

Compliance Tips from IHCA's Survey Results Committee

October 2017

The five most frequently cited tags from the 41 annual surveys (3 deficiency free), 28 complaints (9 unsubstantiated), 12 self-reports (7 unsubstantiated), 15 complaint/self-report (4 unsubstantiated) and 1 mandatory reports (0 unsubstantiated) reviewed by the IHCA Survey Results Committee are listed below with the most common citations. There were 206 total deficiencies.

Be sure to see the survey frequency data at the end of this report.

The following is a breakdown of severity level:

A = 0.00%	D = 56.65%	G = 7.39%
B = 0.99%	E = 24.63%	H = 0.00%
C = 1.97%	F = 1.97%	I = 0.00%
		J = 1.48%
		K = 0.99%
		L = 0.99%

Total # of Reports: 80

Total # of surveys/reports deficiency free or unsubstantiated: 22

Avg. # of deficiencies

- All = 2.61
- Annual = 3.78
- Complaints = 2.59
- Self-reports = 1.50
- Complaint/Self-Reports = 4.83
- Mandatory = 4.17
- Special Focus = 0.00

Total state fines for October Report = \$16,000 (\$71,000 held in suspension)

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

F 155—Advance Directives

- Failure to initiate CPR on a resident with a full code status. There was no documentation indicating dependent lividity or rigor (K) **\$8,000 fine in suspension**
- Right to refuse/ formulate Advance Directive-Failed to have consistent location of CPR status (D)

F 156—Notice of Eligibility

- Only gave 1-day SNF DC Notice (D)
- Failed to inform resident of rights after end of skilled services stay (D)
- Didn't give 2-day SNF DC Notice (D)
- Failed to give 2-day SNF DC Notice to 2 residents (D)
- Staff called family but didn't document resident's choice on skilled nursing facility advanced beneficiary notice form (D)
- ABN's not signed for residents ending skilled services (B)

F 157—Notice of Changes to Family, Physician

- Facility attempted to call primary contact only with a busy line and not the additional contacts when sending resident to hospital after a fall (D)
- Resident with low blood sugars and held insulins without nurses notifying the physician (D)
- Failure to notify family when a 13-cm bruise appeared (D)
- Facility failed to report a change of condition to the physician. Fax was not sent to the physician on a timely basis (D)

F 167—Examination of Survey Results

- Failure to post the annual survey (C)

F 223—Freedom from Abuse

- A resident had multiple inappropriate resident-to-resident contacts. No appropriate interventions were put in place to assure the other residents safety (D) **\$500 fine**
- Resident continued to self-transfer to toilet-Cp stated to provide assistance to restroom. Bed or heads of beds were placed next to baseboard heaters (D)

F 224-- Mistreatment, Neglect, or Misappropriation of Resident Property

- Facility failed to ensure the resident had the right to be free from abuse, neglect, misappropriation of resident property and exploitation. The resident had a narcotic administered BID twice daily and 1 or 2 prn, but not always documented and narcotic sheets were missing (E)

F 225—Reporting to the Department

- There were several staff complaints concerning rudeness, unkindness, swearing & denial of cares provided by a particular staff member (L) **\$5,000 fine in suspension**
- Failed to report 2 allegations of abuse to DIA (D) **\$500 fine**
- Failed to perform Criminal background check (E) **\$500 fine**
- Failed to report to DIA that resident reported being cursed at by a resident (D)
- Facility failed to immediately separate staff member and resident after resident complained of abuse (D)

F 226—Staff Treatment of Residents

- A staffing agency employee worked in the facility prior to the completion of the required abuse check (D) **\$1,500 fine (\$500 trebled)**
- The facility failed to assure the required pre-employment checks were completed, one of the personnel record lacked an abuse registry background check (E) **\$500 fine**
- Dietary staff member did not complete Abuse training within 6 months of hire date (E)
- Background check performed greater than 30 days before start date (D) **\$500 fine**
- Develop Abuse Policies-Failure to have one employee complete abuse training within 6 months upon employee record check review (D)
- Facility failed to provide Mandatory Abuse Training for new employees within 6 mos. of hire (D)
- Failure to recheck criminal background checks after 30 days of no employment (2 employees) (D)
- Mandatory Reporter training not completed for all staff within 6 months (D)
- Resident had a missing wedding ring. Facility did not report to state. Also \$50 missing out of resident purse - not reported to the state (D)
- Failure to recheck criminal background checks after 30 days of no employment (2 employees). Resident had a missing wedding ring. Facility did not report to state. Also \$50 missing out of resident purse - not reported to the state (D)

F 241--Dignity and Respect of Individuality

- There were several staff complaints concerning rudeness, unkindness, swearing & denial of cares provided by a particular staff member, facility failed to display respect & dignity to residents during cares (E) **\$500 fine**
- Took a resident to the dining room to sit for 1/2 hour during the night after a fall - resident was upset, transferred a resident from bed to wheelchair without pulling privacy curtain (roommate was in bed and awake), staff entered room after knocking but did not wait for response, resident on top of covers with brief partially off and exposed to roommate (D)

F 246—Accommodation of Needs

- Staff reported that they run out of supplies, also no Hoyer available to use on the 5 residents that required a Hoyer (E)

- A resident sat in a recliner with feet elevated and the call light was not within the resident's reach (D)

F 248--Activities Program

- Staff too busy to make popcorn for movie activity, Residents complained about inadequate activities (E)

F 250—Social Services

- Failed to complete Social Service assessment on admission (D)

F 252—Safe, Clean, Homelike Environment

- staff failed to provide safe, sanitizable environment. Resident room door was marred, black kick plate with areas of peeling (E)
- Marred doors, dirt around the base of the floor, black surface on plug, missing corners on floor tiles (E)

F 253-- Housekeeping and Maintenance Services

- Debris in W/P chair, on wheels, cracked handrails, etc. (E)

F 279—Comprehensive Care Plans

- facility failed to update care plans for the use of psychotropic medications in regard to adverse drug reactions and failed to update care plan for use of a PRN psychotropic medications (E)
- Comprehensive CP-Failure to implement intervention to prevent resident from acquiring pressure area (D)
- Care plan interventions not followed for fall prevention-walker not in reach and no floor mat in place as per CP (D)
- 3 care plans failed to list potential side effects of psychotropics to monitor for (D)
- Bottom side rails removed, and resident fell as no intervention added to CP to prevent resident from rolling out of bed. No floor mat or call light present as care planned (D)
- Failure to update a resident's care plan with safety interventions (personal alarm not addressed when started or discontinued) (D)
- Failed to update care plan for a skin treatment when the care plan stated family wanted no treatments (D)
- Failure to update care plans when TED hose were DC'd. Failure to remove a lateral support from the care plan when it was discontinued (D)
- A resident had multiple inappropriate resident-to-resident contacts, no appropriate interventions were put in place to assure the other residents safety, care plans were not created to assure resident safety (D)

F 281—Professional Standards of Quality

- Failed to maintain O2 at 2L as ordered. Failed to receive a brace or bone scan as ordered. Physician order sheet did not have catheter listed but was still in place (E)

- TAR records were incomplete or blank for multiple residents (E)
- Professional /standards- Failure to follow DR orders- Failure to use palm protectors as ordered. Failure to use tubigrips as ordered. Failure to use medication when order for weight gain. Failure to use knee braces as ordered (D)
- facility failed to provide services that met professional standards of quality. When narcotics were checked they did not match what the number was on the narcotic sheet (D)
- A resident with an order for a pain patch was found with multiple patches still in place (D)
- Failure to complete an assessment or notify the physician of weight gains as ordered by the physician (D)
- Staff left medications in a cup and walked away (D)
- PT evaluation for falls not completed as per Dr's order. Resident had additional falls (D)
- Service provided to meet professional standards-Failure to follow Doctors orders on Medication and outdated medication in med cart (D)
- Failed to follow fluid restriction orders for 3 residents (D)
- facility staff failed to follow physician orders. Resident had order of head of bed at 30 degrees and bed was found to be flat. Staff failed to hold insulin pen in place for 10 seconds after administering medication (D)
- Resident missed 3 doses of medication (D)

F 282—Qualifications of Staff

- Services by qualified person per Care Plan-Failure to use geri-Sleeves per care plan (D)
- Activities failed to provide weekly 1:1 as care planned (D)
- Facility failed to follow the care plan interventions. Resident had order to have foot of bed elevated and bed found in the flat position (D)
- Staff transferred a resident with a cradle lift, care plan stated mechanical lift. W/C not in reach of resident as per care plan (D)

F 283—Discharge Summary

- Failed to document personal medications and personal items on discharge (D)

F 285—PASRR

- Failed to re-submit a short-term PASRR after it expired (D)
- Failure to address PASRR recommendations in care plan (D)

F 309—Highest Practicable Well-Being

- Facility failed to properly assess residents and make reports to the family and physician when assessed (H) **\$5,000 fine in suspension**
- Resident had open areas on buttocks/coccyx and blisters on bottom of feet and heel which facility had not identified, also no abdominal assessment when resident had no BM for 6 days (G) **\$6,000 fine**

- Facility failed to appropriately assess a resident after a fall and included a change of condition. Physician was not notified of increased complaints of pain. Resident had hip fx (G) **\$5,000 fine in suspension**
- Facility failed to provide an appropriate and timely intervention related to a change in cognition, behaviors and a critically low temperature assessment. Resident presented to ER with severe UTI, which did not have timely intervention and died from septicemia (G)
- Facility failed to ensure that each resident received and provided the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident's comprehensive assessment and plan of care. Facility failed to measure skin concerns to determine if they were improving or declining. The facility did not have a policy for assessment of nonpressure skin areas (D)
- Failure to do daily weights on 2 residents that had orders for them and failure to assess residents with weight gains (D)
- Staff failed to document treatments provided on TAR. A resident became diaphoretic and was not assessed after occurrence (D)

F 312—Quality of Care; Activities of Daily Living

- Staff failed to cleanse resident's left gluteal fold and outer hip (E)
- ADL care for Dependent Residents-Failure to provide complete peri-care on one resident (D)
- Oral care was not performed for HS cares as per policy & CP (D)
- Entire peri areas not cleansed during cares (D)
- Staff failed to cleanse the resident's hips during peri care (D)
- ADL Care for Dependent Residents-failure to provide proper peri-care (D)
- Facility failed to ensure staff completed incontinence care to prevent odor, skin breakdown and the potential for infection. Washcloth had feces on it and was used again from front to back (D)
- facility failed to ensure a resident who was unable to carry out activities of daily living received the necessary services to maintain good personal hygiene. Resident went 6 days without a bath (D)
- 2 bath/showers a week not provided according to residents and documentation (D)
- Improper puree amounts for 5 residents (D)
- Incomplete incontinent care; staff failed to turn washcloth over (D)

F 314—Pressure Ulcers

- Resident had a fx ankle. Casted-Ortho wanted to see in 3 weeks. Not seen for 10 weeks. Multiple pressure areas developed around cast site. These wound sites were poorly assessed, and dressings not being changed appropriately (J) **\$6,000 fine in suspension**
- Resident had protective (not pressure reducing) boots from feet. Heel pressure areas declined (G) **\$2,000 fine in suspension**

- Failed to float heels and worn out heel protectors that still allowed the heels to rest on the bed observed multiple times by the surveyors for a worsening stage 3 heel ulcer (G) **\$3,000 fine in suspension**
- Facility failed to develop interventions to prevent the development of a pressure ulcer. Resident was at risk for breakdown after surgery and protocols not put in place until after the wound was discovered. Weekly skin assessments were not being done by nursing (G) **\$3,000 fine in suspension**
- Facility failed to develop plan to prevent pressure ulcers (G) **\$3,000 fine in suspension**
- Stage 3 open area to spine without proper assessment, changes in treatments, or notifications (G) **\$2,000 fine in suspension**
- Treatment/SVC to prevent Pressure areas-Failure to have Wheelchair cushion in seat Roho Cushion flat and failure to have foam boots on feet who had pressure areas (G) **\$2,500 fine in suspension**
- Treatment/SVCS to prevent Pressure sores Facility failed to address change of condition and add different interventions to prevent pressure area (D)
- Treatment/Services to prevent/Heal Pressure sores-Failure to have pressure relief cushion in wheelchair (D)
- Treatment/Services to prevent/Heal Pressure sores-Failure to have intervention of floating heels of resident who developed pressure area (D)
- Facility failed to assure a resident with a pressure ulcer received necessary services to promote healing. Dietary recommended a supplement drink which the order was not sent to the physician (D)
- Facility failed to prevent new ulcers from developing. Client liked to lay in bed but not on his side and there were no alternative measures to prevent ulcers (D)
- Staff failed to reposition resident every 2 hours per care plan to prevent pressure ulcer (D)

F 315--Incontinence Care

- No catheter, prevent UTI, Restore Bladder-Peri Care issue as staff did not perform properly (D)
- Catheter care was not provided with morning cares as per facility policy (D)

F 318—Range of Motion to Prevent Decline

- Resident record revealed that restorative interventions were not completed/documented (G) **\$3,000 fine in suspension**
- 5 residents without ROM as in Care Plan or per therapy recommendations (E)
- Facility failed to ensure staff completed a restorative program as recommended (D)
- 4 residents did not receive restorative programs per Care Plans (E)

F 323—Free of Accident Hazards/Supervision/Devices

- 3 side rails with Gaps > 4.74 inches in both directions. Door alarm in a cognitively impaired unit leading to the outside failed to alarm (J) **\$8,000 fine in suspension**

- Free of Accidents/Supervision- Resident fell in Bathroom-Aide Turned back briefly and resident fell forward off of stool. Was not left unattended, but due to turning back, supervision cited (G) **\$12,000 fine in suspension**
- Facility failed to provide adequate supervision to prevent accidents. Facility call light log showed resident waited approximately 39 minutes on the toilet until staff arrived. Client had unwitnessed fall in bathroom hitting head on sink and had a type II odontoid fracture and ended up dying (G) **\$7,000 fine in suspension**
- Free of Accident/Supervision- Resident placed in Merry Walker and fell when attempting to get between two residents in Wheelchairs sustaining fracture- Staff interviews stated resident needed one to one supervision (G) **\$5,000 fine in suspension**
- Fall interventions not implemented for resident with history of repeated falls (G)
- Resident head of bed against base board heater, cigarettes and lighters in unlocked filing cabinet behind nurses' station (E)
- C.N.A. transferred resident 26 feet without wheelchair pedals (several instances cited). Also, staff transferred a resident to the toilet without a gait belt (E)
- Free of Accident hazards/supervision/Devices-Failure to transfer resident with lift with two staff per facility policy (D)
- Resident removed alarm per self, no other interventions in place to prevent falls. Resident was also noted multiple times adjusting shoes, no other intervention attempted. Staff allowed a resident to roll out of bed independently during cares (D)
- Staff left resident in Hoyer lift while they went to get wheelchair (D)
- Failure to transfer residents in a safe manner- resident with numerous bruises, told surveyor that staff pulls on him/her hands, another resident with shoulder pain (torn rotator cuff) which resident indicated happened from staff pulling on arms. Resident went to hospital with shoulder pain. Resident indicated that staff does not always use a gait belt with transfers. Also, staff transferred with one instead of two in front of surveyor, care plan not followed (D)
- Staff transferred resident with a wet floor, improper footwear, and no gait belt resulting in a fall (D)
- facility failed to ensure the resident environment remained free from accident hazards as possible. Resident being transported to facility hit head on lift gate in transport and taken to hospital for overnight observation. The van driver had only locked the back wheels and not the front wheels (D)
- Facility failed to ensure chemicals were properly locked up. There was an unlocked cabinet in the clean utility room, and unlocked cabinet in laundry room (D)
- Facility did not ensure the residents were free from hazards in the environment related to housekeeping staff failed to lock the housekeeping closet and by a staff member who did not prevent resident from falling from a shower chair (D)

F 325—Maintain acceptable parameters of nutritional status

- Residents with newly identified skin issues did not have a dietary intervention implemented until the Dietitian made routine visits, delaying interventions (D)

F 329— Avoiding the administration of unnecessary drugs

- Drug Regimen is free from unnecessary Drugs-Facility failed to document non-pharmacological intervention prior to use of an anti-anxiety medication (D)
- Failed to perform GDR for narcotic medications (D)
- Facility failed to ensure residents were free of unnecessary medications. Clinical record review failed to reveal requests submitted to physician for review for medications to determine if gradual dose reduction could be attempted (D)
- facility failed to attempt non-pharmacological interventions prior to the use of an PRN anti-anxiety medication (D)
- No non-pharmacological interventions prior to giving Lorazepam 7 times (D)
- There was no response from the physician concerning gradual dose reduction (GDR) requests-multiple examples (D)
- Non-pharm interventions not attempted prior to use of medication use (D)

F 332—Medication Error

- Med errors greater than 5% - improper administration of inhalers - gave steroid inhaler prior to bronchodilator, failed to have resident wait the proper length of time between puffs, and did not have resident rinse mouth after steroid inhaler, also inappropriate procedure for eye drops - did not hold lacrimal duct after each gtt., and did not wait the recommended length of time between drops (D)

F 333—Free of Significant Medication Errors

- Resident free of Significant Med Errors-Failure of staff to follow medication order on Insulin Surveyor stopped to prevent too much insulin being given (D)

F 334-- Influenza and Pneumococcal Immunizations

- Failure to document pneumovacs on 3 of 12 residents, as well as documentation lacking for flu vaccine status (D)

F 353—Sufficient Nurse Staffing

- Facility failed to provide sufficient staff to provide nursing care to residents. Confirmed by resident/staff interviews and observation (G) **\$500 fine**
- Call light were not responded to in a timely manner (F)
- Sufficient Staff- Call light issue- Residents advised that call light not answered promptly (E)
- Failure to answer resident call lights within 15 minutes (54 times on one weekend, 62 times the next weekend, and 53 times the next weekend) (E)
- Failure to answer call lights in a timely manner, based on comments in resident council (E)
- Group & family interviews revealed slow call light response times (E)
- Facility failed to answer call lights in a time frame that met residents needs (E)
- 74 call lights on greater than 15 minutes per call light electronic log (E)
- Call lights for 6 of 6 residents answered anywhere from 30 to 60 minutes (E)

F 354—Staffing

- Facility did not provide 8 hrs. daily of RN coverage (D)

F 363—Menus, Nutritional Adequacy

- Only providing 3 potato wedges that weight 1.5oz when the diet called for 4oz of potatoes (E)
- facility failed to follow the planned menu and serve corrected portions during one of three meals served. Dietary used a #8 scoop versus a #12 (E)
- 2 residents did not receive potatoes on physician-ordered carbohydrate diet (E)

F 364--Food Temps

- Staff failed to serve food at the proper temperature (E)
- facility failed to maintain all resident's drinks at a safe, palatable and appetizing temperature. Milk tested at 50.5 degrees (E)
- Resident complaint of hoy foods being served to cold (E)
- Food temp problems based on actual temps and resident complaints (E)

F 367-- Therapeutic Diets

- Resident to receive double meat but was only served one portion (D)

F 368—Frequency of Meals

- Frequency of meals/snacks at Bedtime-Staff did not go to resident rooms to pass snacks- Residents had to go to nurses' station to get one (E)

F 371—Food Preparation-Sanitary Conditions

- Failure to label, date, and cover food in the refrigerator (F)
- Food Procure, Store/Prepare Serve-Sanitary-Failed to maintain sanitary conditions within the kitchen-Dirty Air filters in the kitchen (E)
- Food Procure, Store/Prepare Serve-Sanitary-Failed to use properly handling of food (E)
- Opened, undated food items (E)
- Food/Store Prepare/Serve-Cleanliness of items in the Kitchen. Multiple items needed to be cleaned (E)
- Hair nets not fully covering hair, staff handled dirty dishes then did not hash hands properly before serving food (E)
- 2 gallons of 1-day expired milk in the refrigerator (E)
- facility failed to ensure dietary staff served food under sanitary conditions to reduce risk of contaminations to reduce the risk of food-borne illness. Staff donned gloves and the touched many surfaces and then placed food on plates (E)
- Food temperatures not per facility policy (E)
- Scoop left in thickener after the scoop was handled. Also, dietary staff touched numerous surfaces with gloved hands, then touched toast with the same glove (E)
- Staff delivered meal, but touched bed controls and linens with gloved hand then touched bread (D)

F 387—Frequency of Physician Visits

- Physician visits were not timely (60 days) (D)

F 428—Drug Regimen Review by Pharmacist

- Facility failed to provide rationale for continued use of a psychotropic medication (D)

F 431—Labelling of Drugs and Biologicals

- Narcotics stored in a locked filing cabinet in DON office. Also, no count done when one nurse went on break and handed her keys over to another nurse, medication cart keys stored in an unlocked metal box (E)
- Medication cart left unattended and unlocked in hallway (E)
- Medications did not have resident's names on labels (E)
- Proper narcotic drug counts were not being conducted by professional staff (D)

F 441—Infection Control

- Facility failed to maintain a system for recording incidents of infection and corrective actions. DON did not have any written information to track infections for 2 months (E)
- Failure to track employee illnesses (E)
- No barrier between blood glucose supplies and tabletop (E)
- Facility failed to utilize infection control techniques during medication pass, incontinent cares and a dressing change (E)
- Understrength/no strength sanitizer (E)
- Infection Control/Prevent spread, linens-Failure to provide correct peri-care (D)
- Respiratory Therapist failed to wash hands between changing gloves during suctioning treatments (D)
- No glove changing between soiled and clean procedures during incontinence care. Spills on floor not cleansed from carpet (D)
- Facility failed to use proper infection control techniques when checking a blood sugar. RN placed the glucometer directly on resident's bed without a barrier (D)
- Facility failed to ensure staff utilized proper gloving and handwashing procedures. Staff removed a dressing out of commode with gloved hand and without changing gloved hand moved commode, opened bathroom door and then changed gloves without washing hands (D)
- Catheter bag touch floor during cares (D)
- Staff failed to wash hands after coming into contact with resident with MRSA (D)
- Staff failed to change gloves after administering eye drops for resident with MRSA infection (D)
- Gloves and gown not donned by staff before entering isolation room (D)

F 465—Other Environmental Conditions

- Bent and loose door knob to service entrance and "black mold-like substance" on the tiles of shower room (F)

- Failed to clean and sanitize cupboards and handwashing area in kitchen (F)
- Essential Equipment, safe operating condition-Ultra Sound machine had not been serviced per manufacturer standard (E)

F 469—Maintain Effective Pest Control Program

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F 490—Facility Administration

- No record to show Interim Administrator's time in the building (C)

F 496—Registry Verification

- Nurse's Aide Verification-Failure to check Nurse aide registry prior to hire (D)
- Failure to complete registry check after aide came up as ineligible on the SING check (D)

F 497—Regular In-Service Education

- 4 CNAs failed to attend 12 hours of annual inservices (D)
- Failure to complete performance evaluations on employees annually (C)

F 499—Staff Qualifications

- Employ- Qualified professionals- Failed to verify License of Nurses prior to hire (D)
- Administrator's file lacked verification of licensure (D)
- Failed to verify LPN licensure prior to hire (D)
- Faculty failed to verify that temp/agency staff were licensed prior to date of hire (D)

F 514—Clinical Records

- No transfer form available when a resident was transferred to the hospital (E)
- A resident rolled out of bed. Was documented as no injury, although some staff confirmed that bruises existed (D)

F 520—Quality Assessment and Assurance

- No QA meetings in past year (D)
- Facility failed to ensure the Medical Director attended the quarterly Quality Assurance Committee meeting (C)
- Medical Director did not attend all Quality meetings (B)

F 541--Notifying Physician of Diagnostic Test Results

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C 140

- Facility failed to report to DIA a fall experienced by a resident which resulted in a fracture and hospitalization **\$500 fine**

L 190

- Staff physicals and TB tests not completed upon employment
- No physical or TB test completed prior to date of hire

L 435

- Failure to complete employee evaluations annually

**Annual Survey Frequency
October Survey Results Meeting**

<u>Facility</u>	<u>City</u>	<u>Last Year</u>	<u>This Year</u>	<u>Frequency</u>
ABCM Rehab Independence East	Independence	8/18/16	9/14/17	55 Weeks
Adel Acres	Adel	8/4/16	9/5/17	56 Weeks
Algona Manor	Algona	7/7/16	9/14/17	61 Weeks
Bethany Lutheran Home	Council Bluffs	8/4/16	8/24/17	54 Weeks
Buchanan Co. Health Center	Independence	8/11/16	9/7/17	55 Weeks
Concord Care Center	Garner	9/29/16	9/28/17	52 Weeks
Glen Haven Home	Glenwood	7/21/16	9/14/17	59 Weeks
Good Samaritan Society	George	8/25/16	9/7/17	53 Weeks
Good Shepherd Health Center	Mason City	7/21/16	8/17/17	55 Weeks
Greenfield Rehab & HCC	Greenfield	8/11/16	9/7/17	55 Weeks
Grundy County Hospital	Grundy Center	8/18/16	9/28/17	57 Weeks
Halcion House	Washington	8/31/16	9/28/17	55 Weeks
Hawkeye Care Center	Sioux Rapids	6/9/16	8/31/17	63 Weeks
Holy Spirit Retirement Home	Sioux City	7/28/16	8/17/17	54 Weeks
IEOF Home	Mason City	7/21/16	8/17/17	55 Weeks
Iowa Jewish Senior Life	Des Moines	8/25/16	8/24/17	52 Weeks
Jefferson Place	Pella	7/8/16	8/10/17	56 Weeks
Kanawha Community Home	Kanawha	9/8/16	9/28/17	54 Weeks
Lantern Park Specialty Care	Coralville	7/7/16	8/30/17	59 Weeks
Lexington Square	Keokuk	8/11/16	9/5/17	56 Weeks
Linn Manor Care Center	Marion	8/4/16	9/7/17	56 Weeks
Maple Heights	Mapleton	7/21/16	9/14/17	59 Weeks
Martin Health Center	Cedar Falls	6/30/16	8/3/17	56 Weeks
Mayflower Home	Grinnell	8/4/16	8/3/17	52 Weeks
Mercy Living Center South	Clinton	8/25/16	9/14/17	54 weeks
Mill Pond	Ankeny	8/31/16	9/7/17	53 Weeks
Morningside HCC	Ida Grove	6/23/16	8/30/17	59 Weeks
Nora Springs Care Center	Nora Springs	8/25/16	9/28/17	56 Weeks
Oakland Manor	Oakland	8/4/16	8/30/17	55 Weeks
Pearl Valley Rehab & HCC	Washington	6/23/17	8/14/17	59 Weeks
Pearl Valley Rehab & HCC	Muscatine	7/21/16	9/14/17	59 Weeks
Pinnacle Specialty Care	Cedar Falls	8/11/16	9/14/17	56 Weeks
Polk City Nursing & Rehab Ctr.	Polk City	6/23/16	7/31/17	57 Weeks
*Regency Care Center	Norwalk	3/27/17	9/14/17	29 Weeks
Shady Rest Care Center	Cascade	7/14/16	8/30/17	58 Weeks
Stacyville Comm. Nursing Home	Stacyville	7/14/16	8/10/17	55 Weeks
**The Gardens at Cedar Rapids	Cedar Rapids	-----	9/28/17	-----
Valley View Specialty Care	Eldora	7/7/16	8/31/17	59 Weeks
Valley View Village	Des Moines	9/15/16	9/28/17	53 Weeks

Westbrook Acres	Gladbrook	8/11/16	9/7/17	56 Weeks
Woodland Terrace	Waverly	9/15/16	9/28/17	53 Weeks

*Special Focus Facility (not counted in totals)

**1st Annual Survey

3 Facilities were “Deficiency Free” and one of those was an initial survey (8%)

Grundy County Hospital	Grundy Center	8/18/16	9/28/17	57 Weeks
Shady Rest Care Center	Cascade	7/14/16	8/30/17	58 Weeks
The Gardens at Cedar Rapids	Cedar Rapids	-----	9/28/17	-----

Of the (39) Tabulated Annual Surveys Reviewed in October:

- 0 Surveys were earlier than last year
- 3 of the Surveys were the same week as last year
- 36 Surveys were later than last year

Earliest Survey:

Concord Care Center	Garner	9/29/16	9/28/17	52 Weeks
Iowa Jewish Senior Life	Des Moines	8/25/16	8/24/17	52 Weeks
Mayflower Home	Grinnell	8/4/16	8/3/17	52 Weeks

Latest Surveys:

Hawkeye Care Center	Sioux Rapids	6/9/16	8/31/17	63 Weeks
Algona Manor	Algona	7/7/16	9/14/17	61 Weeks

Average Survey Frequency:

<u>2017</u>		
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)
<u>2016</u>		
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)

