

Compliance Tips from IHCA's Survey Results Committee

May 2017

The five most frequently cited tags from the 20 annual surveys (2 deficiency free), 26 complaints (13 unsubstantiated), 10 self-reports (1 unsubstantiated), 5 complaint/self-report (2 unsubstantiated) reviewed by the IHCA Survey Results Committee are listed below with the most common citations. There were 205 total deficiencies.

The following is a breakdown of severity level:

A = 0.00%	D = 64.12%	G = 9.93%
B = 2.29%	E = 18.32%	H = 0.00%
C = 1.53%	F = 0.00%	I = 0.00%
		J = 2.29%
		K = 1.53%
		L = 0.00%

Total # of Reports: 75

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

Avg. # of deficiencies

- All = 1.75
- Annual = 3.40
- Complaints = 3.22
- Self-reports = 1.66
- Complaint/Self-Reports= 2.75
- Mandatory = 1.10
- Special Focus = 0.0

Total state fines for May Report = \$41,500 (\$51,500 held in suspension)

Be sure to read the Annual Survey Frequency May Survey Results on the last page!

Five Most Cited Tags for May 2017 Report

F 323—Free of Accident Hazards/Supervision/Devices

- Used EZ stand and hook hit resident in the eye causing hematoma (K) **\$15,000 fine**
- Facility failed to provide adequate supervision and an assistive device in order to mitigate the risk of an accident, staff did not apply gait belt to prevent fall, resident fell and fractured hip (G) **\$15,000 fine**
- Three residents with histories of falls did not receive interventions; resident fell from bed, staff didn't hear alarm, resident crawled out to hall to yell for help; other resident got tired of waiting for call light response for toileting; went themselves and fell, policies and procedures not followed (J)
- Resident with a history of several falls fell and sustained a fractured hip. Resident had a history of getting up unattended and falling. When surveyor checked, the motion sensor that had been added as an intervention after the fall was turned off. Also, when the surveyor entered the room with the family, the call light was not in place and could not be reached by the resident (G) **\$15,000 fine**
- Fall in BR with fracture, staff didn't use gait belt (G) **\$15,000 fine**
- Resident fell while being toileted, CNA did not use the gait belt & also left the resident unattended while standing at the toilet, fall with fracture (G) **\$5,000 fine**
- Resident fell - alarm not on and non-skid socks not on per care plan, resident sustained a subdural bleed (G) **\$2,000 fine**
- Facility failed to ensure the (1) the resident environment remained as free from accident hazards as is possible; and (2) each resident receives adequate supervision and assistance devices to prevent accident. The resident required staff assistance with food and drink and received a burn from hot coffee (G) **\$2,000 fine**
- Facility failed to provide adequate supervision to ensure against hazards from self and elements in the environment, resident went on an outing to a restaurant and attempted to enter through a door and the threshold was raised and not accessible, the resident rammed the threshold and fell out of the chair and ended up with femur fracture (G)
- Resident found on floor, alarm was sounding, said was trying to get to the restroom, resident was on 15-minute bathroom checks (E)
- Beauty shop unstaffed, resident in wheelchair near door; had access to 2 unlocked cabinets with chemicals (E)
- Facility failed to ensure medication carts were left locked when unattended to ensure the resident environment remained as free from accidental hazards as possible (E)
- Staff pushed resident without foot pedals for 16 feet, and then the assistant administrator pushed them 126 feet without pedals. Several examples with different residents (E)
- Medication cart was left unlocked & unattended, multiple examples (E)
- Staff transported 2 residents in wheel chairs without pedals (D)
- Used Hoyer lift and didn't lower side rail, policy to use 2 for E-Z Stand and only used 1 (D)

- Wheelchairs pedals not in place when staff pushed resident in wheelchair (D)
- Hoyer lift wheel stuck, tipped over on resident (D)
- Resident aggressive with other residents and no interventions (D)
- Resident with falls not to sit in lift chair, and was in chair and fell (D)

F 441—Infection Control

- Facility failed to administer tuberculosis testing at time of admission for three of nine residents (D)
- Facility failed to perform adequate infection control procedures, staff should have changed and done hand hygiene after perineal cares (D)
- Didn't change gloves during pericare and touched other objects (D)
- Failure to wash resident's hands after resident toileted and wiped himself, also peri care wipes were thrown at the trash can, missed the trash, and staff did not pick them up (D)
- TB tests not given per facility policy; put other residents at risk for infection (D)
- Staff did not reglove after removing scissors from wound dressing pack and performing wound cares (D)
- Medical record stated CD and staff didn't follow kill time on products used (D)
- Staff didn't wash hands when gloves removed, improper eye gtt's-places lid on bedside table with no barrier (D)
- Oxygen tubing to nasal canula, was touching the floor (D)
- Staff removed a residents wet liner & underwear without utilizing gloves, next did not wash hands or use gloves when gathering clean clothes, pad & nightgown (both visibly wet) were not changed, staff also provided cares to a resident , then left room to get a lift - did not wash hands when exiting the room after providing cares (D)

F 312—Quality of Care; Activities of Daily Living

- Failed to provide complete incontinent care. 1. Did not wash the frontal groin area, hips, or abdomen. 2. Did not turn the wash cloth and used same gloves to apply barrier cream. 3. Did not wash frontal pubic area, buttocks, hips and abdomen. 4. Did not wash the frontal pubic area, abdomen and hips (E)
- Staff failed to wash resident's face and provide oral cares (D)
- Incontinent care; staff failed to wash around buttocks and hips that came in contact with BM (D)
- A resident required incontinence cares, entire peri area not cleansed during cares, gloves were also not changed from cleaning peri area to cleansing legs, multiple examples & some residents had a diagnosis of e-coli bacteria in urine (D)
- The entire area of two residents were not cleansed during incontinence cares, hips, buttocks or abdomen were not cleansed at the time of cares (D)
- Staff didn't cleanse buttocks during pericare (D)
- Failed to completely clean buttocks during pericare (D)
- Didn't give baths X 2 weekly, needed a shave (D)

- Resident's bath/shower has not been given per care plan; no offer for provisional bathing offered when resident refused bath/shower (B)
- Failure to wash resident's face and hands during AM cares (2 examples given) (B)

F 241--Dignity and Respect of Individuality

- Resident was two-person transfer, four other residents; call light on for an hour before staff came to take resident to bathroom, resident became incontinent of urine while waiting; resident complained he/she left on toilet for long periods of time in shower room "hurt bottom", resident complained staff failed to give him/her a call light and had to "yell at staff", staff yanked resident's pants off in a hurry and hurt resident; multiple instances of residents' waiting for call light response to be taken to the bathroom (G)
- Surveyor observed two staff members in recliner chairs using cell phones while resident's call light went unanswered; placed morbidly obese resident who just had hip surgery on standard-sized commode, resident yelled in pain (D)
- TB tests not given per facility policy; put other residents at risk for infection (D)
- Left resident exposed for 40 minutes during peri care (D)
- A resident was ambulated to the rest room from their room in a short gown, curtains were not closed and people were outside of the windows (D)
- Staff used foul language with residents, used "f" word (D)

F 225—Freedom from Abuse; Reporting

- Facility failed to report an allegation of abuse to the DIA for 1 of 4 residents. Resident reported that staff hit them in the head with a urinal and reported it to a staff member, the DON failed to provide documentation the facility conducted an investigation, resident assessments after the allegation were made, and notified physician and family members (D) **\$500 fine**
- Failed to report an allegation of abuse to the Department. Resident reported a missing ring and staff searched but was unable to find the missing ring. Administrator states not reporting it as abuse since there was no suspicion of theft (D)
- Staff did not investigate injury of unknown injury to a hand and one resident kicked another under the table and facility did not report (D)
- Resident increasingly exhibits sexual behaviors; gropes other residents, grabs their genitalia; resident giving another resident "hand job" facility failed to report to DIA with 2 hours (D)
- Failed to thoroughly investigate injuries of unknown origin. Resident was found to have 10 new skin conditions of unknown origin documented as first observed all on the same day. Staff unable to identify where they came from (D)
- Failure to report a resident allegation of rape, resident had dementia, staff had been in the room assisting with dining, and resident denied the claim when interviewed.

Other notable deficiencies and fines

F 155

- Facility failed to provide an intervention of an advanced directive for 1 resident that requested CPR. Resident had code status of full and staff found him unresponsive with no pulse and staff left and got second staff who then called doctor who stated do not do CPR and call funeral home (K)

F 157

- Notification of changes; decline: care plan identified resident required assistance of one staff member before/after meals and routinely during the night; floor mat by bed when lying down, resident climbed out of bed and fell, staff responded nurses entries revealed no injuries nor pain, later assesses with wrist injury, report faxed to doctor but was off-hours and physician didn't receive until next day, resident in pain and sent to ER, ER doc said resident should have been sent sooner, resident's representative said he was not notified until the next morning when resident was in hospital, policy not followed on what to do after a fall (D) \$10,000 fine

F 223

- Resident increasingly exhibits sexual behaviors; gropes other residents, grabs their genitalia; resident giving another resident "hand job" (J) **\$4,000 fine**
- Employee did live streaming of conversation with resident (J) **\$500 fine**
- Freedom from abuse, involuntary seclusion: staff failed to assure resident was adequately assess after a fall, staff noticed resident bruising next day in shower, resident complained of pain, was taken to ER, staff did not follow facility policy (G)

F 226

- Failed to do a background check (D)
- Facility failed to complete a criminal background check timely before hire, background check date of 8/8/16 with a hire date of 9/13/16 (D) **\$500 fine**

F 228

- Criminal check not cleared on housekeeping staff before starting them on the floor (D) **\$500 fine**

F 309

- Staff did not provide thorough assessment of morbidly obese resident upon admission for hip surgery; resident then developed symptoms of sepsis and was sent to ER (G) **\$4,500 fine**
- Facility failed to provide timely intervention, staff documented the resident had knee pain and swelling from 3/23 until a knee fracture was discovered on 3/29 (G) **\$500 fine**

- Resident 1: was not assessed by staff after a fall resident was later found to have three fractures and waiting for 8 hours for pain control and medical attention; resident 2 and 3 both had falls, staff did not follow facility policy for neuro checks and ortho check assessments, constituting an immediate jeopardy situation

F 328

- Resident has recently received an ileostomy. Site around the stoma became extremely red & excoriated, facility did not follow hospital wound care nurse recommendations, and resident had severe pain. Facility did not seek new Dr. orders or attempt to rectify the resident's situation (G) **\$3,000 fine**

F 329

- A resident received both a 10 mg & 7.5 mg dose of Coumadin on the same day for four days, the order was for 10 mg on day 1 and 7.5 mg on day 2 for the same 4 days, INR was high when tested (G) **\$2,000 fine**

L1093 & 441-58.12(1)

- VA eligibility not checked
- Veteran status was not checked within 30 days of admission
- Facility failed to submit 6 of 28 resident admissions reviewed to the Iowa Department of Veteran Affairs within 30 days of admission to the facility

**Annual Survey Frequency
May Survey Results Meeting**

<u>Facility</u>	<u>City</u>	<u>Last Year</u>	<u>This Year</u>	<u>Frequency</u>
Accura Healthcare	Ames	4/21/16	4/27/17	53 Weeks
Calvin Community	Des Moines	4/21/16	4/6/17	54 Weeks
Casa De Paz Healthcare Center	Sioux City	3/24/16	4/20/17	56 Weeks
Community Care Center	Stuart	4/5/16	4/13/17	53 Weeks
Eagle Point Health Care Center	Clinton	3/24/16	4/6/17	54 Weeks
Embassy Healthcare Community	Sergeant Bluff	3/17/16	4/13/17	56 Weeks
Good Samaritan Society	Davenport	3/3/16	3/9/17	53 Weeks
Grandview Heights	Marshalltown	4/14/16	4/6/17	53 Weeks
Hawkeye Care Center	Bancroft	3/17/16	4/20/17	57 Weeks
Heritage Care & Rehab	Mason City	4/7/16	4/20/17	54 Weeks
Longview Home	Missouri Valley	3/10/16	4/20/17	58 Weeks
Manorcare Health Services	Davenport	4/7/17	4/13/17	53 Weeks
Newaldaya Lifescapes	Cedar Falls	3/31/16	4/13/17	54 Weeks
Pleasant Manor Care Center	Mount Pleasant	3/24/16	4/13/17	55 Weeks
Rowley Memorial Masonic Home	Perry	3/17/16	4/6/17	55 Weeks
Sibley Specialty Care	Sibley	3/3/16	4/20/17	59 Weeks
The Village at Legacy Point	Waukee	3/24/16	4/27/17	57 Weeks
Wesley Park Care Center	Newton	3/31/16	4/13/17	54 Weeks
West Ridge Specialty Care	Knoxville	3/17/16	4/6/17	55 Weeks
Zearing Health Care	Zearing	3/17/16	4/6/17	55 Weeks

Of the (20) Tabulated Annual Surveys Reviewed in May:

All of the Annual Surveys were later than last year.

Earliest Surveys: -0-

Latest Surveys:

Sibley Specialty Care	Sibley	3/3/16	4/20/17	59 Weeks
Long View Home	Missouri Valley	3/10/16	4/20/17	58 Weeks

Note: 13 of the 33 (39%) of the Annual Surveys were deficiency free!!!

Average Survey Frequency:

2017

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)
November Survey Meeting	48.03 Weeks	(3.97 Weeks Early)
October Survey Meeting	47.04 Weeks	(4.96 Weeks Early)
September Survey Meeting	46.72 Weeks	(5.28 Weeks Early)
August Survey Meeting	47 Weeks	(5 Weeks Early)
July Survey Meeting	45.12 Weeks	(6.88 Weeks Early)
June Survey Meeting	45.31 Weeks	(6.69 Weeks Early)
May Survey Meeting	46.60 Weeks	(5.40 Weeks Early)
April Survey Meeting	48.50 Weeks	(3.50 Weeks Early)

*** Special Focus Facility**

**** First Survey of Facility**

CASPER Citation Report: Combined Health Survey

User:

Login ID: maryjane@iowahealthcare.org
 Organization: IOWA HEALTH CARE ASSOCIATION/IOWA
 CENTER FOR ASSISTED LIVING
 Run Date: Mon May 15 10:50:59 EDT 2017

Report Selection Criteria:

My Buildings: IOWA HEALTH CARE ASSOCIATION/IOWA CENTER FOR ASSISTED
 LIVING
 Peers: Peers are in the entire nation; No Peer Type restriction; Centers from My Org are
 not included in peer group.

	Current Survey	1st Prior Survey	2nd Prior Survey	
Survey Results				
Number of Centers	454	454	454	My Centers
	15,626	15,626	15,626	My Peers
Centers with Standard & Complaint Survey Citations	407	411	411	My Centers
	14,324	14,181	14,027	My Peers
Centers with Standard Survey Citations	386	392	398	My Centers
	14,067	13,871	13,698	My Peers
Centers with Complaint Citations	265	260	248	My Centers
	6,385	7,008	6,919	My Peers
Deficiency Free Providers	10.4%	9.5%	9.5%	My Centers
	8.3%	9.2%	10.2%	My Peers
Average Number of Citations	6.4	6.5	5.9	My Centers
	7.7	7.8	7.5	My Peers
Average Number of Standard Survey Citations	3.8	3.8	3.9	My Centers
	6.0	5.8	5.6	My Peers
Average Number of Complaint Survey Citations	2.6	2.7	2.0	My Centers
	1.7	2.0	1.8	My Peers
Immediate Jeopardy	10.4%	7.3%	4.6%	My Centers
	5.5%	5.4%	5.0%	My Peers
Centers with Standard Survey IJ Citations	1.5%	0.2%	0.9%	My Centers
	2.8%	2.4%	2.0%	My Peers
Centers with Complaint Survey IJ Citations	9.5%	7.3%	4.2%	My Centers
	3.4%	3.7%	3.5%	My Peers
Substandard Quality of Care	12.3%	6.6%	4.4%	My Centers
	6.6%	6.6%	6.3%	My Peers
Centers with Standard Survey SQC Citations	2.0%	0.2%	0.9%	My Centers
	3.7%	3.3%	3.0%	My Peers
Centers with Complaint Survey SQC Citations	11.2%	6.6%	4.0%	My Centers
	3.8%	4.3%	4.2%	My Peers
Deficiencies Greater than or Equal to "G"	36.6%	26.9%	27.8%	My Centers
	17.6%	18.6%	18.8%	My Peers
Centers with Standard Survey G and Above Citations	12.3%	6.8%	9.7%	My Centers
	10.3%	9.9%	9.9%	My Peers

Centers with Complaint Survey G and Above Citations	31.1%	24.0%	22.7%	My Centers
	10.4%	12.1%	12.1%	My Peers

Highest Scope and Severity	L	L	L	My Centers
	L	L	L	My Peers
Highest Scope and Severity: Standard Survey	L	J	K	My Centers
	L	L	L	My Peers