



CERTIFICATE OF NEED APPLICATION

APPLICANT IDENTIFICATION AND CERTIFICATION OF ACCURACY

1. Applicant Identification

Facility Name Mary Conrad Center	Medicaid Provider Number LT5955
Facility Address (Street/City/State/Zip Code) 9100 Centennial Drive Anchorage, Alaska 99508	Medicare Provider Number 02-5025
Name and mailing address of organization that operates the facility (if different from above) Raindance Healthcare Corporation	
Facility Administrator (Name, title, mailing address, including City/State/Zip Code) Michael Rose 9100 Centennial Drive Anchorage, Alaska 99508	Telephone 907-269-3201 Facsimile E-mail Jmrose3954@gmail.com
Applicant (Name, title, mailing address, including City/State/Zip Code) Raindance Healthcare Corporation Mary Conrad Center	Telephone Facsimile E-mail
Principal Contact Person (Name, title, physical address, mailing address, including City/State/Zip Code) Andrew Turner, President 4121 W Dravus Street Seattle, WA 98119	Telephone 206-491-4202 Mobile Phone Facsimile E-mail andrewlturner@msn.com

2. Ownership Information

A. Type of Ownership (check applicable category)

<input type="checkbox"/> For profit: individual	<input type="checkbox"/> Not for profit: government
<input type="checkbox"/> For profit: partnership	<input type="checkbox"/> Not for profit: corporation
<input checked="" type="checkbox"/> For profit: corporation	<input type="checkbox"/> Other (specify): _____

B. List of all Owners (Page 2 of application)

C. Accreditation Information (Page 2 of application)

3. Agreement to participate in the Uniform Statewide Reporting System

I hereby agree to participate in the uniform statewide reporting system required under AS 18.07.101 when requested to do so under 7 AAC 07.105(c).

4. Certification of Accuracy by Certifying Officer of the Organization

I hereby certify that the information contained in this application, including all documents that form any part of it, is true, to the best of my knowledge and belief. I agree to provide, within 60 days from receipt of a request from the department under 7 AAC 07.050(b), any additional information needed by the department to make a decision.

Name	Title
Signature	Date

For Part 2.B. of the application form, provide the following ownership information under each requirement, using as much space as necessary to provide complete information:

(1) For individual owners and partnerships, list the names, titles, organizational name, mailing and street addresses, and telephone and facsimile numbers of the owner or partners.

N/A (see item(2))

(2) For corporations, list the names, titles, and addresses of the corporate officers and Board of Directors. If the facility is a subsidiary of another company or has multiple owners, provide the names and addresses of the all of companies that have ownership in the facility.

Andrew L. Turner, Partner
1421 W. Dravus St. Seattle, WA 98199
206-727-6666

William Lasky, Partner
2099 Cherry Creek Circle
Las Vegas, NV 89135
702-562-9692

(3) For governmental or other nonprofit owners, list the names and addresses of hospital board members.

N/A (see item (2) above)

For Part 2.C. of the application form, provide the following information:

Is this facility accredited or certified by a recognized national organization? **X Yes** ☐
No

If yes, identify the organization, the date of accreditation or certification, and attach as an appendix to this application a copy of the most current accreditation or certification.

CMS Medicare Certification

Section II. Summary Project Description

(1) A brief description of each proposed service, including whether equipment will be purchased or replaced and a list of that equipment.

Mary Conrad Center is proposing to convert existing space within the facility to add six skilled nursing long term care beds to its licensed capacity. Six sunrooms, each with 255 SF, three on each floor, will be remodeled to become six patient rooms. Total square footage to be renovated is 1530. All rooms will be handicap accessible. Patient bedroom furnishing will be purchased, such as beds, cabinets, an over bed table and a side chair for each room. Bathroom facilities will be installed in each of the six rooms.

(2) The number of square feet of construction/renovation.

(3) The number and type of beds/surgery suites/specialty rooms.

There will be six rooms converted to single patient rooms.

(4) Services to be expanded, added, replaced, or reduced.

The six beds will complement existing services and will not add any new programs or services.

(5) The total cost of the project.

The construction cost of the project is estimated to be \$297,000.00, furnishings for the rooms \$13,380.00 for a total cost of \$310,380.00

(6) How the project will be financed.

The project will be paid from out of operations funds.

(7) Estimated completion date.

Construction should be completed within six months of the issuance of the CON.

Section III. Description of Facilities and Capacity Indicators

- A.** Proposed changes in service capacity. Provide either the number of beds, surgery suites, rooms, pieces of equipment, or other service.

Type of Service	Current Capacity	Added, Expanded, or Replacement Capacity	TOTAL PROPOSED CAPACITY
LONG-TERM CARE			
Nursing Beds			
1-bed room/unit	66	6	96
2-bed room/unit	24 (12 2-bed rooms)		
Other (list)			
Total Capacity	90	6	96

- B. Provide a detailed narrative description of each service identified in "A" above, including the type of change (addition, expansion, conversion, reduction, replacement, elimination). Include, as appropriate, detailed information relative to the scope and level of service.**

Operated by the Raindance Healthcare Corporation, Mary Conrad Center located in Anchorage, Alaska provides 24-hour nursing care and rehabilitation services in a comfortable, home environment. Its scenic-view dining room, peaceful community centers and other common areas take advantage of the centers beautiful wooded surroundings and light, open interior.

Mary Conrad Center has a capacity of 90 Residents, with 66 private rooms and 12 double occupancy rooms. All rooms include:

- Private, locking entrance
- Bathroom with a shower
- Personal telephone
- Emergency call system
- Built-in cabinets
- A sink and refrigerator

The Mary Conrad Center provides 24-Hour Nursing Care and Rehabilitation Services in a comfortable, home environment. Staff are dedicated to contributing to a friendly atmosphere while realizing every Resident is a unique individual with his or her own personal preferences, needs and capabilities. Residents and their families , with Mary Conrad professionals, develop care plans that reflect medical care needs as well as lifestyle choices. The care Plans are designed to strive to meet goals set, with the result of maximizing potential for Residents.

In addition, Residents enjoy the convenience of an on-site gift shop (all proceeds go to our residents Activity Program), beauty Salon, Banking Services. Rehabilitation Services include Physical, Occupational, and Speech Therapy. Registered Nurses oversee the Residents care on a 24 hour basis. The Center has a specially equipped bus and van service to help residents access and enjoy community events.

Resident-Centered Care

Mary Conrad Center holds the philosophy that every resident is a unique individual with his or her own personal preferences, needs and capabilities. All plans of care built on goals of empowerment, freedom, choice and maximizing potential for residents.

Staff members recognize that loneliness, helplessness and boredom are as threatening to the human spirit as heart disease or diabetes is to the human body. Staff members make it a priority to approach each resident as a unique individual and work hard to build a world around the resident that nurtures mind and spirit.

Clinical Care

The physical layout provides a home like setting however the Center offers experienced medical, nursing and rehabilitation care. A team of health care professionals works with a Geriatric Nurse Practitioner and the resident's attending physician to develop an individualized plan of care. After initial admission visits, physicians see residents at Mary Conrad Center regularly to provide routine medical care. Rehabilitation services include physical, occupational and speech therapy. Registered Nurses oversee the residents' care on a 24-hour basis.

Nursing Services

Nursing teams are consistently assigned to each court so that individual needs and preferences are known. Nursing teams include:

- Residents Assistants
- Team Leaders
- Team Advisor

Certified Nursing Assistants are the caregivers closest to the residents and assist with activities of daily living, using individualized approaches to help residents achieve their goals.

Team Leaders are licensed nurses who coordinate care during a specific shift, provide medication and treatments, and communicate care needs so that daily issues are addressed.

The *Team Advisor* is a registered nurse who is responsible to oversee the resident's entire plan of care over all shifts and facilitate an atmosphere where the resident is at the center of all decision-making.

Additional Nursing Staff

A *Nursing Shift Supervisor*, who is a registered nurse, is on duty at all times. The Nursing Shift Supervisor is responsible for the operation of the facility during the evening, night and weekend shifts, provides clinical guidance in routine and urgent situations, and can be contacted to address any issue.

The *Director of Nursing* is responsible for providing leadership in operations, planning, supervision and decision-making to ensure the overall quality of care and may be contacted directly or by notifying any staff member.

Rehabilitation Services

A full range of rehabilitation services are available at the Mary Conrad Center. Licensed Therapists provide and oversee **Physical, Occupational and Speech Therapy**. Rehabilitation staff serve on the Interdisciplinary Team and apply specialized knowledge and skills to help residents achieve the highest degree of function and independence. Rehabilitation staff also serve as consultants to other care team members, educating and involving everyone in the process of maximizing potential.

Social Services

Our Social Services Department is dedicated to assist residents and families in meeting the resident's goals. These goals run a continuum from rehab to return home, to Assisted Living or to remain at the MCC. The Social Service Department supports the Eden philosophy which includes the Social Services therapy dog named Meisha Bear and a Parrot named Pablo.

Activities

The Activity Therapy Department provides a variety of activities to meet the physical, mental and psychosocial needs of residents through the offering of large and small group activities, special events and individual visits. Our goal is to help every resident maintain the highest level of functioning, with opportunities to be creative, provide care and caring to others, and to meet the individual interests of each resident

Spiritual Care

Religious services for various denominations, which are regularly scheduled, are offered to support residents in their personal beliefs and practices. Residents are encouraged to maintain connections with their own personal Church community.

Caring for the human spirit is as important as caring for the body. Spiritual Care staff and community ministers provide a healing presence and spiritual support through counseling, religious services and prayer, as the resident, family and staff journey together.

C. Provide in the following table information regarding equipment to be purchased.

Equipment to be Purchased			
Equipment Description	Make	Model	Cost
Patients beds			\$4,500 (6 beds @ \$750 each)
Over bed tables			\$1,500 (6 @ \$250 each)
Side chairs			\$1,500 (6 @ \$250 each)
Sink, refrigerator, vanity			\$5,880 (6 @ \$980 /room)
Total			\$13,380.00

D. Provide in the following table information regarding equipment to be replaced or retired.

Equipment to be Replaced or Retired				
Equipment Description	Make	Model	Date Placed Into Service	Reason for Replacement or Retirement
Not applicable as no equipment is being replaced or retired.				

E. Describe replacement or upgrading of utilities including the electrical, heating, ventilation, and air conditioning systems.

Ventilation ducting will be rerouted to meet enclosed space requirements in each converted room. Plumbing will be installed to facilitate new bath fixtures and shower stall, to include all drains, hot and cold water.

F. Describe the structural framing, floor system, and number of floors (including the basement).

No structural changes are required for framing, floor system nor number of floors as this project is the remodel of existing space on the two patient floors.

G. Total square footage in current facility/project.

1530 SF for the project

H. Total square footage of proposed facility/project.

1530 square footage

I. Area per bed, service unit, or surgery suite (if applicable).

255 per bed. Each sunroom has 255 SF, and will be renovate for one bedroom each.

J. Percentage of total floor area used for direct service (non-bed activity).

100%

K. Additional volume of service (non-bed activity) expected.

It is anticipated that the six beds will have an average annual occupancy of 90% within the first year, as the facility has been experiencing a waiting list for services. A bed need is calculated between 21, using year 2010 as the planning horizon and 45 beds, using year 2015 as the planning horizon. The six beds will come on line in 2009.

L. Provide a brief history of expansion and construction for the past five years, including new equipment purchases, additional beds, and new services. Describe how this project fits into the facility's long-range plans, including potential projects planned for development within the next five years.

Raindance Healthcare Corporation acquired the Mary Conrad Center and began operations on February 1, 2008. The facility has had an occupancy rate above 90% for the past three years. The physical plant is spacious and large. Upon acquisition, management undertook an immediate review of the use of space to determine if additional patient care space was available to meet census demands. Six sunrooms, three per floor, located in the patient care area were determined to be easily converted to direct patient care. This short term project converts existing space to increase the capacity by six beds. This project will allow Mary Conrad Center to adjust to census level needs.

Raindance Healthcare Corporation has been operating the facility for the past eight months and is developing a facility long-range plan. This process is ongoing and a final document is not complete.

Section IV. Narrative Review Questions

A. RELATIONSHIP TO APPLICABLE PLANS AND NATIONAL TRENDS

Indicate how the application relates to any relevant plans, including the applicant's long-range plans, appropriate local, regional, or state government plans, the current *Alaska Certificate of Need Review Standards and Methodologies*, adopted by reference in 7 AAC 07.025, and current planning guidelines of recognized national medical and health care groups. If the proposal is at variance with any of these documents, explain why. (See the department's website for state planning processes and materials and links to federal websites.)

The project is consistent with statements in various Health and Social Services Documents, Studies and Plans that detail the forecasted growth in the elderly population:

- The Executive Summary of the ***“Long Term Forecast of Medicaid Enrollment and Spending in Alaska: 2005-2025”*** prepared for the Alaska Department of Health and Social Services, dated February 15, 2006 stated:
“The elderly population in Alaska will almost triple between 2005 and 2025 from 43,000 to 124,000.”
- The Executive Summary of the **Alaska’s State Plan for Senior Services, FY 2008 – FY 2011**
May 1, 2007 stated:
“As the state with the highest proportion of baby boomers (32%), Alaska will find its senior population growing faster than almost any other state as that group reaches its senior years. While in the past many Alaskans chose to leave the state after retirement, more and more retirees now prefer to remain here. By 2030, the proportion of seniors 65+ will double to comprise 13% of the Alaska population, with those age 60+ making up 17%. The oldest group of seniors, those age 85+, is expected to almost triple during the next 25 years, vastly increasing the number of Alaskans living with Alzheimer’s disease and related disorders (ADRD).”
- From the **Alaska State Plan for Senior Services FY2008-FY2011**:
“The senior population for the U.S. is projected to increase by 104%, but the increase in Alaska is projected to be 256% – faster than any state except Nevada.”

And goal in the Plan includes: “Provide recommendations to Health Care Strategies Planning Council regarding LTC planning.”.

There is no State Health Plan precluding the addition of long term care beds. The Alaska Certificate of Need Review Standards and Methodologies set out the formula to determine need.

The Alaska Certificate of Need Review Standards and Methodologies (December 9, 2005), “Section VI. Long-term Nursing Care Standard and Methodology”

Standard 1. Not applicable. Mary Conrad is not seeking a new freestanding facility

Standard 2. Not applicable. Mary Conrad is not co-located with a hospital.

Standard 3. Mary Conrad Center has had an average occupancy of 96.1% over the past three years. Detail is presented in Section IV. B.2(a) below.

Standard 4. The two facilities in Anchorage have had a combined average occupancy rate of 91.6%. Providence Extended Care has had a 90% average occupancy. Detail is presented in Section IV. B.2(a) below.

Standard 5. There are currently 3.6 assisted living beds for each long term nursing care bed in Anchorage. The addition of the proposed six beds will result in 3.54 assisted living beds for each long term nursing care bed.

B. DEMONSTRATION OF NEED

1. Identify the problems being addressed by the project. For example, identify whether this project is for (a) a new service; (b) an expanded service; or (c) an upgrade of an existing service.

(a) This project is not a new service. Mary Conrad Center is currently licensed for 90 long term care beds and is consistently above 90% occupancy.

(b) This project will expand the bed capacity of the long term care facility by six beds.

(c) This is not an upgrade of an existing service.

2. Describe whether (and how) this project (a) addresses an unmet community need; (b) satisfies an increasing demand for services; (c) follows a national trend in providing this type of service; or (d) meets a higher quality or efficiency standard.

(a) Unmet Need: Long term care services are being provided in the 90 bed facility at a high occupancy level, above the recommended 90% average annual occupancy rate.

Mary Conrad Center is one of two long term care facilities in Anchorage, Alaska serving the Anchorage and Matanuska Susitna Valley population as its primary service area. Mary Conrad Center has had an average occupancy of 96.1% over the past three years as detailed in the chart below. The Center frequently has a waiting list for patients.

Mary Conrad Center	Bed Days		ADC	Total Beds	% occupancy
2007	30787		84.35	90	93.7%
2006	31696		86.84	90	96.5%
2005	32234		88.31	90	98.1%
	94717				
average/yr	31572.33		86.50	90	96.1%

The other long term care facility in Anchorage, Providence Extended Care Facility has experienced an average occupancy of 90% over the past three years

Providence Extended Care					
	Bed Days		ADC	Total Beds	% occupancy
2007	71463		195.79	224	87.4%
2006	72865		199.63	224	89.1%
2005	75902		207.95	224	92.8%
	220230				
Average / yr	73410		201.12	224	90%

With the high census levels at Mary Conrad Center, and a 90% community occupancy level for long term care services, the additional six beds will help meet the growing need for long term care beds for the aging population.

(b) Increasing demand for services:

The project does satisfy an increasing demand for services because the desired occupancy rate is 90% and the community has experienced a three year average occupancy of 91.6%. Long term care census in the Anchorage area has exceeded 90% occupancy in the past three years.

	Prov Extended Care	Mary Conrad				
Year	Bed Days	Bed Days	Total days	ADC	total beds	% occupancy
2007	71463	30787	102250	280.1	314	89.2%
2006	72865	31696	104561	286.5	314	91.2%
2005	75902	32234	108136	296.3	314	94.4%
Total	220230	94717	314947	287.6	314	91.6%
average / year	73410	31572	104982	287.6	314	91.6%

Source: LTC numbers supplied by Dr. Alice J. Rarig and Eric Peter, Department H&SS via email August 28, 2008.

(c) Follows a National trend in providing this type of service:

The six beds will be single-bed rooms. Single-bed rooms are supported in the Joint Commission's 2003 study, "Care Delivery and the Environment of Care; A Teamwork Approach", page 74. "Perhaps the ideal solution is to have single bed rooms clustered around common areas, so that residents have more choice regarding interaction levels, and more freedom to roam."

3. Describe any internal deficiencies of the facility that will be corrected, and document which of these deficiencies have been noted by regulatory authorities. Note any deficiencies that will not be corrected by this project, what efforts have

been taken to correct the deficiencies, and how this project will affect the deficiencies. Attach any pertinent inspection records and other relevant reports as an appendix to the application.

Not applicable to this project. There are no internal deficiencies in the facility.

4. Identify the target population to be served by this project. The "target population" is the population that is or may reasonably be expected to be served by a specific service at a particular site. Explain whether this is a local program, or a program that serves a population outside of the proposed service area. Use the most recent Alaska Department of Labor and Workforce Development statistics for population data and projections. Explain and document any variances from those projections. The population may be defined in one or more ways:

- a. Document the service area by means of a patient origin analysis.
- b. Justify the customary geographical area served by the facility using trade and travel pattern information. Indicate the number and location of individuals using services who live out of the primary service area.
- c. **Use Alaska Department of Labor and Workforce Development information, including current census data on cities, municipalities, census areas, or census sub-areas, to describe trends, age/sex breakdowns, and other characteristics pertinent to the determination of need.**
- d. The population to be served can be defined according to the unique needs of patients requiring specialized or tertiary care (e.g. heart, cancer, kidney, alcoholism, etc.) or the needs of under-served groups.

This application uses the approach (c.) **Use Alaska Department of Labor and Workforce Development information, including current census data on cities, municipalities, census areas, or census sub-areas, to describe trends, age/sex breakdowns, and other characteristics pertinent to the determination of need.**

The "target population" of the Mary Conrad Center is the Anchorage / Matanuska-Susitna Region Population.

Anchorage / Matanuska – Susitna Region Population

Age	Estimate July 1, 2006	Projected July 1, 2010	Projected July 1, 2015
0-64	337,055	348,786	364,887
65-74	13912	18164	26993
75-84	6892	7906	9403
85+	2128	2795	3462
Total	359,987	377,651	404,745

Source: Alaska Department of Labor and Workforce Development. Research and Analysis Section, Demographics Unit. "Alaska Population Projections 2007-2030" (Copy in the Appendix)

The projections for the service area indicate that the senior population age 65 and over will grow from 22,932 in 2006 to 28,865 by 2010 and to 39,858 in 2015.

The percentage increases by age grouping are detailed below:

	1-Jul-06	1-Jul-10	1-Jul-15
Age		%increase over 2006	%increase over 2006
0-64		3.5%	8.3%
65-74		30.6%	94.0%
75-84		14.7%	36.4%
85+		31.3%	62.7%
Total		4.9%	12.4%

5. Describe the projected utilization of the proposed services and the method by which this projection was derived.

- a. Include evidence of the number of persons from the target population who are currently using these services and who are expected to continue to use the service, including individuals served out of the service area or out of state;

	Prov Extended Care	Mary Conrad				
Year	Bed Days	Bed Days	Total days	ADC	total beds	% occupancy
2007	71463	30787	102250	280.1	314	89.2%
2006	72865	31696	104561	286.5	314	91.2%
2005	75902	32234	108136	296.3	314	94.4%
Total	220230	94717	314947	287.6	314	91.6%
average / year	73410	31572	104982	287.6	314	91.6%

Population figures Source: Alaska Department of Labor and Workforce Development, Research and Analysis Section; Alaska Population Projections 2007-2030

- b. **Include evidence of the number of persons who will begin to use any new services that are not now available, accessible, or acceptable to the target population.**

Not applicable as this is not a new service

- c. **Provide annual utilization data and demand trends for the five most recent years and monthly utilization data for the most recent incomplete year prior to the application for each existing facility offering a similar service in the service area. Provide projections for utilization for three years (or the appropriate planning horizon set out in the review standards related to this project) after construction, and show methodology used to determine use, including the math.**

The most recent three years data was available.

	Prov Extended Care	Mary Conrad				
Year	Bed Days	Bed Days	Total days	ADC	total beds	% occupancy
2007	71463	30787	102250	280.1	314	89.2%
2006	72865	31696	104561	286.5	314	91.2%
2005	75902	32234	108136	296.3	314	94.4%
Total	220230	94717	314947	287.6	314	91.6%
average / year	73410	31572	104982	287.6	314	91.6%

Anchorage Mat / Su Area Long Term Care Bed Need Forecasts to 2015						
A	B	C	D	E	F	G
Age Group	Population Estimate 2006	Avg Bed Days/Year 05-07	Avg Bed days per person 05-07	Population Projection 2015	Forecast Bed Days = D x E	Forecast 2013 Bed Need 90% occupancy
0-64	337055					
65-74	13912			26993		
75-84	6892			9403		
85+	2128			3462		
Total	359987	104,982	0.291627	404745	118035	359

- d. **If the project is an acquisition of a new piece of major equipment or a new service, provide utilization data for similar services, existing equipment, or older technology. Indicate whether similar existing equipment will continue to be used and the project's effect on utilization of similar services. If this service or equipment was not in place in the service area, compare the expected utilization with other similar communities in Alaska or in other states.**

Not applicable

- e. **If an increase in utilization is projected, list the factors that will affect the increase. Provide annual utilization projections for three to five years in the future, as applicable, for each specific service in the proposal (in general, equipment projections are for three years, and new beds and facility construction are for five years**

Population increase, as detailed above, to the senior population is the major factor that will increase utilization with the addition of the six beds. The current waiting list for the beds at Mary Conrad Center is another factor to justify the six beds, which will increase utilization. Please see the response in item # 6 below for the detail of annual projections.

- f. **If any services will be reduced, indicate how the proposed reduction will affect the service area needs and patient access.**

Not applicable as there is no reduction in services.

- g. **Provide any other information that may be pertinent to establishing the need for this project.**

Existing waiting lists for Mary Conrad Center and the projected bed need justify this project to convert existing space in the facility to add six patient bedrooms.

- h. **Attach letters of support from local and regional agencies, other health care facilities, individuals, governmental bodies, etc.**

Letters of support from referral sources, providers and individuals will be supplied during the public comment period.

6. **Include your calculations of numerical need for each proposed activity for your service area. If the proposed project is expected to have a larger capacity than that projected by (and available from) the department, explain the rationale and provide documentation to support the larger capacity.**

Anchorage Mat / Su Area Long Term Care Bed Need Forecasts to 2015						
A	B	C	D	E	F	G
Age Group	Population Estimate 2006	Avg Bed Days/Year 05-07	Avg Bed days per person 05-07	Population Projection 2015	Forecast Bed Days = D x E	Forecast 2015 Bed Need 90% occupancy
0-64	337055					
65-74	13912					
75-84	6892					

85+	2128					
Total	359987	104,982	0.291627	404745	118035	359

The forecasted Bed Need of 359 beds minus existing beds of 314 equals a bed need of 45 beds for the planning horizon to 2015. Thus the proposed project to bring six beds on line is justified. It is recognized that the project does not attempt to meet the total bed need for the planning horizon. This is an interim project to meet internal needs.

Anchorage Mat / Su Area Long Term Care Bed Need Forecasts to 2010						
A	B	C	D	E	F	G
Age Group	Population Estimate 2006	Avg Bed Days/Year 05-07	Avg Bed days per person 05-07	Population Projection 2010	Forecast Bed Days = D x E	Forecast 2013 Bed Need 90% occupancy
0-64	337055			348786		
65-74	13912			18164		
75-84	6892			7906		
85+	2128			2795		
Total	359987	104,982	0.291627	377651	110133	335

The forecasted Bed Need of 335 minus existing beds of 314 equals a bed need of 21 beds for the planning horizon to 2010. Thus the proposed project to bring six beds on line is justified.

C. AVAILABILITY OF LESS COSTLY OR MORE EFFECTIVE ALTERNATIVES

1. Describe the different alternatives considered in developing this project. Explain why the particular alternative for providing the services proposed by this application was selected. Include as an alternative a discussion of the effect of doing nothing.

Alternatives reviewed include:

1. Utilizing or increasing the community Assisted Living Facilities
2. Utilizing or increasing the Home Health care services.
3. Doing nothing
4. Renovate existing space to add one bed per unit for a total of six beds.

Mary Conrad maintains a waiting list for patients for long term care. Many times when the hospital social services departments contact Mary Conrad Center for placement of patients, there is no bed available. At that point, the hospitals have already explored if the patient could benefit from either an Assisted Living facility or a Home Health Care program. The patients are then kept in the hospital setting awaiting an opening in long term care facilities. This is an increased cost to the patient and their payer source. The

other long term care facility in Anchorage has been experiencing an average occupancy of 90% the past three years.

Mary Conrad Center works closely with the Assisted Living facilities (a detailed listing of the many facilities / beds in the Anchorage area is included in the Appendix of this application) to ensure that patients are in the appropriate level of care.

When RainDance Healthcare Group, Inc. took over the Mary Conrad Center, the ownership immediately reviewed what could be done with the physical plant to maximize the use of the space. An architectural firm was consulted to develop a plan to make useful space of the storage areas for the least cost and most efficient manner of adding additional beds. It was determined that the most cost effective method would be to convert unused space on the existing patient care units (“pods”) to add one bed to each of the units.

RainDance will continue to use existing community services that provide the assisted living and home health care, however the need is present and justified to increase beds in the area. The senior population is growing, as detailed in this application, and the waiting list, combined with high occupancy rates at both Mary Conrad Center and Providence Extended care justify the addition of the 6 beds at the Mary Conrad Center.

2. Describe any special needs and circumstances. Special needs may include special training, research, Health Maintenance Organizations (HMOs), managed care, access issues, or other needs.

Not applicable as this is not an HMO

D. THE RELATIONSHIP OF THE PROPOSED PROJECT TO EXISTING HEALTH CARE SYSTEM AND TO ANCILLARY OR SUPPORT SERVICES

1. Identify any existing comparable services within the service area and describe any significant differences in population served or service delivery. If there are no existing comparable services in the area, describe the unmet need and how the target population currently accesses the services. Describe significant factors affecting utilization, including cost, accessibility, and acceptability.

There are two licensed nursing homes in Anchorage serving the Anchorage Matanuska Susitna population. They are Mary Conrad Center and the Providence Extended Care facility. Both facilities are experiencing high occupancy rates.

2. Describe the probable effect on other community resources, including any anticipated impact on existing facilities offering the same/similar services or

alternatives locally or statewide if applicable. Describe how each proposed new or expanded service will:

- a. complement existing services**
- b. provide an alternative or unique service**
- c. provide a service for a specific target population**
- d. provide needed competition**

Since both long term care facilities are at a high occupancy, this project will complement existing services.

3. Identify existing working relationships the applicant has with hospitals, nursing homes, and other resources serving the target population in the service area. Include a discussion of cooperative planning activities, shared services (i.e. agreements assigning services such as emergency or obstetrics), and patient transfer agreements. If other organizations provide ancillary or support services to your facility, describe the relationship. Attach copies of relevant agreements in an appendix in the application. If a service requires support from another agency but does not have an agreement, explain why.

Mary Conrad Center has a formal transfer agreement with Alaska Regional Hospital. Referrals are received from many community sources.

E. FINANCIAL FEASIBILITY

1. Demonstrate how the project will ensure financial feasibility, including long-term viability, and what the financial effect will be on consumers and the state, region, or community served.

In Section IX Financial Data, of this application, schedule 1 – Income Statement, line 35: the operating income was a very large negative amount, from FYE 2003 – 2008 and then disappeared, under the new owner, RainDance Healthcare Group, Inc.

Thus past Medicaid Exceptional Relief Payment Adjustment Requests, to the OLD owners; won't be needed. The old request was for \$ 45.20 per day and on 29,000 Medicaid days = \$1,310,800. This won't occur since the losses now don't exist. Mary Conrad Center is now a viable facility and occupancy is not expected to drop.

2. Discuss how the project construction and operation is expected to be financed. Demonstrate access to sufficient financial resources and the financial stability to build and operate this project.

The project would be financed from the positive net income/cash flows that now exist. In previous years, under the prior operator, the facility operated at a deficit and required Medicaid exceptional relief payments from the state.

3. Provide a description and estimate of:

- a. the probable impact of the proposal on the annual increase on the overall costs of the health services to the target population to be served;**
- b. If applying to build a residential psychiatric treatment centers, nursing homes, or additional nursing home beds the annual increase to Medicaid required to support the new project, and the projected cost of and charges for providing the health care services in the first year of operation (per diem rate, scan, surgery etc);**
- c. the immediate and long-term financial feasibility of continuing operations of the proposal.**

Since there is no CON rate add on since the project cost it is less than \$5.0M there will be no additional costs to the program for capital costs. The only increase will be if Medicaid is the primary payer for services for the few beds to be added.

F. ACCESS TO SERVICE BY THE GENERAL POPULATION AND UNDER-SERVED GROUPS

1. Provide information on service needs and access of under-served groups of people such as low-income persons, racial and ethnic minorities, women, and persons with a disability. Discuss any plans to overcome language and cultural barriers of groups to be served.

Like all long term care facilities in Alaska, the largest segment of the population served at Mary Conrad Center are funded by Medicaid. The facility is also Medicare certified. The facility has language interpretive services and is working with native groups to continue to provide and expand culturally sensitive services.

2. Indicate the annual amount of charity care provided in each of the last five years with projections for the next three years. Include columns for revenue deductions, contractual allowances, and charity care.

Since February 1 2008 Raindance has provided \$44,345 dollars in Room and Board and \$18,500 Therapy "Pro Bono" Services.

3. Address the following access issues:

- a. transportation and travel time to the facility;**
- b. special architectural provisions for the aged and persons with a disability;**
- c. hours of operation; and**
- d. the institution's policies for nondiscrimination in patient services.**

Mary Conrad Center is conveniently located at 9100 Centennial Drive, Anchorage, Alaska 99504. It is close to the Municipality of Anchorage public transportation service; is close to the major highway, the Glenn Highway. Patients, family and visitors can easily access the facility via private vehicle, public transportation or taxi cabs. The facility has a specially equipped bus and van service to help residents access and enjoy community events.

Anchorage has the International airport, Alaska Regional Hospital, Providence Alaska Medical Center, the Alaska Native Medical Center, Elmendorf AFB Hospital, and North Star Hospital. Most residents are from Anchorage and the Mat Su area, although eight residents currently were residents of other states.

The facility is designed for the aged and persons with a disability. It is a 24 hour nursing care and rehabilitation service. The Mary Conrad Center has a non discrimination policy.

Section V. Consideration of Quality, Effectiveness, Efficiency, and Benefits of the Applicant's Services

Please discuss the following in narrative form:

1. ACCREDITATION AND LICENSURE: The current status, source, date, length, etc., of the applicant's license and certification. Include information on Medicaid and Medicare Certification.

Mary Conrad Center is licensed as a 90 bed Nursing Facility. It has Medicare Certification. A copy of the most recent licensure and certification survey is in the Appendix to this application.

2. QUALITY CONTROL: How the applicant plans to ensure high quality service.

RainDance Health Care, Inc. has a Quality Management Program in place at the Mary Conrad Center. RainDance Health Care, Inc., recognizes that quality care and service is vital and efforts to improve quality are integrated through all levels. The program is in compliance with Federal regulation 42 CFR §483.75 (o) which requires a nursing facility to maintain a quality assessment and assurance program.

The Quality Management Program includes a Quality Management Committee that oversees the quality of care and service in the facility. The committee meets at least quarterly and addresses issues of Pharmacy and Therapeutics, Infection Control, Safety, and Quality Management.

Members of the Committee include the Administrator, the director of nursing, director of dining support services, consultant pharmacist and the infection control nurse.

A variety of sources of information or methods are reviewed such as :

- QM reports from managers and Directors (including Pharmacy and Infection Control
- State and Federal survey results
- Resident satisfaction surveys
- Resident Council minute reports
- Utilization review data trends
- Reports of Workers Compensation claims
- Review of facility policies which need to be changed to implement improvement plans
- Staff satisfaction surveys

3. PERSONNEL: Plans for optimum utilization and appropriate ratios of professional, sub-professional and ancillary personnel.

RainDance committed at takeover, February 2008, to maintain the same staffing ratios that have historically been the norm. To date the Nursing staff ratios in particular have

not been altered or lowered. In fact Restorative Nursing hours have been increased. There are no plans to change Nurse staffing ratios. As the facility is divided into 6 identical 15 bed units current staffing patterns are ideal.

The proposed CON would add one bed to each of the Six units. The addition of one bed to each unit or 6 beds to the entire facility would not disrupt current staffing patterns in Nursing nor in any of the Support Services. The even distribution of beds lends itself to a seamless assumption of all services.

4. APPROPRIATE UTILIZATION: Development of programs such as ambulatory care, assisted living, home health services, and preventive health care that will eliminate or reduce inappropriate use of inpatient services

Not Applicable as this is not an inpatient service. This application seeks solely to convert space within the facility to add 6 beds to the licensed 90 bed capacity.

There are many services within the Anchorage Mat/Su area to encourage alternatives to traditional nursing home care, including assisted living services. Mary Conrad Center has written policies and procedures to ensure admissions of only those individuals whose needs can be met by the nursing facility directly or in cooperation with community resources in compliance with state licensure requirement 07 AAC 012.256. Admissions

Mary Conrad Center has been operating in excess of the average annual 90% occupancy for the past three years. Patient care plans are developed for each resident. The care plans are designed to strive to meet goals set, with the result of maximizing potential for Residents.

The facility has a waiting list for patients. This project will allow Mary Conrad Center to appropriately place patients in the Center.

5. NEW TECHNOLOGY AND TREATMENT MODES: Plans to use modern diagnostic and treatment devices to enhance the accuracy and reliability of diagnostic and treatment procedures.

Not applicable.

6. LABOR SAVING DEVICES AND EFFICIENCY: The employment of labor-saving equipment and programs to provide operating economies.

Labor savings and efficiency in operations is realized through staff training, continuous routine evaluation of services provided, innovative operational systems such as sound fiscal and operational strategies with quality of patient care as the philosophy and goal.

7. PROGRAM EVALUATION: Future plans for evaluation of the proposed activity to ensure that it fulfills present expectations and benefits.

The proposed activity in the application is the addition of six beds to the licensed capacity. Utilization review evaluation and occupancy percentages will be used to ensure the project meets the expectations that patients will be able to be placed and the waiting list will be lowered. From a quality of care standpoint, the full quality management review program is in place.

The Center will also monitor satisfaction levels from residents; family and staff.

8. ORGANIZATIONAL STRUCTURE: Include an organizational chart, descriptions of major position requirements and board representation; show representation from community economic and ethnic groups.

The organizational chart is included in the Appendix.

9. STAFF SKILLS: Provide descriptions of major position requirements, appropriate staff-to-patient ratios to maintain quality, and the minimal level of utilization that must be maintained to ensure that staff skills are maintained. Provide a source for the staffing standards.

Job descriptions are included in the Appendix.

Major Staff Positions require:

- a. Licensure by Discipline
- b. Annual Continuing Education Units (CEUs) required by Discipline
- c. Facility orientation and Department Specific Orientation.
- d. Skills Testing by Discipline, at a minimum annually
- e. Participation in regularly and special need In-Service programs within Facility.
(Resident Rights, Disaster Planning, Abuse, etc.)

Staffing ratios: **C.N.A.** 7.5 to 1 1st and 2nd Shift. 1 to 15 on 3rd Shift. Licensed staff. 1 to 15 all shifts with Shift Supervision all Shifts.

Resident Population is all Skilled Care. Acuity is evenly distributed on all units (6). All skills are used and skilled checked on a regular basis. New Acuties or unfamiliar needs are pre-trained or retrained at all relevant Clinical levels.

Current Staffing Levels are compared to former levels for this Facility historically. We also compare to Anchorage Staffing Standards. National Staffing Standards are a matter of experience that we have had in every region in the United States. Regional Staffing Patterns are a matter of Record in all Professional Trade Magazines and Over-Sight regulatory group reports.

10. ECONOMIES OF SCALE: The minimum and maximum size of facility or unit required to ensure optimum efficiency. If the planned project is significantly smaller or larger, explain the effect and why the size was chosen.

The facility currently has six identical 'pods' for patient care. This project will add one bed per pod to create six 15-bed pods. Current staffing plans make this ideal.

Section VI. Narrative Description of How Project Meets Applicable Review Standards

Describe in this section of the application how the proposed project meets each review standard applicable to all activities, and each specific review standard applicable to the proposed activity. *Some of this information will duplicate information required elsewhere in the application packet; that duplication is intentional.*

General Review Standards Applicable to all Certificate of Need Applications Review Standards

The department will apply the following general review standards, the applicable service-specific review standards set out in this document, the standards set out in AS 18.07.043, and the requirements of 7 AAC 07 in its evaluation of each certificate of need application:

- 1. The applicant documents need for the project by the population served, or to be served, including, but not limited to, the needs of rural populations in areas having distinct or unique geographic, socioeconomic, cultural, transportation, and other barriers to care.**

The projections for the service area indicate that the senior population age 65 and over will grow from 22,932 in 2006 to 28,865 by 2010 and to 39,858 in 2015.

CON standards require that facilities must have had occupancy rates of 90% or more during the preceding three years. Mary Conrad Center exceeds this requirement since the occupancy rate has averaged over 96% annually for the last three years. The two nursing homes in Anchorage, combined, have exceeded 90% occupancy during the preceding three years.

Mary Conrad Center will add one bed to each of the six ‘pods’ in the existing center. The review methodology used in the LTC bed need calculation justify the six beds, therefore General Review Standard # 1 has been met and a need for the new beds is demonstrated.

- 2. The applicant demonstrates that the project, including the applicant’s long-range development plans, augments and integrates with relevant community, regional, state, and federal health planning, and incorporates or reflects evidence-based planning and service delivery. A demonstration under this standard should show that the applicant has checked with the department regarding any relevant state plan, with appropriate federal agencies for relevant federal plans, and with appropriate communities regarding community or regional plans.¹**

A pre application conference was held with the Department of Health and Social Services CON Staff July 2008 and Martin Michiels, Health Care Consulting Services, LLC, financial consultant to this project.

- 3. The applicant demonstrates evidence of stakeholder participation in planning for the project and in the design and execution of services.**

There was very little design work for this project because this project is a conversion of existing space in the nursing units. Support from health care and social service providers, hospital discharge planners has been obtained. Residents are aware of the plan to convert existing space within the facility.

4. The applicant demonstrates that they have assessed alternative methods of providing the proposed services and demonstrates that the proposed services are the most suitable approach.

Alternatives reviewed include:

1. Utilizing or increasing the community Assisted Living Facilities
2. Utilizing or increasing the Home Health care services.
3. Doing nothing
4. Renovate existing space to add one bed per unit for a total of six beds.

Mary Conrad maintains a waiting list for patients for long term care. Many times when the hospital social services departments contact Mary Conrad Center for placement of patients, there is no bed available. At that point, the hospitals have already explored if the patient could benefit from either an Assisted Living facility or a Home Health Care program. The patients are then kept in the hospital setting awaiting an opening in long term care facilities. This is an increased cost to the patient and their payer source.

Mary Conrad Center works closely with the Assisted Living facilities (a detailed listing of the many facilities / beds in the Anchorage area is included in the Appendix of this application) to ensure that patients are in the appropriate level of care.

When RainDance Healthcare Group, Inc. took over the Mary Conrad Center, the ownership immediately reviewed what could be done with the physical plant to maximize the use of the space. It was determined that the most cost effective method would be to convert unused space on the existing patient care units ("pods") to add one bed to each of the units.

RainDance will continue to use existing community services that provide the assisted living and home health care, however the need is present and justified to increase beds in the area. The senior population is growing, as detailed in this application, and the waiting list, combined with high occupancy rates at both Mary Conrad Center and Providence Extended care justify the addition of the 6 beds at the Mary Conrad Center.

Following review of the items listed above, it was determined that the renovation of existing space to add six beds to the licensed capacity was correct to meet demand for services at a low construction cost.

5. The applicant briefly describes the anticipated impact on existing health care systems within the project's service area that serve the target population in the service area, and the anticipated impact on the statewide health care system.

We believe this standard has been MET. The current and the proposed six bed expansion does not have any known local or statewide negative impact. Mary Conrad has a positive impact on the local economy of Anchorage. The new owners of the Mary Conrad Center have made improvements to the fiscal stability of the center, and have eliminated the need for Medicaid Exceptional Relief payments. This is a very positive impact to the statewide health care system.

6. The applicant demonstrates that the project's location is accessible to patients and clients, their immediate and extended families and community members, and to ancillary services. This includes the relocation of existing services or facilities.

Mary Conrad Center is conveniently located at 9100 Centennial Drive, Anchorage, Alaska 99504. It is close to the Municipality of Anchorage public transportation service; is close to the major highway, the Glenn Highway. Patients, family and visitors can easily access the facility via private vehicle, public transportation or taxi cabs. The facility has a specially equipped bus and van service to help residents access and enjoy community events.

Anchorage has the International airport, Alaska Regional Hospital, Providence Alaska Medical Center, the Alaska Native Medical Center, Elmendorf AFB Hospital, and North Star Hospital. Most residents are from Anchorage and the Mat Su area, although eight residents currently were residents of other states.

The facility is designed for the aged and persons with a disability. It is a 24 hour nursing care and rehabilitation service. The Mary Conrad Center has a non discrimination policy.

Long-Term Nursing Care: Review Standards and Methodology

Review Standards

After determining whether an applicant has met the general review standards in Section I of this document, the department will apply the following service-specific review standards in its evaluation of an application for a certificate of need for long-term nursing care services:

1. **A new freestanding long-term nursing facility will not be approved unless the applicant has demonstrated a need for a minimum of 40 beds.**

Mary Conrad is a 90 bed facility that is already built and licensed as a long term nursing care facility, so this **standard does not apply**.

2. **New long-term care nursing units co-located with hospitals will not be approved unless the applicant has demonstrated a need for a minimum of 15 beds. The department may approve a smaller number of beds if the applicant documents use patterns, and submits data and analysis that justify a smaller unit.**

Mary Conrad Center is not co-located with a hospital and therefore this **standard does not apply**.

3. **To be considered for approval to expand licensed capacity, a freestanding long-term nursing care facility must have an average annual occupancy of at least 90%, and co-located long-term nursing care units must have an average annual occupancy rate of at least 80%, during the preceding three years.**

Mary Conrad Center has had an average occupancy of 96.1% over the past three years as detailed in the chart below. The Center frequently has a waiting list for patients.

Mary Conrad Center is licensed for 90 long term care beds. The standard requires an average annual occupancy of at least 90% during the past three years, and Mary Conrad has exceeded this, so this **standard is met**.

The Average Daily Census and average annual percentage of occupancy is listed below.

Mary Conrad Center	Bed Days		ADC	Total Beds	% occupancy
2007	30787		84.35	90	93.7%
2006	31696		86.84	90	96.5%
2005	32234		88.31	90	98.1%
	94717				
average/yr	31572.33		86.50	90	96.1%

4. **In a service area with more than one long-term nursing care facility, all facilities must have had an average annual occupancy of at least 90% during the preceding three years before additional beds are approved.**

There are two nursing homes in the Anchorage service area. Providence Extended care with 224 beds and Mary Conrad Center with 90 beds for a total of 314 beds. The average annual

occupancy for the past three years has been 91.6% as detailed below. This **standard has been met.**

	Prov Extended Care	Mary Conrad				
Year	Bed Days	Bed Days	Total days	ADC	total beds	% occupancy
2007	71463	30787	102250	280.1	314	89.2%
2006	72865	31696	104561	286.5	314	91.2%
2005	75902	32234	108136	296.3	314	94.4%
Total	220230	94717	314947	287.6	314	91.6%
average / year	73410	31572	104982	287.6	314	91.6%

Looking at each facility individually, the occupancy standard is met:

Mary Conrad Center	Bed Days		ADC	Total Beds	% occupancy
2007	30787		84.35	90	93.7%
2006	31696		86.84	90	96.5%
2005	32234		88.31	90	98.1%
	94717				
average/yr	31572.33		86.50	90	96.1%

The other long term care facility in Anchorage, Providence Extended Care Facility has experienced an average occupancy of 90% over the past three years

Providence Extended Care					
	Bed Days		ADC	Total Beds	% occupancy
2007	71463		195.79	224	87.4%
2006	72865		199.63	224	89.1%
2005	75902		207.95	224	92.8%
	220230				
Average / yr	73410		201.12	224	90%

5. **In the interest of serving individuals in the most cost-effective, least-restrictive setting possible, there must be a combination of at least one assisted living bed or adult day care slot for each existing and proposed new long-term nursing care bed. For a community with a population of 10,000 or less, the department may approve beds on a case-by-case basis.**

There are currently 3.6 assisted living beds for each long term nursing care bed in Anchorage. The addition of the proposed six beds will result in 3.54 assisted living beds for each long term nursing care bed, so this **standard is met.**

There are 314 licensed long term care beds in Anchorage. 90 at Mary Conrad Center and 224 at Providence Extended Care Facility.

There are 1131 licensed assisted living beds (990 licensed beds as category SS; and 141 licensed beds as category DD/MH/SS). While there are other assisted living beds in Anchorage, they serve a more targeted population and thus are excluded from this number (e.g. Residential Psychiatric Treatment Center RPTC beds, and specialty Developmentally Disabled population). The State of Alaska Department of Health & Social Services website contains an excel spreadsheet listing the licensed facilities. Included in the Appendix is a copy of those facilities exclusive of those licensed as RPTC or Developmentally Disabled beds. <http://www.hss.state.ak.us/dph/cl/ALL/default.htm>

$1131 \text{ Existing Assisted Living Beds to } / 314 \text{ existing long-term care beds} = 3.6 \text{ assisted living beds for each long term care bed}$

$1131 \text{ Existing Assisted Living Beds to } / 320 \text{ existing and proposed long-term care beds (314 plus 6)} = 3.54 \text{ assisted living beds for each long term care bed.}$

Additional Considerations for Concurrent Review of More than one Application

In completing a concurrent review of two or more applications under 7 AAC 07.060, in addition to applying the standards set out above to each application, the department will approve an otherwise equivalent proposal if the applicant is a facility operated by a Native organization operating under a compact or contract with the federal government to provide health services to IHS beneficiaries under P.L. 93-638.

There is not expected to be a concurrent application.

Review Methodology

Population projections were available for 2006-2030 from the Alaska Department of Labor. Projected Years were 2010 and 2015 . (Source Table 3.3, page 55 “Alaska Population Projections 2007-2030). The projected bed need to 2015 (as detailed in this chart) is 359 beds. There are currently 314 beds. Thus there is an unmet need for the 45 beds, and this project requests six beds to be brought on line.

Anchorage Mat / Su Area Long Term Care Bed Need Forecasts to 2015						
A	B	C	D	E	F	G
Age Group	Population Estimate 2006	Avg Bed Days/Year 05-07	Avg Bed days per person 05-07	Population Projection 2015	Forecast Bed Days = D x E	Forecast 2015 Bed Need 90% occupancy
0-64	337055			364887		
65-74	13912			26993		
75-84	6892			9403		
85+	2128			3462		
Total	359987	104,982	0.291627	404745	118035	359

The forecasted Bed Need of 359 minus existing beds of 314 equals a bed need of 45 beds with the planning horizon to 2015. Thus the proposed project to bring six beds on line is justified.

Applying the year 2010 projected population figure of 377,651 results in the forecast bed days would be 110,133. The Forecast 2010 Bed Need at 90% occupancy would be 335 beds. There are currently 314 beds. 335 minus 314 equals a bed need of 21 beds in 2010. Thus there is an unmet need for the six beds to be brought on line through this project

We did not have access to the age breakdown for all three years for the facilities, thus have used the overall population figures. The 65+ population will grow from 22,932 in year 2006 to 39,858 in year 2015.

Section VII. Construction Data

A. Please check appropriate boxes:

- | | | | |
|----------------------|-------------------------------|------------------------------------|--|
| 1. Construction type | <input type="checkbox"/> New | <input type="checkbox"/> Expansion | <input checked="" type="checkbox"/> Renovation |
| 2. Basement | <input type="checkbox"/> Full | <input type="checkbox"/> Partial | <input type="checkbox"/> None N/A |

B. Project Development Schedule

Date

- | | |
|---|------------------------|
| 1. Estimated completion of final drawings and specifications approval | 60 days following CON |
| 2. Estimated construction begun by approval | 90 days following CON |
| 3. Estimated construction complete by approval | 6 months following CON |
| 4. Estimated opening of proposed services approval | 6 months following CON |

C. Facility site data: Provide the following as attachments (referenced by the subsection and item number):

1. A legal description and area of the proposed site. Is the site now owned by the facility? If not, how secure are the arrangements to acquire the site?

This project is not for new construction. It is to increase the bed capacity within the existing facility located at:

Tract "B" Two "A" (B-2A) of GLENN HEIGHTS SUBDIVISION, according to Plat 2003-110, filed in the Anchorage Recording District, Third Judicial District, State of Alaska.

EXCEPTING THEREFROM the subsurface estate and all rights, privileges, immunities and appurtenances of whatsoever nature, accruing unto said estate pursuant to the Alaska Native Claims Settlement Act of December 18, 1971 (85 Stat. 688, 704; 43 U.S.C. 1601, 1613(f) (1976), as reserved by the COOK INLET REGION, INC., in Quitclaim Deed recorded April 4, 1986, in Book 1405 at Page 232.

The real estate is owned by CSE Anchorage, LLC and leased to RainDance Healthcare Group, Inc.

2. Diagrammatic plan showing:

a. dimensions and location of structures, easements, rights-of-way or encroachments;

b. location of all utility services available to the site; and
c. Location of service roads, parking facilities, and walkways within site boundaries. Not applicable as this is an existing licensed skilled nursing facility

3. Document clearances regarding zone restrictions, fire protection, sewage, and other waste disposal arrangements (under special circumstances, it is acceptable to present evidence of conditional approvals from local government and regulatory agencies).

Not applicable as this is an existing licensed skilled nursing facility.

4. An architectural master plan including long-range concept and development of total facility.

The addition of the six beds is a short term remedy to meet today's census demands. A long range plan is being developed for the facility as Raindance Healthcare Corporation just took over the facility in February 2008.

5. Schematic floor plan drawings (or conceptual drawings) of proposed activity, including functional use of various rooms.

Drawings of the proposed areas within the facility to be renovated are attached.

D. Describe the plan for completing construction and the effect (disruption) construction activities will have on existing services.

The rooms exist in the facility and the renovations will not disrupt services. Barricades around the sunrooms during construction will prevent disruption of patient care services being rendered on the floor.

Section VIIIA. Financial Data – Acquisitions
Not applicable to this application

1. Acquisition type: (Please check applicable boxes)

☐ Lease ☐ Rent ☐ Donation ☐ Purchase ☐ Stock Transaction

2. Cost data (Omit cents)

- | | |
|---|----|
| a. Total acquisition cost* | \$ |
| b. Amount to be financed | \$ |
| | |
| c. Difference between items (a) and (b) (list available resources to be used, e.g. available cash, investments, grants, etc.) | \$ |
| | |
| d. Anticipated interest rate ____% , term ____ years. | |
| e. Total anticipated interest amount | \$ |
| f. Total of (a) and (e) | \$ |
| g. Estimated annual debt service requirements | \$ |

3. Describe how you expect to finance the project.

Note: Acquisition costs must include (as appropriate):

- Total purchase price of land and improvements (if donated, the fair market value**)
- "Goodwill" or "purchase of business" costs
- The net present value of the lease calculated on the total lease payments over the useful life of the asset as set out in the 2004 version of *Estimated Useful Lives of Depreciable Hospital Assets*, published by the American Hospital Association.
- Consultant or brokers fees paid by person acquiring the facility
- Other pre-development costs to date.

*Site acquisition should be stated as "book" value, i.e. actual purchase price plus costs of development. If desired, the applicant may elect to state the acquisition as "fair market value" (in which case, give reason and basis).

** A form for use in calculating fair market value is included on page 31 of this packet. Include your calculations as part of this section of your application.

Section VIIIB. Financial Data – Construction Only

1. Construction Method (Please check)

- a. ☐ Conventional bid ☐ Contract management ☒ Design and build
b. ☐ Phased ☐ Single project ☐ Fast Track

2. Construction Cost (New Activity)

(Omit cents)

- a. Site acquisition (Section VIIIA.2.f) \$ 0
b. Estimated general construction** \$ 297,000
c. Fixed equipment, not included in a* \$ 13,380
d. Total construction costs (sum of items a, b, and c)** \$ 310,380
e. Major movable equipment** \$
f. Other cost:**
 (1) Administration expense \$
 (2) Site survey, soils investigation, and materials testing \$
 (3) Architects and engineering fees \$
 (4) Other consultation fees (preparation of application included) \$
 (5) Legal fees \$
 (6) Land development and landscaping \$
 (7) Building permits and utility assessments (including water, sewer, electrical, phones, etc.) \$
 (8) Additional inspection fees (clerk of the works) \$
 (9) Insurance (required during construction period) \$
g. Total project cost (sum of items d, e, f) \$ 310,380
h. Amount to be financed \$ 0
i. Difference between 2.g and 2.h (list, as Schedule 1, available resources to be used, e.g., available cash, investments, grants funds, community contributions, etc.) \$
j. Anticipated long-term interest rate _____ %
k. Anticipated interim (construction) interest rate _____ %
l. Anticipated long-term interest amount \$
m. Anticipated interim interest amount \$
n. Total items g, l, and m \$ 310,380
o. Estimated annual debt service requirement \$
p. Construction cost per sq. ft. \$ 202.86
q. Construction cost per bed \$ 51,730.00
r. Project cost per sq. ft. \$ 220.86
s. Project cost per bed (if applicable) \$ 51,730.00

*Site acquisition should be stated as "book" value, i.e., actual purchase price (or estimate of value if donated) plus costs of development. If desired, the applicant may elect to state as "fair market value" (in which case, so indicate). A form for use in calculating fair market value is included on page 31 of this packet. Include your calculations as part of this section of your application.

** Items must be certified estimates from an architect or other professional. Major medical equipment may be documented by bid quotes from suppliers.

Section IX. Financial Data – All Proposed Activities

Provide an accompanying narrative explanation for each of the schedules below if there are any significant trends or significant changes in any item or group of items from year to year.

Note: Indicate whether you are using a calendar year or other fiscal year period.

A. Attach Schedule I - Facility Income Statement

1. For the most recent five prior full fiscal or calendar years
2. Projections during construction or implementation period (if applicable)
3. Projection for three years following completion of construction, or implementation of the proposed activity.

B. Attach Schedule II - Facility Balance Sheet

1. For the most recent five prior fiscal or calendar years.
2. Current fiscal or calendar year to date

C. Attach Schedule III - Average Patient Cost Per Day (Per Diem Rate if applicable) and Revenue Amounts

Provide revenue and expense data FOR EACH SERVICE THAT IS IDENTIFIED AS CHANGING.

1. For the most recent five prior full fiscal or calendar years (information may be obtained on total patient load, directly from your respective years' Medicare Cost Reports)
2. Current fiscal or calendar year to date
3. Projection for five years following completion of construction or implementation.

D. Attach Schedule IV – Operating Budget

Current and projected line item capital and operating budgets for the proposed activity. Describe what alternative plans have been made if deficits occur.

E. Attach Schedule V – A. Debt Service Summary, and B. New Project Debt Service Summary

A debt service cash flow schedule over the life of the debt, if applicable, for all long-term debt of the facility. Identify each debt, including the proposed activity, and break out interest, principal, and other costs.

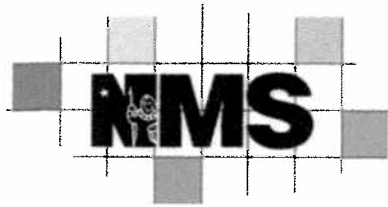
F. Attach Schedule VI - Reimbursement Sources

Showing reimbursement sources for the facility for the previous five full years and projected for three years after implementation.

G. Attach Schedule VII – Depreciation Schedule

Showing a depreciation schedule for all items acquired through the proposed project. Note that the straight-line method must be used. Indicate on the depreciation

schedule or separately which major movable equipment is being purchased for the project (see Section VIIB, Item 2e). Also, on a separate page, include a list of all equipment to be purchased through this project and the costs.



23 September 2008

Mary Conrad Sunroom Conversion

Propose: Remodel six (6) Mary Conrad Sunrooms to become six (6) Patient Rooms. All rooms will be handicap accessible.

Scope:

- A. Construct entry wall and door to allow continued use of existing stairwell egress.
- B. Construct 2x8 wall w/ door to encompass bathroom.
- C. Install plumbing to facilitate new bath fixtures and shower stall, to include all drains, hot and cold water.
- D. Install bathroom flooring. Materials to be determined.
- E. Install bathroom lighting and GFCI circuit.
- F. Install toilet - Sink - shower stall w/ bench.
- G. Replace exiting T-12 light fixtures with T-8 units in bedroom. Install bed reading light, exit sign, smoke detector.
- H. Re-route ventilation ducting to meet enclosed space requirements.
- I. Wire 2x8 wall for two (2) 110v outlets, emergency call for bath and bedroom, cable television and phone.
- J. Install privacy shade in bathroom.
- K. Construct 2x4 closet with mirror doors.
- L. Construct wardrobe hutch.

Sink, refrigerator and vanity in bedroom \$980 extra per room.

\$49,500 per room. Total rooms = \$297,000.

Bid price good for 90 days. If contract is not perfected by this time, a 5% increase will be added to compensate for continually spiraling material and fuel costs.

Lee Shipman

General manager

NMS Food & Facilities:

Food Services | Housekeeping & Janitorial Services | Specialty Cleaning Services
5600 B Street • Anchorage, Alaska 99518 | p: 907 273-2400 | f: 907 273-2424 | www.nmsusa.com

FIRST FLOOR
MARY CONRAD CENTER

- * = FIRE PULL STATION
- ⬢ = FIRE EXTINGUISHER
- ◀ EXIT = PRIMARY EXIT
- ▶ EXIT = SECONDARY EXIT

POD A
ADMINISTRATION
RECORDS
CLINICAL
NORTH ENTRANCE

POD B

POD C

POD D

SUNROOM

COURTYARD*

NATURE TRAIL

PARKING

STAIR DOWN (A100)

STAIR (B100)

STAIR (C100)

STAIR (D100)

STAIR (E100)

STAIR (F100)

STAIR (G100)

STAIR (H100)

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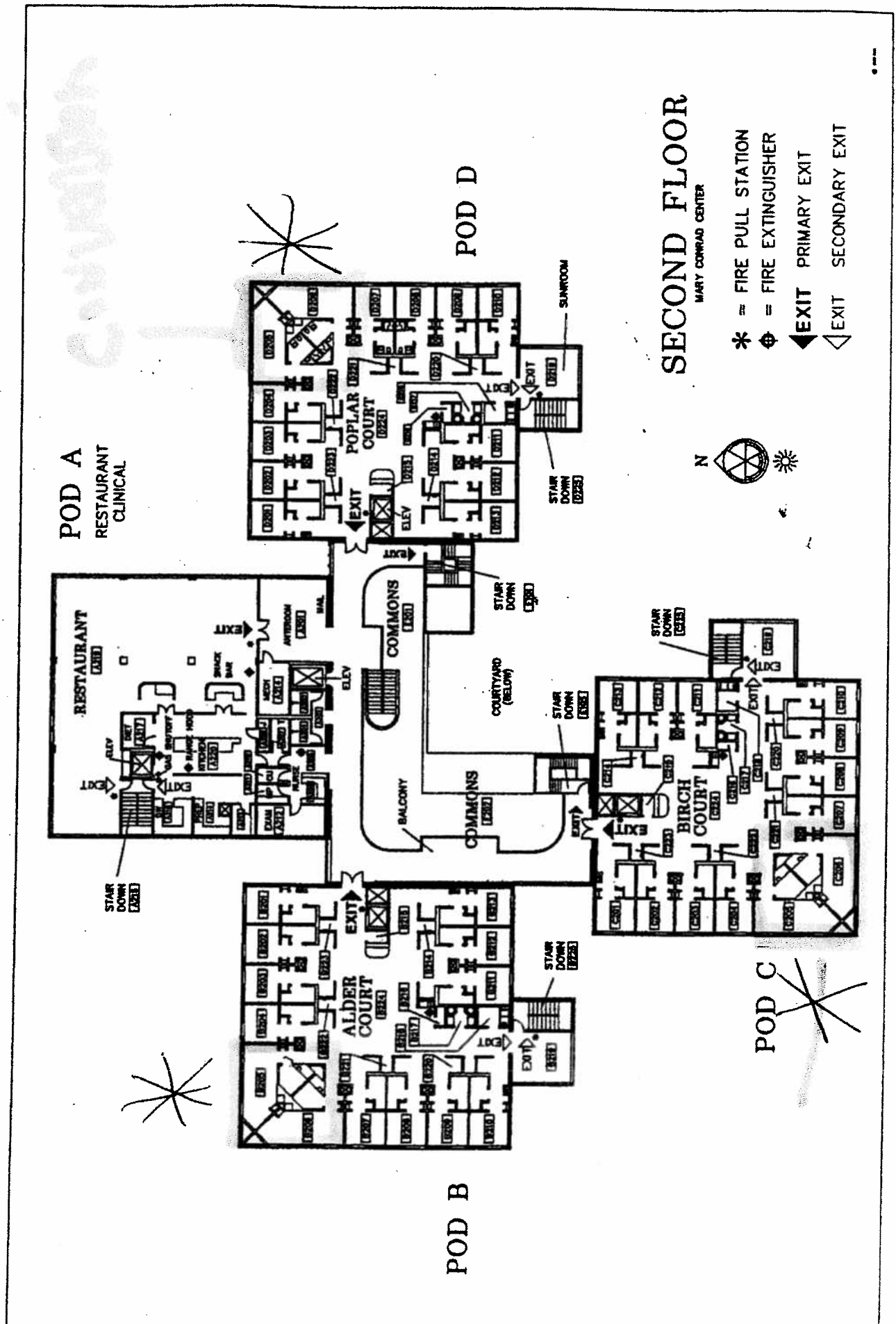
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* = Rooms in Question



Appendix

1. Population figures – Alaska Department of Labor and Workforce Development, “Alaska Population Projections 2007-2030”.
2. Medicare certification and Alaska State Licensure Survey
3. Quality Management Policy
4. Organizational Chart

Table 3.3**Anchorage / Matanuska-Susitna Region Population by Age and Sex, and Components of Change, 2006 - 2030**

July 1, 2006 Estimate				July 1, 2010 Projected			
Age	Total	Male	Female	Age	Total	Male	Female
0-4	28,844	15,086	13,758	0-4	28,576	14,581	13,995
5-9	28,009	14,404	13,605	5-9	29,778	15,445	14,333
10-14	29,000	14,769	14,231	10-14	28,868	14,808	14,060
15-19	29,119	15,068	14,051	15-19	29,619	15,055	14,564
20-24	26,021	13,176	12,845	20-24	27,419	14,069	13,350
25-29	24,372	12,622	11,750	25-29	25,873	12,984	12,889
30-34	25,211	12,749	12,462	30-34	25,641	13,049	12,592
35-39	26,570	13,339	13,231	35-39	26,568	13,342	13,226
40-44	28,467	14,234	14,233	40-44	26,130	13,167	12,963
45-49	29,700	14,976	14,724	45-49	28,596	14,315	14,281
50-54	27,143	13,729	13,414	50-54	28,212	14,221	13,991
55-59	21,287	11,051	10,236	55-59	24,844	12,602	12,242
60-64	13,312	6,800	6,512	60-64	18,662	9,650	9,012
65-69	8,266	4,111	4,155	65-69	11,344	5,787	5,557
70-74	5,646	2,681	2,965	70-74	6,820	3,331	3,489
75-79	4,213	1,928	2,285	75-79	4,744	2,162	2,582
80-84	2,679	1,105	1,574	80-84	3,162	1,389	1,773
85-89	1,387	535	852	85-89	1,807	710	1,097
90+	741	219	522	90+	988	358	630
→ Total	359,987	182,582	177,405	* → Total	377,651	191,025	186,626
Median Age	32.9	32.4	33.4	Median Age	33.7	33.3	34.0
July 1, 2015 Projected				July 1, 2020 Projected			
Age	Total	Male	Female	Age	Total	Male	Female
0-4	30,776	15,707	15,069	0-4	32,924	16,805	16,119
5-9	30,834	15,706	15,128	5-9	33,311	16,972	16,339
10-14	31,874	16,490	15,384	10-14	33,227	16,898	16,329
15-19	29,215	14,956	14,259	15-19	32,303	16,676	15,627
20-24	28,381	14,363	14,018	20-24	27,970	14,269	13,701
25-29	29,861	15,218	14,643	25-29	31,130	15,677	15,453
30-34	28,634	14,275	14,359	30-34	32,880	16,650	16,230
35-39	27,345	13,889	13,456	35-39	30,548	15,228	15,320
40-44	26,726	13,429	13,297	40-44	27,651	14,056	13,595
45-49	24,965	12,586	12,379	45-49	25,582	12,864	12,718
50-54	26,911	13,452	13,459	50-54	23,281	11,738	11,543
55-59	26,325	13,241	13,084	55-59	24,980	12,462	12,518
60-64	23,040	11,631	11,409	60-64	24,437	12,237	12,200
65-69	16,988	8,729	8,259	65-69	21,137	10,609	10,528
70-74	10,005	5,014	4,991	70-74	15,171	7,682	7,489
75-79	5,754	2,728	3,026	75-79	8,496	4,148	4,348
80-84	3,649	1,608	2,041	80-84	4,460	2,054	2,406
85-89	2,164	912	1,252	85-89	2,502	1,058	1,444
90+	1,298	493	805	90+	1,598	646	952
* → Total	404,745	204,427	200,318	Total	433,588	218,729	214,859
Median Age	33.8	33.4	34.1	Median Age	34.0	33.6	34.3

Source: Alaska Department of Labor and Workforce Development, Research and Analysis Section, Demographics Unit

Table 3.3, cont.**Anchorage / Matanuska-Susitna Region Population by Age and Sex, and Components of Change, 2006 - 2030**

July 1, 2025 Projected				July 1, 2030 Projected			
Age	Total	Male	Female	Age	Total	Male	Female
0-4	34,568	17,642	16,926	0-4	36,364	18,557	17,807
5-9	35,440	18,060	17,380	5-9	37,154	18,932	18,222
10-14	35,771	18,199	17,572	10-14	37,850	19,260	18,590
15-19	33,643	17,077	16,566	15-19	35,918	18,240	17,678
20-24	30,895	15,899	14,996	20-24	32,046	16,208	15,838
25-29	30,871	15,657	15,214	25-29	33,831	17,298	16,533
30-34	34,342	17,195	17,147	30-34	34,169	17,215	16,954
35-39	34,837	17,621	17,216	35-39	36,289	18,160	18,129
40-44	30,831	15,378	15,453	40-44	34,946	17,682	17,264
45-49	26,416	13,445	12,971	45-49	29,425	14,675	14,750
50-54	23,723	11,926	11,797	50-54	24,380	12,414	11,966
55-59	21,323	10,733	10,590	55-59	21,597	10,846	10,751
60-64	23,119	11,472	11,647	60-64	19,472	9,763	9,709
65-69	22,507	11,185	11,322	65-69	21,172	10,438	10,734
70-74	19,067	9,404	9,663	70-74	20,320	9,927	10,393
75-79	13,032	6,421	6,611	75-79	16,442	7,888	8,554
80-84	6,660	3,146	3,514	80-84	10,273	4,910	5,363
85-89	3,091	1,365	1,726	85-89	4,621	2,092	2,529
90+	1,869	766	1,103	90+	2,284	968	1,316
Total	462,005	232,591	229,414	Total	488,553	245,473	243,080
Median Age	34.4	34.0	34.7	Median Age	34.6	34.1	35.0

Population and Components of Population Change, 2006-2030

	2006-2010	2010-2015	2015-2020	2020-2025	2025-2030
Population at Start of Period	359,987	377,651	404,745	433,588	462,005
Population at End of Period	377,651	404,745	433,588	462,005	488,553
Average Annual Births	5,618	5,883	6,159	6,371	6,677
Average Annual Deaths	1,648	1,987	2,307	2,684	3,156
Average Annual Net Migrants	446	1,522	1,916	1,996	1,789
Average Annual Change	4,416	5,419	5,769	5,683	5,310
Average Annual Percent Change	1.20%	1.39%	1.38%	1.27%	1.12%

* Average annual numbers are rounded to whole numbers.

Source: Alaska Department of Labor and Workforce Development, Research and Analysis Section, Demographics Unit

Table 3.4**Municipality of Anchorage Population by Age and Sex, and Components of Change, 2006 - 2030**

July 1, 2006 Estimate				July 1, 2010 Projected			
Age	Total	Male	Female	Age	Total	Male	Female
0-4	23,147	12,075	11,072	0-4	21,968	11,218	10,750
5-9	22,121	11,337	10,784	5-9	23,195	12,068	11,127
10-14	22,284	11,378	10,906	10-14	21,969	11,204	10,765
15-19	22,294	11,520	10,774	15-19	23,222	11,819	11,403
20-24	21,449	10,891	10,558	20-24	21,126	10,775	10,351
25-29	20,196	10,506	9,690	25-29	20,440	10,216	10,224
30-34	20,466	10,330	10,136	30-34	20,299	10,297	10,002
35-39	21,171	10,660	10,511	35-39	21,018	10,540	10,478
40-44	22,109	10,987	11,122	40-44	20,476	10,305	10,171
45-49	22,612	11,270	11,342	45-49	22,026	10,957	11,069
50-54	20,628	10,351	10,277	50-54	21,588	10,790	10,798
55-59	16,503	8,494	8,009	55-59	19,033	9,598	9,435
60-64	10,250	5,144	5,106	60-64	14,679	7,526	7,153
65-69	6,251	3,003	3,248	65-69	8,825	4,416	4,409
70-74	4,311	2,020	2,291	70-74	5,187	2,465	2,722
75-79	3,216	1,412	1,804	75-79	3,628	1,633	1,995
80-84	2,098	844	1,254	80-84	2,426	1,019	1,407
85-89	1,109	425	684	85-89	1,416	546	870
90+	598	179	419	90+	802	289	513
Total				Total			
Median Age				Median Age			
282,813				293,323			
32.4				33.6			
142,826				147,681			
31.8				33.2			
139,987				145,642			
33.1				34.1			
July 1, 2015 Projected				July 1, 2020 Projected			
Age	Total	Male	Female	Age	Total	Male	Female
0-4	22,969	11,731	11,238	0-4	24,225	12,372	11,853
5-9	22,864	11,665	11,199	5-9	24,017	12,253	11,764
10-14	24,104	12,523	11,581	10-14	23,833	12,146	11,687
15-19	22,622	11,513	11,109	15-19	24,906	12,903	12,003
20-24	22,321	11,311	11,010	20-24	21,748	11,034	10,714
25-29	22,176	11,246	10,930	25-29	23,358	11,784	11,574
30-34	21,524	10,689	10,835	30-34	23,613	11,908	11,705
35-39	20,632	10,454	10,178	35-39	22,126	10,989	11,137
40-44	20,282	10,178	10,104	40-44	20,139	10,220	9,919
45-49	18,713	9,432	9,281	45-49	18,680	9,388	9,292
50-54	20,481	10,172	10,309	50-54	17,519	8,822	8,697
55-59	19,924	9,935	9,989	55-59	18,778	9,305	9,473
60-64	17,484	8,776	8,708	60-64	18,324	9,093	9,231
65-69	13,331	6,792	6,539	65-69	16,029	7,999	8,030
70-74	7,698	3,783	3,915	70-74	11,828	5,938	5,890
75-79	4,353	2,007	2,346	75-79	6,521	3,119	3,402
80-84	2,760	1,200	1,560	80-84	3,347	1,498	1,849
85-89	1,646	662	984	85-89	1,876	780	1,096
90+	1,018	377	641	90+	1,220	471	749
Total				Total			
Median Age				Median Age			
306,902				322,087			
33.8				34.0			
154,446				162,022			
33.4				33.6			
152,456				160,065			
34.2				34.5			

Source: Alaska Department of Labor and Workforce Development, Research and Analysis Section, Demographics Unit

Table 1.6
Alaska Population Projections by Age and Sex, 2010 Middle (Median)

Age	Total	Male	Female	Age	Total	Male	Female	Age	Total	Male	Female
Under 1	11,059	5,651	5,408	35	9,651	5,026	4,625	70	3,223	1,695	1,528
1	11,029	5,631	5,398	36	9,217	4,597	4,620	71	2,824	1,441	1,383
2	11,000	5,614	5,386	37	9,380	4,797	4,583	72	2,643	1,371	1,272
3	10,961	5,593	5,368	38	9,342	4,829	4,513	73	2,410	1,198	1,212
4	10,953	5,587	5,366	39	9,809	4,962	4,847	74	2,151	1,056	1,095
0-4	55,002	28,076	26,926	35-39	47,399	24,211	23,188	70-74	13,251	6,761	6,490
5	10,984	5,596	5,388	40	10,097	5,234	4,863	75	2,098	1,011	1,087
6	11,189	5,756	5,433	41	9,689	4,952	4,737	76	1,915	916	999
7	11,130	5,799	5,331	42	9,085	4,576	4,509	77	1,758	811	947
8	11,111	5,704	5,407	43	9,116	4,630	4,486	78	1,541	717	824
9	11,296	5,877	5,419	44	9,267	4,778	4,489	79	1,542	696	846
5-9	55,710	28,732	26,978	40-44	47,254	24,170	23,084	75-79	8,854	4,151	4,703
10	11,018	5,740	5,278	45	9,923	5,051	4,872	80	1,472	692	780
11	10,814	5,562	5,252	46	10,323	5,423	4,900	81	1,395	640	755
12	10,705	5,462	5,243	47	10,455	5,316	5,139	82	1,162	548	614
13	10,290	5,291	4,999	48	10,520	5,228	5,292	83	1,066	460	606
14	10,595	5,364	5,231	49	10,698	5,398	5,300	84	931	386	545
10-14	53,422	27,419	26,003	45-49	51,919	26,416	25,503	80-84	6,026	2,726	3,300
15	10,456	5,309	5,147	50	10,753	5,556	5,197	85	884	359	525
16	10,710	5,409	5,301	51	10,090	5,118	4,972	86	766	310	456
17	10,815	5,487	5,328	52	10,674	5,463	5,211	87	700	290	410
18	10,769	5,529	5,240	53	10,521	5,355	5,166	88	595	246	349
19	10,906	5,594	5,312	54	10,196	5,254	4,942	89	490	183	307
15-19	53,656	27,328	26,328	50-54	52,234	26,746	25,488	85-89	3,435	1,388	2,047
20	11,046	5,640	5,406	55	10,293	5,220	5,073	90	454	176	278
21	10,358	5,346	5,012	56	9,876	5,071	4,805	91	322	132	190
22	10,150	5,235	4,915	57	9,562	4,970	4,592	92	280	116	164
23	9,980	5,137	4,843	58	8,976	4,609	4,367	93	192	67	125
24	10,007	5,140	4,867	59	8,220	4,342	3,878	94	171	53	118
20-24	51,541	26,498	25,043	55-59	46,927	24,212	22,715	90-94	1,419	544	875
25	10,055	5,054	5,001	60	8,135	4,384	3,751	95+	467	145	322
26	9,484	4,761	4,723	61	7,610	3,982	3,628	Total	698,573	357,347	341,226
27	9,856	5,013	4,843	62	7,028	3,744	3,284	16+	523,983	267,811	256,172
28	9,002	4,624	4,378	63	7,213	3,819	3,394	18+	502,458	256,915	245,543
29	8,493	4,393	4,100	64	5,373	2,821	2,552	65+	55,324	27,151	28,173
25-29	46,890	23,845	23,045	60-64	35,359	18,750	16,609	Median Age	33.6	33.5	33.7
30	9,005	4,705	4,300	65	4,993	2,597	2,396	Males Per 100 Females			104.7
31	9,043	4,725	4,318	66	4,712	2,462	2,250	Youth Dependency (<18/18-64)			43.9
32	9,259	4,800	4,459	67	4,609	2,442	2,167	Aged Dependency (65+/18-64)			12.4
33	9,447	4,849	4,598	68	4,001	2,073	1,928				
34	9,182	4,714	4,468	69	3,557	1,862	1,695				
30-34	45,936	23,793	22,143	65-69	21,872	11,436	10,436				

Source: Alaska Department of Labor and Workforce Development, Research & Analysis Section, Demographics Unit

Table 1.5
Alaska Population Estimates by Age and Sex, 2006

Age	Total	Male	Female	Age	Total	Male	Female	Age	Total	Male	Female
Under 1	10,389	5,404	4,985	35	9,663	4,877	4,786	70	2,497	1,257	1,240
1	10,710	5,505	5,205	36	10,018	5,217	4,801	71	2,447	1,215	1,232
2	10,860	5,611	5,249	37	9,699	4,974	4,725	72	2,219	1,101	1,118
3	10,766	5,632	5,134	38	9,171	4,617	4,554	73	2,080	977	1,103
4	10,731	5,526	5,205	39	9,269	4,696	4,573	74	1,856	908	948
0-4	53,456	27,678	25,778	35-39	47,820	24,381	23,439	70-74	11,099	5,458	5,641
5	10,866	5,682	5,184	40	9,585	4,949	4,636	75	1,840	845	995
6	10,599	5,520	5,079	41	10,295	5,256	5,039	76	1,847	901	946
7	10,383	5,373	5,010	42	10,738	5,604	5,134	77	1,753	823	930
8	10,297	5,236	5,061	43	10,995	5,589	5,406	78	1,485	728	757
9	10,018	5,153	4,865	44	11,100	5,537	5,563	79	1,377	616	761
5-9	52,163	26,964	25,199	40-44	52,713	26,935	25,778	75-79	8,302	3,913	4,389
10	10,467	5,311	5,156	45	11,232	5,677	5,555	80	1,240	535	705
11	10,436	5,301	5,135	46	11,389	5,888	5,501	81	1,177	508	669
12	10,869	5,472	5,397	47	10,755	5,490	5,265	82	1,056	448	608
13	11,113	5,651	5,462	48	11,287	5,806	5,481	83	968	415	553
14	11,417	5,867	5,550	49	11,215	5,741	5,474	84	849	364	485
10-14	54,302	27,602	26,700	45-49	55,878	28,602	27,276	80-84	5,290	2,270	3,020
15	11,729	6,026	5,703	50	10,843	5,588	5,255	85	715	285	430
16	11,926	6,105	5,821	51	10,982	5,582	5,400	86	692	274	418
17	11,171	5,776	5,395	52	10,568	5,443	5,125	87	504	211	293
18	10,713	5,513	5,200	53	10,266	5,359	4,907	88	453	185	268
19	10,026	5,128	4,898	54	9,645	4,983	4,662	89	342	123	219
15-19	55,565	28,548	27,017	50-54	52,304	26,955	25,349	85-89	2,706	1,078	1,628
20	9,796	4,994	4,802	55	8,865	4,686	4,179	90	342	105	237
21	9,619	4,833	4,786	56	8,789	4,728	4,061	91	275	96	179
22	8,784	4,431	4,353	57	8,259	4,339	3,920	92	233	82	151
23	9,042	4,579	4,463	58	7,640	4,080	3,560	93	151	40	111
24	8,251	4,238	4,013	59	7,799	4,145	3,654	94	131	37	94
20-24	45,492	23,075	22,417	55-59	41,352	21,978	19,374	90-94	1,132	360	772
25	7,792	4,050	3,742	60	5,933	3,146	2,787	95+	410	115	295
26	8,392	4,408	3,984	61	5,513	2,879	2,634	Total	670,053	343,528	326,525
27	8,462	4,440	4,022	62	5,217	2,726	2,491	16+	498,403	255,258	243,145
28	8,771	4,556	4,215	63	5,094	2,710	2,384	18+	475,306	243,377	231,929
29	8,923	4,600	4,323	64	4,437	2,320	2,117	65+	45,489	21,863	23,626
25-29	42,340	22,054	20,286	60-64	26,194	13,781	12,413	Median Age	33.5	33.4	33.6
30	8,729	4,498	4,231	65	3,988	2,097	1,891	Males Per 100 Females			105.2
31	9,273	4,842	4,431	66	3,615	1,921	1,694	Youth Dependency (<18/18-64)			45.3
32	8,824	4,422	4,402	67	3,195	1,670	1,525	Aged Dependency (65+/18-64)			10.6
33	9,073	4,645	4,428	68	3,006	1,573	1,433				
34	9,086	4,705	4,381	69	2,746	1,408	1,338				
30-34	44,985	23,112	21,873	65-69	16,550	8,669	7,881				

Source: Alaska Department of Labor and Workforce Development, Research & Analysis Section, Demographics Unit

Table 3.1
Alaska Region, Borough and Census Area Population, 2006 - 2030

	July 1, 2006	July 1, 2010			July 1, 2015		
	Estimate	Low*	Middle	High*	Low*	Middle	High*
State of Alaska	670,053	675,796	698,573	723,632	689,396	734,999	783,942
Anchorage/Mat-Su Region	359,987	365,338	377,651	391,196	379,633	404,745	431,695
Anchorage Borough	282,813	283,760	293,323	303,843	289,526	306,902	329,230
Matanuska-Susitna Borough	77,174	81,578	84,328	87,353	90,107	97,843	102,465
Gulf Coast Region	74,611	74,593	77,107	79,873	74,361	79,279	84,559
Kenai Peninsula Borough	51,350	51,859	53,607	55,530	52,480	55,951	59,677
Kodiak Island Borough	13,506	13,038	13,477	13,960	12,473	13,298	14,184
Valdez-Cordova Census Area	9,755	9,696	10,023	10,383	9,408	10,030	10,698
Interior Region	102,276	103,914	107,416	111,269	105,543	112,525	120,018
Denali Borough	1,795	1,728	1,786	1,850	1,631	1,739	1,855
Fairbanks North Star Borough	87,849	89,840	92,868	96,199	91,644	97,706	104,212
Southeast Fairbanks Census Area	6,772	6,639	6,863	7,109	6,860	7,314	7,801
Yukon-Koyukuk Census Area	5,860	5,707	5,899	6,111	5,408	5,766	6,150
Northern Region	23,676	24,092	24,904	25,798	24,667	26,299	28,050
Nome Census Area	9,535	9,579	9,902	10,257	9,766	10,412	11,105
North Slope Borough	6,807	7,053	7,291	7,553	7,243	7,722	8,236
Northwest Arctic Borough	7,334	7,460	7,711	7,988	7,658	8,165	8,709
Southeast Region	70,053	68,023	70,315	72,838	65,275	69,593	74,228
Haines Borough	2,241	2,027	2,095	2,170	1,855	1,978	2,110
Juneau Borough	30,650	30,658	31,691	32,828	30,088	32,078	34,214
Ketchikan Gateway Borough	13,174	12,417	12,836	13,296	11,731	12,507	13,340
Prince of Wales-Outer Ketch. C.A.	5,477	5,089	5,261	5,450	4,686	4,996	5,329
Sitka Borough	8,833	8,672	8,964	9,286	8,393	8,948	9,544
Skagway-Hoonah-Angoon C.A.	3,020	2,769	2,862	2,965	2,492	2,657	2,834
Wrangell-Petersburg Census Area	6,024	5,766	5,960	6,174	5,426	5,785	6,170
Yakutat Borough	634	625	646	669	604	644	687
Southwest Region	39,450	39,836	41,180	42,658	39,917	42,558	45,392
Aleutians East Borough	2,643	2,588	2,675	2,771	2,521	2,688	2,867
Aleutians West Census Area	4,810	5,000	5,169	5,354	4,754	5,068	5,405
Bethel Census Area	17,031	17,194	17,774	18,412	17,437	18,590	19,828
Bristol Bay Borough	1,060	1,131	1,169	1,211	1,081	1,153	1,230
Dillingham Census Area	4,796	4,737	4,897	5,073	4,731	5,044	5,380
Lake & Peninsula Borough	1,557	1,534	1,586	1,643	1,463	1,560	1,664
Wade Hampton Census Area	7,553	7,652	7,910	8,194	7,930	8,455	9,018

* Respective region, borough and Census Area values are not associated with any specified statistical confidence level
 Source: Alaska Department of Labor and Workforce Development, Research and Analysis Section, Demographics Unit

STATE OF ALASKA

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

DIVISION OF PUBLIC HEALTH CERTIFICATION AND LICENSING

Sarah Palin, Governor

619 E. Ship Creek Avenue Suite 232

Anchorage, AK 99501-1667

Telephone: (907) 334-2483

Fax: (907) 334-2682

July 28, 2008

SENT BY FACSIMILE, ORIGINAL BY MAIL

Michael Rose, Administrator
Mary Conrad Center
9100 Centennial Drive
Anchorage, Alaska 99504

Facility Provider #02-5025

Dear Mr. Rose:

This is to notify you we have received and accepted your written Plan of Correction (PoC) required for the State Licensure deficiency report for the complaint survey conducted 6/23/08-7/7/08.

If you have any questions, please feel free to call me at 334-2483.

Sincerely,

Kathy Murliashvili
Jane Urbanovsky
Jane Urbanovsky
Section Chief
Certification and Licensing

cc: Certification and Licensing file

STATE OF ALASKA

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

DIVISION OF PUBLIC HEALTH CERTIFICATION AND LICENSING

Sarah Palin, Governor

619 E. Ship Creek Avenue Suite 232

Anchorage, AK 99501-1667

Telephone: (907) 334-2483

Fax: (907) 334-2682

July 17, 2008

SENT BY FACSIMILE, ORIGINAL BY MAIL

Michael Rose, Administrator
Mary Conrad Center
9100 Centennial Drive
Anchorage, Alaska 99504

Dear Mr. Rose:

From 6/23/08 – 7/7/08 a complaint survey (AK 1535, 1550, 1552, 1554, 1560, 1563, 1571) was conducted at Mary Conrad Center to determine if the agency was in compliance with State requirements for skilled nursing facilities. Based on a review of the deficiencies identified during the survey, we have determined that Mary Conrad Center is not in substantial compliance with the State skilled nursing licensure regulations.

The enclosed State Statement of Deficiencies provides a report of the findings from the complaint survey. AS 47.32.140(a) provides that you may submit a written response to the report, in addition to the required Plan of Correction and Allegation of Compliance explained below.

Plan of Correction (PoC)

You must submit a written, signed PoC **within 10 calendar days of receipt of this letter (7/27/08)**. Complete your plan of correction in the space provided on the State Statement of Deficiencies. An acceptable PoC, which includes acceptable completion dates, must address the following issues:

- What corrective action(s) will be accomplished for those patients found to have been affected by the deficient practice;
- How you will identify other patients having the potential to be affected by the same deficient practice does not recur;
- How the agency plans to monitor its performance to ensure the deficient practice will not recur. This plan must be implemented, and the corrective actions(s) evaluated for its effectiveness, i.e., what quality assurance program will be put into place;

July 17, 2008
Michael Rose
Page 2

- The date(s) when corrective action(s) will be completed; and
- The signature of the administrator on the State Statement of Deficiencies in the spaces provided.
Return the originals to the State agency.

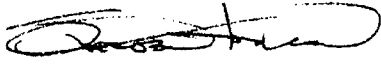
Your PoC must reflect that all corrective actions will be completed by 8/21/08. The State agency will review the plan of correction to determine whether the plan is acceptable. If the agency determines the plan is unacceptable, the agency may request additional information regarding one or more corrective actions described in the plan; require the facility to amend the plan as directed by the agency; or require the facility to comply with a plan of correction developed by the agency. Once we receive the plan of correction, we will review it and notify Mary Conrad Center if it is acceptable.

Allegation of Compliance

The agency's allegation of compliance must be received by 8/21/08. An allegation of compliance required under AS 47.32.140(c) must describe each action that **was taken** by the facility to correct each deficiency, and must include the date the deficiency was corrected. The allegation must be signed by the administrator or another person responsible for operation of the facility. The State agency will review the allegation to determine whether it provides enough detail to establish that each deficiency was corrected by any applicable deadline. The agency may also conduct a follow-up inspection to validate the allegation of compliance. The facility may request that the plan of correction also act as the allegation of compliance required under 7 AAC 10.9615 if each deficiency listed in the State Statement of Deficiencies **has been corrected before submission of the plan of correction**. Failure to correct the deficiencies may result in imposition of enforcement actions under AS 47.32.140(d).

If you have any questions, please contact me at 334-2483.

Sincerely,


For Jane Urbanovsky
Section Chief
Certification and Licensing

Enclosure: State Statement of Deficiencies
cc: Long-Term Care Ombudsman
Certification & Licensing file

PRINTED: 07/16/2008
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MCCLTC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/07/2008
NAME OF PROVIDER OR SUPPLIER MARY CONRAD CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 9100 CENTENNIAL DRIVE ANCHORAGE, AK 99504		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 00	<p>Initial Comments</p> <p>This Rule is not met as evidenced by: The following deficiencies were noted during an unannounced, State Licensure complaint investigation (AK 1535, 1550, 1552, 1554, 1560, 1563, 1571) conducted 6/23/08-7/7/08.</p> <p>Department of Health and Social Services Division of Public Health Certification and Licensing 619 E. Ship Creek Avenue, Suite 232 Anchorage, Alaska 99501</p>	N 00	<p><i>The filing of this plan of correction does not constitute admission to any alleged violations set forth in this statement of deficiencies. This plan is filed as evidence of this facility's continued compliance with all applicable regulations.</i></p>	
N104	<p>7 AAC 10.910(a) Background Check</p> <p>Background Check - Request for criminal History Check. (a) An entity or individual service provider that is subject to AS 47.05.300 - 47.05.390 and 7 AAC 10.900 - 7 AAC 10.990 must request a criminal history check under this section, or provide proof of a valid fingerprint-based criminal history check, for each individual to be associated, or to remain associated, with the entity or provider in a manner described in 7 AAC 10.900(b). An entity or individual must request a criminal history check.</p> <p>(1) when the entity or provider submits an initial application for a license, certification, approval, or finding of eligibility to receive payments from the department;</p> <p>(2) for a new owner, officer, director, partner, member, or principal of the business organization if there is a change in ownership of the business organization, or if an officer, director, partner, member, or principal of the business organization is replaced; the criminal history check must be</p>	N104		

Certification and Licensing

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6692

ZP8611

If continuation sheet 1 of 10

PRINTED: 07/16/2008
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MCCLTC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/07/2008
NAME OF PROVIDER OR SUPPLIER MARY CONRAD CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 9100 CENTENNIAL DRIVE ANCHORAGE, AK 99504		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N104	Continued From page 1 completed before the individual begins association unless the department issues notice of a provisional valid criminal history check under 7 AAC 10.920; (3) except as provided otherwise in this section, if the entity or provider wishes to hire or retain an employee, independent contractor, or unsupervised volunteer described in 7 AAC 10.900(b)(3); the criminal history check must be completed before hiring unless the department issues notice of a provisional valid criminal history check under 7 AAC 10.920; (4) for an individual 16 years of age or older who is not a recipient of services, and who wishes to reside in the entity or to be present as described in 7 AAC 10.900(b)(5) or (6); the criminal history check must be completed before the individual begins association unless (A) the department issues notice of a provisional valid criminal history check under 7 AAC 10.920; or (B) the individual is residing in the entity before that individual's 16th birthday; for an individual described in this subparagraph, the entity or provider must submit the information required under (b) of this section within 30 days before the individual's 16th birthday; (5) at any time requested by the department (A) to show compliance with 7 AAC 10.900 - 7 AAC 10.990 during inspection, monitoring, or investigation; or (B) for an individual if the department has good cause to believe that the individual's criminal history has changed; or (6) on or before April 10, 2007, for each individual who is associated with an entity or provider operating under a current license, certification, approval, or finding of eligibility to receive payments, and who (A) does not have a valid criminal history	N104	<i>Corrective action accomplished for deficient practice:</i> Staff member #20 completed a background check. He is however, no longer employed by the facility <i>Identification of other records having the potential to be affected by deficient practice:</i> The Human Resources Director has reviewed all employee records to ensure they contain valid background checks. <i>Monitoring of performance to ensure deficient practice does not recur:</i> The Human Resource Director will ensure all potential hires have completed background checks before beginning work. A month report on hires and background checks will be provided to the QA committee.	8/21/08

PRINTED: 07/16/2008
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MCCLTC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/07/2008
NAME OF PROVIDER OR SUPPLIER MARY CONRAD CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 9100 CENTENNIAL DRIVE ANCHORAGE, AK 99504		
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N104	<p>Continued From page 2</p> <p>check; or</p> <p>(B) passed a criminal history check conducted before February 9, 2007 that</p> <p>(i) was not fingerprint-based; or</p> <p>(ii) was fingerprint-based and conducted more than six years before February 9, 2007.</p> <p>This Rule is not met as evidenced by: Based on record review, interview and policy review the facility failed to ensure 1 (#20) of 25 nursing staff reviewed had evidence of a background check in accordance with State regulations prior to providing direct care to residents. Findings:</p> <p>Staff #20's personnel file was reviewed on 6/24/08 at 8:35 am as Staff #20 was identified as the alleged perpetrator in a witnessed physical abuse incident that occurred on 6/10/08. Staff #20 had worked the night shift on 6/9/08.</p> <p>Review of the facility's Daily Staffing sheets revealed Staff #20 worked the night shift and was scheduled on the following dates: 5/4/08; 5/5/08; 5/6/08; 5/7/08; 5/11/08; 5/12/08; 5/13/08; 5/14/08; 5/18/08; 5/19/08; 5/20/08; 5/21/08; 5/25/08; 5/26/08; 5/27/08; 5/28/08; 6/8/08; and 6/9/08.</p> <p>Review of the personnel file and interview with the human resources director revealed a background check was not done until 6/10/08, the day of the witnessed abuse. The human resources director stated that when the change of ownership occurred, Staff #20 was out of the country. The director stated Staff #20 returned in May 2008 and began working 5/4/08. The human resources director stated it was an oversight.</p> <p>Policy and procedure review on 7/7/08 revealed</p>	N104			

Certification and Licensing

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6299

ZP8611

If continuation sheet 3 of 10

PRINTED: 07/16/2008
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MCCLTC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/07/2008
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N104	Continued From page 3 no specific policy for background checks was available and interview with the human resource director on 7/7/08 at 2:30 pm disclosed she was not aware of a policy.	N104		
N490	7 AAC 12.660(a) Personnel Personnel - A facility must plan and retain records of employee orientation, in-service training programs, and employee supervision. In addition, the facility must maintain for each employee a file that includes (1) a current job description; (2) a copy of the employee's current license or certification, if a license or certification is required by statute for the employee's profession; (3) a summary of the employee's education, training, and experience; (4) evidence of the employee's compliance with the employee health requirements of 7 AAC 12.650; and (5) evidence of compliance with the applicable requirements of AS 47.05.300 - 47.05.390 and 7 AAC 10.900 - 7 AAC 10.990 (Barrier Crimes, Criminal History Checks, and Centralized Registry). This Rule is not met as evidenced by: Based on personnel record review, interview and policy review the facility failed to ensure 4 (#s 2, 3, 9, 17) of 4 nursing staff hired after 2/1/08 had documentation of a general orientation. Findings: Review of random nursing personnel records on 7/02/08 revealed the following staff did not have documentation of a general orientation: staff #2 - hired 2/1/08; staff #3 - hired 3/12/08; staff #9 - hired 4/11/08; and staff #17 - hired 5/26/08.	N490	Corrective action accomplished for deficient practice: Human Resources Director and Staff Development Coordinator reviewed employee files to ensure proof of general orientation was included in all files. Identification of other records having the potential to be affected by deficient practice: All employee files have been reviewed to ensure record of orientation is present. Monitoring of performance to ensure deficient practice does not recur: Staff Development Coordinator will provide Human Resources with a copy of general orientation completion after each general orientation. Human Resources will ensure Employee file contains general orientation form before filing. Human Resources will report compliance to monthly QA Committee.	8/21/08

Certification and Licensing

L/ ORM

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If continuation sheet 4 of 10

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MCCLTC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/07/2008
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N490	Continued From page 4 Interview with the human resource director on 7/3/08 at 2:50 pm confirmed there was no documentation in the personnel folders and no other documentation available for the surveyor to review that showed who had completed orientation and what the orientation included. Interview with the education coordinator on 7/7/08 at 2:20 pm disclosed she had an orientation guide that she followed to train all newly hired personnel; however, she did not have documentation for the identified staff members. Policy and procedure review on 7/7/08 revealed no specific policy for initial/general orientation was available. The human resource director confirmed that she could not find a policy and procedure.	N490		
N543	7 AAC 12.860(4) Risk Management Risk Management - A facility, with the exception of home health agencies and hospice agencies that do not provide inpatient care on agency premises, must have a risk management program that has (4) a job-specific orientation program and an in-service training program for each employee that provides annual instruction in (A) policies and procedures for that service; (B) the employee's job responsibilities and the skills necessary to meet those responsibilities; (C) safety, fire, and disaster plans; and (D) principles and techniques of infection control This Rule is not met as evidenced by: Based on personnel record review, interview and policy review the facility failed to ensure 4 (#s 2,	N543	<i>Corrective action accomplished for deficient practice:</i> Job Specific Orientation lists have been developed by Staff Development and Human Resources <i>Identification of other records having the potential to be affected by deficient practice:</i> All Staff will complete new job specific orientation lists <i>Monitoring of performance to ensure deficient practice does not recur:</i> Human Resources will Check all employee files for completion before filing. Monthly report will be provided to QA Committee.	8/21/08

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N543	Continued From page 5 3, 9, 17) of 4 nursing staff hired after 2/1/08 received an initial job-specific orientation. Findings: Review of random nursing personnel records on 7/02/08 revealed the following staff was missing documentation of a job-specific orientation: staff #2 - hired 2/1/08; staff #3 - hired 3/12/08; staff #9 - hired 4/11/08; and staff #17 - hired 5/26/08. Interview with the human resource director on 7/3/08 at 2:50 pm confirmed there was no documentation of a job-specific orientation and stated training staff left in April. Interview with the education coordinator on 7/7/08 at 2:20 pm disclosed she found a job specific-orientation checklist that morning and stated they would use that for the nurses' job-specific orientation. Policy and procedure review on 7/7/08 revealed there was not a facility policy for job- specific orientation. The human resource director confirmed she could not find one.	N543		
N555	7 AAC 12.920 Federal, State, Local Laws and Regulations Applicable federal, state, and local laws and regulations - A facility must comply with all applicable federal, state, and local laws and regulations. If a conflict or inconsistency exists between codes or standards, the more restrictive provision applies. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure medications were administered in accordance with the State of Alaska Nursing	N555		

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N555	<p>Continued From page 6</p> <p>Regulation 12 AAC 44.945 for 2 (#s13,14) out of 26 sampled residents.</p> <p>Resident #15</p> <p>Record review from 6/30-7/3/08 revealed the Resident was admitted to the facility 3/22/07 with diagnoses that included arteriosclerotic heart disease, hypertension, and Alzheimers. The Resident's drug regimen included Glucosamine Sulfate 1.5 Gm once a day and Melatonin 5 mg prior to bedtime.</p> <p>Resident #16</p> <p>Record review from 6/30-7/3/08 revealed the Resident was admitted to the facility 12/16/06 with diagnoses that included rheumatoid arthritis, osteoporosis, and hypertension. The Resident's drug regimen included fish oil concentrate, 1 gel cap twice a day.</p> <p>According to Medline Plus, US National Library of Medicine, National Institutes of Health (http://www.nlm.nih.gov/medlineplus/druginformation.html): "Most herbs and supplements have not been thoroughly tested for interactions with other herbs, supplements, drugs, or foods."</p> <p>Per Medline Plus, the side effects of glucosamine, "a natural compound that is found in healthy cartilage", may include: "upset stomach, drowsiness, insomnia, headache, skin reactions, and temporary increases in blood pressure and heart rate, as well as palpitations". The side effects of melatonin, a hormone produced in the brain, include: "sleepiness, dizziness, disorientation, confusion, and drops in blood pressure". The side effects of fish oil, a source of omega-3 fatty acids, may include:</p>	N555	<p><i>Corrective action accomplished for resident's found to be affected by deficient practice:</i></p> <p>Resident #16, Fish oil is a non-herbal supplement, side effects, interactions, and actions have been added to MAR, and resident care plan.</p> <p>Resident #15 is no longer in facility unable to correct</p> <p><i>Identification of residents having the potential to be affected by deficient practice:</i></p> <p>100% chart review completed to identify all non-herbal supplements administered in building. Side effects, actions, and interactions added to MAR, and resident care plan. All Licensed staff to be in-serviced on administration of non-herbal supplements, monitoring of side effects, actions and interactions.</p> <p><i>Monitoring of performance to ensure deficient practice does not recur:</i></p> <p>DNS/ADNS to monitor compliance and report to QA committee.</p>	8/21/08	

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N555	<p>Continued From page 7</p> <p>"increased risk of bleeding and gastrointestinal upset".</p> <p>Review of the facility's "Medication Administration" policy and procedure (revised 10/1/07) revealed in section C. GENERAL PROVISIONS, the following, which was highlighted: " 14. Herbal supplements and dietary supplements containing herbs will not be administered per Board of Nursing regulation 12AAC 44.945. 14. Non-herbal nutritional supplements may be administered if the following conditions are met: a. The practitioner orders the supplement b. The resident or resident's representative requests the supplement to be administered by the nurse. C. The nurse administering knows the actions, possible side effects, and possible interactions of the non-herbal nutritional supplement with food, medications and other substances. D. The non-herbal supplement is listed on the MAR (as a part of the resident 's plan of care). E. The non-herbal supplement was commercially manufactured and the container provided to the resident by the provider pharmacy is sealed and intact. F. Pharmacist includes the non-herbal supplements in the drug regimen review to identify adverse effects and interactions."</p> <p>During an interview on 7/1/08 at 10:56 am, LN #24 stated the Resident's family provided the fish oil concentrate. The surveyor was shown the container of fish oil concentrate which had been purchased at Costco and had the original Kirkland label but had not been labeled by the facility's pharmacy. LN #24 stated that the pharmacist who had been working for the facility when the fish oil concentrate was originally ordered approved the Kirkland brand.</p>	N555			

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N555	Continued From page 8 The State of Alaska Nursing Regulation 12 AAC 44.945, Administration of a Non-Herbal Nutritional Supplement, effective 8/30/07, states: "(a) A nurse licensed under AS 08.68 may administer a non-herbal nutritional supplement to a patient if (1) the patient's health care provider has ordered that the non-herbal nutritional supplement be administered to the patient; (2) the patient or the patient's representative has requested that the nurse administer the non-herbal nutritional supplement to the patient; (3) the nurse administering the non-herbal nutritional supplement knows the actions, possible side effects, and possible interactions of the non-herbal nutritional supplement with food, medications, or other substances; (4) the use of the non-herbal nutritional supplement is included as part of the nursing care plan for the patient; (5) the non-herbal nutritional supplement was commercially manufactured and the container of the non-herbal nutritional supplement provided for administration to the patient was provided unopened with the manufacturer's seal intact; and (6) a pharmacist has reviewed all medications taken by the patient and the non-herbal nutritional supplement ordered by the patient's health care provider for possible adverse effects or interactions with food, medications, or other substances. (b) The administration of a non-herbal nutritional supplement may not be delegated by a nurse under 12 AAC 44.950 - 12 AAC 44.965. (c) A nurse licensed under AS 08.68 may not administer to a patient a nutritional supplement that (1) contains one or more herbs; or (2) was compounded for the patient rather than commercially manufactured.	N555		

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N555	Continued From page 9 (d) This section does not apply to United States Food and Drug Administration (FDA) approved vitamins and minerals. A nurse licensed under AS 08.68 may administer FDA-approved vitamins and minerals to a patient in the manufacturer's recommended dosage or as ordered by the patient's health care provider." Definitions include: "(4) 'herb' means a plant grown for its health or medicinal properties; 'herb' includes plant parts and extracts; (5) 'non-herbal nutritional supplement' has the meaning given for a 'dietary supplement' in 21 U.S.C. sec.321(ff) (sec. 3(a) of the Dietary Supplement Health and Education Act of 1994) as revised as of March 1, 2007, adopted by reference, except that it does not include a dietary supplement that contains one or more herbs; and (6) 'nutritional supplement' has the meaning given for a 'dietary supplement' in 21 U.S.C. sec. 321(ff), (sec. 3(a) of the Dietary Supplement Health and Education Act of 1994) revised as of March 1, 2007, adopted by reference." Authority: AS 08.68.100	N555			

STATE OF ALASKA

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

DIVISION OF PUBLIC HEALTH CERTIFICATION AND LICENSING

Sarah Palin, Governor

*619 E. Ship Creek Avenue Suite 232
Anchorage, AK 99501-1667*

Telephone: (907) 334-2483

Fax: (907) 334-2682

July 28, 2008

SENT BY FACSIMILE, ORIGINAL BY MAIL

Michael Rose, Administrator
Mary Conrad Center
9100 Centennial Drive
Anchorage, Alaska 99504

Facility Provider # 02-5025

Dear Mr. Rose:

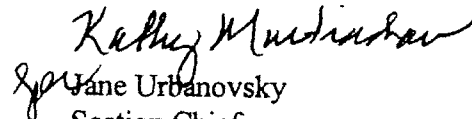
This is to notify you we have received your written Plan of Correction (PoC) required for the CMS-2567 deficiency report for the Medicare/Medicaid complaint survey conducted at your facility from 6/23/08-7/7/08. In addition, the Agency reviewed your request for an Informal Dispute Resolution (IDR) and the additional information regarding disputed Tags F 157 and F 225. The State Agency agrees with your request and the Tags F 157 and F 225 will be deleted. The amended CMS-2567 is enclosed.

The Agency accepts your PoC for the Tags F 226, F 281, F 329, and F 514.

All references to regulatory requirements contained in this letter are found at 42 CFR Part 483.

If you have any questions, please call me at (907) 334-2483.

Sincerely,


Jane Urbanovsky
Section Chief
Certification and Licensing

Enclosure: revised CMS-2567
cc: Certification and Licensing File
Long Term Care Ombudsman

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/28/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 025025	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/07/2008
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F 000	INITIAL COMMENTS The following deficiencies were noted during an unannounced, Medicare/Medicaid complaint investigation (AK 1535, 1550, 1552, 1554, 1560, 1563, 1571) conducted 6/23/08-7/7/08. Department of Health and Social Services Division of Public Health Certification and Licensing 619 E. Ship Creek Avenue, Suite 232 Anchorage, Alaska 99501	F 000			
F 226 SS=C	483.13(c) STAFF TREATMENT OF RESIDENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to incorporate into written policies and procedures all of the required components related to abuse and neglect. These omissions could potentially affect all residents in the facility by delaying prompt recognition or management of potential abuse and/or neglect situations. Findings: During an interview with LN #21 on 7/2/08 at 10:15 am, the surveyor asked for a copy of the facility's abuse policy and procedure. LN #21 gave the surveyor a copy of "In House Reporting of Resident Abuse." The policy and procedure included definitions of abuse, general provisions,	F 226	<i>The filing of this plan of correction does not constitute admission to any alleged violations set forth in this statement of deficiencies. This plan is filed as evidence of this facility's continued compliance with all applicable regulations.</i>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

A deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 226	Continued From page 1 and responsible persons and procedure. The policy and procedure did not include 5 of the 7 required components: screening potential employees; training; prevention; identification; and protection. During an interview with the facility administrator on 7/3/08 at 4:30 pm he acknowledged the facility did not have a policy and procedure that included all of the required components. Review of the instructor's Lesson Plan and Speaking Notes for the "Preventing Resident Abuse" inservice included: "...Abuse Regulations. Federal and state regulations are very specific about the facility's responsibility in preventing, investigating, and reporting abuse. These include policies and procedures for: Screening potential employees (Reference checks from past or current employers, checks with licensing boards and registries, Criminal background checks), Training of employees, Investigation of incidents and allegations, Protection of residents during investigations, Reporting of incidents, investigations, and facility response to the results of their investigations..."	F 226	<i>Corrective action accomplished for resident's found to be affected by deficient practice:</i> There were no resident's affected by deficient practice <i>Identification of other resident's having the potential to be affected by deficient practice:</i> There were no resident's identified as effected by the practice <i>Monitoring of performance to make sure deficient practice does not recur:</i> The abuse policy has been reviewed and revised by the Q.A. committee to include screening, training, investigation, protection, reporting, and response. The abuse policy will be reviewed on a quarterly basis by the Q.A. committee.	8/21/08	
F 281 SS=F	483.20(k)(3)(i) COMPREHENSIVE CARE PLANS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure resident care and services were provided in accordance with professional standards for 9 of 19 sampled residents reviewed for allergies: the facility failed to ensure	F 281			

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F 281	<p>Continued From page 2</p> <p>medications were not prescribed and/or administered when a known allergy was documented in the clinical record for 6 (#s 4, 7, 8, 9, 10, 11) residents; the facility failed to ensure allergies identified and documented in the nursing admission assessment were transposed to the face sheet, physician orders and the MAR (medication administration record) for 2 (#s 13, 14) residents; the facility failed to ensure a Penicillin allergy documented on a hospital transfer/discharge form was noted by the facility for 1 (#12) resident. The facility failed to ensure an assessment was completed for 2 (#s 2, 6) residents (with repeated falls) out of 13 residents reviewed with documented incidents involving injury. The facility failed to ensure medications were administered in accordance with The State of Alaska Nursing Regulation 12 AAC 44.945 for 2 (#s 15, 16) of 26 sampled residents. The facility failed to ensure 3 (LN #s 3, 12, 15) of 4 LPNs, scheduled to work on Resident #17's unit, did not provide care and services outside their scope of practice. The facility failed to ensure care and services were delivered in accordance with physician orders for 2 (#s 5, 10) of 26 sampled residents. The facility failed to ensure documentation on the MAR was complete for 3 (#s 1, 24, 35) of 26 sampled residents. Findings:</p> <p>Prescribing and/or Administering Medications to Residents With Known Allergies</p> <p>Resident #4</p> <p>A review of Resident #4's medical record on 6/24/08 revealed the Resident was initially admitted to the facility on 7/30/07 with multiple diagnoses including hemiplegia (weakness or</p>	F 281			

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F 281	<p>Continued From page 3</p> <p>paralysis of one side of the body); CVA (cerebral vascular accident, or stroke); glaucoma; venous thrombosis (blood clots in veins); and type 2 diabetes mellitus. The Resident's medication regimen included: Metformin (for type 2 diabetes mellitus); Arixtra (anticoagulation medication used to treat blood clots); Hydrocodone/APAP (pain medication); Methacarbamol (used to treat muscle spasms); and Lumigan (used to treat glaucoma).</p> <p>Both the medical record face sheet and the 7/2008 MAR listed the following for allergies: "Tape; Benadryl; Codeine; Morphine; Norvasc; Oxycontin; pecans; Talwin". Further record review revealed a physician's order, dated 6/12/08, to administer "Oxycontin 20mg Po [by mouth] BID [twice a day]". Documentation on the MAR revealed facility staff had ordered the Oxycontin on 6/12/08 and then DC'd (discontinued) it on 6/13/08.</p> <p>Interview with the Resident on 6/24/08 at 4:30 pm disclosed that she had overheard her name being said at the nurses' station, regarding the fact that Oxycontin had been ordered for her pain. The Resident said she became concerned because she knew she was "deathly allergic" to Oxycontin, so she called the nurse into her room and asked if they had ordered Oxycontin for her pain. She stated that the nurse confirmed the medication had been ordered and it would be administered when it arrived. The Resident stated she told the nurse she would refuse it because she was "deathly allergic" to it. The Resident further stated that staff acted surprised and said she would go and double check the records. The Resident said they cancelled the Oxycontin order after finding out she was allergic to it.</p>	F 281			

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F 281	<p>Continued From page 4</p> <p>During the 6/24/08 interview the Resident's daughter was present. She stated she had received an email from the facility informing her that the doctor had ordered Oxycontin to be given to her mother twice a day for back pain; the medication would be started at a lower dose and be increased as needed. This was confirmed when a copy of the email, dated 6/12/08, was given to the surveyor during the interview.</p> <p>Resident #7</p> <p>Record review on 7/2/08 revealed Resident #7 was admitted to the facility with multiple diagnoses that included epilepsy; diabetes type II; osteoarthritis; and anemia. The medical record face sheet listed several allergies, including "Penicillin Derivatives".</p> <p>On 2/25/08 a verbal order was taken by LN #22 for "V-Cillin K" (a penicillin derivative) "500mg (Generic) 1 tab QID [4 times a day], 20 tabs (5 days) (dental extractions)." Review of the 6/2008 MAR revealed that V-Cillin K had been given 2 times on 6/24/08 and 1 time on 6/25/08. At that point, the facility discovered the Resident's allergy to V-Cillin and the medication was discontinued.</p> <p>Review of the nursing progress note for 6/25/08 at 12:00 pm revealed "Resident has penicillin listed as allergy. Called dentist, V Cillin D/C."</p> <p>Resident #8</p> <p>The Resident was admitted to the facility on 5/29/08. Review of the clinical record on 7/3/08 revealed discharge orders from Alaska Regional Hospital (dated 5/28/08) documenting the</p>	F 281			

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F 281	<p>Continued From page 5</p> <p>following Resident allergies: Nefazodone; Tetracycline; Sulfa; Cephalexin; Morphine; and Zolpidem. Review of the Resident's face sheet and nursing admission assessment revealed the same allergies listed, with the addition of surgical tape. Review of the admission orders revealed only surgical tape was listed in the allergy section.</p> <p>On 6/13/08 the physician ordered "Bactrim DS one twice daily po for 10 days" to treat a urinary tract infection. According to Lexi-Comp's Drug Information Handbook for Nursing, 2007, Bactrim is categorized as an antibiotic and Sulfonamide Derivative. The medication's "Warnings/Precautions" included "...Use in patients with sulfonamide allergy is specifically contraindicated in product labeling..." Contraindications for the medication's use listed "Hypersensitivity to any sulfa drug..."</p> <p>Review of the 6/2008 MAR revealed the medication had been given from 6/13/08 - 6/21/08 for a total of 16 doses. There were no allergies listed on the MAR sheet for Sulfa. Review of additional 6/2008 MAR sheets revealed surgical tape was the only allergy listed.</p> <p>Resident #9</p> <p>Review of the face sheet in the clinical record on 7/2/08 revealed an admission date of 8/8/06 with Cipro, Sulfamethoxazole, and Trimethoprim listed as allergies. The same allergies were listed on the physician orders sheet and the 3/2008 MAR. Review of physician orders revealed an order, dated 3/14/08, for "Cipro 250 mg po x 5 days. "Documentation on the MAR revealed the Resident received Cipro from 3/14/08 - 3/18/08 for a total of 5 doses.</p>	F 281			

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F 281	<p>Continued From page 6</p> <p>Review of a pharmacist's medication regimen review, dated 4/4/08, revealed "Pt. received Cipro 250 mg. QD [once a day] x 5 days, Allergy in chart listed Cipro." The section for "Physician/Facility Response" was blank.</p> <p>Resident #10</p> <p>Review on 7/2/08 of the face sheet in the clinical record revealed an admission date of 2/22/08. The following allergies were listed: ASA; Codiene; Penicillin; Ibuprofen; Tetracycline; Naprosyn; Relafen; Sulfa; MS (Morphine); Toradol; Iodine; and Oxybutin. The same allergies were listed on the physician's admitting orders. Review of the MAR revealed the Resident received 2 doses of MS (Morphine) 15 mg from 3/24/08 to 3/25/08.</p> <p>Resident #11</p> <p>Review of the face sheet in the clinical record on 7/2/08 revealed an admission date of 2/22/08. The face sheet's allergy section was blank. The Resident had been transferred to the facility from Alaska Regional Hospital. Review of the physician's discharge orders on Alaska Regional Hospital's Transfer form revealed Codiene and Sulfa were listed as allergies. Review of the facility's admission orders listed Sulfanomides and Codiene as allergies. Review of the Nursing Admission Assessment listed NKA (no know allergies).</p> <p>A physician's order, dated 3/12/08, revealed "Bactrim DS i po BID x 3 d [day] (dysuria) [painful, burning urination]." Review of the MAR revealed the Resident received Bactrim (a sulfonamide derivative) for 3 days, a total of 6 doses. There</p>	F 281	<p><i>Corrective action accomplished for resident's found to be affected by deficient practice:</i> Resident's #4, 7, 8, 11, and 14 Allergies were reviewed and medical record up-dated. Medications were reviewed to ensure resident's do not have allergies to meds being administered. Resident #9 and 13 are no longer in the facility.</p> <p><i>Identification of residents having the potential to be affected by deficient practice:</i> 100% chart review to identify all allergies and records updated.</p> <p><i>Monitoring of performance to ensure deficient practice does not recur:</i> Medical Records will be responsible to ensure all Allergies are listed on face sheet, MAR, Physician Orders, and chart on admission. Chart review will be completed on 2 units each month by the DNS. Results to be reported to QA committee.</p>		8/21/08

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F 281	<p>Continued From page 7</p> <p>were no allergies listed on the MAR.</p> <p>Identified Allergies in Nursing Admission Assessment</p> <p>Resident #13</p> <p>Record review from 6/30-7/3/08 revealed the Resident was admitted to the facility on 6/19/08 from Providence Alaska Medical Center (PAMC) following below-the-knee amputation of the right leg. Review of PAMC's 24-hour physician summary, dated 6/17/08, revealed "Allergies: codeine, contrast dye, mercury (bulk), Vicodin." Review of the nursing admission assessment, dated 6/19/08, revealed "Allergies: Codeine, contrast dye, mercury, vicodin". There were no allergies listed on the admission orders, face sheet, and MAR.</p> <p>Resident #14</p> <p>Record review from 6/30-7/3/08 revealed the Resident was admitted to the facility on 6/6/08 from Alaska Regional Hospital following total knee replacement and fractured arm. Review of the hospital's transfer record revealed "Allergies: Sulfa, Halothane anesthetic, Lasix, tape". Review of the nursing admission assessment, dated 6/6/08, revealed "Allergies: sulfa, halothane anesthesia". The space for allergies on the admission orders, dated 6/1/08, was blank, as was the allergy section on the face sheet. Review of the MAR for 6/08 revealed "Allergies" followed by a blank space. Review of the admission history and physical, dated 6/7/08, revealed the following: "Allergies: She denies any allergies to medications."</p>	F 281			

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F 281	<p>Continued From page 8</p> <p>During an interview on 7/3/08 at 9 am, LN #23 stated that they "find out about allergies from the orders. Allergies are noted on orange stickers on the front of the chart." When asked about blank spaces, LN #23 stated "I'm not sure if when the allergy section on the MAR is blank if it means no allergies or if it would be NKDA" (No Known Drug Allergies) that would be written to identify no allergies.</p> <p>Penicillin Allergy Noted on Hospital Transfer/Discharge Form</p> <p>Resident #12</p> <p>Record review from 6/23-27/08 revealed the Resident was admitted to the facility on 5/9/08 from Alaska Regional Hospital (ARH) following surgical repair of leg and ankle fractures. Review of ARH's transfer/discharge medication form, dated 5/9/08, revealed "allergy: penicillin". Review of the nursing admission assessment, dated 5/9/08 revealed "Allergies:" followed by a blank space. The space for allergies on the admission orders, dated 5/9/08, was blank, as was the allergy section on the face sheet. Review of the Resident's medication administration record for 6/08 revealed "Allergies: No Known Allergies". Review of the most recent physician orders, dated 6/1/08 and signed by the physician on 6/12/08 revealed "Allergies: No Known Allergies".</p> <p>Reference: Mosby's Pharmacology in Nursing (2006):</p> <p>Chapter 5, Preparation of the Dose "...Because nurses are held legally accountable for every dose of medication they administer, they must routinely ensure that (1) each order is</p>	F 281			

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F 281	<p>Continued From page 9</p> <p>appropriate, accurate, and complete; and (2) the order is followed unerringly to completion, or the prescriber is consulted regarding why it was not completed. The free flow of communication between prescriber and nurse is crucial to fulfillment of this responsibility. Nurses must be ready to consult with the prescriber as necessary to clarify, understand, or suggest medication therapy as needed...To prevent error, the nurse must check the dosage of the medication and the age of the client, check for drug interaction possibilities and allergies, and ensure the completeness and clarity of the order."</p> <p>Facility Policy and Procedure Review on 7/3/08:</p> <p>Number: 381.001C "Admissions", revised 11/2/94, "...D. Responsible Persons and Procedure Nursing Personnel...3c. Determine through medical history or oral interview the resident's food and drug allergies and document in the resident record and binder on each unit...e. Complete the nursing assessment to include the following:...6) Allergies or sensitivities...4. Notifying other personnel:...c) Notify pharmacy of the new resident's admission and give medication orders, including drug allergies via medication communication form. Attach a copy of the physician's or geriatric nurse practitioner's order. FAX copy of the Resident's database (face sheet) to pharmacy."</p> <p>Number 381.015B "Transcription of Orders", revised 9/21/05, "...D...Preparing Order For Processing/Transcription...3. The licensed nurse is responsible to evaluate the order for possible errors. Considerations include: Appropriate drug/treatment, acceptable dosage range, not contraindicated for the particular resident..."</p>	F 281			

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NAME OF PROVIDER OR SUPPLIER

MARY CONRAD CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

9100 CENTENNIAL DRIVE
ANCHORAGE, AK 99504

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F 281	<p>Continued From page 10</p> <p>Assessments</p> <p>Resident #2</p> <p>Medical record review from 6/25-7/2/08 revealed Resident #2 was admitted to the facility on 4/20/2006. In December 2007 the Resident was diagnosed with a pulmonary embolism and Coumadin, a blood thinner, was prescribed.</p> <p>Per Lexi-Comp's Drug Information Handbook for Nursing, 2007, "...bleeding is the major adverse effect of warfarin." (Coumadin) "Hemorrhage may occur at virtually any site."</p> <p>The US Department of Health & Services' "Your Guide to Coumadin/Warfarin Therapy" included the following in the section "Stay Safe While Taking Coumadin/Warfarin: it is "very important to know that you can be bleeding and not see any blood. For example, you could fall and hit your head, and bleeding could occur under your skull..."</p> <p>Further record review revealed the Resident had fallen on 5/12/08 at 1:30 am and was found lying on the floor on her right side.</p> <p>Documentation at 4:45 am revealed the Resident was "transported to ANMC c/o R shoulder pain and L knee pain; small lump to R side of face and nose bleed..."</p> <p>Review on 7/1/08 of the admitting hospital's emergency room report revealed the Resident had a CT (cat scan) of the head that showed a 0.5 cm x 1.5 cm area of subdural (beneath the membrane covering the brain) bleeding in the</p>	F 281	<p>Corrective action accomplished for resident's found to be affected by deficient practice:</p> <p>Resident #2, no history of falls recorded, resident was Independent in her room with transfers, and toileting. Resident got up to commode at 1:30 AM, on return to bed she fell. Resident was initially assessed by 3 nurses on duty, and had no apparent injuries. Resident was escorted back to her bed and made comfortable, call light in place, encouraged to call for assist, personal alarm placed. Routine rounds are made at two hour intervals, at 4:30 AM resident pushed her call light to tell nurse she had shoulder pain, at this time she was transferred to ER. We are unable to complete corrective measure for this resident as she is no longer here.</p>	8/21/08

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F 281	<p>Continued From page 11</p> <p>right occipital region. The Resident was given 10 mg of Vitamin K in the ER." Per Lexi-Comp's Drug Information Handbook for Nursing, 2007, the indications for vitamin K administration include treatment of Coumadin-induced hypoprothrombinemia (a deficiency of prothrombin, a blood clotting protein).</p> <p>During an interview on 7/2/08 at 3:15 pm, LN #21, on duty on 5/12/08, disclosed "when the Resident fell there were 3 nurses on the court and all of us went in the Resident's room where we found her lying on her right side facing out toward the door of the room." LN #21 stated "there were no injuries noted at the time of the fall", and that when they assessed her the only thing they found was "an indentation that ran along the right side of her face from the glasses that she had been wearing". LN #21 further stated that when a unit nurse answered the Resident's call light at 4:20 am she noticed "bruising on the right side of the Resident's face" and that "her nose was bleeding." LN #21 further disclosed she did not personally recheck the Resident after the fall until 4:25 am and stated she did not know if the Resident had been checked between the time she fell and when she used her call light to ask for help at 4:20 am.</p> <p>In the November 2007 AJN (American Journal of Nursing), an article entitled "When a Fall Occurs" included the following: "Monitoring and Reassessment: After the patient returns to bed, perform frequent neurologic and vital sign checks, including orthostatic vital signs. Fall victims who appear fine have been found dead in their beds a few hours after a fall."</p> <p>There was no documented evidence the Resident</p>	F 281	<p>Identification of residents having the potential to be affected by deficient practice:</p> <p>All falls are currently reviewed by the shift supervisor in real time. Shift supervisor will determine frequency of checks to be put in place. Licensed Staff to be re-in serviced on follow-up to all falls</p> <p>Monitoring of performance to ensure deficient practice does not recur:</p> <p>All falls are reviewed with team at morning meeting to ensure appropriate interventions occurred. Trending and outcomes are reviewed at monthly QA meeting</p>	8/21/08	

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F 281	<p>Continued From page 12</p> <p>was checked after the fall at 1:30 am until a unit nurse answered the Resident's call light at 4:20 am, a period of 2 hours and 50 minutes.</p> <p>Resident #6</p> <p>Record review from 6/30-7/3/08 revealed the Resident was admitted to the facility 8/30/06 with diagnoses that included diabetes, hypertension, seizure disorder, COPD, and dementia. The nursing monthly summary, dated 6/17/08, included the following: "Resident was hospitalized from 5/14 - 5/20 for CHF and pneumonia...Had 3 falls since readmission (6/3, 6/9, 6/15), c/o right shoulder pain after 6/9 fall, x ray results showed possible small right humerus fracture."</p> <p>Further review revealed the latest environmental safety assessment was dated 12/4/07, and the latest fall risk assessment was dated 3/22/08. A more recent fall risk assessment, following 3 falls in 6/2008, was requested from the facility administrator on 7/2/08, but as of 7/7/08 no documented evidence was made available for review.</p> <p>Administration of Non-Herbal Medications</p> <p>Resident #15</p> <p>Record review from 6/30-7/3/08 revealed the Resident was admitted to the facility 3/22/07 with diagnoses that included arteriosclerotic heart disease, hypertension, and Alzheimers. The Resident's drug regimen included Glucosamine Sulfate 1.5 Gm once a day and Melatonin 5 mg prior to bedtime.</p> <p>Resident #16</p>	F 281			

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F 281	<p>Continued From page 13</p> <p>Record review from 6/30-7/3/08 revealed the Resident was admitted to the facility 12/16/06 with diagnoses that included rheumatoid arthritis, osteoporosis, and hypertension. The Resident's drug regimen included fish oil concentrate, 1 gel cap twice a day.</p> <p>According to Medline Plus, US National Library of Medicine, National Institutes of Health <http://www.nlm.nih.gov/medlineplus/druginformation.html>: "Most herbs and supplements have not been thoroughly tested for interactions with other herbs, supplements, drugs, or foods."</p> <p>Per Medline Plus, the side effects of glucosamine, "a natural compound that is found in healthy cartilage", may include: "upset stomach, drowsiness, insomnia, headache, skin reactions, and temporary increases in blood pressure and heart rate, as well as palpitations". The side effects of melatonin, a hormone produced in the brain, include: "sleepiness, dizziness, disorientation, confusion, and drops in blood pressure". The side effects of fish oil, a source of omega-3 fatty acids, may include: "increased risk of bleeding and gastrointestinal upset".</p> <p>Review of the facility's "Medication Administration" policy and procedure (revised 10/1/07) revealed in section C. GENERAL PROVISIONS, the following, which was highlighted: "14. Herbal supplements and dietary supplements containing herbs will not be administered per Board of Nursing regulation 12AAC 44.945. 14. Non-herbal nutritional supplements may be administered if the following conditions are met: A. The practitioner orders the</p>	F 281	<p><i>Corrective action accomplished for resident's found to be affected by deficient practice:</i></p> <p>Resident #16, Fish oil is a non-herbal supplement, side effects , interactions, and actions have been added to MAR, and resident care plan.</p> <p>Resident #15 is no longer in facility unable to correct</p> <p><i>Identification of residents having the potential to be affected by deficient practice:</i></p> <p>100% chart review completed to identify all non-herbal supplements administered in building. Side effects, actions, and interactions added to MAR, and resident care plan. All Licensed staff to be in-serviced on administration of non-herbal supplements, monitoring of side effects, actions and interactions.</p> <p><i>Monitoring of performance to ensure deficient practice does not recur:</i></p> <p>DNS/ADNS to monitor compliance and report to QA committee.</p>	8/21/08	

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F 281	<p>Continued From page 14</p> <p>supplement B. The resident or resident's representative requests the supplement to be administered by the nurse. C. The nurse administering knows the actions, possible side effects, and possible interactions of the non-herbal nutritional supplement with food, medications and other substances. D. The non-herbal supplement is listed on the MAR (as a part of the resident's plan of care). E. The non-herbal supplement was commercially manufactured and the container provided to the resident by the provider pharmacy is sealed and intact. F. Pharmacist includes the non-herbal supplements in the drug regimen review to identify adverse effects and interactions."</p> <p>During an interview on 7/1/08 at 10:56 am, LN #24 stated the Resident's family provided the fish oil concentrate. The surveyor was shown the container of fish oil concentrate which had been purchased at Costco and had the original Kirkland label but had not been labeled by the facility's pharmacy. LN #24 stated that the pharmacist who had been working for the facility when the fish oil concentrate was originally ordered approved the Kirkland brand.</p> <p>The State of Alaska Nursing Regulation 12 AAC 44.945, Administration of a Non-Herbal Nutritional Supplement, effective 8/30/07, states: "(a) A nurse licensed under AS 08.68 may administer a non-herbal nutritional supplement to a patient if (1) the patient's health care provider has ordered that the non-herbal nutritional supplement be administered to the patient; (2) the patient or the patient's representative has requested that the nurse administer the non-herbal nutritional supplement to the patient;</p>	F 281			

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F 281	<p>Continued From page 15</p> <p>(3) the nurse administering the non-herbal nutritional supplement knows the actions, possible side effects, and possible interactions of the non-herbal nutritional supplement with food, medications, or other substances;</p> <p>(4) the use of the non-herbal nutritional supplement is included as part of the nursing care plan for the patient;</p> <p>(5) the non-herbal nutritional supplement was commercially manufactured and the container of the non-herbal nutritional supplement provided for administration to the patient was provided unopened with the manufacturer's seal intact; and</p> <p>(6) a pharmacist has reviewed all medications taken by the patient and the non-herbal nutritional supplement ordered by the patient's health care provider for possible adverse effects or interactions with food, medications, or other substances.</p> <p>(b) The administration of a non-herbal nutritional supplement may not be delegated by a nurse under 12 AAC 44.950 - 12 AAC 44.965.</p> <p>(c) A nurse licensed under AS 08.68 may not administer to a patient a nutritional supplement that</p> <p>(1) contains one or more herbs; or</p> <p>(2) was compounded for the patient rather than commercially manufactured.</p> <p>(d) This section does not apply to United States Food and Drug Administration (FDA) approved vitamins and minerals. A nurse licensed under AS 08.68 may administer FDA-approved vitamins and minerals to a patient in the manufacturer's recommended dosage or as ordered by the patient's health care provider."</p> <p>Definitions include: "(4) 'herb' means a plant grown for its health or medicinal properties; 'herb' includes plant parts</p>	F 281			

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F 281	<p>Continued From page 16 and extracts; (5) 'non-herbal nutritional supplement' has the meaning given for a 'dietary supplement' in 21 U.S.C. sec.321(ff) (sec. 3(a) of the Dietary Supplement Health and Education Act of 1994) as revised as of March 1, 2007, adopted by reference, except that it does not include a dietary supplement that contains one or more herbs; and (6) 'nutritional supplement' has the meaning given for a 'dietary supplement' in 21 U.S.C. sec. 321(ff), (sec. 3(a) of the Dietary Supplement Health and Education Act of 1994) revised as of March 1, 2007, adopted by reference."</p> <p>Authority: AS 08.68.100</p> <p>Scope of Practice for Licensed Practical Nurses (LPN)</p> <p>Resident #17</p> <p>Medical record review from 7/1-7/2/08 revealed Resident #17 was admitted to the facility on 7/31/07 with multiple diagnoses that included malignant neoplasm of kidney; secondary malignant neoplasm of lung; rheumatoid arthritis; osteoarthritis; hypertension; respiratory distress; anxiety disorder; and congestive heart failure. The Resident had been hospitalized from 3/17/08-3/19/08 for a myocardial infarction (heart attack) and returned to the long-term care facility on 3/19/08 with a PICC line (an IV inserted into a large vein in the arm and threaded into the superior vena cava). The physician orders, dated 3/19/08, included changing the PICC dressing weekly; administering 2 ml heparin flush solution (an anticoagulant to prevent the formation of clots that could block the IV catheter) after each IV</p>	F 281	<p><i>Corrective action accomplished for resident's found to be affected by deficient practice:</i> Resident # 17 is no longer in facility unable to correct</p> <p><i>Identification of residents having the potential to be affected by deficient practice:</i> CAD pumps to be reviewed by RN Supervisor each shift to ensure only RN is bolusing dose via PICC. Licensed staff to be in-serviced on scope of practice concerning IV's</p> <p><i>Monitoring of performance to ensure deficient practice does not recur:</i> All resident's with CAD pump use to be reviewed daily by DNS/ADNS</p>	8/21/08	

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F 281	<p>Continued From page 17</p> <p>medication and every 24 hours if the IV line was not used (100 unit/ml heparin flush); administering Morphine 2 mg IV every 15 min. as needed for severe discomfort; and administering Lasix 20 mg IV every 8 hours as needed for shortness of breath.</p> <p>Review of the Resident's interdisciplinary progress notes and medication administration records revealed that licensed practical nurses (LPNs) administered IV Morphine via a CADD pump (an electronic medication administration pump) on the following dates and times:</p> <p>On 3/20/08 at 2:10 pm LN #12 documented in the interdisciplinary progress notes "Medicated as needed for comfort." LN #12 also initialed the MAR on 3/20/08 for the day shift, signifying administration of IV Morphine via the CADD pump.</p> <p>On 3/21/08 at 4:15 am LN #15 documented in the interdisciplinary progress notes "Res. restless and c/o pain, medication given @ 2300." LN #12 also initialed the MAR on 3/21/08 for the night shift, signifying administration of IV Morphine via the CADD pump.</p> <p>On 3/21/08 at 7:00 am LN #12 documented in the interdisciplinary progress notes "Bolus [a large volume of drug given intravenously and rapidly at one time] of MS done @ 0700 and 1000."</p> <p>On 3/21/08 at 10:10 pm LN #3 documented in the interdisciplinary progress notes "Resident voiced c/o pain in abdomen"; LN #3 also initialed the MAR on 3/21/08 for the evening shift, signifying administration of IV Morphine via the CADD pump.</p>	F 281			

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F 281	<p>Continued From page 18</p> <p>On 3/24/08 at 3:20 am LN #15 documented in the interdisciplinary progress notes "Res awake and confused @ beginning of shift. Res began yelling and screaming, gave bolus at 0025 with relief." LN #15 also initialed the MAR on 3/24/08 for the night shift signifying administration of IV Morphine via the CADD pump.</p> <p>Review on 7/1/08 of the facility's IV scope of practice guidelines for LPNs and RNs revealed the registered nurses were allowed to administer IV push medications, but licensed practical nurses were not.</p> <p>During a telephone with the Executive Administrator Alaska Board of Nursing on 7/2/08 at 8:58 am, she disclosed that when an LPN administered a bolus dose of medication through a CADD pump, it was considered an IV push (an intravenous administration) of medication, and therefore was the duty of a Registered Nurse.</p> <p>Per the Alaska Board of Nursing Position Statement on the scope of practice for Licensed Practical Nurses, Appendix A, "In general, highly complex and variable situations are most appropriately placed within the RN scope of practice and outside the scope of even experienced, practical nurses." Using the "Differentiated Practice Guidelines for Intravenous Therapy", administering IV push medications is not an activity delegated to either a beginning or experienced LPN, but is the responsibility of the RN.</p> <p>Authority: AS 08.68.100 AS 08.68.265</p> <p>Physician Orders</p>	F 281			

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F 281	<p>Continued From page 19</p> <p>Resident #5</p> <p>Record review on 6/25/08 revealed Resident #5 was admitted to the facility on 6/8/07 with multiple diagnoses that included rheumatoid arthritis; thigh and pelvic joint pain; and adhesive capsulitis (stiffness) of shoulder.</p> <p>Review of the physician orders for March 2008 revealed the following for treatment of pain: Fentanyl patch 50 mcg, replaced every 72 hrs; Lidocaine patch, replaced every day; Morphine elixer 10 mg by mouth four times a day; and Morphine elixer 10 mg every hour PRN (as needed).</p> <p>Review of the Resident's medication administration records revealed the order for Morphine elixer 10 mg QID had been yellowed out as discontinued, and DC'd was written beside it. Further review revealed the Resident did not receive the physician-ordered Morphine elixer from 3/1-3/31/08.</p> <p>Review of the "Pharmacist Medication Regimen Review" revealed pharmacist documentation included: "MAR for 3/1/08 MS 10 mg DC'd. Patient did not receive pain med for the month of March."</p> <p>Review of the Resident's 3/2008 Pain Flow Sheet revealed 7 documented complaints of pain. The only day the Resident received the PRN Morphine was on 3/24/08, a day when no complaint of pain was documented.</p> <p>Review on 7/1/08 of the facility's policy #340.005A "Preparing Monthly Medication & Treatment</p>	F 281	<p><i>Corrective action accomplished for resident's found to be affected by deficient practice:</i></p> <p>Resident #5 Morphine Elixer 10mg QID had been re-instituted 4/1/08. A transcription error had been made on the March MAR and Physician Orders.</p> <p><i>Identification of residents having the potential to be affected by deficient practice:</i></p> <p>All MAR and Physician orders are reviewed on a three step process, Recapitulation of physician orders are printed by medical records. First checks are assigned to Licensed Nurses on the unit, second checks are completed by night shift nurses, and MAR is checked a final time on the night of change over. This process to be re-in serviced with all licensed staff.</p> <p><i>Monitoring of performance to ensure deficient practice does not recur:</i></p> <p>DNS/ADNS will review 10 charts on each unit each week to ensure all orders have been transcribed appropriately. Report to be filed with QA committee monthly</p>	8/21/08	

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F 281	<p>Continued From page 20</p> <p>Administration Records" (TARs), revision date 2/18/04, revealed the following: "...Licensed nurse will verify accuracy of physician's orders, and MAR/TAR records..."</p> <p>Review on 7/1/08 of the facility's policy 381.015B "Transcription of Orders" revised 9/21/05, revealed "...C. General Provisions. 12. Every chart will be checked nightly to insure that all orders have been transcribed accurately and no orders have been missed ..."</p> <p>Resident #10</p> <p>Review of the clinical record on 7/2/08 revealed a physician order for "Oxycodone ER 10 mg po every 12 hours. DC MS due to allergy." The order was signed by a registered nurse (RN). The order was not dated. The previous order was dated 3/24/08, and the order following the Oxycodone order was dated 3/25/08. As of 7/2/08 the physician had not signed the order.</p> <p>Review on 7/1/08 of the facility's policy 381.015B "Transcription of Orders" revised 9/21/05, revealed "...C. General Provisions. 4. The licensed nurse, (not RIS) is responsible to insure that orders are complete, clarified if necessary, written on proper forms and signed by the attending physician/GNP or other approved provider..."</p> <p>Documentation of the Medication Administration Record (MAR)</p> <p>Resident # 24</p> <p>Review on 7/4/08 of the clinical record revealed the Resident was admitted on 5/31/06 with</p>	F 281	<p><i>Corrective action accomplished for resident's found to be affected by deficient practice:</i></p> <p>Resident #10, closed record was pulled and physician signed the order</p> <p><i>Identification of residents having the potential to be affected by deficient practice:</i></p> <p>Medical Records to review all charts to ensure all Telephone orders are signed by physician</p> <p><i>Monitoring of performance to ensure deficient practice does not recur:</i></p> <p>All Licensed Staff to be in-serviced on processing Physician Telephone Orders. Order goes to medical records after written, medical records ensures physicians sign all orders. Medical records will report to monthly QA status of Telephone orders/physician compliance with signatures.</p>	8/21/08	

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F 281	<p>Continued From page 21</p> <p>diagnoses that included diabetes with long term insulin use. Admission orders included an order for sliding scale insulin: NovoLog - blood sugar (BS) less than 100 - 0 units; BS 100-130 - 4 units; BS 161-200 - 8 units; and BS greater than 200 - 10 units.</p> <p>Review of the 2/1/08 - 2/29/08 and 3/1/08 - 3/31/08 MARs revealed the Resident received NovoLog Insulin. Review of the April, May, June, and July 2008 MARs revealed documentation that Novolin, not NovoLog, was administered according to sliding scale. Review of the physician orders revealed there was no order to change the insulin from NovoLog to Novolin.</p> <p>The Resident was sent to the emergency room on 7/3/08 due to administration of an inaccurate dose of insulin. Review of the emergency room physician's note revealed the Resident had been assessed as receiving Novolin instead of NovoLog: "...Peak effect is usually within about 3 hours after the onset of Novolin and can persist for several hours thereafter..."</p> <p>During an interview on 7/4/08 at 1:20 pm with the nurse administering medications, the surveyors asked to see the insulin that had been administered and was currently being administered to the Resident. The nurse showed the surveyors three vials; one vial was NovoLog and the other two vials were Lantus Insulin. There was no Novolin Insulin although the MAR reflected the Resident was receiving Novolin.</p> <p>Comparison of NovoLog and Novolin</p> <p>NovoLog - onset 5-10 minutes; peak 30-60 minutes; and duration 2-3 hours</p>	F 281	<p><i>Corrective action accomplished for resident's found to be affected by deficient practice:</i></p> <p>Transcription error was made on entering order into new computer system. Clarification order has been obtained for Novolog Insulin</p> <p><i>Identification of residents having the potential to be affected by deficient practice:</i></p> <p>Medical Records to review all insulin orders in house for accuracy.</p> <p><i>Monitoring of performance to ensure deficient practice does not recur:</i></p> <p>Insulin Orders will be Audited monthly by DNS/ADNS Audits to be reviewed at QA meeting.</p>	8/21/08	

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F 281	<p>Continued From page 22</p> <p>Novolin - onset 30-60 minutes; peak 2-4 hours; and duration 6-8 hours</p> <p>During an interview with LN #s 21 and 22 on 7/4/08 at 3 pm, they both confirmed there was no facility policy that addressed insulin administration.</p> <p>Resident #1</p> <p>Review on 6/23/08-6/25/08 of the clinical record revealed the Resident's diagnoses included: vascular dementia (an umbrella term that describes impairments in cognitive function caused by problems in the blood vessels that feed the brain); osteoarthritis (a condition of chronic arthritis); diabetes with long-term use of Insulin; hypothyroidism (a condition characterized by decreased activity of the thyroid gland); depression; and unspecified glaucoma.</p> <p>Review of the April 2008 MAR revealed no documentation/initials to verify the following medications were given: Insulin - 8 times with no documented blood sugar; Levothyroxine (a replacement for a hormone that is normally produced by the thyroid <http://www.drugs.com/levothyroxine.html> gland to regulate the body's energy and metabolism) - 3 times; Xalatan (used for treating increased pressure in the eye and open-angle glaucoma) - 3 times.</p> <p>Review of the May 2008 MAR revealed no documentation/initials to verify the following medications were given: Insulin - 9 times with no documented blood sugar; Atropine ophthalmic solution (to treat certain eye conditions) - 2 times; Xalatan - 2 times; and Zoloft (antidepressant) - 1</p>	F 281	<p><i>Corrective action accomplished for resident's found to be affected by deficient practice:</i></p> <p>Resident #1 and # 35 April and May MAR reviewed, Daily schedules pulled for nurses assigned, Med-Error report will be filled out for all meds not documented on, unless nurse specifically recalls administering medication, nurses will be counseled.</p> <p><i>Identification of residents having the potential to be affected by deficient practice:</i></p> <p>Medical Records will assist in Auditing MAR's to ensure all medications are administered appropriately. Licensed Nurses to be re-in serviced on ensuring appropriate documentation.</p> <p><i>Monitoring of performance to ensure deficient practice does not recur:</i></p> <p>Audits will be reviewed at monthly QA meeting.</p>	8/21/08	

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F 281	<p>Continued From page 23 time.</p> <p>Resident #35</p> <p>Review of the medical record on 7/1/08 revealed the Resident was admitted 4/7/08 with lung cancer with metastasis to the brain. The physician's admitting orders included Morphine Sulfate SR (sustained release) tabs 30 mg PO Q (every) 12 hours, Morphine Sulfate Oral solution 10 mg PO Q 4 hours PRN for pain 4-6 on pain scale and Morphine Sulfate Oral solution 20 mg PO Q 4 hours PRN for pain 6-10 on pain scale.</p> <p>Review of the nursing notes revealed an entry made on 4/18/08 at 1400 (2 pm) "...Medicated for pain ..." There were no initials on the MAR for PRN morphine on 4/18/08. In addition, there was no documentation on the reverse side of the MAR used to chart PRN medications.</p> <p>Reference: Mosby's Pharmacology in Nursing (2006):</p> <p>Chapter 4, Proper Procedures and Techniques for Medication Administration "...19. Record the administration of each dose on the MAR as soon as possible. Never chart a medication as being given until it has been administered..."</p> <p>Facility Policy and Procedure Review on 7/3/08:</p> <p>Policy 340.006B "...C. General Provisions...2. All clinical records include flowsheet documents based on individual needs and orders. Flowsheets may include but are not limited to: (a) medication/treatment flowsheets...D. Responsible Persons and Procedure Licensed Nursing Personnel 1. Document the administration of all</p>	F 281			

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F 281	Continued From page 24 medications and treatments on the appropriate flow sheet. a) Nurse providing treatment or dispensing medication places his/her initials in the appropriate box on the flow sheet according to date and time the treatment was performed or medication was administered. B. If the resident refuses a medication or treatment, or the nurse is unable to administer a medication or perform a treatment: the licensed nurse places his/her initials in the appropriate box on the flow sheet and circles the initials, and documents on the back of the flow sheet the reason why the medication was not administered or treatment was not performed. The documentation includes date and time...3. The Team Leader reviews documentation on MAR/TAR flow sheets each shift to ensure accuracy and prevent omissions/errors..."	F 281			
F 329 SS=E	483.25(I) UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically	F 329			

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NAME OF PROVIDER OR SUPPLIER MARY CONRAD CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 9100 CENTENNIAL DRIVE ANCHORAGE, AK 99504		
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F 329	<p>Continued From page 25</p> <p>contraindicated, in an effort to discontinue these drugs.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review (19 sampled residents with allergies) and interview, the facility failed to ensure a system was in place to: notify the pharmacy of resident allergies (Resident #s 12, 13, 14); clarify if true allergies existed Resident #s 4, 7, 8, 9, 10, 11, 13); note Penicillin allergy documented on hospital transfer/discharge forms (Resident #s 12, 14); and ensure medications were not prescribed and/or administered when there was a known allergy was documented in the clinical record (Resident #s 4, 8, 9, 10, 11) out of 26 sampled residents. Findings:</p> <p>Pharmacy Notification of Allergies</p> <p>Resident #12</p> <p>The Resident was admitted to the facility on 5/9/08 from Alaska Regional Hospital following surgical repair of leg and ankle fractures. Review of the hospital's transfer/discharge medication form revealed an allergy to penicillin. No allergies were listed on the facility's face sheet or admitting physician orders.</p> <p>Resident #13</p> <p>The Resident was admitted to the facility on 6/19/08 from Providence Alaska Medical Center (PAMC) following below the knee amputation of</p>	F 329	<p><i>Corrective action accomplished for resident's found to be affected by deficient practice:</i> Resident # 12, 13, 14, 4, 7, 8, and 11, Allergies were updated in medical record. #9 and 10 Are no longer in the facility.</p> <p><i>Identification of residents having the potential to be affected by deficient practice:</i> DNS/ADNS and medical records to complete 100% chart review to ensure all allergies are listed on resident's medical record. Pharmacy will be updated with all resident's allergies.</p> <p><i>Monitoring of performance to ensure deficient practice does not recur:</i> Form developed to fax to pharmacy for all admits and re-admits to include allergies. (see Attachment) Medical records will audit 2 units each month to ensure compliance. Audits will be reported to QA committee monthly.</p>	8/21/08	

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F 329	<p>Continued From page 26</p> <p>the right leg. Review of PAMC 's 24-hour physician summary, dated 6/17/08, revealed allergies to codeine, contrast dye, mercury (bulk) and Vicodin. These allergies were not listed on the facility admission orders, face sheet and the 6/2008 MAR.</p> <p>Resident #14</p> <p>Record review from 6/30-7/3/08 revealed the Resident was admitted to the facility on 6/6/08 from Alaska Regional Hospital following total knee replacement and fractured arm. Review of Alaska Regional Hospital's transfer record revealed the Resident was allergic to Sulfa, halothane anesthetic, Lasix and tape. There were no allergies listed on the facility's admission orders and face sheet.</p> <p>During an interview on 7/3/08 at 9:27 am, a Geneva Woods pharmacist disclosed they previously filled prescriptions for the facility and were alerted to resident allergies from the information documented on the physician's orders and the face sheet.</p> <p>An interview on 7/3/08 at 10:30 am with a pharmacist from Anchorage Medset Pharmacy (the pharmacy currently filling prescriptions for the facility), disclosed they were alerted to resident allergies from the information documented on the physician's orders and the face sheet.</p> <p>Clarification of True Allergies</p> <p>Record review of Resident allergies (#s 4, 7, 8, 9, 10, 11, 13) revealed allergies were listed in various locations in the record (face sheet, admitting orders, nursing admission assessment,</p>	F 329			

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F 329	<p>Continued From page 27</p> <p>MAR); however, clarification of a true allergic reaction (i.e. hives; rash; respiratory distress; cardiac arrest; seizures) versus other milder reactions (i.e. nausea flushing, headache, insomnia) was not documented.</p> <p>Medication Allergy Not Identified:</p> <p>Resident #12</p> <p>The Resident was admitted to the facility from Alaska Regional Hospital (ARH) following surgical repair of leg and ankle fractures. Review of ARH's transfer/discharge medication form revealed an allergy to penicillin. The facility had no identified allergies on the nursing admission assessment, admission orders, face sheet, and MAR record.</p> <p>Resident #14</p> <p>Record review from 6/30-7/3/08 revealed the Resident was admitted to the facility on 6/6/08 from Alaska Regional Hospital following total knee replacement and fractured arm. Review of the transfer record from Alaska Regional Hospital revealed the Resident was allergic to Sulfa, Halothane anesthetic, Lasix, and tape. There were no allergies listed on the facility's face sheet, admission orders and the 6/2008 MAR. Review of the admission history and physical, dated 6/7/08, revealed the Resident denied any allergies to medications.</p> <p>Medications Prescribed and/or Administered With Documentation of Allergies</p> <p>Resident #4</p> <p>The Resident's face sheet and the most current</p>	F 329			

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F 329	<p>Continued From page 28</p> <p>MAR listed the following allergies: Tape; Benadryl; Codeine; Morphine; Norvasc; Oxycontin; pecans; and Talwin. Review of a 6/12/08 physician order revealed an order for Oxycontin 20 mg PO BID #60. The Resident stated she overheard a conversation regarding the Oxycontin order. She informed the nurse she was allergic to Oxycontin. The nurse stated she would have to check her record. The order was discontinued.</p> <p>Resident #8</p> <p>The Resident's allergy to Sulfa was noted on the discharge orders from Alaska Regional Hospital as well as on the facility face sheet and the nursing admission assessment. The physician ordered Bactrim DS (a sulfanamide derivative) one twice daily po for 10 days. Review of the MAR revealed the Resident received a total of 16 doses.</p> <p>Resident #9</p> <p>The Resident's allergy to Cipro was listed on the face sheet, physician order sheet and the 3/2008 MAR. On 3/14/08 the physician ordered Cipro 250 mg po x 5 days (the order did not specify a frequency). Documentation on the MAR revealed the Resident received a total of 5 doses.</p> <p>Resident #10</p> <p>The Resident's face sheet and the physician's admitting orders on 2/22/08 listed an allergy to Morphine on the face sheet. A physician's order for Morphine 15 mg was noted and the Resident received 2 doses from 3/24/08 to 3/25/08.</p>	F 329			

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F 329	Continued From page 29 Resident #11 Review of the discharge orders from Alaska Regional Hospital revealed the Resident was allergic to Sulfa. The facility's admission orders of 2/22/08 also listed Sulfanomides as an allergy. On 3/12/08 the physician wrote an order for Bactrim (a sulfanomide derivative) DS 1 po BID x 3 days. Review of the MAR revealed the Resident received Bactrim for 3 days.	F 329			
F 514 SS=F	483.75(l)(1) CLINICAL RECORDS The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure medical records were organized, complete, accurately documented and maintained in accordance with professional standards for 25 of 25 closed records reviewed (#s 2; 3; 6; 9; 10; 15; 17; 18; 19; 25; 26; 28; 30; 31; 32; 33; 34; 35; 36; 39; 40; 41; 43; 46; and 47). Findings: Review of closed records from 6/23/08-7/3/08 revealed the following:	F 514			

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F 514	<p>Continued From page 30</p> <ol style="list-style-type: none"> Physician order sheets for Residents #20 and #45 were in Resident #41's closed record; An admission cover sheet for Resident #46 and the second page of Resident #47's care plan were found in Resident #34's medical record. Resident #19's admission checklist was found in Resident #18's medical record. The surveyors returned these pages to the nursing supervisors. Medical records were not complete: many of the closed records did not have all of the MARs, treatment sheets, and nursing notes in the record. Surveyors asked staff to check for additional records and additional records were found in a downstairs storage area as well as an office in the administrative suite. Closed records in the administrative office were piled on top of 2 desks and in several boxes on the floor. Many of the records on top of the desks consisted of loose papers and were not in a chart or folder; Closed medical records were not maintained in a systematic manner; Closed records were not easily accessible; staff often had difficulty locating a closed record; and Many of the closed records had not been checked to ensure they were complete, including required signatures and forms. <p>Facility Policies and Procedure Review:</p> <p>Number 340.014C Discharge, Clinical Record Completion, revised 1/01 "...C General Provisions</p> <ol style="list-style-type: none"> Clinical records are completed within 15 days of discharge. D. Responsible Persons and Procedure Resident Information Systems Specialist 1. Assemble the clinical record of a discharged resident per 'Clinical Record order' 	F 514	<p>Corrective action accomplished for resident's found to be affected by deficient practice:</p> <p>Medical Records will review all discharge records from February 2008 forward to ensure completeness, accuracy, and that they are maintained in an orderly fashion.</p> <p>Identification of residents having the potential to be affected by deficient practice:</p> <p>As above all discharge records from Feb 2008 forward to be reviewed.</p> <p>Monitoring of performance to ensure deficient practice does not recur:</p> <p>Medical Records will close charts when residents are discharged. All MAR's, TAR's, Nursing Notes, and any other documentation will be pulled off the unit at the time the medical record is pulled. Medical records will obtain all necessary signatures, and discharge summary, and close chart with-in 15 days. A filing cabinet for discharges from the past 30 days will be kept in the medical records office for easy access, after 30 days they will be moved to the main medical record storage area in the basement. Medical Records will report to the monthly QA committee. DNS will monitor.</p>	8/21/08	

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F 514	<p>Continued From page 31</p> <p>procedure. Within each section of forms, assemble the forms in chronological order, with the admission entry on top and the most recent entry on the bottom. 2. Place the assembled clinical record in a manila file folder. Attach the clinical record to the file folder with a fastener...4. Perform quantitative analysis of the clinical record per the 'Discharge Clinical Record Deficiency Analysis' procedure (340.013C)..."</p> <p>Number 340.013C Discharge Clinical Record Deficiency Analysis, revised 1/01 "...C. General Provisions 1. Clinical records of all discharged residents shall be analyzed for completion according to the following requirements D. Responsible Persons and Procedure Resident Information Systems...3. Review the clinical record according to the following guidelines. Note all missing information in the appropriate space on the deficiency slip. Tag all missing information..." The following items were listed under 3. Face Sheet; Discharge Summary; History and Physical Examination; MDS; Care Plan; Assessments and Evaluations; Interdisciplinary progress Notes; Physician Orders; Resident Assistant Flow Sheets, Medication, Treatment, and Restorative Forms; Inventory of personal Belongings; and Pharmacy Review.</p> <p>According to the American Health Information Management Association "Long Term Care Health Information Practice and Documentation Guidelines", 2001: "...Maintenance of the Medical Record. It is critical that both the active record and the overflow records are maintained in a systematically organized fashion. This means that all records have an established chart order or order of filing that is followed. All records (records</p>	F 514			

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NAME OF PROVIDER OR SUPPLIER

MARY CONRAD CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

**9100 CENTENNIAL DRIVE
ANCHORAGE, AK 99504**

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F 514	Continued From page 32 on the nursing station, overflow records, and discharge records) should be readily accessible, maintained in an organized chart order, filed in an easily retrievable manner, and maintained in folders or chart holders sufficient in size for the volume of the record. The chart holders and folders should be kept neat, clean and orderly..."	F 514		

RAINDANCE HEALTH CARE, INC.*QUALITY MANAGEMENT*

Subject:	Quality Management	
Number:	480.001A	Pages: 1 of 3
Creation Date:	11/27/87	
Revision Dates:	11/27/87, 11/27/91, 6/9/94, 1/30/01, 1/31/02, 2/18/04	
Depts. Affected:	All	

A. PURPOSE

Raindance Health Care Inc., recognizes that quality care and service is vital and efforts to improve quality are integrated through all levels.

B. DEFINITIONS

Quality Management (QM) is a process for monitoring, evaluating, identifying, correcting, and reassessing care practices that negatively affect quality of care and services provided or result in accident or injury to a patient or staff, and provisions for documenting any deficiencies found and remedial actions taken.

Quality Management Committee oversees the quality of care and service in the facility. Participation is required by the Administrator, Director of Nursing, Medical Director or Gerontological Nurse Practitioner, Director of Dining Support Services, Consultant Pharmacist, and Infection Control Nurse. By statutory regulation this committee meets at least quarterly and addresses issues of Pharmacy and Therapeutics, Infection Control, Safety, and Quality Management.

C. GENERAL PROVISIONS

1. The QM process is based on acceptable standards of care and service. These standards must meet the following:
 - ♦ ethical and moral principles
 - ♦ legal requirements
 - ♦ economic requirements of cost effectiveness
 - ♦ standards of practice for the industry and/or discipline.
2. Each department/service is responsible contributing to the ongoing reporting of QM processes in the department.
3. QM results are routinely reported to the QM Committee.
4. The QM program is evaluated at least annually and revised as necessary.

D. RESPONSIBLE PERSONS AND PROCEDURE*Chair of the Quality Management Committee*

1. Organizes the QM Committee to oversee the quality of service in the facility and to ensure review of all required QMs (i.e., Pharmacy, Infection Control, and care practices which negatively affect quality of care/service.
2. Ensures all QM reports, except pharmacy and infection control, are to be stamped or labeled as confidential and privileged materials including those established under Alaska Statute 18.23.
3. Provide a written QM report of facility-wide QM activities to the Administrator.

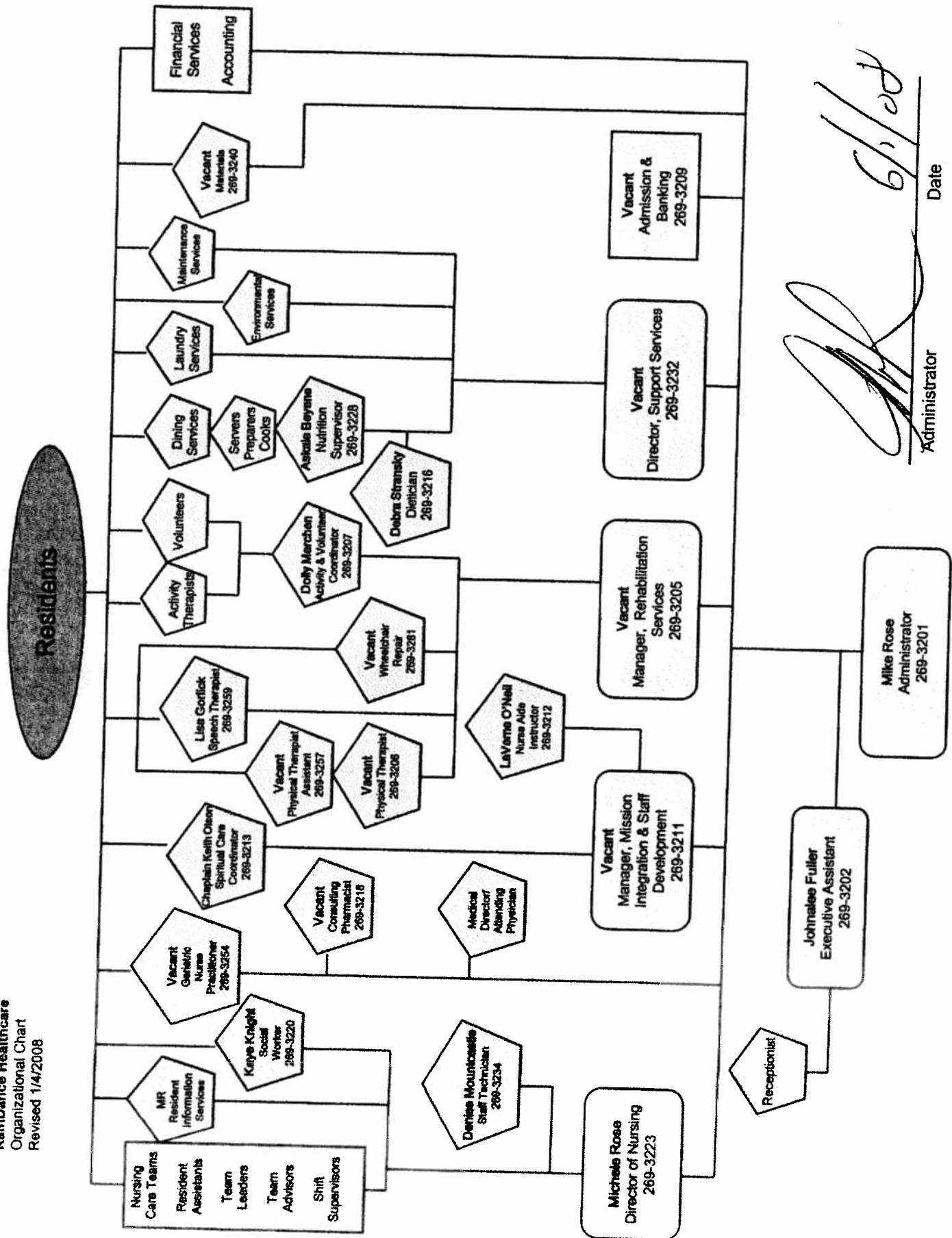
Quality Management Committee

1. Receives, reviews QM reports.
2. Identifies and follows up on implementation of appropriate plans of improvement for quality of care and services deficiencies through a variety of sources of information or methods such as:
 - ♦ QM Reports from Managers and Directors (including Pharmacy and Infection Control)
 - ♦ State and Federal survey results
 - ♦ Resident satisfaction surveys
 - ♦ Resident Council minute reports
 - ♦ Reports of FQIP trends
 - ♦ Reports of UOR data trends
 - ♦ Reports of Internal Survey results
 - ♦ Reports of Workers' Compensation claims
 - ♦ Reviews of facility policies which need to be changed to implement improvement plans.
 - ♦ Pod Meetings
 - ♦ Staff Satisfaction Surveys

Manager/Director

1. Directs department's QM process through careful planning, including:
 - a. Identifying and examining important aspects of care and service provided by the department and setting appropriate standards.
 - b. Monitoring the achievement of the standards.
 - c. Following up with appropriate plans for improvement to correct any substandard outcomes.
 - d. Preparing written QM reports to the Quality Management Committee.

RainDance Healthcare
Organizational Chart
Revised 1/4/2008



[Signature]
Date 6/1/08
Administrator