

## **Long-Term Care Survey Alert**

## **Survey & Clinical News To Use**

Is your nursing home checking the nurse aide registry of other states that might contain information about a nurse assistant applicant? Under current federal regs, nursing homes can't employ nursing assistants who have been found guilty by a court of law of abusing or neglecting residents--or those who have findings of abuse, neglect or misappropriation of resident property entered into the state nurse aide registry. As potential employers, nursing homes must check the nurse aide registries of other states it believes might contain information about an individual, according to a recent **Centers for Medicare & Medicaid Services'** survey and certification group memo to state survey agencies (S&C-05-46).

The memorandum also provides contact information for nurse aide registries in every state.

Read the memo at www.cms.hhs.gov/medicaid/surveycert/sc0546.pdf.

## Education can go a long way toward reducing the rate of urinary incontinence in your facility.

For example, your facility can implement a "bladder wall" or bulletin board to post current information about urinary incontinence (UI), suggested **Diane Newman, MSN, RN,** a specialist in incontinence management, in a presentation at this year's **American Nurse Assessment Coordinators** conference in Chicago. That approach brings the subject into the open and lets people know UI is a common condition that doesn't affect just elderly or disabled people.

**Another idea:** Conduct bladder health classes. "Patients respond to the talk about the types of incontinence, for example," said Newman.

Also give residents (and caregivers) a heads up about the effect of caffeine reduction on UI. Women with mixed UI who reduced caffeine intake by about half (900 mg/d to 480 mg/) reduced their urinary incontinent episodes from 2.3 to one per day, according to Newman's presentation. Residents or staff should slowly taper their caffeine intake to avoid rebound headaches.