



Compliance Tips from IHCA’s Survey Results Committee August 2020

Total Number of Survey Reports:

Survey Composition:

Annual:	0 Surveys	0 Deficiency Free
Complaints:	42 Surveys	26 Unsubstantiated
Self-Reports:	6 Surveys	1 Unsubstantiated
Mandatory Reports:	0 Surveys	0 Unsubstantiated
COVID ICS:	45 Surveys	34 Deficiency Free

State Fines:	\$41,500.00
State Fines in suspension:	\$37,000

Most Commonly Cited Iowa Tags:

F 880 – Infection Prevention and Control (10)

F689 – Free from Accidents and Hazards (6)

Tags Resulting in Actual Harm or Higher Citations and Fines:

F 684–Quality of Care	1 K Level Tag
F 689 – Free from Accidents and Hazards	2 J Level Tags
F 880 – Infection Prevention and Control	1 J Level Tag

Top 10 National F-Tags*

Citation Frequency Report

National Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
Totals represent the # of providers and surveys that meet the selection criteria specified above.		Active Providers=15450		Total Number of Surveys=51100
F0880	Infection Prevention & Control	3,630	19.3%	7.1%
F0884	Reporting - National Health Safety Network	2,577	7.7%	5.0%
F0689	Free of Accident Hazards/Supervision/Devices	1,320	7.6%	2.6%
F0812	Food Procurement, Store/Prepare/Serve Sanitary	1,039	6.4%	2.0%
F0684	Quality of Care	989	5.7%	1.9%
F0656	Develop/Implement Comprehensive Care Plan	900	5.4%	1.8%
F0761	Label/Store Drugs and Biologicals	715	4.5%	1.4%
F0609	Reporting of Alleged Violations	602	3.4%	1.2%
F0677	ADL Care Provided for Dependent Residents	551	3.3%	1.1%
F0657	Care Plan Timing and Revision	542	3.3%	1.1%

*Additional detailed national, regional, state and facility-specific CMS regulatory data can be found [S&C's Quality, Certification, and Oversight Reports \(QCOR\)](#).

Deficiencies and Fines (sorted ascending by F-tag number)

F580 – Notify of Changes (Injury/Decline/Room Etc.)

Facility failed to notify the family representative of a change in resident condition. D **\$7,750.00**

F584 – Safe/Clean/Comfortable/Homelike Environment

- Facility failed to provide an open safe path to one fire door in case of an emergency which created a hazard. D
- Facility failed to maintain resident rooms and facility hallways in a clean, sanitary and homelike atmosphere. E

F656 – Develop/Implement Comprehensive Care Plan

- Facility failed to develop and implement speech therapy strategies in the comprehensive care plan. D

F657 – Care Plan Timing and Revision

- Facility failed to include the resident or resident representative in the initial care plan process and failed to create an initial comprehensive care plan. D

F658 – Services Provided Meet Professional Standards

- Facility failed to follow physician's orders related to medication administration and failed to have trained personnel accessible to administer intravenous (IV) medication. D

F677 – ADL Care Provided for Dependent Residents

- Facility failed to provide documentation to show 3 out of 5 residents reviewed had been showered/bathed as scheduled. D
- Staff failed to provide assistance with activities of daily living for 5 of 6 sampled who were unable to carry out activities of daily living. D

F684 – Quality of Care

- Facility failed to prevent a non-qualified staff member from providing medications and treatments to residents which required the knowledge of a licensed or registered nurse for 5 of 7 residents reviewed. K **\$4,500.00**

F689 – Free from Accidents and Hazards

- Facility failed to adequately supervise residents in a secured unit by propping open a locked door leading into the courtyard. J
- Facility failed to monitor and complete regular testing of the facility's wander guard door alarms which created a safety hazard for 9 residents living in the facility that required a wander guard device to prevent residents from leaving the building unattended. E
- Facility failed to provide appropriate supervision for a cognitively impaired resident for one of four residents reviewed. J
- Facility failed to ensure that each resident received adequate supervision to prevent the hazard of elopement (a resident that exits the facility without staff knowledge or permission) for 1 of 3 residents reviewed that the facility identified as at increased risk for elopement. J **\$3,000.00**
- Facility failed to ensure staff maintained a safe and secure environment for 1 of 6 residents reviewed. D
- Facility failed to provide adequate supervision for a resident who required staff assistance. J **\$7,500.00**

F690 –Bowel/Bladder/Incontinence, Catheter, UTI

- Facility failed to provide adequate perineal care for one of two residents reviewed. D

F730 – Nurse Aide Perform Review-12 Hr/Year In-Service

- Facility failed to complete an annual performance evaluation for 10 of 10 nurse aide personnel files reviewed. E \$8,750.00

F804 – Nutritive value/Appear, Palatable/Prefer Temp

- Facility failed to provide hot food at the minimum temperature required during one meal observed. E

F842 – Resident Records- Identifiable Information

- Facility failed to assure records contained a complete and accurate record of resident assessment. D

F880 – Infection Prevention and Control

- Facility failed to ensure staff followed hand hygiene procedures and utilized personal protective equipment according to facility policy for 2 of 10 sampled. D
- Facility failed to ensure staff followed infection control practices for 2 of 4 residents observed. D
- Facility failed to provide appropriate infection control techniques. E
- Facility failed to provide appropriate infection control techniques. D
- Facility failed to implement CMS and CDC recommended infection control practices in order to control the spread of covid-19 failed to implement an effective screening process, failed to complete proper hand hygiene, and failed to utilize personal protective equipment for 50 of 50 sampled. F
- Facility failed to implement and monitor an effective screening process for staff and visitors to prevent a Covid-19 outbreak for 56 of 74 residents. The lack of effective screening resulted in a staff member being able to work while knowingly ill and failing to report it. The spread of Covid-19 once introduced into the building, was rampant, and resulted in 9 deaths. J
- Facility failed to maintain infection control standards by allowing 3 staff members to work with symptoms of illness and failure of staff to wear personal protective equipment on 2 out of 4 days of observation, which placed the resident's health and safety in immediate jeopardy. **J \$10,000**
- Facility failed to maintain an infection prevention and control program to provide a safe sanitary and comfortable environment to help prevent the development and transmission of communicable disease and infection for 3 of 6 sampled. E
- Facility failed to follow proper infection control standards for three of three residents reviewed. D
- Facility failed to appropriately screen staff and visitors for symptoms of COVID-19 before allowing entrance to the facility. E

F947 – Required In-Service Training for Nurse Aides

- Facility failed to provide 12 hours of in-service training per year for 8 of 10 nurse aide personnel files reviewed. E

Nursing Facility Survey Frequency

As of August 14, 2020: CMS lists 113 Iowa facilities (26.1%) of all facilities as past 15 months since last annual survey. Region 7 average rate is 21.8%. National average is 25.7%. No Annual Surveys took place in Iowa during this time period.