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THE RURAL REPORT

A Rural Health Development Publication

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Platte County Memorial Nursing Home
A Spirit of Love, Respect and Compassion

FEBRUARY 2012 VOLUME 1 - ISSUE 2

From Your Facility:

The New Year has started out with much excitement here at Platte County Memorial Nursing Home. The state survey team paid us a visit the first week of the year for their annual survey. The survey team had many complements for the facility. They said they have seen a big improvement from last year to this year. They also were impressed with how caring the staff was. We are currently waiting on the results of the survey and look forward to building on the results for the future.

PCMNH is in the early stages of planning for a new nursing home and possible assisted living. The staff and residents are really excited about the possibilities that a new nursing home would bring. The facility experienced a special occasion this month with one of our residents turning 100. There was a great turn out for the party and all the residents really enjoyed themselves.

Next month the facility will be having a sweet heart dance for the residents and we will crown a king and queen.

BLAST FROM THE PAST

Looking back over the years it is amazing all that has happened within RHD. It has been a whirlwind at times. I joined RHD in August of 1990-man that is dating me! And, Margaret was only a few months behind. RHD was initially started by promoting Rural Health Clinics all across the United States. Ron, Roger and I marketed a video that Ron and Roger filmed with the information of how to set up a Rural Health Clinic. We sold hundreds of these videos. The videos then led to doing RHC Seminars across the country. Ron had asked me to go to one he was presenting in Des Moines and I said sure. Well, unbeknownst to me, he came to one point in the presentation and said "Janet can tell you better how to do this" and I was put in front of the group to speak. I had NEVER spoken in front of a group before in my life. It took me a little while to even utter a word. Now look at me—well we won't go into that. The seminars led to assisting clinics and hospitals implementing rural health clinics and then led to doing the Medicare cost reports for many of the independent RHCs. We currently do approximately 40 cost reports a year for clients in several states. We have worked in 38 of the 50 states for RHC related business. We continue to work very closely with the National Association of RHCs and many State RHC Associations. I continue to speak at conferences across the country.

Burwell was our first SNF to manage as they contacted RHD for assistance. Managing Burwell led to the management and consulting in many SNFs across the Midwest. RHD has made a difference in many communities by assisting with the Facility operations and management to keep smaller facilities viable. Most of RHD Clients are government/city owned facilities that lack the expertise in keeping up with the Medicare/Medicaid rules in SNFs. We currently have 21 with a couple of new contracts in the works. It is always exciting in adding a new facility. Early in RHD history, Ron and Roger would fly to many of the facilities for the board meetings or special meetings as we employed a pilot, Gerald Hilton. There was one very scary night that none of them will forget as the weather turned bad; and to say the least, they were all grateful to be on the ground safe and sound. We all told them they would never travel together in a small plane again. In fact, Roger chose to drive most of the time.

Each year with RHD proves to be better than the last. This is no coincidence as our Employees are all very talented people and do a good job. RHD is like an extended family and welcomes new employees with open arms. So, with all this said, let's all make 2012 the greatest yet!

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RHD Director of Reimbursement

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NURSING HOME JOB : WHERE SOCIABILITY AND SUPPORT COLLIDE

One of the most important family and personal decisions to be made in one's life is whether the home environment is a suitable location to receive the care and support that is needed on a daily basis for many elderly. While it can be somewhat hard to leave the home, it is often the best case scenario, where a move into a nursing home can provide the physiological, psychological and social caring that is required. The real value of such a facility is in its ability to provide optimum care, twenty four hours a day, seven days a week, in comfortable and sociable surroundings. Family members and friends may wish to help as much as they can, but in many cases, the care requires a level of professional skill that only health professionals can deliver.

As people age, they can suffer from deterioration in their physical and mental abilities, which can create situations where the individual feels isolated. Decreasing levels of mobility and breakdowns in communication channels between friends and family can cause vital support networks to break apart. Experiencing gradual isolation from the community one lives in can result in bouts of depression and reducing levels of perceived worth and self esteem, which in turn, can lead to more serious health related issues.

One of the main benefits of the nursing home is to relieve any isolation experienced through the interaction and sociability of other residents. Many nursing homes hold regular activities such as cards, bingo, movie showing and an extensive calendar of activities which promotes interaction and enjoyment; two key ingredients for a quality life. As many elderly people suffer from vision or movement related ailments that reduce their ability to drive, reputable nursing homes arrange for outings with dedicated transport to local facilities, amenities and attractions.

Good psychological health contributes significantly to the wellbeing of the individual. However, there are times where hands-on and timely medical and health care provision will be required. For some, this may involve only the slightest of assistance on an ad hoc basis; for others, it may involve continual care and support from qualified and experienced staff.

With the pressures of daily life, such as cooking and cleaning, being taken care of, it is now a time to sit back and relax. You have worked hard all your life and deserve to put your feet up. The ultimate success of any care facility comes down to the quality of staff that it employs. Nursing home jobs provide the health care professional with a rewarding career where they can make a difference in the lives of many elderly people.

By: Sian Wilson
http://www.ArticleBiz.com

Important Dates!

- February 2 - Groundhog Day
- February 14 - Valentine's Day
- February 20 - Presidents' Day
- March 28-29 - Leading Age Meeting in Kearney
- March 30 - RHD Meeting in Kearney

Will the Groundhog See His Shadow?

February Historical Events:

- February 2, 1848 - The war between the U.S. and Mexico ended with the signing of the Treaty of Guadalupe Hidalgo. In exchange for $15 million, the U.S. acquired the areas encompassing parts or all of present day California, Nevada, Utah, Arizona, New Mexico, Colorado, Wyoming, and Texas. The treaty was ratified on March 10, 1848.
- February 14, 1849 - Photographer Mathew Brady took the first photograph of a U.S. President in office, James Polk.
- February 23, 1942 - During World War II, the first attack on the U.S. mainland occurred as a Japanese submarine shelled an oil refinery near Santa Barbara, California, causing minor damage.

http://www.historyplace.com/specials/calendar/february.htm

WHY DO WE HAVE A LEAP YEAR?

Have you ever wondered why we have an extra day in February every four years? Leap years are necessary to keep our calendar in alignment with the Earth's revolutions around the sun. The Earth's path around the Sun isn't exactly the same each year but without the additional day every four years our seasons and traditional calendar system would eventually become far off from what we know today.

If we didn't have a leap year every four years and our calendar only had 365 days each year, we would lose .2422 days every year. After one hundred years, the calendar would be more than 24 days ahead of the seasons. Our calendar we use everyday isn't perfect, but it keeps us in line with the seasons and the Earth's path around the Sun.

LATEST CMS CLARIFICATIONS FOR MDS 3.0

October 1, 2011 brought forth changes in completion of MDS 3.0. Since initiation of these changes, CMS laid out some clarifications in their presentation during the Nov 3 national provider training call. The November 29 CMS document offers clarification on COT, Day of Discharge and EOT-R OMRAs. Some of these clarifications are laid out in this article.

COT OMRA and Day of Discharge:

Day of Discharge: CMS offers this clarification. "If Day 7 of the COT observation period is also the day of discharge, then a COT OMRA would not be required. "Day of discharge" can serve two distinct purposes. It may refer to the day the resident leaves the facility as captured within item A2000 on the MDS or it may refer to the resident's discharge from Medicare A, which is captured in A2400C on the MDS. As noted in Chapter 2 of the RAI manual, it is possible that these two dates, that is the date of facility discharge and the date of Part A discharge, may not be the same, such as in cases where the resident uses all 100 entitled SNF benefit days but remains in the facility. It is also possible that the dates listed in A2000 and A2400C may be the same, such as in cases where the resident leaves the facility prior to exhausting their SNF benefit or if the resident were to expire during the course of the stay. Whether or not these two dates overlap is important to understanding the potential billing impact associated with these dates."

"As noted in Chapter 3 of the Medicare Benefit Manual, the date of discharge from the facility is a Medicare non-billable. Therefore in cases where A2000 (discharge from facility) and A2400C (last day of Medicare Part A stay) are the same, then the last day of the Medicare stay (A2400C) is a Medicare non-billable day. In cases where the resident remains in the facility after exhausting the full Medicare benefit, then the last day of the Medicare stay, which in this case would mean A2400C would be equivalent to the 100th day of the benefit, would be a Medicare billable day."

COT OMRA: "In Cases where the resident is discharged from the facility on or prior to Day 7 of the COT observation period, then no COT OMRA is required," CMS states. "More precisely, in cases where the date coded for Item A2000 is on or prior to Day 7 of the COT observation period, then no COT OMRA is required. Facilities may choose to combine the COT OMRA with the discharge assessment under the rules outlined for such combination in Chapter 2 if the MDS RAI manual."

"In cases where the last day of the Medicare Part A benefit, (the date used to code A2400C on the MDS), is prior to Day 7 of the COT observation period, then no COT OMRA is required . If the date listed in 2400C is on or after Day 7 of the COT observation period then a COT OMRA would be required if all conditions are met. Finally in cases where the date used to code A2400C is equal to the date used to code A2000, that is cases where discharge from Medicare A is the same day as the discharge from the facility, and this date in on or prior to Day 7 of the COT observation period, then no COT OMRA is required." Per CMS "Facilities may choose to combine the COT OMRA with the discharge assessment under the rules outlined for such combination in Chapter 2 of the MDS RAI manual"

EOT-R OMRA:

CMS clarification for completing an EOT-Resumption OMRA: "To be considered an appropriate resumption of therapy, two qualifications must be met. First, the resident must resume therapy at the same RUG-IV therapy level as was in effect prior to the break in therapy... Second, the resident's previous therapy plan must still be in effect. For example, if the resident qualified for the Very-High rehabilitation on the basis of receiving Physical and Occupational therapies, then these disciplines must resume at the same intensity as prior to the break in therapy. If for a given resident, one or more of these conditions are not met, then an EOT-R may not be completed for that resident. For example, if the resident would resume at Very-High rehabilitation, but instead of receiving Physical and Occupational therapies the resident is expected to receive Occupational and Speech-Language therapies, then this would not constitute a legitimate resumption and an EOT-R could not be completed."

CMS goes on to say "It should be noted that, with regard to a patient's ability to resume therapy at the same RUG-IV therapy level, facilities may want to wait to submit assessments until day 7 from the date if resumption, in order to ensure that the resident has resumed therapy at the same level. Cases where a resumption of therapy is reported and a different RUG-IV level is seen seven days later could lead to increased review of associated claims and assessments."

Note: The November 29 document that gives the additional clarifications can be downloaded in entirety at https://www.cms.gov/SNFPPS/Downloads/NPC_Nov3_Clarification_FINAL.pdf.

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President's Day Mon. Feb. 20

Rural
Health
Development

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Valentines Day Craft Idea:

Paper Heart Chains

Materials Needed:

- Multiple sheets of colored paper
- Scissors
- Ruler
- Stapler & staples

Directions:

Step 1: Using a ruler, cutting mat, and scissors, cut colored paper into strips measuring 1" x 4 1/4" each. You'll need 2 for each heart link. (36 strips equals a chain about 54" long) *Note: Experiment with different types of paper. Copier paper is too flimsy and construction paper may not make smooth bends.*

Step 2: Stack 2 strips on top of each other and staple one set of ends together.

Step 3: Bend the stapled strips around to match the unstapled ends together, creating a heart shape. Layer 2 more strips, one on each side, aligning all 4 ends. Staple through all 4 layers.

Step 4: Repeat Step 3 and bend the last stapled strips around, layering 2 more strips, and stapling through all 4 layers.

Step 5: Keep going until your chain is as long as you'd like.