



Compliance Tips from IHCA’s Survey Results Committee July 2020

Total Number of Survey Reports: 6

Survey Composition:

| | | |
|--------------------|-----------|-------------------|
| Annual: | 0 Surveys | 0 Deficiency Free |
| Complaints: | 5 Surveys | 0 Unsubstantiated |
| Self-Reports: | 2 Surveys | 0 Unsubstantiated |
| Mandatory Reports: | 0 Surveys | 0 Unsubstantiated |

| | |
|----------------------------|--------------|
| State Fines: | \$0 |
| State Fines in suspension: | \$ 64,250.00 |

Most Commonly Cited Iowa Tags:

F 880 - Infection Prevention and Control (3)

F 684 - Quality of Care (3)

Tags Resulting in Actual Harm or Higher Citations and Fines:

| | |
|--|--------------------------------|
| F 675 - Quality of Life | J Level Tag |
| F 684-Quality of Care | 1 K Level Tag |
| F 689 - Free from Accidents and Hazards | 2 J Level Tags |
| F 692 - Nutrition/Hydration Status Maintenance | 1 K Level Tag |
| F 880 - Infection Prevention and Control | 1 K Level Tag 1 L 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=15453 | | Total Number of Surveys=48589 |
| F0880 | Infection Prevention & Control | 3,353 | 18.0% | 6.9% |
| F0884 | Reporting - National Health Safety Network | 2,658 | 8.0% | 5.5% |
| F0689 | Free of Accident Hazards/Supervision/Devices | 1,279 | 7.4% | 2.6% |
| F0812 | Food Procurement, Store/Prepare/Serve Sanitary | 1,023 | 6.3% | 2.1% |
| F0684 | Quality of Care | 954 | 5.5% | 2.0% |
| F0656 | Develop/Implement Comprehensive Care Plan | 877 | 5.3% | 1.8% |
| F0761 | Label/Store Drugs and Biologicals | 698 | 4.4% | 1.4% |
| F0609 | Reporting of Alleged Violations | 584 | 3.3% | 1.2% |
| F0677 | ADL Care Provided for Dependent Residents | 533 | 3.2% | 1.1% |
| F0657 | Care Plan Timing and Revision | 528 | 3.2% | 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)

F675 – Quality of Life

- Facility failed to provide care in accordance to Physician Orders for oxygen administration and failed to follow professional standards of practice that included administration and supervision of nebulized medication delivery with appropriate resident assessment, that resulted in a resident's cardiac arrest and death, for 1 of 11 records reviewed . **J \$8,500**

F684 – Quality of Care

- Facility failed to identify elopement risk and place interventions prior to resident elopement for 1 out of 6 residents and failed to initiate care plan interventions to prevent the resident from exiting the building. **D \$8,500**
- Facility failed to notify the resident's physician and family member of a change in condition, failed to transfer a resident exhibiting fever and respiratory symptoms to the emergency room according to the physician's order for 4 of 8 open sampled residents. **K \$10,000**
- Facility failed to complete ongoing nursing assessments for residents identified with changes in medical condition for 8 of 8 residents reviewed and failed to complete daily respiratory assessments during a covid-19 infection outbreak in order to monitor residents potential need for higher level of care. **H \$30,500**

F689 – Free from Accidents and Hazards

- Facility failed to provide adequate nursing supervision to prevent an elopement for 1 of 2 resident's reviewed (#1) and to prevent a potential elopement for 1 of 2 resident's reviewed (#2). facility failed to ensure a functioning and audible door alarm system for ten resident-accessible exit doors, which placed the resident's health and safety in immediate jeopardy. J
- Facility failed to provide adequate supervision for a cognitively impaired resident served a hot beverage which resulted in severe burn for 1 of 8 sampled. J \$6,750

F692 – Nutrition/Hydration Status Maintenance

- Facility failed to ensure residents received adequate and timely dining assistance to avoid weight loss of greater than 5% in 1 month or 10% in 6 months for 7 of 7 residents reviewed for significant weight loss. Two additional residents reported not receiving fluids and assistance devices for drinking. Facility failed to complete nutritional assessments for residents who showed weight loss. Facility failed to offer adequate hydration and failed to monitor residents for dehydration when dietary services decreased the amount of fluids given at meals. K

F695 – Respiratory/Tracheostomy care and Suctioning

- Facility failed to obtain orders for the use of non-rebreather oxygen masks for 4 of 8 open sampled residents. E

F725 – Sufficient Nurse Staffing

- Facility failed to provide a sufficient number of staff to meet the basic care needs of 6 of 7 residents reviewed for sufficient staffing. During the staffing crisis the facility failed to analyze staffing, resident acuity, and resources, to restructure accordingly to meet residents' essential needs. E

F880 – Infection Prevention and Control

- Facility failed to follow infection control guidelines for prevention of COVID-19 Corona Virus transmission in long-term care facilities as mandated and established by the Center's for Disease Control (CDC) and the Centers for Medicare and Medicare Services (CMS), for admissions of new or returning residents, and for residents required to attend appointments outside of the facility, for 6 of 11 resident records reviewed. E
- Facility failed to implement effective infection control measures in attempts to mitigate the transmission of the COVID-19 virus amongst their residents and failed to follow Physician's Orders to place 3 of 3 COVID-19 symptomatic residents into droplet isolation (Residents #1, #2, #3). K
- Facility failed to implement a comprehensive infection control program to mitigate the risk of the spread of infection control program to mitigate to risk of the spread of infection during a covid-19 outbreak and failed to provide

leadership and education to the facility and agency staff to the facilities infection control policies and procedures. Also, failed to develop a consistent system for the use of extended-use PPE. To include where to obtain PPE, what PPE required and how to properly on and off PPE, where to put PPE when done and how to sanitize PPE. L

Nursing Facility Survey Frequency

As of August 6, 2020: CMS lists 106 Iowa facilities (24.5%) of all facilities as past 15 months since last annual survey. Region 7 average rate is 20.4%. National average is 24%.

No Annual Surveys this month.