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Florida Association Directors of Nursing Administration/LTC

Together, we can have a positive impact on Long-Term Care!

Vanaman, Vien, and Del Carmen Figueroa Honored as the Best of the Best



→
2010 Nurse Administrator Certificate of Distinction winner Maria Del Carmen Figueroa (second from left), DON at Hunters Creek Nursing & Rehab in Orlando, with Scott Smith (left), her facility's administrator, and award sponsor Nancy Thompson (third from left), Health Services Director for the Florida Gulf Coast & Alabama, for United Health Group/Evercare; and FADONA President Bonnie Cruz.



↑
2010 Nurse Administrator of the Year Tina Vanaman (center) with members of her facility at Palm Garden of Ocala, including administrator Jennifer Mikula (third from right); special guest and award sponsor Nancy Thompson (second from right), Health Services Director for the Florida Gulf Coast & Alabama, for United Health Group/Evercare; and FADONA President Bonnie Cruz (far right).



←
2010 Nurse Administrator Certificate of Distinction winner Maureen Vien (center), the DON at Village Place Health & Rehab Center in Port Charlotte, with (from left) award sponsor Nancy Thompson, Health Services Director for the Florida Gulf Coast & Alabama, for United Health Group/Evercare; FADONA President Bonnie Cruz; Patches Bryan, Chief Executive Clinical Officer at Greystone Healthcare Management; and Cheryl Chmielewski, Regional Director of Clinical Operations, Greystone Healthcare Management

See convention highlights on pages 9-13 and full photo display at www.fadona.org.

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Region VI Vice President: VACANT

Region VII Vice President: VACANT

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Message from the President



he FADONA conference in April, "Carrying the Torch of Leadership 2010," was a huge success.

FADONA board members appreciated the positive feedback attendees offered and look forward to serving you again in 2011. Your FADONA organization is diligently working to offer state-of-the-art education. Our most recent endeavor is offering statewide MDS 3.0 training by a CMS-trained MDS expert. These educational symposiums are being offered in six locations around Florida this summer to assist you with implementation of MDS 3.0 in October 2010. Register online by visiting the FADONA website: www.fadona.org.

In addition, your FADONA board is continuing with our Think Tank collaboration and utilizing the principles of excellence. This year, our goal is to use the Think Tank as a vehicle to promote the AHCA/FADONA/Florida Hospital Association collaborative patient transfer form. Board members are diligently working on this project and will offer a status report soon. It's

exciting to see three organizations coming to the table to collaborate on best practices that will improve quality of care. Convention planning for 2011 is also under full swing.



Bonnie Cruz

Our work is never finished. The FADONA board continues to set goals and to work as a team, offering the services that members deserve. We welcome your feedback and any ideas you may have that will assist you in your day-to-day operation. Only through professional networking and education

can we continue to grow and improve. FADONA is here for you and your learning needs. Visit our website at www.fadona.org to stay current with recent updates. FADONA's next board meeting is in August in Orlando. Have a safe summer.

As always, please feel free to contact FADONA if you have any input to make our organization stronger. Ideas and feedback are always welcome.

Respectfully,

Bonnie Cruz, RN, BSN, MEd
President

Save the Date!

"Carrying the Torch of Leadership 2011"

Buena Vista Palace Hotel & Spa

Across the street from Downtown Disney!

April 11-14, 2011

Regional Reports



Sharyn Figgins

REGION I

Region I—Northwest

1A—Bay, Escambia, Holmes, Okaloosa, Santa Rosa, Walton, Washington; 1B—Jefferson, Madison, Calhoun, Leon, Taylor, Franklin, Gadsden, Gulf, Jackson, Liberty, Wakulla

Our Fort Walton Beach Chapter is thriving. Participation at our monthly meetings continues to grow as chapter members actively discuss current legislative issues, culture change, and ways to obtain narcotic scripts in a timely manner from doctors. This last issue plagues us all!

The chapter meetings are held monthly, the second Friday of the month at 12:30 p.m. at rotated sites. Contact **Bonnie Cruz** at The Manor at Blue Water Bay in Niceville at (850) 897-5592 for more information.

The Pensacola Chapter's last meeting was held on Wednesday, April 21, at Rosewood Manor and was sponsored by Sanofi-Aventis (thank you, **Cynthia Fulford**). The chapter meets the third

Wednesday of the month at noon. Sites vary between facilities and restaurants, depending on sponsorship.

For more information, contact **Sharyn Figgins**, the director of nursing at Rosewood Manor at (850) 430-0500 or sfiggins@gulfcoasthealthcare.com.

Sharyn Figgins, RN, MSN
Region I Vice President



Tina Vanaman

REGION II

Region II—Northeast

2A—Hamilton, Lafayette, Alachua, Marion, Clay, Nassau, Suwannee; 2B—Dixie, Union, Putnam, Baker, St. Johns, Columbia, Gilchrist; 2C—Levy, Bradford, Duval, Flagler

In May 25, Region II showed that we have it in us to be successful! Our meeting was held at a local restaurant, and a good number of local nurses came out to show their support and expand their knowledge. The next meeting was scheduled for the end of July. I hope to see you all again at our future meetings.

I still am in need of local chapter support outside of Marion County. If anyone is interested in helping grow our region, please call me.

As you may know, the Jacksonville area has revived its chapter and has started meeting again. Stayed tuned for more information in the next issue of *FADONA Focus*.

I know that together we can make Region II a strong, more active supporter of FADONA/NADONA.

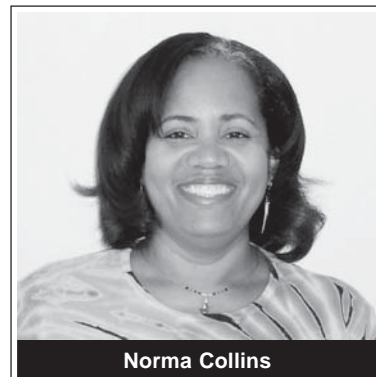
You can reach me at Palm Garden of Ocala at (352) 854-6262, or my cell number is (352) 553-7475, or my e-mail address is Tvanaman@Gramercy

health.com.

Thanks in advance for your support and assistance.

Tina Vanaman, RN, CDONA/LTC, CCNC-C

Region II Vice President



Norma Collins

REGION III

Region III—Centraleast

3A—Lake, Osceola, Orange, Seminole
3B—Volusia, Hardee

I would like to thank Florida Clinical Laboratory for sponsoring our last meeting in Lake Mary at FishBones Steak & Seafood. Thanks to all who braved the weather and showed up to support our sponsor.

The president of GOFADONA, James Metcalf, will be visiting the DONs at local skilled nursing facilities to encourage participation in our local and state chapter. We look forward to seeing our local members at convention.

There continue to be lively discussions and exchanges of ideas at our meetings that are beneficial to all. Please let us know the things that concern you, and we will try to plan our speakers around them. We would love to see you become a part of our group.

I can be reached via the FADONA office and/or my e-mail at normac1212@aol.com.

Norma D. Collins, RN, BS, LHRM
Region III Vice President

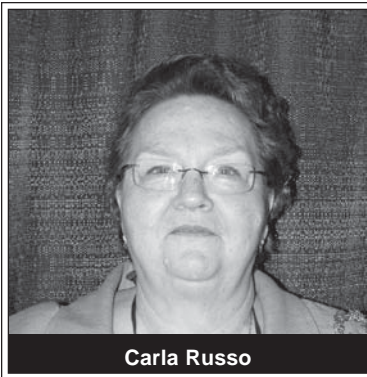
SAVE THE DATE

“Carrying the Torch of Leadership 2011”

April 11-14, 2011

Buena Vista Palace Hotel & Spa

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Carla Russo

REGION IV

Region IV—Centralwest

- 4A—Hillsborough, Pinellas, Highlands, Polk
- 4B—Hernando, Sumter, Citrus, Pasco

Congratulations to Pinellas County FADONA President **Liz Raymond** for her chapter's June 8, 2010, outstanding symposium. Approximately 70 participants came to the 4-hour lunch-and-learn at Banquet Masters in Seminole to hear presentations by **Karen L. Goldsmith** of Goldsmith & Grout; **Julie L. Dawkins**, vice president of operations for Airamid Healthcare Management; and **Robin A. Bleier**, principle of RB Health Partners Inc.

Liz expressed her appreciation for FADONA state chapter support with the attendance of **Carla Russo**, Region IV Vice President, and **Jean Nelson**, 2nd Vice President; as well as the presentation by 1st Vice President **Robin Bleier**.

The program was the second under her watch as chapter president. A 2011 symposium is expected, so if you are local to Pinellas County FADONA, please stay tuned.

Pinellas County FADONA has its regular meetings the second Tuesday, 5:30 p.m. at Banquet Masters. Any questions about Pinellas County may be directed to **Liz Raymond** at nurse_raymond@yahoo.com.

The directors of nursing association in Hillsborough County continues to grow. Any questions about Hillsborough County may be directed to **Mariann Calta** at (813) 329-6061.

Polk, Hardee, and Highlands counties are having meetings quarterly. Please contact **Sandy Kenyon** at (863) 422-8656 or (863) 632-6367, if you have questions or want to volunteer to help.

If you have any questions, suggestions, or just want to chat, feel free to call me at (813) 960-1969. My cell is (813) 503-2810, and my fax is (813) 960-8510. My e-mail addresses are crusso@filtc.com or tyler48m@aol.com.

Carla Russo, RN, CDON/LTC
Region IV Vice President



Cheryl Chmielewski

REGION V

Region V—Southwest

- 5A—Manatee, Charlotte, Collier
- 5B—Desoto, Lee, Sarasota

Region V needs your help. We are currently developing a new chapter in the Southwest tip of our state. If you

wish to become involved in this area or any other in our region, or are interested in serving on any committees, please contact Cheryl at cchmielewski@greystonehcm.com, or (813) 635-9500.

Cherrl A. Chmielewski, RN
Region V Vice President



Region VI—Southeast

- 6A—Palm Beach; 6B—Brevard, Indian River, St. Lucie, Martin, Okeechobee;
- 6C—Hendry, Glades

Nursing administrative staff in long-term care must continue to promote the environment in which we work and address the challenges that face us daily.

Every area of Region VI needs dynamic people to champion a group of DONs in their area. Though time, effort, and energy are involved, the results are support for all. Who better

Continued on page 6

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Regional Reports

Continued from page 5

Regional
REPORTS

to understand our day-to-day challenges than those of us who experience it daily?

We are all in this environment of health care because it is a calling — it's not for the financial reward. Please, consider coordinating a local group meeting. There are a lot of resources available to sponsor the food, help with notifications, etc.

Please call if support, help, questions, or information are needed to urge you toward this valiant goal.

Here is the following local chapter contact information:

1. **Indian River County** — We invite you to attend our next meeting by calling **Nancy Henderson** for details. She is the local contact, and she can be reached at (772) 288-0060.

2. **Palm Beach County** — **Deborah Grotke** at (561) 588-4333. The Palm Beach County DON Association continues to meet monthly

on the third Wednesday.

We have an active, growing group of members and associate members. Lunch and CEs are usually provided with support from our vendors. These meetings allow us to network and share valuable information with our fellow nursing administrators and associates. This in turn helps increase the quality of care that our facilities can provide to our residents and supports our efforts to be survey-ready.

We need your help to re-energize other areas of Region VI. If you are interested in helping out, or know someone you think would be a great asset, please contact **Ian Cordes** at (561) 659-2167, or e-mail icordes@bell-south.net.

Region VII—Southeast

Miami-Dade, Monroe, and Broward Counties

The FADONA membership recently approved an amendment to its bylaws that would allow FADONA to create a new region by taking three counties from Region VI, which runs

from Vero Beach all the way to Key West. So, it's official! Region VII is now a reality and includes the three most southeast counties in Florida. Here is what going on in the Miami area:

Miami-Dade County

The chapter officers are as follows:

~ President: **Hank Drummond**, RN, PhD; DON, Gramercy Park

~ 1st Vice-President: **Regina Caines**, DON, Miami Gardens Nursing Center

~ 2nd Vice-President: **Delia Rudio**, DON, Perdue Nursing Center

~ Secretary: **Anne Museau**, DON, Pines Nursing Home

~ Treasurer: **Carol Stuchins**, DON, North Beach Rehab. Center

For more information about the Miami-Dade chapter, contact **Hank Drummond** at hankmiami@yahoo.com; cell: (786) 566-0598, or fax: (305) 255-4530.

We need your help to develop this brand new region. If you are interested in helping out, or know someone you think would be a great asset, please contact **Ian Cordes** at (561) 659-2167, or e-mail icordes@bell-south.net.

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Fun Night's Rodeo Roundup was Sponsored by FADONA's Platinum Partners

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FADONA Hosts MDS 3.0 Intensives' 6-City Tour

What Every LTC Leader Needs to Know About MDS 3.0! is the title of the 1-day intensive course on MDS 3.0, focusing on the transition, from MDS 2.0 to the implementation of the new requirements due this coming October.

Through the generous sponsorship by Gulf South Medical Supply with support from ARKRAY and First Quality, FADONA was able to feature MDS trainer Robin Storey, RN, BSN, FACDONA, LNHA, who has more than 25 years of extensive health care leadership in the field of geriatrics. She was a member of the CMS task force created to develop the MDS 2.0 training materials, and she served two terms on the JCAHO Professional Technical Advisory Committee. Storey is director of Clinical Reimbursement Services with Pathway Health Services and is a CMS-trained MDS expert.

In addition, Storey is a founding member of the National Association of Director of Nursing Administration/LTC (NADONA), serves as its vice president, and is the first recipient of NADONA's Nursing Administrator of the Year Award.

The first three of six "intensives" were held in Orlando, Tampa and St. Petersburg with courses scheduled for Jacksonville, Tallahassee and Pensacola during the first week of August.

This training has the following objectives for attendees, including directors of nursing, assistant directors of nursing, nurse administrators/managers, MDS coordinators, risk managers, and nursing home administrators:

- List differences between the MDS 2.0 and MDS 3.0.
- Identify the new Care Area Assessments (CAAs) and the revised process.

- Identify the staff that should be involved in the planning and implementation of the transition.

- Describe the areas that must be addressed in the transition.

- Determine the facility tools and documentation systems that will need revision.

- Identify the training needs of the facility staff.

- Examine what you should expect from your MDS Team and how to audit their success.



Moderator Carmen Shell, Senior VP of Clinical Services at MorseLife in West Palm Beach, welcomes attendees in Fort Lauderdale.

This educational program is approved for 6.0 contact hours for Florida-licensed nurses and nursing home administrators by the Florida Department of Health, Division of Medical Quality Assurance (FADONA Provider ID Number 50-682).

Scheduled from 9 a.m.-4:30 p.m. each day, the course includes the contact hours, lunch, breaks, speaker handout, and MDS Version 3.0 Resident Assessment and Care Screening tool.

We encourage you to bring your own copy of the "Long-Term Care Facility Resident Assessment Instrument User's Manual Version 3.0" (download manual V1.02, updated June 18, 2010 at www.fadona.org).

You may still register for this program by mail (using the form provided at www.fadona.org) or online with a credit card at www.fadona.org.

Upcoming Dates:

- Tuesday, Aug. 3, at River Garden Hebrew Home, 11401 Old Saint Augustine Road, Jacksonville, FL 32258; 904-260-1818



The Preserve at Palm Aire, near Fort Lauderdale, hosted the July 1 MDS 3.0 Intensive (from left): Speaker Robin Storey, RN, BSN, FACDONA, LNHA; director of Clinical Reimbursement Services with Pathway; Deb Babchick, Account Executive, Gulf South Medical Supply; Suzanne Saraniti, Regional Sales Manager, LTC Division, ARKRAY USA; Moderator Carmen Shell, Senior VP of Clinical Services at MorseLife in West Palm Beach; and Marilyn Pascale, The Preserve at Palm Aire

- Thursday, Aug. 5, at the Maguire Center at Westminster Oaks, 4449 Meandering Way, Tallahassee, FL 32308-5740; 850-878-1136

- Friday, Aug. 6, at Sacred Heart Hospital Auditorium, 5151 N 9th Ave, Pensacola, FL 32504

Affordable Fees: The cost for non-members is \$125 for the first registrant and \$95 for each additional person from the same facility. FADONA

members pay \$95 for the first registrant and \$75 for each additional person from the same facility. Onsite fees are \$25 more per person for all categories. Fee includes the speaker handout, MDS 3.0 Resident Assessment and Care Screening tool, breaks, and lunch.

Alternates from the same facility are allowed.

Onsite Registration: Cash, check or money order payable to FADONA will be accepted at the door (no credit cards or check cards); however, add \$25 per person, to all categories, for all onsite registrations.



Speaker Robin Storey, Director of Clinical Reimbursement Services with Pathway

NADONA Convention A Southern Success

By Bonnie Cruz, RN, BSN, MEd; President, FADONA

With the theme “Your Profession . . . Your Conference . . . Your Association,” the NADONA convention, held this year in Atlanta, provided members with a full range of topics and exceptional speakers throughout the week. Also offered was the DON boot camp and DON certification review.

In addition, many members took advantage of “Train the Trainer” session for AMDA’s *Clinical Practice Guidelines for Diabetes Training*.

This was an educational, fun-filled week of learning, collaboration, and networking with colleagues from other states. There was a sense of unity as NADONA members were drawn together by the common thread of quality care in our LTC profession. Each day offered members a chance to pick educational sessions of their choice. Topics ranged from MDS 3.0 to safe patient handling and movement.

On the Hyatt Regency Grand Hall’s exhibition level, nearly 100 vendors showcased their products and services, giving nurses a great opportunity to shop for the latest offerings to benefit their facilities. The vendors were very supportive and helpful.

The NADONA conference also offered such fun events as the Medi-Hunt, a silent auction, 50/50 raffles and passport prize drawings. The conference’s grand finale was the Awards Banquet with a “Southern Hospitality” theme. Southern Belle Divas in full costume greeted attendees at the door. Special awards, such as DON of the Year, were presented to deserving individuals, adding to this wonderful event.



FADONA presenter Bonnie Cruz with Florida member Patches Bryan at the NADONA Annual Convention in Atlanta

held in Orlando. Members, excited to visit our Sunshine State and the local attractions, look forward to next year’s event and anticipate building on the professional relationships and best practices learned in 2010.

I would like to thank Executive Director Gina Kaurich, the NADONA staff, and the entire NADONA board for all their efforts and countless hours of dedication to provide us with this stimulating convention. It required strategic planning and execution, and you have succeeded! Well done!

See you next year!
Bonnie Cruz

NADONA is already in full gear, planning the 2011 convention to be

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2010 Post-Convention Considerations

By Robin A. Bleier, RN, HCRM, FACDONA; 1st Vice President and Convention Chair, FADONA

It gives me great pleasure to report that our annual convention this past April was a tremendous success, based on your evaluations and onsite feedback!

As 1st vice president, I am responsible for coordination of our convention. However, I would be truly remiss if I failed to note that the secret to our conference success should be credited to our full board as well as to Ian Cordes, our director of operations, and his team.

The joint efforts of the FADONA board, the awesome Alliance Council, and YOU, our members and convention participants, mean that FADONA is able to create agendas that — according to the evaluations — exceeded expectations.



Convention Chair and 1st Vice President Robin Bleier and FADONA President Bonnie Cruz cut the ribbon marking the official opening of the Annual Trade Show.

Now is the time to give any additional input you may have. Believe it or not, 2011 is being planned as you read. As always, member input is truly requested and appreciated so that this program may be geared to meet your

needs as professional long-term-care nursing administrators.

Send your comments to me at Robin@RBHealthPartners.com; or Ian Cordes at icordes@bellsouth.net; or to the board member of your choice.

Thank you — and have a great summer!

For questions about the convention, please call us today!

Sincerely,

Robin A. Bleier
Robin A. Bleier

A Note to FADONA Members from Reuben Bowie, Treasurer: The annual financial report has been prepared and was mailed the first week of July. Let us know if you did not receive it, and we will send another one to you.



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Website www.eccolabgroup.com

Memories from FADONA's 23rd Annual Convention

To see view the entire convention photo album, please go to www.fadona.org/convention.html



FADONA Past-President Gilda Osborn speaks to convention attendees during the NADONA Certification Prep Course.



Regina Kaurich, executive director of NADONA, addresses attendees.



Reuben Bowie (standing) provides instruction for a Staff Training Day exercise.



From left to right: Jennifer Mikula, Tina Vanaman, and Dr. James Mikula are introduced by FADONA Secretary Susie Jensvold.



FADONA 1st Vice President Robin Bleier addresses convention attendees during Staff Training Day.



FADONA Region 1 Vice President Sharyn Figgins speaks to the audience during Staff Training Day.



Naushira Pandya, MD, CMD, addresses convention attendees during a product theater on diabetes.



Dr. Beata Casanas gives a talk on infection control in long-term care.



Dr. Jeanne Wei presents a session on geriatric cardiology.



FADONA Past-President Marge introduces a speaker.

Cathy Ates (right), FADONA past-president, speaks during the FHA/FADONA Collaborative update, as FADONA Region I Vice President and moderator Sharyn Figgins looks on.

Dr. Denise Remus addresses attendees during the FHA/FADONA Collaborative update.

Speaker Dr. S. Kwon Lee presents a session about wound care in the elderly.

Speaker Heather Monaghan talks about leadership.



Moderator Tina Vanaman introduces Dr. Leonard Hock before his session on pain management in long-term care.



Dr. Sumer Verma talks on behavioral problems and mental disorders in long-term care.



Dr. Gary Greenspan talks to attendees during a clinical session on COPD.



FADONA 1st Vice President Robin Bleier stands alongside raffle winner Kay Burkhart during this year's trade show.



AHCA's Kimberly Smoak provides a regulatory update.



Speaker Dr. John Morley at the Annual Awards Luncheon



MobilxUSA representatives Nancy Arnold (from left), Paul Barnard, and Brinn Helton, with FADONA President Bonnie Cruz (second from right).



Gulf South Medical Supply exhibitors Jamie Luce (left) and Randy Dermott (right) with FADONA President Bonnie Cruz.



Rxperts representatives Arlan Larson (left) and Jeff Wilkes (right), alongside FADONA President Bonnie Cruz.



Rodeo Roundup Fun Night (from left): FADONA Immediate Past-President Cathy Ates, SenTech's Gail Allison, and FADONA President Bonnie Cruz.



Rodeo Roundup Fun Night (from left): NADONA Vice President Robin Storey, attendee Kitty Van Herk, with FADONA 1st Vice President Robin Bleier.



Platinum Partners: Sponsors of this year's Rodeo Roundup Fun Night.



FADONA member and author Carol Burdette (left) with FADONA President Bonnie Cruz at Burdette's book signing.

FADONA Announces Award Winners and Scholarship Recipients at 23rd Annual Convention

Winners were recognized at Annual Awards Luncheon during “Carrying the Torch of Leadership 2010.”

Carrying the Torch of Leadership 2010” was a great success.

The 23rd Annual Convention, which was held at the Buena Vista Palace Hotel in Orlando, reached record numbers in attendance, gathering nearly 600 participants, including speakers, attendees, and exhibitors.

This convention’s most anticipated event, the Annual Awards Luncheon, featured the 2010 FADONA Awards presentation, which included the Nurse Administrator of the Year Award, sponsored by Evercare for the seventh consecutive year. Evercare was represented at the luncheon by **Nancy Thompson, MS, RN, CCM**; health services director for the Florida Gulf Coast & Alabama for United Health Group/Evercare).



LPN Award first-place honoree Marie Phillippe (third from left) from Hunter Creek Nursing Home in Orlando, with her DON, Maria Del Carmen Figueroa (far left), and Administrator Scott Smith (rear); special guest and award sponsor Patty Husted (second from right), vice-president of operations for Vitas Innovative Hospice; and FADONA President Bonnie Cruz

Other exciting presentations included the Imogene Ward Scholarship, FADONA Scholarships, and the CNA and LPN Awards of Excellence, which were sponsored by Vitas Innovative Hospice.



Recipient of the 2010 Imogene Ward Scholarship, Akaraka Destiny Onyeju, LPN at Westminster Care of Orlando (left), with FADONA President Bonnie Cruz.

Each year, FADONA acknowledges a nurse administrator who has demonstrated professional responsibility by mentoring and nurturing, as well as commitment to the standards of nursing practice and excellence in long-term care. The 2010 winner of



LPN Awards of Excellence (from left): Barbara Kroncke, DON, with second-place winner Louis Reyes, LPN, both with Lexington Health & Rehab. in St. Petersburg; with special guest and award sponsor Patty Husted, vice-president of operations for Vitas Innovative Hospice; and FADONA President Bonnie Cruz.

Director of Nursing Administrator of the Year is **Tina Vanaman, RN, CDONA/LTC, CCNC-C**. She is DON at Palm Garden of Ocala, and FADONA Region II vice president. **Nancy Thompson** of Evercare was on hand with FADONA **President Bonnie Cruz** to present the award.



Scholarship recipient Mary Hardy (center) from Titusville Rehabilitation and Nursing Center with Susan Sturges (left), her facility’s DON, and FADONA President Bonnie Cruz

“Tina exemplifies the type of leadership skills and excellence in long-term care that is representative of a winner of the Nurse Administrator of the Year Award,” said Cruz. “FADONA is very proud to have members such as Tina working so diligently in our field.”

The Imogene Ward Scholarship was awarded for the second year: A check for \$1,500 was presented to **Akaraka Destiny Onyeju**, an LPN at Westminster Care of Orlando. In honor of Homer Ward’s wife, Imogene, the Ward family generously established the Imogene Ward Nursing Scholarship Award in 2008 to provide financial assistance to individuals in nursing as they continue their education in the LTC setting.



CNA Award first-place recipient Rhonda Barnum (second from left) from Bayshore Pointe Nursing & Rehab Center in Tampa with Sandra Sutkus, her DON (left); special guest and award sponsor Patty Husted, vice-president of operations for Vitas Innovative Hospice (second from right); and FADONA President Bonnie Cruz.

FADONA presented two \$500 scholarships to CNAs who are both studying to become licensed practical nurses: **Phoebe W. Johnson** from Winter Haven Health & Rehab and **Mary Hardy** from Titusville Rehabilitation and Nursing Center.

FADONA also presented its 10th annual CNA awards and its first-ever LPN awards to recognize certified nursing assistants (CNAs) and licensed practical nurses (LPNs) across the state of Florida.

This year's CNA Awards of Excel-



FADONA President Bonnie Cruz (right) presents a FADONA award of excellence to Polly Weaver, chief of field operations for the Division of Health Quality Assurance of the Agency for Health Care Administration, Tallahassee, Fla.

lence honored the work of three individuals. The first-place recipient was **Rhonda Barnum** from Bayshore Pointe Nursing & Rehab Center in Tampa; **Marly Milord** from Palm Garden of West Palm Beach finished in second-place; and **Maria Calais** from Okeechobee Health Care Facility placed third.


This year featured the first presentation of FADONA's LPN Awards of Excellence. First-place recipient was **Marie Phillipe**, an LPN at Hunter Creek Nursing Home in Orlando. Second place was

awarded to **Louis Reyes**, an LPN at Lexington Health & Rehab in St. Petersburg; and third place went to **Kathy Bartolot**, an LPN at Bayshore Pointe Nursing & Rehab Center in Tampa.

In addition, FADONA surprised



Scholarship recipient Phoebe W. Johnson (center) from Winter Haven Health & Rehab with Joyce Cadena, her facility's DON, and FADONA President Bonnie Cruz

Polly Weaver, chief of field operations for the Division of Health Quality Assurance of the Agency for Health Care Administration, with an award of excellence for her dedicated service, commitment to excellence, and contribution to improving the lives of Florida's frail seniors. 

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Oh, Yes They Can!

By Karen Goldsmith, JD; Goldsmith Grout & Lewis, PA

I get so many calls from clients who relate problems with the survey system. They usually end with, "They can't do that." My response, unfortunately, is as above: "Oh, yes, they can."

What creates such furor and rage? CMS and the state agency can make changes to your survey report after it is finalized. In fact, if you go to a federal hearing, even the administrative law judge (ALJ) can add deficiencies.

Here is how that happens. The Informal Dispute Resolution (IDR) system is developed and implemented by the state agency, but it is a creature of the federal system. In the IDR process, we have seen several times that a deficiency originally cited at "D" level is changed to "G." In fact, it could even become "Immediate Jeopardy." Pain issues and notification of physician and family are two areas particularly vulnerable to this. The agency is not limited only to reducing or eliminating your deficiencies in IDR; they can raise deficiencies, add new facts, or move them to a different tag number. The latter could result in repeat or uncorrected deficiencies.

To avoid this very unpleasant experience, you need to carefully review the deficiency and the facts upon which it is based. Taking a "D" level deficiency to IDR is certainly an acceptable practice, but you should weight the possibility of its being upgraded to a "G," and be certain that you are on firm ground in your argument.

Also, be sure that you know exactly what prompted the citation in the first place. Often at IDR, we hear new information, of which the facility was not aware. Many times, this is in response to evidence presented by the facility; sometimes, it is this new information that triggers the upgraded level.



Karen Goldsmith

The time between requesting an IDR and getting one has become shorter than ever. That is a good thing if you are successful. It does, however, leave you less time to prepare. Don't let that keep you from preparing adequately, including exploring any other factors that could come into play during the IDR. If you

find that your review tips the balance against you, you can cancel the IDR.

The state conducts certification surveys on behalf of CMS, which is still the final decision-maker, based upon the recommendations of the state. The federal government has discretion to reject the state's IDR decision. However, in order to do so, case law requires that CMS articulate that it is doing so and the reasons upon which it is relying. Ignoring the IDR results will not suffice.

Other Hot Buttons

A second issue that raises our clients' ire is that CMS is also free to reject the recommendation for sanctions from the state agency. It is not uncommon in our region for CMS to increase the civil money penalty to an amount higher than that recommended by the state. CMS, not the state, determines federal remedies. So long as the civil money penalty is reasonable and within the range for that level of deficiency (one range for IJ, one for non-IJ, one for per-instance), the judges will uphold it.

The third issue arises when CMS imposes a severe remedy without giving the facility an opportunity to correct. Choice of remedy is a non-reviewable issue, and great discretion is given to CMS.

Another related problem arises when CMS imposes a civil money penalty without giving the provider an opportunity to correct, even when the provider did not have double "Gs."

Like raising the severity, this issue goes to choice of remedies.

Note that I have said that the ALJ cannot address choice of remedies. Some legal arguments — some involving rulemaking — can be brought in another forum: federal civil court. There are myriad legal reasons on both sides of the question as to whether this is a violation of the law. There is no doubt that, in time, these and other issues will be raised at a higher level.

Meanwhile, in the two areas I mentioned — pain management and notifying the physician/family — be ever diligent. It is very easy to get a "G" in these areas.

Continued on the next page

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Oh, Yes They Can!*Continued from previous page*

In reviewing the case law, I have made a few observations as to pain management:

- Missed doses are the most common problem resulting in breakthrough pain – this has even led to an IJ citation.
- Using another resident's pain medication is treated severely.
- Not administering the medication for any reason and not notifying the doctor immediately has led to "Gs."
- Surveyor observations that a resident has been crying out, and staff saying that it's just the way that resident is, does not fly – you must have documentation to support that this is the case, that the physician is aware of it, that pain assessment is done even if you think the resident is not in pain. In fact, you need to exhaust your

investigation before you decide this resident is not in pain.

As to F 157 (consultation with the doctor and notification of the family):

- Regulations require that you consult with the physician immediately if you observe a significant change in the resident's condition, or the resident is not responding to treatment. (A good definition for this change can be found in the SOM under Tag 157.)
- The consultation should be with the physician or a physician extender, and requires a communication that goes both ways, even if the doctor's communication is to retain the status quo. This tag is most often cited, in my humble opinion, because nurses don't document the communication.
- Notification must be immediate, not 24 hours later. If you cannot reach the physician in a relatively short period of time, contact the on-call

physician or your medical director. Case law holds that even a short delay can significantly impact the resident. In one case, the ALJ even stated that the nurses were practicing medicine by making decisions without the physician's input. He was overturned by the next-level panel, but still, what nurse wants to be accused of that?

We could spend hours talking about these two tags. I will address each of them at more length in later columns. I did want you to be aware that these types of tags seem more likely to be upgraded in severity at the IDR level, and they are ones your staff should be attuned to documenting in detail. ☒

This column is a regular feature of **FADONA Focus**. If you want a subject discussed, please e-mail **Karen Goldsmith** at klgoldsmith@cfl.rr.com.



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Putting the Pieces Together

By Robin A. Bleier, RN, HCRM, FACDONA; 1st Vice President, FADONA

As the new minimum data set (MDS) 3.0 and resource utilization guidelines (RUGs) IV roll into effect October 1, 2010, now is the time to ensure that you are getting your feet under you. MDS 3.0 represents a change in the instrument, but not in the overall process and most certainly not in the goal.



Robin Bleier

recommend those guidelines. As many of us can recall during our initial OBRA education in the late '80s, the stated OBRA goals are to provide care and services in a fashion that supports the residents in attaining or maintaining their highest practicable physical, emotional, and psychosocial well

being. Fortunately, that goal is here to stay, and MDS 3.0 is just providing additional support to map our way.

Relationship Between OBRA and RAI

In 1990, when the first MDS came out, I recall questioning why I need an

RAI (MDS, Triggers, RAPs) simply to write a care plan. In fact, I had been a Care Plan Coordinator. Nonetheless, the truth was that the RAI process was a most excellent method to gather data that supported the identification of resident risks through a gap analysis of sorts. Indicating where the resident is versus where the resident had been or wants to go illustrates the gap.

The Reason for MDS 3.0

The Centers for Medicare and Medicaid Services (CMS) felt that MDS 2.0 was in fact outdated. (In many areas I agree; do you?) Therefore, a new tool would embrace some changes in clinical care and other expert-endorsed findings (for instance, in MDS 3.0 we will no longer back-stage a wound). In addition, CMS speaks to a better solicitation of the residents and their interested parties as well as our staff voice. This makes total sense to me. If we are integrating the Quality Indicator Survey (QIS) process into the facility's day-to-day clinical and operational systems and the concept of the resident/family/staff interview found in the MDS 3.0, we would find ourselves right where we want and need to be.

In Summary

Without doubt, there is change in store for all of us, but I also have no doubt that the awesome administrative nurses here in Florida will do nothing but a stellar job of learning the 3.0 and incorporating it into the overall clinical systematic processes. Education and training are being provided around the state, and we ask that you and your organizations seek the opportunity to learn and grow so that you are up to the challenge. At the end of the day, we all went to school and entered this most important profession of long-term care to help our elders enjoy the best possible quality of life that they can in relation to their individual and unique conditions and circumstances, while being the best employers that we can! ☒

Robin A. Bleier owns and operates RB Health Partners, Inc., a clinical risk regulatory consulting firm based in Tarpon Springs, Florida. She can be reached at (727) 744-2021 or robinbleier@yahoo.com.

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Accu-flo is a server-based medication administration system designed for use in long-term care facilities. The software automates the process of distributing, tracking, and re-ordering medications and treatments safely and efficiently. Accu-flo has a user-friendly touch screen application.

The software's eMAR, eControl, eLog, and ePrescribe modules provide complete functionality.

• **eMAR** – Ensures intended residents receive correct medications and dosages within CMS guidelines.

• **eControl** – Safeguards controlled medication from theft as logged by shift and nurse utilizing fingerprint identification and bar-code technology.

• **eLog** – Maintains accurate inventory of all drugs received for storage in a medication cart, as well as those returned after being discontinued.

• **ePrescribe** – Provides exceptional convenience with direct re-ordering capability with institutional pharmacies.

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