



Iowa Health Care Association
 Iowa Center for Assisted Living
 Iowa Center for Home Care

Compliance Tips from IHCA's Survey Results Committee June 2020

Total Number of Survey Reports: 13

Survey Composition:

Annual:	7 Surveys	0 Deficiency Free
Complaints:	7 Surveys	0 Unsubstantiated
Self-Reports:	3 Surveys	0 Unsubstantiated
Mandatory Reports:	0 Surveys	0 Unsubstantiated

State Fines: \$3,500

State Fines in suspension: \$ 0

Most Commonly Cited Iowa Tags:

F 880 – Infection Prevention and Control (5)

F 658 – Services Provided Meet Professional Standards (4)

F 677 – ADL Care Provided for Dependent residents (3)

F 684 – Quality of Care (3)

F 689 – Free from Accidents and Hazards (3)

Tags Resulting in Actual Harm or Higher Citations and Fines:

F 689 – Free from Accidents and Hazards

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=15462		Total Number of Surveys=36058
F0884	Reporting - National Health Safety Network	3,094	13.2%	8.6%
F0880	Infection Prevention & Control	2,112	11.9%	5.9%
F0689	Free of Accident Hazards/Supervision/Devices	1,131	6.6%	3.1%
F0812	Food Procurement, Store/Prepare/Serve Sanitary	965	5.9%	2.7%
F0684	Quality of Care	847	4.9%	2.3%
F0656	Develop/Implement Comprehensive Care Plan	788	4.8%	2.2%
F0761	Label/Store Drugs and Biologicals	656	4.1%	1.8%
F0609	Reporting of Alleged Violations	510	2.9%	1.4%
F0677	ADL Care Provided for Dependent Residents	497	2.9%	1.4%
F0657	Care Plan Timing and Revision	483	3.0%	1.3%

*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)

F550 – Resident Rights/Exercise of Rights

- Facility failed to treat each resident with dignity and respect for 1 of 15 sampled who needed to use the bathroom. D

F567 – Protection/ Management of Personal Funds

- Facility failed to ensure resident deposited personal funds were held, safeguarded, and managed in a manner that prevented misuse for 2 of 3 residents reviewed. D

F576 – Right to Forms of Communication with Privacy

- Facility failed to deliver mail on Saturday for 6 of 6 sampled. B

F583 – Personal Privacy/Confidentiality of Records

- Facility failed to provide privacy during cares for 2 of 7 sampled. D

F584 – Safe/Clean/Comfortable/Homelike Environment

- Facility failed to assure a homelike environment free of odors. E

F604 – Free from Abuse and Neglect

- Facility failed to provide the least restrictive restraint for the least time possible by failing to release a resident's lap belt for 1 of 4 residents reviewed. D

F609 – Reporting of Alleged Violations

- Facility failed to report two resident to resident altercations to the Department of Inspections and Appeals as allegations of abuse within established time frames. D

F625 – Notice of Bed Hold Policy Before/Upon Transfer

- Facility failed to provide written notice of the bed hold policy to the resident and/or representative at the time of transfer for 1 of 1 sampled

F636 – Comprehensive Assessments & Timing

- Facility failed to complete a comprehensive and accurate assessment using the Resident Assessment Instrument specified by CMS for one of 18 resident reviewed. B

F641 – Accuracy of Assessments

- The assessment failed to accurately reflect the resident's status for 3 of 3 sampled. D

F644 – Coordination of PASARR and Assessments

- Facility failed to incorporate the recommendations from the Preadmission Screening and Resident Review Level II into Resident #6's care plan. D
- Facility failed to carry out Preadmission Screening and resident review requirements for 4 of 10 sampled. B
- Facility failed to re-assess one of one resident reviewed for Pre- Admission Screening and Resident Review evaluation. B

F656 – Develop/Implement Plan of Care

- Facility Failed to develop a resident-centered care plan for 3 of 24 sampled. D
- Facility failed to follow the Resident Care Plan while providing transfers for 1 of 2 residents observed. D

F657 – Care Plan Timing and Revision

- Facility failed to update the Care Plan for 1 of 15 sampled. D
- Facility failed to update the Care Plan for 1 of 15 sampled. B
- Facility failed to update a Care plan with interventions and guidance for staff to follow on 1 of 18 residents reviewed. B

F658 – Services Provided Meet Professional Standards

- Facility failed to provide care that met professional standards of care for 1 of 6 residents reviewed. D
- Facility failed to carry out a Physicians order for 1 of 15 sampled and failed to ensure 2 of 15 sampled had current Physicians orders. D
- Facility failed to complete accurate documentation and failed to provide a treatment order for 1 of 4 residents reviewed. D
- Facility failed to apply a splint according to physician order and therapy. D

F677 – ADL Care Provided for Dependent Residents

- Facility failed to provide an adequate bathing for 2 of 15 sampled, failed to provide adequate grooming for 1 of 15 sampled and failed to provide toileting assistance for 1 of 15 sampled. E
- Facility failed to assure residents received 2 baths per week for 4 of 4 residents reviewed. E
- Facility failed to provide appropriate peri-care for two of five residents. D

F684 – Quality of Care

- Facility Failed to intervene when a resident experienced a low blood oxygen saturation for 1 of 3 sampled. D
- Facility failed to administer medications as ordered and prescribed for 1 of 3 resident records reviewed. D

F686 – Treatment/Svcs to Prevent/Heal Pressure Ulcers

- Facility failed to prevent new pressure ulcers from developing for 2 of 5 sampled. D
- Facility failed to assure a resident with pressure ulcers received the necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing for 1 resident reviewed. D

F688 – Increase/Prevent Decrease in ROM/Mobility

- Facility failed to provide restorative services to maintain or improve range of motion for 3 of 4 sampled. D

F689 – Free from Accidents and Hazards

- Facility failed to provide adequate nursing supervision to prevent hazards from self or others for 1 of 4 residents reviewed for adequate nursing supervision by failing to ensure all staff were aware of a cognitively impaired resident's risk and history of putting non-food/foreign objects in his mouth, and failed to remove all potential choking hazards from the CCDI unit where the resident resided. **J Fine \$3,500.**
- Facility failed to ensure the environment was free from hazards when a nurse left the medication cart unlocked and unattended. E

F690 – Bowel, Bladder Incontinence, Catheter Care

- Facility failed to provide incontinence and catheter care to minimize the risk of cross-contamination and infection for 1 of 3 observed for incontinence care. D

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- Facility failed to provide appropriate care of a catheter for 1 of 2 residents reviewed. D

F692 – Nutrition/Hydration Status Maintenance

- Facility failed to provide ongoing monitoring for resident's nutritional status for 4 of 15 sampled. E

F695 – Respiratory/Tracheostomy care and Suctioning

- Facility failed to ensure each resident received necessary respiratory care and services in accordance with professional standards of practice for 2 of 2 sampled. D

F698 – Dialysis

- Facility failed to consistently complete full nursing assessments and monitoring of a resident before and after outpatient dialysis treatment for 1 of 1 sampled. D

F725 – Sufficient Nurse Staffing

- Facility failed to respond to residents needs in a timely manner for 5 of 16 sampled. E
- Facility failed assure adequate staff to provide nursing care to meet the needs of the residents for 5 of 5 sampled. E

F726 – Competent Nurse Staffing

- Facility failed to ensure staff certified in CPR were scheduled 24 hours per day. E
- Facility failed to do neuros & other proper assessments after resident had a fall from a lift sling. D

F755 – Pharmacy Svcs/Procedures/Pharmacist/Records

- Facility failed to periodically reconcile the emergency medication kit and establish a system of records of the controlled medications in the emergency kit. D

F758 – Free from Unnec Psychotropic Meds/PRN Use

- Facility failed to ensure residents were free of unnecessary medication for 1 of 5 residents reviewed. D
- Facility failed to implement a Gradual Dose Reduction unless clinically contraindicated for 2 of 5 sampled on psychotropic medications. D

F760 – Residents are Free of Significant Med Errors

- Facility failed to properly administer an insulin flex pen for one of four residents. D

F803 – Menus Meet Resident Needs/Prep in Advance /Followed

Facility failed to complete accurate and timely nutritional assessments for 3 of 14 residents reviewed. D

F812 – Food Procurement, Storage, Preparation, Sanitization

- Facility failed to provide a sanitary environment when 3 dietary staff members did not properly restrain their hair with hairnets during food preparation/service. facility also failed to prepare and serve foods in a sanitary manner and touched ready to eat foods with bare hands and with soiled gloves. E
- Facility failed to prepare and serve food in accordance with professional standards of food service safety. D
- Facility failed to ensure the spread of potential infections with exposed hair, not entirely covered by a hairnet E

F880 – Infection Prevention and Control

- Facility failed to practice proper infection control practices during the medication pass and also for 2 of 12 residents reviewed and observation task. D
- Facility failed to utilize proper infection control techniques during wound care for 2 of 8 sampled during dressing changes. D
- Facility failed to carry out adequate infection control practices in the laundry room and for 1 of 3 sampled. D
- Facility failed to implement appropriate infection control procedures during wound care for 1 of 2 residents reviewed. D
- Facility failed to ensure use of a barrier in accordance with proper infection control techniques during cares for one of two residents observed for glucose monitoring and medication administration. D

F883 – Influenza and Pneumococcal Immunizations

- Facility failed to offer pneumococcal vaccinations for 4 of 4 sampled. E

Nursing Facility Survey Frequency

As of July 6, 2020: CMS lists 79 Iowa facilities (18.2%) of all facilities as past 15 months since last annual survey. Region 7 average rate is 14.6%. National average is 17.9%.

Provider	City	Survey End Date	Previous Date	Months Between
Good Samaritan Society-Villisca	Villisca	3/5/2020	3/6/2019	12.17
Heritage House	Atlantic	02/13/2020	1/10/2019	13.30
Kanawha Community	Kanawha	02/13/2020	2/9/2019	12.30
Mississippi Valley Healthcare and Rehabilitation Center	Keokuk	2/10/2020	12/31/2018	13.53
Pearl Valley Rehabilitation & Healthcare Center of Washington	Washington	2/3/2020	1/16/2019	12.77
Valley View Village	Des Moines	02/13/2020	1/10/2019	13.30
Woodland Terrace	Waverly	2/13/2020	1/16/2019	13.10
AVERAGE				12.92