

Compliance Tips from IHCA's Survey Results Committee

December 2017

The five most frequently cited tags from the 29 annual surveys (9 deficiency free), 21 complaints (13 unsubstantiated), 26 self-reports (9 unsubstantiated), 21 complaint/self-report (13 unsubstantiated) and 0 mandatory reports (0 unsubstantiated) reviewed by the IHCA Survey Results Committee are listed below with the most common citations. There were 102 total deficiencies.

The following is a breakdown of severity level:

A = 0.00%	D = 63.73%	G = 9.80%
B = 0.98%	E = 18.63%	H = 0.00%
C = 2.94%	F = 0.00%	I = 0.00%
		J = 2.94%
		K = 0.00%
		L = 0.00%

Total # of Reports: 63

Total # of surveys/reports deficiency free or unsubstantiated: 26

Avg. # of deficiencies

- All = 1.62
- Annual = 3.11
- Complaints = 3.57
- Self-reports = 3.00
- Complaint/Self-Reports= 2.33
- Mandatory = 3.66
- Special Focus = 0.00

Total state fines for October Report = \$16,000 (\$58,500 held in suspension)

Be sure to see the survey frequency report on pages 9 and 10!

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

F 156—Notice of Eligibility

- Failed to give Medicare Liability Notice for 2 residents when they came off skilled (D)

- No Medicaid & Ombudsman posting in each household. During group interview residents did not know where to locate this in front lobby (C)

F 157—Notice of Changes to Family, Physician

- Sent fax to physician with condition change, sent to ER next day, physician didn't response to fax until the day after (D)
- Lack of documentation on blood sugar and blood pressure checks, and out of range checks were not reported to physician (D)

F 164—Privacy & Confidentiality of Personal & Clinical Records

- Personal privacy/confidentiality of records-failure to provide privacy during resident cares by leaving the resident exposed while getting additional supplies (D)

F 167—Examination of Most Recent Survey Results and Plans of Correction

- Survey results were not available in each household. During group interview residents did not know where to locate this in front lobby (C)

F 203— Notification Requirements Before Transfer or Discharge of a Resident

- Notice requirements before transfer/discharge-failure to provide written documentation to POA prior to emergency discharge. Facility also did not notify DIA or Ombudsman of the emergency discharge of the resident per the guidelines (D)

F 226—Staff Treatment of Residents

- Background checks performed longer than 30 days prior to hiring 2 employees. Had on file 2 hours of Child and Dependent Adult abuse rather than 2 hours Dependent Adult Abuse (D) **\$500 fine**
- Failure to do a background check prior to hire - it was done 2 weeks after hire date **\$500 fine** (D)
- Abuse check revealed "Further Research". Check not completed prior to employment (2 examples) (D)
- 4 staff failed to receive abuse training in time from date of hire (D)
- No mandatory abuse training within 6 months for new staff member (D)

F 241—Dignity and Respect of Individuality

- Staff told resident "No, you can't go yet." Resident stated rough treatment by staff member when assisting with ADL's (D) **\$15,750 fine \$5,250 trebled**
- Staff did not close window curtains or pull privacy curtain prior to providing cares. Group interview revealed that staff often did not always knock prior to entering room (E)

F 246—Accommodation of Needs

- Multiple residents remained unshaven during the course of the survey. A resident was not shielded from a roommate during care by using a privacy

curtain or door. A resident with loose fitting pants would have them drop during ambulation exposing urine stained undergarments (E)

- Failed to ensure resident needs: resident not supplied with right sizes of briefs. C.N.A.'s ran out of briefs, gloves, wipes, linens to care for resident (E)

F 252—Safe, Clean, Homelike Environment

- Dust and debris on a baseboard heater, soiled carpets, gouges in wallpaper, splinters on doors, chipped paint on door frames, dust fans, etc., were noted during observations (E)

F 279—Comprehensive Care Plans

- Four care plans lack interventions for use of psychotropic medications (E)
- Failed to follow fall interventions for fall prevention, did not use sit to stand lift (D)

F 281—Professional Standards of Quality

- Residents with physicians' orders: for daily weights, missed 3 times, order for monthly BMP was missed 1-time, weekly BP & pulse, missed 3 times (E)
- A Lantus insulin pen on the med cart was expired. A Humalog insulin pen was also undated as when opened (D)
- Lack of documentation on blood sugar and blood pressure checks, and out of range checks were not reported to physician (D)
- Physician's order sheet was not signed every 90 days (D)
- Services to meet professional standards-failure to apply TED hose per physician order and failure to notified physician on a weight gain per Doctors orders (D)
- Staff failed to prime the insulin pen prior to administering (D)
- 12 bedtime meds on one resident were not given, including an insulin dose. 28 medications missed on the resident on the morning shift. Treatments on abdominal wound were not done 10 of 31 days, 14 of 31 days missed for shoulder treatment (cream), and 16 of 31 days missed for buttock treatment (D)

F 282—Qualifications of Staff

- A resident with a low BIMS score had skin breakdown on feet did not have heel protector boots on feet when observed by the surveyor as stated on the care plan. Another resident had no pressure reducing cushion in geri/recliner when observed and as stated on the care plan (D)
- Services by qualified person per care plan-failure to follow plan of care by not removing hearing aide at night and proper placement of dycem under pad and not of top of pad (D)
- Care plan interventions weren't followed: gait belt use, non-skid pad on chair (D)

F 283— Discharge Summary

- Failed to address disposition of resident medications and belonging upon discharge (D)

F 285—PASRR

- Failed to follow PASRR services per evaluation, no ST (D)

F 309—Highest Practicable Well-Being

- Resident (BIMS 15) with history of multiple fractures and spinal fusions identified as pain 7/10. RN & CNA report had exhausted all other measures to manage "behaviors" (pain). CNA then put rice in 2 socks, heated up 1.5 min in microwave and placed on knee and hip 11/3. Stated used rice pack every night. Went back after 2 hours, observed a blister on thigh. No initial measurements or assessment of the area until 3 days later. LPN swabbed with alcohol first couple days (without physician's order) and then instructed CNA to also rub with alcohol. LPN later denied this. Surveyor asked CNA what she used to clean blister, CNA pointed to a skin prep pad rather than alcohol pad. Documentation resident denied pain, however told surveyor the pain meds did not dull the pain. 11/5 ARNP faxed stating to monitor. On interview told surveyor they were not aware the blister was a burn but thought it was from friction. After being shown a picture of area, confirmed it was likely a burn (G) **\$15,000 fine in suspension \$5,000 trebled**
- Fall with resulting pain. Physician not notified timely of increase in pain and decreased mobility after the notification of initial fall. Radiology reports revealed multiple fractures (G) **\$8,500 fine**
- Provide care/services for highest well being-failure by staff to always provide timely assessment of impaired skin- Failure to do weekly assessments of skin conditions (D)
- Hospice resident with pain levels ranging from 2-10 with 15 levels at 5 or greater and staff only administered prn pain meds 2 times during the month. Resident crying out in pain with surveyor present and staff failed to administer pain med. 2. Routine pain med ordered 3x/day. MAR had 16 blanks where medication was not administered (D)
- Resident fell out of chair, lack of pain assessment and interventions for pain, hospice but had fracture (D)

F 312—Quality of Care; Activities of Daily Living

- Staff failed to provide continence care to front area after wet pad removed (E)
- No hearing aides were in place for a resident in the dining room. Care plan stated to utilize hearing aids (D)
- During peri care, staff did not use gait belt, did not give pericare, another resident not toileted each hour per care plan (D)
- Resident with long finger nails and debris, fecal matter under nails (D)
- Incomplete incontinence care. Used dirty gloves for incontinence care and did not cleanse hips (D)
- Resident went 8 hours without toileting while being observed by surveyor (D)
- Failed to cleanse hip area in peri care, improper glove use during care (D)
- ADL Care for Dependent Residents-Failed to complete bathing according to family/resident wishes. Resident was not receiving baths regularly (B)

F 314—Pressure Ulcers

- A resident developed unavoidable pressure areas on both heels after a hip repair and a week after return to the facility. PRAFO Boots were to be applied to both feet at all times. Surveyor observation revealed no PRAFO Boots in place while the resident was in bed. Heels were also to be floated and abductor pillow were to be placed between legs while in bed. Observation revealed this was not completed. Another resident did not receive wound treatment as Dr. ordered and was not repositioned every 2 hours as per care plan. Additionally, proper infection control procedures were not followed during the course of treatment (barriers not used & scissors not cleansed) (G) **\$6,000 fine (\$2,000 x 3) trebled**
- Failed to use pressure reduction boots for heel pressure injury and change/follow wound dressing per physician orders. Res. One resident developed sepsis in PU and died (G)
- A pressure area was not properly assessed, and records were not available to demonstrate a 2-hour turning schedule was followed (see F282). A nurse was administering Mepilex to an area, there was no physician order for the use of the Mepilex (D)
- Pressure reduction pad not in chair per care plan intervention and resident had pressure ulcer (D)
- Resident had a pressure ulcer and was care planned for every 2-hour repositioning. Record lacked documentation of repositioning by CNAs (D)

F 315—Incontinence Care

- No catheter, prevent UTI, restore bladder staff failed to perform proper catheter care to prevent infection (D)
- Care plan states catheter care every shift, only peri care provided (D)

F 318—Range of Motion to Prevent Decline

- Residents with an observed contracture had no plan for an exercise, restorative or functional ROM program (D)
- Resident with hemiplegia and mild contracture of wrist, ordered right wrist splint, surveyor observed it was not on. Staff members stated were not aware the resident needed a splint (D)

F 323—Free of Accident Hazards/Supervision/Devices

- Free of accident hazards/supervision/devices-resident eloped from facility without knowledge of the staff and suffered facial injuries. Alerted by ER at hospital of admission. Resident had exited after visitors exited facility turning off alarm. Facility had removed note by door with the code written and had note advising visitors not to let anyone go with them out the door in addition to reactivating a wanderguard system for residents at risk to abate the (J) **\$5,000 fine in suspension**
- Elopement, without staff knowledge, found blocks away (J) **\$5,000 fine in suspension**
- Pushed wheelchair with no foot pedal fell out of wheelchair with hip fracture (G) **\$5,000 fine in suspension**

- No policy for rice packs (see F309 above) two residents receiving this treatment. Rice packs used causing burn was tested by surveyor. Larger one heated 1.5 min in microwave temp then internal temp read 157.8 degrees on one thermometer and 148 on the other. Smaller rice pack was 219 degrees on one thermometer and 220 on the other. Abated IJ with staff education and developing policy on using Aqua-K pad only (J)
- Staff failed to secure a resident in the tub during a bath - after completing the bath, resident fell from the whirl pool chair when it was about 28 inches in the air, hitting head on floor. Resident needed 29 sutures to close the wound. (past non-compliance, no plan of correction required) (G)
- Multiple falls with alarms not functioning, one resident fell with fracture, died. Physician stated cause of death was combination of fall with fracture. New fall interventions not placed on care plan (G)
- Full thickness skin tear requiring 12 staples with resident having long nails and no apparent reason for skin tear could be identified by the facility (G)
- Resident is care planned not to be left in unattended in room or on toilet as was known to self-transfer. C.N.A. discovered resident in room on toilet. C.N.A. told resident to pull call light when done and went to break. Resident transferred self off of toilet and fell resulting in dislocated hip (G)
- Five residents observed being pushed in wheelchair without foot pedals (E)
- Improper lift transfer, when exiting room with lift, resident on lift hit by another staff member in hall and hit head on door frame (E)
- Staff stated that a resident that used alarms should not be left unattended on the toilet. Surveyor observation revealed the resident was left unattended on the toilet (D)
- Water temps 120-132.4 (D)
- A staff member admitted to doing a 1-person transfer to the commode when the resident required a 2-person transfer. Resident sustained a bruise during the 1-person transfer (D)
- 1. Unlocked chemical cupboard, 2. side rail space of 6.75 inches horizontal and 7.75 vertical. (enough for the surveyor to fit their head through) (D)
- Fall with laceration and no new care plan intervention added (D)
- Gripper strips for floor per care plan, but not applied (D)
- Toilet bowl cleaner, glass cleaner, Oxivir Wipes, Lysol in unlocked area. Two unlocked areas - shower room and soiled utility room (D)

F 332—Medication Error

- Medication error rate exceeded 5% (mostly from an incorrect dose of Humalog) (D)

F 334—Influenza Vaccine

- Influenza and pneumococcal immunizations-failure by staff to offer the pneumococcal vaccination to one resident (D)

F 353 Sufficient Nurse Staffing

- A cognitive resident's report waiting for up to an hour for call lights to be answered. Group interview revealed that 4 of 5 residents reported 45 minutes to an hour for call lights to be answered (E)
- Restorative program not completed as ordered for NuStep to be used 5x/wk. in Aug, Sept, Oct used 10 times each month and missed 5 times in Nov. CNA reports getting pulled to the floor and doesn't have time. Call lights 20 min and resident reports waiting so long on commode legs went numb and staff members often only use 1 CNA instead of 2. Sept-Oct-Nov call lights on too long mentioned in resident council minutes (D)
- Failed to answer call lights within 15 minutes (D)

F 356— Nurse Staffing Information

- Staffing levels were not posted for several days (C)

F 363—Menus, Nutritional Adequacy

- Failed to follow and serve diet as signed by licensed dietician (E)
- Did not serve correct portion of menu, less ounces (E)

F 364—Food Temps

- Residents complained of food temperatures. When temped, meat, potatoes, and vegetables temped between 128.1 and 132.2 (E)

F 371—Food Preparation-Sanitary Conditions

- Failed to store food in sanitary conditions, resident's common refrigerator: outdated yogurt, 16-day old room tray, Mighty Shake lacked thaw date, outdated milk, container marked "Wyler's chicken cubes" contained ranch dressing, etc. (E)
- Dirty floors, dirty grease trap, ceiling vents with dust/grime, wall splatter, black carbon build up on skillets, scoops stored on top of dirty bin lids, cutting boards with heavy scoring and staining, food not dated, chipped paint on floor mixer, soiled lid, sides and foot pedal on waste can, undated items that required a thaw date, no evidence of implementation of cleaning schedules, no policies for kitchen sanitation (E)
- Kitchen staff wore gloves and touched multiple surfaces, and then touched food (E)
- Open and unsealed food items, handles touching food (E)

F 373—Paid Feeding Assistants

- PNA's were feeding resident with difficulty chewing and resident at risk for choking (E)
- Scoop stored inside can of thickener and handle in contact with product (D)

F 441—Infection Control

- Barriers were not used when using glucometer or emptying catheters and scissors were not cleansed between uses as required. Gloves were not changed

appropriately, etc. Maintenance staff handling materials in the biohazard containers, did not use gloves or wash hands (E)

- Failed to keep surface wet for 2 minutes with sanitizer as recommended by manufacturer (E)
- Failed to change gloves from pericare to brushing teeth (E)
- Staff did not use gloves to remove or dispose of a urine soaked undergarment (D)
- Staff failed to wash hands after cares or between soiled or clean procedures or before leaving the room (D)
- Several incidents failed to wash hands: after removing gloves following incontinence care, washed res face with same gloves as worn for peri cares, touched bottom of resident shoes and proceeded with care (D)
- Infection control prevent infections-Failure to use proper changing of glove usage and/or wash hands when indicated during care of residents (D)
- Gloves became dirty and changed without washing hands, used the same glove after incontinence care to help dress resident (D)
- Peri care completed with dirty gloves. Failed to change gloves between peri-care and applying denture paste to dentures and handing to res. Continued to complete dressing res. With dirty gloves and touching other surfaces in the room. Applied skin barrier with dirty gloves as part of peri-care (D)

F 465—Other Environmental Conditions

- Fans with 25-50% coverage in "grey fuzz" (D)

F 496—Nurse Aide Registry Verification and Retraining

- CNA registry checked 10 days after date of hire (D)

F 499—Professional Staff Qualifications

- Failure to verify a nursing license on one nurse. It was done nearly one month after hire (D)
- Failed to conduct nursing verification and follow-up on discipline on active license (D)

F 514—Clinical Records

- Res Records complete/accurate/Accessible Resident had an indwelling catheter noted in care plan and documentation of use of both an indwelling catheter and a condom catheter in nurses' notes on two separate residents (D)
- Use of rice hot pack not on TAR, despite being used nightly (D)

F 520—Quality Assessment and Assurance

- Physician did not attend QA at least quarterly (D)

**Annual Survey Frequency
December Survey Results Meeting**

<u>Facility</u>	<u>City</u>	<u>Last Year</u>	<u>This Year</u>	<u>Frequency</u>
Accura Healthcare of Cresco	Cresco	10/6/16	10/19/17	54 Weeks
Akron Care Center	Akron	10/13/16	11/16/17	57 Weeks
Bettendorf Health Care Center	Bettendorf	10/20/16	11/28/17	57 Weeks
Bishop Drum Retirement Center	Johnston	10/27/16	11/16/17	55 Weeks
Centerville Specialty Care	Centerville	10/20/16	11/9/17	55 Weeks
Colonial Manor of Elma	Elma	11/3/16	11/1/17	52 Weeks
Correctionville Specialty Care	Correctionville	10/13/16	11/16/17	57 Weeks
Cottage Grove Place	Cedar Rapids	9/29/16	10/26/17	56 Weeks
Country View Manor, Inc.	Sibley	11/23/16	11/28/17	53 Weeks
Countryside Health Care Center	Sioux City	10/27/16	11/27/17	56 Weeks
Dave's Place	Keokuk	10/6/16	11/16/17	58 Weeks
Eastern Star Masonic Home	Boone	9/19/16	11/9/17	60 Weeks
Elm Crest Retirement Community	Harlan	9/15/16	11/2/17	59 Weeks
Good Samaritan Society	Indianola	9/22/16	11/2/17	58 Weeks
Good Samaritan Society	Manson	9/15/16	11/2/17	59 Weeks
Good Samaritan Society	Ottumwa	9/15/16	11/2/17	59 Weeks
Good Samaritan Society	Villisca	10/6/16	11/9/17	57 Weeks
Hegg Memorial Healthcare Center	Rock Valley	10/20/16	11/27/17	57 Weeks
Hiawatha Care Center	Hiawatha	10/6/16	11/28/17	59 Weeks
Iowa Veterans Home	Marshalltown	9/29/16	11/9/17	58 Weeks
Mechanicsville Specialty Care	Mechanicsville	10/27/16	11/16/17	55 Weeks
North Crest Living Center	Council Bluffs	8/31/16	10/19/17	59 Weeks
Northcrest Specialty Care	Waterloo	10/27/16	11/16/17	55 Weeks
Ramsey Village	Des Moines	10/20/16	11/16/17	56 Weeks
Scottish Rite Park, Inc.	Des Moines	10/19/16	11/9/17	55 Weeks
Sigourney Heath Care	Sigourney	10/20/16	11/9/17	55 Weeks
Sunrise Retirement Community	Sioux City	9/15/16	11/2/17	59 Weeks
The Madison	Fort Madison	9/22/16	11/9/17	59 Weeks
Wapello Specialty Care	Wapello	10/13/16	11/28/17	58 Weeks

Of the (29) Tabulated Annual Surveys Reviewed in November:

1 Survey was earlier than last year
28 Surveys were later than last year

Earliest Survey:

Colonial Manor of Elma	Elma	11/3/16	11/1/17	52 Weeks
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Latest Survey:

Eastern Star Masonic Home	Boone	9/19/16	11/9/17	60 Weeks
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9 Facilities were "Deficiency Free" - (31 %)

Accura Healthcare	Cresco	Centerville Specialty Care	Centerville
Colonial Manor of Elma	Elma	Correctionville Specialty Care	Correctionville
Country View Manor	Sibley	Good Samaritan Society	Manson
Ramsey Village	Des Moines	Scottish Rite Park	Des Moines
Wapello Specialty Care	Wapello		

Average Survey Frequency:

2017

December Survey Meeting	56.79 Weeks	(4.79 Weeks Late)
November Survey Meeting	57.30 Weeks	(5.30 Weeks Late)
October Survey Meeting	55.92 Weeks	(3.92 Weeks Late)
September Survey Meeting	55.00 Weeks	(3.00 Weeks Late)
August Survey Meeting	55.92 Weeks	(3.92 Weeks Late)
July Survey Meeting	56.54 Weeks	(4.54 Weeks Late)
June Survey Meeting	54.90 Weeks	(2.10 Weeks Late)
May Survey Meeting	54.90 Weeks	(2.10 Weeks Late)
April Survey Meeting	52.84 Weeks	(0.84 Weeks Late)
March Survey Meeting	51.21 Weeks	(0.79 Weeks Early)
February Survey Meeting	50.88 Weeks	(1.12 Weeks Early)
January Survey Meeting	49.69 Weeks	(2.30 Weeks Early)

2016

December Survey Meeting	48.52 Weeks	(3.48 Weeks Early)
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