required fees as set forth in Section 1300.30 and;
- Show proof of high school diploma or GED.

The licensed medication aide scope of practice is limited to:

- A licensed medication aide may only practice in a qualified facility.
- Licensed medication aides must be supervised by and receive delegation by a registered nurse that is on duty and present in the facility at all times when a licensed medication aide is administering medication.
- Licensed medication aides shall not have a direct-care assignment when scheduled to work as a licensed medication aide, but may assist residents as needed.
- Licensed medication aides shall not administer any medication until a physician has conducted an initial assessment of the resident.
- Licensed medication aides shall not administer any Schedule II controlled substances as set forth in the Illinois Controlled Substances Act, and may not administer any subcutaneous, intramuscular, intradermal, or intravenous medication. (Section 80-20 of the Act)

IDFPR will make the final decision on approved facilities. There are still some questions regarding the curriculum and a form that needs to be developed for the medication aide application. IHCA will be working with IDFPR and the American Nurses Association to resolve these remaining issues and will provide updated information to our members as it becomes available.

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**Trending Statistics**

*Each issue of Regulatory Beat features an interesting statistic or trend in the long term care regulatory arena.*

**National Poll Finds Public Not Ready for Long Term Care**

New research finds a majority of American voters are thinking about their retirement, but not about whether they will need long term care. The national survey, conducted by Morning Consult and commissioned by the National Center for Assisted Living (NCAL), signals a need to educate members of the public about this often overlooked part of the health care system.

More than three quarters of Americans (76 percent) said they had thought a lot or some about their living situation in retirement, but only four in 10 (44 percent) thought they would need long term care. The federal government estimates that seven in 10 elderly Americans will need long term care at some point in their lives.

Six in 10 respondents also said they did not currently have a power of attorney or an advance directive (also known as a living will) in place. One-third of Americans believe Medicare will cover most their healthcare expenses in retirement, despite the fact that Medicare does not cover long term care services and supports.

![Chart showing likelihood of needing long-term care](chart.png)

*Methodology:*

This poll was conducted from November 20-23, 2015 among a national sample of 2018 registered voters. The interviews were conducted online and the data were weighted to approximate a target sample based on age, race/ethnicity, gender, educational attainment, region, annual household income, home ownership status and marital status. Results from the full survey have a margin of error of plus or minus 2 percentage points.

“We understand aging is not a topic many Americans want to think or talk about, but the reality is that many of us will need...
“some aspect of long term care in the future,” said NCAL Executive Director Scott Tittle. “It’s important that Americans plan for their health care needs and communicate with loved ones about what they desire when that day comes.”

When asked what they would prefer to do if they were no longer able to live on their own, respondents were mostly split between hiring an in-home caregiver (25 percent), moving in with a family member (28 percent), or moving into an assisted living community (28 percent).

Three quarters of Americans also have a favorable opinion of assisted living communities, a specific kind of long term care facility. When told about some of the services, specialties and initiatives assisted living communities undertake, respondents’ favorability increased overwhelmingly.

“Many would assume that all Americans want to stay in their home for the rest of their lives, but this research shows that some in fact want the option of residing in an assisted living community,” continued Tittle. “These facilities offer a complete package of person-centered health care services with recreational and social activities in a home-like setting. They provide consumers a high-quality, low-cost long term care option.”

Morning Consult surveyed 2,018 registered voters overall from November 20-23, 2015. The survey was conducted online and results have a margin of error of 2 percentage points. For the topline results, please go here. For crosstabs, please go here.

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**Important Rules, Regulations & Notices**

1) The following federal Survey and Certification Letters (S&CC) were released since the last issue of Regulatory Beat:

- **S&C 16-05 – All** - Infection Control Pilot Project - CMS has begun a three year pilot project to improve assessment of infection control and prevention regulations in nursing homes, hospitals and during transitions of care. All surveys during the pilot will be educational surveys (no citations will be issued) and will be conducted by a national contractor. New surveyor tools and processes will be developed and tested, focusing on existing regulations as well as recommended practices (such as those for antibiotic stewardship and transitions of care). Ten pilot surveys to be conducted in Fiscal Year (FY) 2016 will occur in nursing homes. Surveys in FY17 and FY18 will be conducted in nursing homes and hospitals. Project Outcomes: New surveyor infection control tools and survey processes that can be used to optimize assessment of new infection control regulations.

2) Federal HHS/CMS released several notices/announcements since the last issue of Regulatory Beat. They include:

- **Medicare Drug Spending Dashboard** - As part of its effort to provide additional information, increase transparency, and address the affordability of prescription drugs, CMS is releasing a new online dashboard (click here) to look at Medicare prescription drugs for both Part B and Part D. These categories include drugs with high spending on a per user basis, high spending for the program overall, and those with high unit cost increases in recent years.

- **IMPACT Act: Connecting Post-Acute Care across the Care Continuum Call — Register Now**: Thursday, February 4, 1:30 - 3 pm ET. Visit MLN Connects Event Registration. Space may be limited, register early. The Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014 requires the reporting of standardized patient assessment data by Post-Acute Care (PAC) providers, including skilled nursing facilities, home health agencies, inpatient rehabilitation facilities and long term care hospitals. It specifies that data elements must be standardized and interoperable to allow for the exchange and use of data among these PAC and other providers, including common standards and definitions to facilitate coordinated care and improved beneficiary outcomes. During this call, CMS subject matter experts and the Office of the National Coordinator for Health IT discuss the implications of the IMPACT Act for health information exchange across the care continuum. **Agenda**: Requirements to standardize and make interoperable post-acute care assessment data elements; Using and exchanging clinically relevant assessment data for multiple purposes; Health Information Technology Standards - A Primer; CMS Data Element Library; Electronic health information exchange. **Target**
**Audience:** Providers across the care continuum, including long term/post-acute care and home and community-based service providers, acute and primary care providers, integrated delivery systems and representatives from other payment models, health IT vendors and other interested stakeholders. Continuing education credit may be awarded for participation in certain MLN Connects Calls. Visit the [Continuing Education Credit Information](#) webpage to learn more.

- **Stay Informed about Medicare Program Changes** - MLN Connects National Provider Calls and Webcasts educate the health care community on a variety of topics, including PQRS, Value-Based Payment Modifier, chronic care management, Open Payments and long term care. Check out our [Calls and Events](#) webpage for upcoming events and links to materials from previous events, or view one of our educational videos. Visit [www.cms.gov/npc](http://www.cms.gov/npc) for more information.

3) The Agency of Healthcare Research and Quality (AHRQ) recently published several reports of interest. They include:

- **AHRQ Offers Continuing Education Opportunities in Patient Safety, Patient-Centered Outcomes Research** – AHRQ offers continuing education (CE) and continuing medical education (CME) videos and articles on a range of health care topics including patient safety and patient-centered outcomes research findings. The [CE/CME activities](#) summarize reviews of evidence on the effectiveness and safety of treatments and strategies for improving patient care. Some of the available topics include:
  - Preventing falls in facilities
  - Preventing pressure ulcers
  - Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS)
  - Improving patient safety in long term care facilities
  - Medication reconciliation as a patient safety practice
  - These resources, available at no cost, provide health care providers with skills and information to support individual decision-making and patient management.

- **AHRQ Measure Summary Updates** – [Click here](#) for the latest AHRQ Measure Summaries regarding major depressive disorder (MDD) from the American Psychiatric Association and various geriatric measure summaries from the National Committee for Quality Assurance.

- **Affordable Care Act Produced Little Change in Part-Time Employment, New AHRQ Study Finds** - The Affordable Care Act’s coverage provisions and employer mandate produced limited evidence of an increase in part-time employment, a new AHRQ study has found. Using data from the Census Bureau’s Current Population Survey, the study did not find increases in the frequency of employees working in either of two part-time categories: 25–29 hours per week or fewer than 25 hours per week. Those findings applied to 2013, 2014 and the first half of 2015. Researchers also did not find a reduction in 2014 or 2015 in the frequency of employees working 30–34 hours, which the study said may have been expected based on the speculation that employers would seek to avoid the insurance mandate by reducing employee work hours below the 30-hour threshold. Modest increases in part-time employment were shown among workers with limited education, as well as among workers ages 60–64. The study, “Little Change Seen in Part-Time Employment As A Result of the Affordable Care Act,” and [abstract](#) appeared in the January issue of Health Affairs.

- **AHRQ Study: Medicaid Expansion Did Not Lead to Major Job Changes in 2014** - Medicaid expansion under the Affordable Care Act did not lead to major labor market changes during the first 15 months of the law’s enactment, according to a new AHRQ study. Based on data from the Census Bureau’s Current Population Survey, an interview of approximately 60,000 households monthly, the study assessed the impact of the expansion of Medicaid coverage on low-wage workers by analyzing job loss, job switching and full- versus part-time status. The study found that nationwide, job losses would be no greater than 2.2 percent, an increase in job switching no greater than 1.2 percent, and an increase in the likelihood of switching from full-time to part-time employment no greater than 1.6 percent. “Medicaid Expansion Did Not Result in Significant Employment Changes or Job Reductions in 2014” and [abstract](#) were published in the January issue of Health Affairs.
The Illinois Department of Healthcare and Family Services (HFS) released several Provider/Informational Notices since the last issue of *Regulatory Beat*. They include:

- **Prevention of Spousal Impoverishment Standards for 2016** - This is to inform you that the standards for the prevention of spousal impoverishment effective January 1, 2016 will remain the same as those in 2015. The term “spousal impoverishment” includes the standards for the Community Spouse Resource Allowance (CSRA) and the Community Spouse Maintenance Needs Allowance (CSMNA). The prevention of spousal impoverishment standards should be included in the oral and written information that must be provided to residents and potential residents about how to apply for and use Medicaid benefits. Facilities are required by federal regulations (42 CFR 483.10) and state statute (210 ILCS 45/2-211) to give an explanation of resident rights at the time of admission and at least annually thereafter.

- **IMPACT Provider Revalidation-Due Date Extensions** - The due dates have been extended for provider revalidation. The provider community has done a great job working with the Department to revalidate provider information and we appreciate all of your efforts. Facility/Agency/Organizations (FAOs) revalidation has been extended to March 15, 2016. Based on the above requirement and understanding that FAOs and groups must enter the IMPACT system prior to individual providers; the Department will further extend the revalidation due date for Individual/Sole providers to June 30, 2016. More information on the IMPACT system plus frequently asked questions, webinars and other training guides are available at the IMPACT website.

- **Revised Statewide Transition Plan for Home and Community-Based Settings** – In March 2015, the Illinois Department of Healthcare and Family Services (HFS) published a draft Statewide Transition Plan (STP) for the state’s compliance with the CMS Home and Community-Based Services (HCBS) Rule 42 CFR 441.301(c)(iii). This rule requires that all federally approved 1915(c) waiver settings meet new federal requirements defining home and community-based settings. The Department has completed a revised STP after receiving feedback from CMS and the initial public comment period. A summary of changes accompanies this notice. The revised STP is available for public review and comment for a period of 30 days beginning on December 4, 2015. Although the public comment period ended on January 3, 2016, the Department will continue to accept comments through January 18, 2016. Providers are encouraged to share this information with their residents, representatives, and other interested parties. The next submittal of the transition plan to CMS is scheduled for March 2016. The revised Statewide Transition Plan (pdf) is accessible through the HFS website.

- **Care Coordination Health Plan Transitions for Medicaid Participants in ACEs and CCEs** - The purpose of this notice is to provide guidance on changes to the Accountable Care Entity (ACE) and Care Coordination Entity (CCE) programs and the process of transitioning ACE and CCE members to a Managed Care Entity. In addition, there are Managed Care Organization (MCO) service area changes resulting from member transitions.

5) **Medicare Advantage:** [Click here](#) to view a report that shows the current Medicare Advantage (MA) enrollment in the counties across Illinois. Thank you to Jon Hoffman and Tamra Frayle with Management and Network Solutions (MNS) for providing this report. The bottom line is that you can look at the percentage of enrollment in your county...and say if it’s 25 percent of the potential, then you, as a rule of thumb, could forecast 1 in 4 admissions will be covered by an MA replacement plan. Looking at the MA Plans in the county listing will help you determine who you need to obtain a contract. MNS will update this report every six months. Please reach out to them if you have questions on MA or managed care.

6) **Telligen** Illinois (QIO) list of upcoming events can be found at [https://www.telligenqinqio.com/](https://www.telligenqinqio.com/). Telligen’s annual report can be found [here](#).

7) **The New Your Times** recently published an article entitled, “**New Dietary Guidelines Urge Less Sugar for All and Less Protein for Boys and Men.**” New federal dietary guidelines announced last Thursday urge Americans to drastically cut back on sugar, and for the first time have singled out teenage boys and men for eating too much meat, chicken and eggs. Despite those warnings, the guidelines were also notable for what they did not say. While draft recommendations had suggested all Americans adopt more environmentally-sustainable eating habits by cutting back on meat, that advice was dropped from the final guidelines. And longstanding limits on dietary cholesterol were also
removed, a victory for the nation’s egg producers, which have long argued that cholesterol from eggs and seafood is not a major health concern. The dietary guidelines, issued by the Agriculture and Health and Human Services Departments, are updated every five years and were first issued in 1980. Typically, they have encouraged Americans to consume more fruits and vegetables, whole grains, lean meat, and low-fat foods, while restricting intake of saturated fat, trans fats and dietary cholesterol. Though many individual consumers may not give the guidelines much thought, the recommendations have the potential to influence the diets of millions of Americans. The guidelines affect the foods chosen for the school lunch program, which feeds more than 30 million children each school day, and they help shape national food assistance programs like the Special Supplemental Nutrition Program for Women, Infants and Children, which has eight million beneficiaries.

8) **MedicalXpress** recently reported on two issue of interest. They were:

- **Scientists Discover New Computerized Linguistic Approach to Detect Alzheimer’s Disease**. Researchers have discovered how to diagnose Alzheimer's disease with more than 82 per cent accuracy by evaluating the interplay between four linguistic factors; and developing automated technology to detect these impairments. The study, led by Dr. Frank Rudzicz, Scientist, Toronto Rehabilitation Institute (TR), UHN, is published in the December issue of the *Journal of Alzheimer's Disease*. The method and automated application of the assessment is proven to be more accurate than the current initial assessment tool used by health care professionals. It can also provide an objective diagnostic rating for dementia. Based on the analysis, it was determined that four collective dimensions of speech are indicative of dementia: semantic impairment, such as using overly simple words; acoustic impairment, such as speaking more slowly; syntactic impairment, such as using less complex grammar; and information impairment, such as not clearly identifying the main aspects of a picture.

- **Anxiety Significantly Raises Risk for Dementia**. People who experienced high anxiety any time in their lives had a 48 percent higher risk of developing dementia compared to those who had not, according to a new study led by USC researchers. The findings were based on an examination of 28 years of data from the Swedish Adoption Twin Study of Aging, overseen by the Karolinska Institutet of Sweden. The study sample involved 1,082 participants—twins, fraternal and identical—who completed in-person tests every three years, answered several questionnaires and were screened for dementia throughout the study. Many other studies have explored the link between dementia and psychological variables such as depression and neuroticism. However, this study established that the anxiety-dementia link was independent of the role of depression as a risk factor.

9) **Medscape** recently published an article entitled, “Many Women Over-treated with Osteoporosis Medication.” Two thirds of women receiving medication for osteoporosis potentially did not need treatment, according to a retrospective cohort study published online January 4 in *JAMA Internal Medicine*. In fact, half of these women with possibly inappropriate prescriptions were younger and without risk factors that would have indicated screening, found Joshua J. Fenton, MD, MPH, from the University of California Davis Medical Center in Sacramento, and colleagues. "In our population, nearly one-third of the women had non-main-site osteoporosis, which was disproportionately attributable to lateral lumbar spine osteoporosis," the authors write. "These results suggest that either physicians are unaware of International Society for Clinical Densitometry guidelines that lateral lumbar spine bone mineral density should not be used for osteoporosis diagnosis or they assume that osteoporosis observed at any site warrants treatment."

10) **MedlinePlus** recently published a couple of articles of interest. They include:

- **Poor Circulation in Brain Linked to Psychosis in Alzheimer’s Patients**. Psychosis, including delusions and hallucinations, affects about half of Alzheimer's disease patients. And researchers have set out to clarify the link between these two conditions. Canadian researchers said they found that cerebrovascular disease -- a group of conditions that restrict the circulation of blood to the brain -- appears to play a significant role in psychosis for those with Alzheimer's. About 19 percent of people with Alzheimer's living in the community (rather than in a nursing home) have delusions. Another 14 percent have hallucinations, the researchers said.
Could Higher Vitamin D Doses Harm Seniors Prone to Falls? Higher doses of vitamin D don't improve mobility for the elderly, and may actually raise the risk for falls among certain seniors, a new study suggests. The small Swiss study, published in the January 4 issue of *JAMA Internal Medicine*, doesn't say that vitamin D is harmful in routine doses. And, the researchers say seniors should continue to follow guidelines and make sure they get recommended amounts of the nutrient naturally. However, "don't assume that because something is called a 'vitamin' it means that it is safe," cautioned Dr. Steven Cummings, research scientist with California Pacific Medical Center Research Institute in San Francisco.

McKnight's had several articles of interest. They include:

- **Poll Rates Nurses as Most Honest, Ethical Profession.** Nurses have been ranked as the most honest, ethical profession for the fourteenth straight year, a new poll from Gallup has found. The poll, voted on by members of the public, found that 85 percent of people would rate nurses' honesty and ethical standards to be "very high or high." Pharmacists were ranked as the second most honest profession, with 68 percent of people saying they rate their standards as high. Nurses have topped Gallup's poll every year but one since they were added to the list in 1999. Nursing fell to second place in 2001, when firefighters were included on the list for one year following the Sept. 11 terrorist attacks.

- **New Hip-Fracture Guidance Issued for Treatment and Rehab of Seniors.** New guidance has been released to advise providers on how to treat, rehabilitation and prevent hip fractures in senior patients. Developed by the American Academy of Orthopaedic Surgeons, the "Appropriate Use Criteria for the Treatment of Hip Fractures in the Elderly" includes 30 potential patient scenarios rated as “appropriate,” “may be appropriate” and “rarely appropriate.” The guidelines also include a checklist of 12 preoperative initiatives for providers, including managing warfarin and discussing what type of setting the patient will be discharged to. The AAOS also released appropriate use criteria for rehabilitation after hip fractures in elderly patients, which include pain management, interdisciplinary management of recovery at rehabilitation and skilled nursing facilities, and care to prevent deep vein thrombosis.

- **RN. More Likely to Identify Medication Errors in Nursing Homes, Study Finds.** Registered nurses may be more likely than licensed practical nurses to identify high-risk medication errors in nursing home settings, a new study suggests. The study, conducted by researchers at the University of Missouri Sinclair School of Nursing, presented both groups at 12 Missouri nursing homes with medication scenarios including high-and low-risk additions, omissions and dosage issues. The nurses were then asked questions about the scenarios, including whether they thought a discrepancy was present and if they would seek more information to resolve the discrepancy. Results showed that RNs identified overall discrepancies in 62 percent of the scenarios, compared to 50 percent for LPNs. When the scenarios were narrowed down to those involving high-risk medications RNs identified errors in 72 percent of the scenarios, compared to 49 percent of LPNs.

- **3-D Games May Help Aging Seniors Maintain Cognitive Abilities.** By playing three-dimensional video games, seniors can boost the formation of memories, according to neurobiologists at the University of California in Irvine. In addition to improving eye-hand coordination and reaction time, these games also may help people who lose memory as they age or suffer from dementia. Full findings appear December 9 in *The Journal of Neuroscience*.

- **Nursing Home Occupancy, Absorption Rates Dip Further.** Rent growth was up slightly but numbers otherwise were generally dim for nursing home market indicators in the fourth quarter of 2015. The occupancy rate for skilled nursing facilities decreased 0.1 percent during the fourth quarter of 2015, according to data released late Wednesday by the National Investment Center for Seniors Housing & Care. The overall occupancy rate for SNFs now sits at 87.4 percent, down from 87.5 percent in the third quarter of 2015. Occupancy for the broader "seniors housing" category, powered mostly by independent living, rose 0.2 percent, to 90.1 percent. The report showed the annual inventory growth for nursing homes was down 0.1 percent in the fourth quarter, a slowdown from the negative 0.4 percent rate in the third quarter. The annual rent growth for SNFs reached 3.0 percent in the fourth quarter, a boost of 0.3 percent from the third quarter's growth rate of 2.7 percent.
Annual absorption for nursing homes was down 1 percent (vs. a drop of 1.2 percent a quarter early), with construction vs. inventory at 0.8 percent in the fourth quarter just below the 0.9 percent level the previous quarter. NIC also released occupancy and annual rent growth data for specific geographic regions, which can be found here.

- **Drug Disposal Rule Sets Up Providers for Noncompliance, Groups Say.** The government’s apparent lack of understanding about the differing characteristics among senior living settings could put some providers “perpetually in noncompliance” with a [proposed federal rule](#) regarding the disposal of unused medications, several industry groups contend. The rule, published by the Environmental Protection Agency in September, would prohibit health care facilities (defined to include assisted living communities, continuing care retirement / life plan communities and other senior living and healthcare settings) from disposing down the toilet or drain those pharmaceuticals considered to be hazardous waste. It also would require providers, when they transport drugs off site that are not eligible for a manufacturer’s credit, to ship the drugs as hazardous waste, with a hazardous waste manifest, to a Resource Conservation and Recovery Act interim status or permitted facility. If disposal is managed on site, the rule reads, facilities could handle “non-creditable” drugs similarly to how they would have been managed under the [2008 “universal waste” rule amendment](#). Facilities would continue to be allowed to send to pharmaceutical reverse distributors those potentially hazardous waste pharmaceuticals that are eligible to receive a manufacturer’s credit. One issue with the rule, however, say industry groups, is that it does not recognize that assisted living and CCRC environments differ from skilled nursing centers.

- **New Guidelines Hone In On Pre- and Post-Surgery Care for Seniors.** Health care providers caring for seniors should heed new guidelines for fall prevention, care transition and nutrition, according to two industry groups. Among the recommendations is to conduct a fall risk assessment. [Optimal Perioperative Management of the Geriatric Patient: A Best Practices Guideline](#), released by the American Geriatrics Society and the American College of Surgeons, details issues facing adults over age 65, and how healthcare professionals can help. The demand of surgical services for seniors is expected to rise in coming years as the number of people over age 65 increases. Vascular surgery rates are projected to grow 31 percent by 2050, while general surgery is expected to grow by 18 percent. Pre-operative guidelines largely focus on communication, such as advance directives or confirming a patient’s goal. However, after surgery, in addition to fall risk assessments, the authors recommend providers create a nutrition plan and consider ways to prevent urinary tract infections and pressure ulcers. A coordinated transition from the hospital to a post-acute setting is especially important at this stage, the authors note, to help reduce re-hospitalization rates and emergency department use. Click [here](#) to read the full guide.

12) **Interesting Fact:** The circulatory system of arteries, veins and capillaries in the average person is approximately 60,000 miles long.