

Compliance Tips from IHCA's Survey Results Committee

September 2017

The five most frequently cited tags from the 26 annual surveys (1 deficiency free), 16 complaints (6 unsubstantiated), 8 self-reports (4 unsubstantiated), 15 complaint/self-report (4 unsubstantiated) and 0 mandatory reports (0 unsubstantiated) reviewed by the IHCA Survey Results Committee are listed below with the most common citations. There were 145 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 = 52.41%	G = 4.83%
B = 1.38%	E = 22.67%	H = 0.00%
C = 3.45%	F = 4.83%	I = 0.00%
		J = 2.76%
		K = 1.38%
		L = 0.69%

Total # of Reports: 58

Total # of surveys/reports deficiency free or unsubstantiated: 15

Avg. # of deficiencies

- All = 2.50
- Annual = 4.62
- Complaints = 3.62
- Self-reports = 1.22
- Complaint/Self-Reports = 3.00
- Mandatory = 0.00
- Special Focus = 0.00

Total state fines for September Report = \$14,000 (\$54,000 held in suspension)

Five Most Cited Tags for September 2017 Report

F 323—Free of Accident Hazards/Supervision/Devices

- A dementia resident identified as a wandering risk, Resident eloped, crossing 2 busy streets and traveled 2/10th of a mile from the facility. Alarm sounded on exit, but staff reported no one left. Resident was noted to be absent for lunch. Facility protocol for elopement not followed when the alarm sounded (J) **\$15,000 fine (\$3,000 trebled)**
- Resident exited secure nursing unit unnoticed by staff and found in attached hospital, new devices added to door (J) hospital based NF-no fine
- Resident found unresponsive on BR with head injury, alarm was not sounding, but on 1 hour previously when checked, transfer to ER with CPR for 1.5 hours prior to pronouncing death (G) **\$15,000 fine in suspension**
- Failed to protect residents from environmental hazards observation of resident beds with the head of the bed against the baseboard heater and unsecured cigarettes and lighter (E)
- Water temps too high over 300 (E)
- Chemicals not in locked areas, nurse failed to use gait belt for transfer (E)
- No 15 minute checks were documented for a resident who wandered and was noted kissing or patting other residents (D)
- Metal wall protector had rough edge and resident got skin tear (D)
- Facility failed to prevent falls and minor injury to resident on hospice care. Had 6 falls within 6 months (D)
- Staff did not use a gait belt to transfer a resident with falls history. Staff propelled resident in wheelchair with no foot pedals in place (D)
- Lift sling not properly attached to Hoyer lift, fell on floor, bruise to back (D)

F 441—Infection Control

- Failed to conduct employee illness surveillance as part of their over-all infection control program (E)
- Nurse failed to change gloves during dressing change when going from clean to dirty (E)
- Isolation precautions were not initiated for a resident who had a VRE infection. Staff did not offer or assist a resident to wash hands after a resident toileted and provided self-cares (D)
- A resident with a C-Diff infection had a BM in another resident's room. Isolation precautions were not followed to prevent the spread of the infection (D)
- A scissors was handed to a nurse and was not properly cleansed prior to use for a wound dressing change. Nurse used bare hands and touched tablets, placing in the pill cutter. Pill cutter was not cleansed after use (D)
- Nurse did not properly clean glucometer; CNA placed pressure reduction boots and blanket on floor during resident care (D)

- An LPN failed to wash hands after administering insulin to a resident in contact isolation for MRSA (D)
- Facility failed to ensure services provided minimized the risk of infection for 2 of 2 residents reviewed with indwelling urinary catheters. Residents urinary bag was lying on the floor (D)
- Failed to follow proper handwashing (D)
- Nurse failed to cleanse scissors during dressing change (D)

F 371—Food Preparation-Sanitary Conditions

- Undated items in fridge and freezer (F)
- Kitchen and equipment dusty and soiled, scoops left in bins, dinner rolls not served with tongs, food not labeled when opened, freezer door broken, dented cans and expired foods noted (F)
- Not all hair of dietary staff in hair net. Staff did not do proper hand washing (E)
- Failed to properly close to date food items when opened, failed to clean ice machine monthly (E)
- Soiled sink in kitchen, convection oven with grease buildup, milk rings on refrigerator shelf (E)
- Items in frig not dated, didn't wash hands between dirty and clean dishes (E)
- Outdated items in frig, items in frig not dated, resident frig had outdated food and not cleaned (E)
- Improper glove use in kitchen, touched steam table with gloves on and didn't change prior to serving food (E)
- Failed to store and serve food under sanitary conditions; handle in contact with opened can of food; staff touched multiple surfaces with gloved hand and then touched toast (D)
- Staff served food tray to room and failed to use gloves properly, touched bed and tray and then touched food with same gloves (D)
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F 281—Professional Standards of Quality

- MAR lacked any identification of a cranberry tablet for UTI being utilized as Dr ordered (D)
- Facility failed to document the reason for giving and response to PRN medication administration, and attempt of other interventions identified in the care plan (D)
- Improper use of insulin pen, no order for type of insulin used (D)
- Dr ordered ace wrap to lower extremities in morning & off at bedtime. No documentation on TAR confirming orders were followed (D)
- Staff did not offer the resident a mouth rinse after the use of an Advair inhaler. No pressure applied to the tear duct after the administration of eye drops (D)
- Hand protector and splint not in place per Dr. Order, Tubigrips not on, failed to weigh resident per orders, knee braces not on (D)
- Failed to apply Geri gloves per care plan interventions (D)

- Failed to dispose of expired insulin pens, failed to open capsules when meds were to be crushed (D)
- Nursing staff failed to clarify conflicting orders for sliding scale insulin dosages and did not consistently check BS readings at appropriate times (D)
- Failed to follow Dr. orders for skin treatments (D)
- Facility failed to administer medications and treatments as ordered and according to professional standards. Resident had an order for tubigrips for arms and they did not have them on. One resident consumed another residents pill, all residents should take their pills prior to staff leaving them (D)

F 312—Quality of Care; Activities of Daily Living

- Facility failed to provide toileting assistance. Resident waited up to 3 hours for toileting assistance when call light pressed, lack of staff made residents wait to get toileting assistance and out of bed in the morning. Resident council notes states residents were not getting baths and sometimes waiting for 2 weeks. Resident who needed encouragement and supervision with eating sat in a south side nook by themselves. (E) **\$500 fine**
- Failed to provide complete incontinent care on hip and buttock (D)
- Entire peri-area not cleansed when a resident was in a sit-to-stand lift. Front area not cleansed (D)
- Failed to use clean area on wipe with each pass (D)
- Staff did not offer the resident a mouth rinse after the use of an Advair inhaler. No pressure applied to the tear duct after the administration of eye drops (D)
- Staff failed to wash face & hands or provide oral cares in AM-multiple examples (D)
- Failed to cleanse hip area during peri care (D)
- Failed to fold washcloth properly during peri care (D)
- Failed to cleanse entire front of peri area during cares (D)

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

F 155—Advance Directives

- Facility failed to provide CPR for resident who experienced sudden death but did not demonstrate symptoms of irreversible death and had advanced directive requesting CPR. Three other residents had conflicting status on CPR status at time of survey (K) **\$5,000 fine in suspension**
- Facility failed to initiate CPR for 1 Full code resident when resident was found unresponsive without signs of rigor mortis or dependent lividity and CNA told nurse to call 911; failed to complete an assessment prior to withholding CPR; failed to contact the physician at time found unresponsive; and failed to complete timely documentation of the circumstances surrounding the death (K) **\$8,000 fine**

F 156—Notice of Eligibility

- Facility failed to clarify a residents choice in regards to Medicare A skilled services coverage ending in 3 Of 3 residents reviewed (D)
- Failed to give new residents Medicare Liability Notice and Beneficiary Appeals (C)
- Failed to give ABN letters when off Medicare (B)

F 157—Notice of Changes to Family, Physician

- Facility failed to immediately notify the physician of a fall with an injury. Fall noted on 3/18 but physician was notified by fax over the weekend but did not see until 3/20/17, resident did have fractured right clavicle (D)

F 164—Privacy & Confidentiality

- A resident was left lying, exposed in a bed wearing only an incontinence brief and was visible from the corridor (D)

F 166—Prompt Effort to Resolve Grievances

- Facility failed to address resident concerns in a timely manner and failed to follow up to ensure resolution of the grievance with the person who filed the concern (E)

F 167—Examination of Survey Results

- Failed to post the plan of correction for the annual survey and the Life Safety Code survey results, or the survey re-visit, and failed to post a notice of the availability upon request of any survey results completed in the last 3 years (C)
- Facility failed to display the results of all survey activities conducted from the previous survey and failed to post a notice regarding the availability of the previous 3 survey results (C)

F 223—Freedom from Abuse

- Facility failed to provide adequate supervision during rounds and shift change leading to resident being unaccounted for 1 resident. Facility failed to complete rounds in a manner to check on all residents' whereabouts. Staff unaware of where resident was until family member reported to facility at 12:10 AM that they were being treated in the ER. facility failed to provide supervision of an unlocked medication cart (J) **\$2,000 fine in suspension**

F 225—Reporting to the Department

- Facility failed to report allegations of abuse for 2 of 16 residents reviewed. A resident reported the mistreatment of a room-mate by a nurse. This was not reported as abuse to DIA (D) **\$500 fine**
- Alleged violations of abuse not investigated within 5 days (D)

F 226—Staff Treatment of Residents

- Criminal background check not completed prior to the date of hire for 4 of 7 staff members (E) **\$500 fine**

- Facility failed to conduct a criminal background check , abuse registry check and verify licensure (E) **\$500 fine**
- Facility failed to obtain timely criminal and abuse background and abuse background checks prior to hire. File lacked the required clearance from the DHS to work when a criminal hit was identified (D) **\$500 fine**
- Nurse did not begin employment within 30 days of criminal background check (D) **\$500 fine**
- 1 of 6 employees reviewed did not have mandatory abuse training completed within 6 months of hire (D)
- Failed to do background checks prior to hire (D)

F 241--Dignity and Respect of Individuality

- A staffing CNA confronted a resident trying to physically take soiled pants from the resident. Resident alleged that staff grabbed the resident by the wrist. Staff failed to treat resident with dignity and respect (E) **\$500 fine**
- Facility failed to treat and care for residents in a dignified manner when the staff utilized headphones while on duty and ignored requests for assistance (E)

F 246—Accommodation of Needs

- Facility nurses were doing am blood sugars as early as 5 am, awakening residents to do so. Resident was not allowed to use toilet for BM's being placed on bedpan or urged to go in brief because staff did not know how to operate lift and use commode (E)

F 246--Accommodation of Needs

- Call lights not within reach (D)
- Call lights not within reach (D)

F 248--Activities Program

- Failed to do quarterly activity assessments (E)

F 250—Social Services

- Failed to quarterly social service assessments (D)

F 252—Safe, Clean, Homelike Environment

- Tear on vinyl chair, seam split on flooring (E)
- Facility failed to maintain a safe, sanitary, comfortable environment for their residents. Resident council minutes revealed staff didn't use cleaning supplies in the bathroom and did not clean thoroughly, also housekeeping did not properly clean rooms. Common areas of bird cage contained large amounts of feces (E)

F 253-- Housekeeping and Maintenance Services

- There was a strong urine odor smell noted on 1 hallway by the surveyor and residents at group meeting also complained of the odor (E)

F 279—Comprehensive Care Plans

- Care plan didn't address side effects of psychotropic meds (E)
- Care plan lacked any direction for staff in relation a VRE infection a resident had (2 examples). Care Plan failed to identify the use of a leg bag with a catheter. Care plan did not address the use of a sit-to-stand lift that was in use (E)
- Failed to update care plan for safety including interventions related to an alarm discontinued and a bruised eye (D)
- Care plans failed to address the need for pain medications and the side effects of these medications (D)
- Facility failed to update resident care plans in regards to bed mobility and transfer assistance (D)

F 282—Qualifications of Staff

- Resident with order for "no" leg bag, had cath and leg bag was used, resident not to left in room unattended and was left unattended (D)
- Facility failed to follow interventions on the care plan. Resident had order for pressure reduction boots and did not have them on (D)

F 283—Discharge Summary

- Facility failed to document a final discharge note for disposition of medications.
- Resident #17 expired at the facility and the clinical record lacked documentation of the where abouts of residents medications after discharge. Discharge summary was incomplete and missing sections (E)
- Failed to document disposition of meds and personal items on discharge (D)

F 285—PASRR

- Failed to add PASSR recommendations into care plan (D)
- Facility failed to provide services as recommended according to a PASRR (D)

F 309—Highest Practicable Well-Being

- Facility failed to document a final discharge note for disposition of medications. Resident #17 expired at the facility and the clinical record lacked documentation of the where abouts of residents medications after discharge. Discharge summary was incomplete and missing sections (G) **\$1,500 fine in suspension**
- Emesis with smell of BM, no assessment by nurse, died same day (G)
- Failed to measure daily weights and assess weight gains (D)
- Facility failed to assess bowel function and intervene in a timely manner. Resident ultimately had bowel obstruction requiring hospital intervention (D)
- Failed to follow up on no BM's (D)
- Nurses did not assess resident's dialysis fistula as needed for thrill and bruit (D)

F 314—Pressure Ulcers

- Two residents with no pressure ulcers on admission developed pressure ulcers (G) **\$5,000 fine**
- Pressure ulcer on heel, interventions not followed in care plan (G)

- Staff failed to implement new interventions for residents with a potential for skin breakdown, heel breakdown occurred, no attempts made to float the heel (D)
- Interventions to prevent skin injuries were not in place as listed on care plan (D)
- Pressure relieving cushions not in chair per physician order (D)
- Facility failed to prevent the development of a pressure sore. Patient had development of new wounds and shoes were 1/2 size too big (D)

F 315--Incontinence Care

- No order to connect urostomy tube to leg bag. Staff failed to follow proper aseptic technique when attaching leg bag (E)
- A resident with multiple A/B uses for a UTI did not have direction for the use of a leg bag addresses on the care plan (see F 279). 2 examples (D)

F 318—Range of Motion to Prevent Decline

- The planned restorative program was not documented as completed on several residents reviewed (E)
- ROM/Rehab services recommendation not completed/documented as planned (D)

F 329— Avoiding the administration of unnecessary drugs

- No documentation of non-pharmacological interventions prior to giving Lorazepam many times to one resident (G)
- Facility failed to document non-pharmacological interventions attempted prior to administration of needed antianxiety and antipsychotic medications (D)

F 332—Medication Error

- Nurse drew up wrong dosage of insulin, surveyor stopped her prior to administration of insulin (E)
- Eye gtts not administered correctly, told to blink eye and gtts fill out (E)
- Failed to have a medication error rate less than 5%; 5 errors out of 28 medications administered including instructing resident to rinse mouth after, steroid inhaler before the bronchodilator and didn't have res wait between puffs; 3 drops of antibiotic eye med into both eyes without waiting between drops per policy (D)

F 333—Free of Significant Medication Errors

- CMA didn't know how to measure liquid Lorazepam, so just guessed and didn't tell anyone or do med error report (J) **\$6,000 fine in suspension**
- Nurse give 2 residents the wrong meds, one sent to ER (G) **\$4,000 fine in suspension**

F 334-- Influenza and Pneumococcal Immunizations

- Failed to document influenza and pneumonia vaccination status (D)

F 353—Sufficient Nurse Staffing

- Failed to answer call lights timely (G) **\$500 fine**
- Based on staff interviews and group resident interviews, staff shortages were often experienced (E)
- Residents stated that call light responses were slow. Call light logs verified slow responses, several over the 15 minute thresholds (E)
- Facility failed to answer call lights or requests for assistance in a timely manner to meet the needs of residents (E)

F 361—Staffing

- Facility failed to employ a competent, certified dietary manager (F)

F 362—Staffing of Dietary Services

- Facility failed to provide sufficient, competent, dietary staff to provide residents organized, timely meal services, prepared with proper sanitary techniques. Resident council meeting reported the food was cold with long wait times (F)

F 363—Menus, Nutritional Adequacy

- Facility did serve pureed foods according to menu, reports from staff, residents and family that facility had inadequate food supplies, menus not posted; resident council complained facility had to order food from Pizza Ranch because of inadequate food supplies; minutes described food as cold, lousy, too small portions, and not receiving room trays when requested. Dietitian notes revealed that incorrect scoop sizes were being used, diet cards did not match diet orders, cooks were not able to identify which cycle week the menus should be, that food was not in facility that was needed for next day's menus, absence of food staples such as bread, eggs, milk and snacks. Untrained dietary staff were preparing meal service (L) **\$5,000 fine in suspension**
- Proper scoop size not used when serving pureed diets (E)
- Incorrect food portion size served to 16 residents. Three residents with pureed diets did not receive items listed on menu (E)

F 368—Frequency of Meals

- Facility failed to serve meals at regular times and did not provide snacks for residents (F)

F 428—Drug Regimen Review by Pharmacist

- No dosage reduction and reason on continue with psychotropic meds (D)

F 431—Labelling of Drugs and Biologicals

- Unlabeled, no opened date or expired on several medications in med carts and medication storage areas (E)
- Failed to label insulin bottle for one resident (E)

F 465—Other Environmental Conditions

- Kitchen and equipment dusty and soiled, scoops left in bins, dinner rolls not served with tongs, food not labeled when opened, freezer door broken, dented cans and expired foods noted (F)

F 469—Maintain Effective Pest Control Program

- Residents and staff complained of fly problem in the facility (C)

F 496—Registry Verification

- Failed to document registry verification for aides (D)
- Facility failed to obtain proof an individual completed a training and competency evaluation program approved by the state before serving as a nursing assistant (D)
- Facility did not check Nurse Aide Registry for employees hired (D)

F 497—Regular In-Service Education

- Employee evaluations not completed on annual basis (D)
- Failed to complete employee performance evaluations for 3 nursing aides (C)
- Failed to complete yearly performance reviews (B)

F 499—Staff Qualifications

- No nursing license checks performed on some nurses upon hire (D)

F 514—Clinical Records

- Disposition of narcotics not documented. Ordered treatments not documented (D)

F 520—Quality Assessment and Assurance

- No evidence in QA meeting minutes that the facility has addressed multiple deficiencies received during surveys conducted this calendar year or addressed multiple complaints from residents and families (F)

F 541--Notifying Physician of Diagnostic Test Results

- Nursing staff rude to resident, delaying prn medications, coercing resident to go to bed at a prescribed time rather than one of own choosing, making resident shower when resident did not feel well, searching resident room for medications when resident was not present. Resident in question had BIMS of 14 (D)

L 257

- No documentation that facility has been checking the veteran status of residents upon admissions.

L 435

- No employee annual performance evaluations conducted on nursing staff

Annual Survey Frequency

September Survey Results Meeting

<u>Facility</u>	<u>City</u>	<u>Last Year</u>	<u>This Year</u>	<u>Frequency</u>
Childserve Rehab. Center	Johnston	8/11/16	8/3/17	51 Weeks
Country View	Waterloo	6/16/16	7/27/17	58 Weeks
Dunlap Specialty Care	Dunlap	6/30/16	8/3/17	56 Weeks
Ennoble Skilled Care	Dubuque	7/20/16	8/3/17	53 Weeks
Good Samaritan	Waukon	7/28/16	8/24/17	55 Weeks
Good Shepherd Health Center	Mason City	7/21/16	8/17/17	56 Weeks
Harmony House	Waterloo	8/4/16	8/24/17	54 Weeks
IEOF	Mason City	7/21/16	8/17/17	56 Weeks
Kahl Home	Davenport	7/28/16	8/17/17	54 Weeks
Kingsley Specialty Care	Kingsley	8/11/16	8/24/17	53 Weeks
Maquoketa Care Center	Maquoketa	7/21/16	8/10/17	54 Weeks
Mayflower Home	Grinnell	8/4/16	8/23/17	52 Weeks
*Mercy Medical Center	Sioux City	-----	8/22/17	-----
Montezuma Specialty Care	Montezuma	7/21/16	8/10/17	54 Weeks
Newton Village	Newton	8/11/16	8/10/17	52 Weeks
Parkview Care Center	Fairfield	8/4/16	8/22/17	54 Weeks
Park View Rehab	Sac City	5/25/16	7/13/17	58 Weeks
Polk City Nursing & Rehab	Polk City	6/23/16	7/31/17	57 Weeks
Prairie Vista Village	Altoona	8/25/16	8/24/17	52 Weeks
Rehab Center of Belmond	Belmond	7/14/16	8/10/17	55 Weeks
Rotary Senior Living	Eagle Grove	6/30/16	8/10/17	57 Weeks
Sanford Senior Care	Sheldon	6/23/16	8/3/17	57 Weeks
Stratford Specialty Care	Stratford	6/2/16	8/17/17	62 Weeks
**Touchtone Healthcare Comm.	Sioux City	1/26/17	8/15/17	28 Weeks
Urbandale Healthcare Center	Urbandale	7/14/16	8/30/17	58 Weeks
Wesley Acres	Des Moines	8/18/16	8/17/17	52 Weeks

*1st Annual Survey

** Annual Survey at 7 Months??? (not counted in totals)

1 Facility was “Deficiency Free” and that was an initial survey (4%)

Of the (24) Tabulated Annual Surveys Reviewed in August:

5 Surveys were earlier than last year (4 of those were 1 day earlier than last year)

19 Surveys were later than last year

Earliest Survey:

Childserve Rehab. Center	Johnston	8/11/16	8/3/17	51 Weeks
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Latest Surveys:

Stratford Specialty Care	Stratford	6/2/16	8/17/17	62 Weeks
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Average Survey Frequency:

2017

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)
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)