

Session #: T31
Top 10 State Survey Deficiencies:
*What Survey Citations are in the Wind and Tips
for Sailing to Success!*

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Objectives

- Identify the Top 10 most frequently cited survey deficiencies
- Demonstrate an 'Information gathering' approach to decision making related to maintaining compliance and mitigating repeat deficiencies
- Apply case study example on 2 of the top 10 deficiencies, using the State Operations Manual interpretive guidelines to develop a survey readiness plan

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Evolution of Survey & Certification Process

1935
Enactment of Social Security Act

1960-1965
Kerr-Mills Act Medical Assistance for the Aged (MAA) & Enactment of Medicare & Medicaid Programs

1950-1954
Amendments to Social Security Act & Hill-Burton Act

1970s
Office of Long Term Care

1987
Omnibus Reconciliation Act (OBRA)

2014
Impact Act

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CMS Five Star Rating - Health Inspection

- Measures based on outcomes from state health survey inspections
 - Rating based on the number, scope and severity of deficiencies identified during the three most recent annual inspection surveys
 - As well, substantiated findings from most recent 36 months of complaint investigations, and
 - Also takes into account number of revisits

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Health Inspection Scoring Rules

- Score is calculated based on points assigned to deficiencies according to S/S (scope/severity) level
 - Finding of *substandard quality of care (SQOC)* additional points assigned
- Deficiencies from *Federal Comparative/Monitoring* surveys are not reported on Nursing Home Compare or included in Five Star calculations
- Deficiencies from *Life Safety Survey* are not included

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Total Calculated Score

- Based on the weighted deficiencies and number of repeat revisits
 - Cycle 1 (most recent period) weighted factor of 1/2
 - Cycle 2 (previous period) weighted factor of 1/3
 - Cycle 3 (2nd prior survey) weighted factor of 1/6
- Weighted time period scores are summed to create the survey score for each facility

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Repeat Revisits Scoring

- No points assigned for the 1st revisit
- Subsequent revisits
 - Points are assigned and are proportional to the health inspection score
 - Up to 85% of the health inspection score for the 4th revisit
- More revisits are associated with more serious quality problems

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Complaint Surveys

- Time period based on calendar year in which the complaint survey occurred
 - Most recent 12 months weighted factor of 1/2
 - From 13-24 months weighted factor of 1/3
 - From 25-36 months weighted factor of 1/6
- Deficiencies that appear on both standard and complaint surveys are counted only once
 - If S/S differs on the two surveys the higher S/S level combination is used

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Severity and Scope Points

Table 1
Health Inspection Score: Weights for Different Types of Deficiencies

Severity	Scope		
	Isolated	Pattern	Widespread
Immediate jeopardy to resident health or safety	J 50 points* (75 points)	K 100 points* (125 points)	L 150 points* (175 points)
Actual harm that is not immediate jeopardy	G 20 points	H 35 points (40 points)	I 45 points (50 points)
No actual harm with potential for more than minimal harm that is not immediate jeopardy	D 4 points	E 8 points	F 16 points (20 points)
No actual harm with potential for minimal harm	A 0 point	B 0 points	C 0 points

Source: Centers for Medicare & Medicaid Services

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Revisit Weights

Revisit Number	Noncompliance Points
First	0
Second	50 percent of health inspection score
Third	70 percent of health inspection score
Fourth	85 percent of health inspection score

Source: Centers for Medicare & Medicaid Services

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Health Inspection Rating Methodology

- Based on the relative performance of facilities within a state
 - Top 10% in each state receive a five-star rating
 - Middle 70% of facilities receive a rating of two, three or four stars
 - The bottom 20% receive a one-star rating
- Cut points are calibrated each month
- Rating of a given facility will not change from month to month
 - Unless new survey inspection data

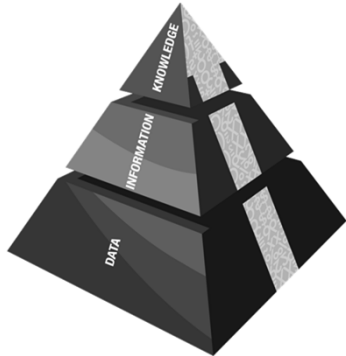
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Special Focus Facilities (SFF)

- SFF scoring uses the same point system that is used in Five-Star to assign each facility a total health inspection score
- Facilities are then ranked against all others in their state to determine the SFF candidate list
 - Each state has a different number of candidate facilities
 - Individual facilities' rank may change between surveys, based on the surveys in the rest of the state

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Using Data to Guide You



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Top 10 Frequently Cited Deficiencies

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Standard Surveys (Nation) Top 10 – All Deficiencies

2012			2013			2014		
COUNT	TAG	Description	COUNT	TAG	Description	COUNT	TAG	Description
5723	0441	Establishment of infection control program	5431	0441	Establishment of infection control program	4980	0441	Establishment of infection control program
4993	0371	Sanitary conditions of food storage/preparation/serve	5172	0371	Sanitary conditions of food storage/preparation/serve	4692	0371	Sanitary conditions of food storage/preparation/serve
4566	0323	Environment free from accident hazards	4307	0323	Environment free from accident hazards	3878	0323	Environment free from accident hazards
3776	0309	Highest practicable quality of care	3521	0309	Highest practicable quality of care	3204	0309	Highest practicable quality of care
3148	0279	Development of comprehensive care plan	1501	0229	Freedom from unnecessary drug/dosages/duration	2850	0329	Freedom from unnecessary drug/dosages/duration
2813	0329	Freedom from unnecessary drug/dosages/duration	3050	0279	Development of comprehensive care plan	2559	0431	Labeling
2787	0431	Labeling	2942	0431	Labeling	2502	0279	Development of comprehensive care plan
2398	0241	Environment must maintain enhance dignity and respect	2148	0241	Environment must maintain enhance dignity and respect	1967	0241	Environment must maintain enhance dignity and respect
2233	0514	Clinical records must be complete, accurate, readily accessible and systematically organized	2204	0514	Clinical records must be complete, accurate, readily accessible and systematically organized	1904	0514	Clinical records must be complete, accurate, readily accessible and systematically organized
2164	0281	Professional standards of quality for services provided or arranged by facility	2076	0281	Professional standards of quality for services provided or arranged by facility	1830	0282	Care provided by qualified personnel

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Complaint Surveys (Nation) Top 10 - All Deficiencies

2012			2013			2014		
COUNT	TAG	Description	COUNT	TAG	Description	COUNT	TAG	Description
2267	0323	Environment free from accident hazards	2164	0323	Environment free from accident hazards	1949	0323	Environment free from accident hazards
1553	0309	Highest practicable quality of care	1650	0309	Highest practicable quality of care	1480	0309	Highest practicable quality of care
1143	0225	Unemployable individuals	1109	0225	Unemployable individuals	982	0225	Unemployable individuals
1023	0157	Appropriate notification of changes (due to accident/status change/treatment change)	1065	0157	Appropriate notification of changes (due to accident/status change/treatment change)	887	0157	Appropriate notification of changes (due to accident/status change/treatment change)
881	0514	Clinical records must be complete, accurate, readily accessible and systematically organized	880	0226	Facility development/implementation of policies and procedures regarding staff treatment of residents	878	0226	Facility development/implementation of policies and procedures regarding staff treatment of residents
669	0226	Facility development/implementation of policies and procedures regarding staff treatment of residents	632	0514	Clinical records must be complete, accurate, readily accessible and systematically organized	747	0514	Clinical records must be complete, accurate, readily accessible and systematically organized
785	0281	Professional standards of quality for services provided or arranged by facility	696	0281	Professional standards of quality for services provided or arranged by facility	626	0281	Professional standards of quality for services provided or arranged by facility
655	0441	Establishment of infection control program	668	0441	Establishment of infection control program	561	0441	Establishment of infection control program
635	0262	Care provided by qualified personnel	603	0314	Appropriate treatment/prevention of pressure sores	549	0262	Care provided by qualified personnel
619	0279	Development of comprehensive care plan	578	0279	Development of comprehensive care plan	481	0279	Development of comprehensive care plan

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Nation Top 10 Cited Deficiencies - S/S Level 'G' and Above

2012			2013			2014		
COUNT	TAG	Description	COUNT	TAG	Description	COUNT	TAG	Description
1612	0323	Environment free from accident hazards	1462	0323	Environment free from accident hazards	1324	0323	Environment free from accident hazards
823	0309	Highest practicable quality of care	783	0309	Highest practicable quality of care	690	0309	Highest practicable quality of care
588	0314	Appropriate treatment/prevention of pressure sores	637	0314	Appropriate treatment/prevention of pressure sores	498	0314	Appropriate treatment/prevention of pressure sores
260	0490	Uses resources effectively	200	0490	Uses resources effectively	203	0224	Staff mis-treatment of residents
200	0224	Staff mis-treatment of residents	198	0224	Staff mis-treatment of residents	187	0226	Facility development/implementation of policies and procedures regarding staff treatment of residents
189	0281	Professional standards of quality for services provided or arranged by facility	173	0157	Appropriate notification of changes (due to accident/status change/treatment change)	180	0490	Uses resources effectively
180	0226	Facility development/implementation of policies and procedures regarding staff treatment of residents	168	0226	Facility development/implementation of policies and procedures regarding staff treatment of residents	145	0157	Appropriate notification of changes (due to accident/status change/treatment change)
173	0157	Appropriate notification of changes (due to accident/status change/treatment change)	157	0281	Professional standards of quality for services provided or arranged by facility	132	0223	Right to be free from verbal, sexual, physical, and mental abuse, corporal punishment and involuntary seclusion
160	0333	Freedom from significant medication errors	134	0223	Right to be free from verbal, sexual, physical, and mental abuse, corporal punishment and involuntary seclusion	126	0262	Care provided by qualified personnel
142	0325	Maintenance of nutritional status	134	0325	Maintenance of nutritional status	121	0325	Maintenance of nutritional status

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Ohio Top 10 Frequently Cited Deficiencies - All Deficiencies

F-Tag	Category	Description	% of Facilities
371	Dietary Services	Store, prepare, distribute, and serve food	23.9
441	Infection Control	Investigates, controls/prevents infections	22.7
329	Quality of Care	Unnecessary drug; in excessive dose	22.2
309	Quality of Care	Each resident must receive care for highest well-being	21.7
323	Quality of Care	Accident hazards	21.6
279	Resident Assessments	Facility must develop a comprehensive care plan with objectives/timetables	14.9
431	Pharmacy Services	Labeling of drugs and biologicals	12
241	Quality of Life	Dignity: Facility must allow residents to maintain his/her self-esteem and self-worth	11
280	Resident Assessments	Care plans must be reviewed and revised by qualified persons	9.9
332	Quality of Care	Facility medication error rates of 5% or more	9.8

Data Source CMS Year End - December 2014

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Ohio Overall Survey Performance Stats

Reporting Year 2013-2014						
State	# of Facilities	# of Facilities DEF Free	% SQC	% U	AVG # DEF	Median # DEF
OH	953	168	1.20%	1.30%	4.7	3.0
		# of Facilities DEF Free	# of Facilities DEF Free	AVG # DEF	Median # DEF	
	NATION	15,646	1,610	5.7	5	

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Example Case Scenario - Facility A

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Survey Readiness: Use the Information at Your Disposal

- Once you know your survey outcome trends and high risk F-tags, what next?
- Consider other sources of data for benchmarking
 - Nursing Home Compare
 - See survey results for local facilities
 - Data.medicare.gov
 - CMS' national database with reports available to download
 - Monthly SFF lists
 - See newly added/improved/graduated facilities
- Use applicable data sources (internal and external) to support QAPI

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QAPI and Survey Deficiencies

- Apply the principles of QAPI to address recurrent or new survey deficiencies
 - **QAPI team:** include medical/nursing staff as well as consultants, specialists, CNA/Activities
 - **Data:** track, trend and benchmark prior survey results
 - Identify issues/patterns for further root cause analysis
 - **Systematic Analysis and Systemic Action:** consider all contributing factors
 - Policies/procedures, staffing levels, staff competencies, admission processes

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Resident Assessment
§483.20 Tag F272 - F285

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§483.20 Tag F272 - F285 Resident Assessment

- The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity
- The intent is to provide the facility with ongoing assessment information
 - Necessary to develop a care plan
 - Provide appropriate care and services
 - Modify the care based on the resident's status
- Each facility must use state-specified RAI

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Tag F272-F285 Intent & Guidelines

- To ensure that the RAI is used in conducting comprehensive assessments as part of an ongoing process
 - Facility identifies resident’s functional capacity and health status
- Scope of the RAI is not limited to the facility’s responsibility to assess and address ‘all care’ needed by the resident
- Conducting timely assessments
- Following automated data processing requirements

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§483.20(g) Tag F278-Accuracy of Assessment

- Assessment must accurately reflect the resident’s status
 - Appropriate, qualified health professional correctly documents the resident’s medical, functional and psychosocial problems
- Probes
 - *Based on total review of the resident, is each portion of the assessment accurate?*
 - Appendix PP/F tag 278/§483.20(g) & (i)

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Tag F278-Accuracy of Assessment (cont.)

- Certification
 - Each individual assessor is responsible for certifying the accuracy of responses relative to the resident’s condition and discharge or entry status
 - Use of electronic signatures on the MDS permitted to do so by state and local law and when this is authorized by the long-term care facility’s policy
 - *Note:* Where state law is more restrictive than federal requirements, the provider needs to apply the state law standard

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Tag F278-Penalty for Falsification

- False statement in a resident assessment subject to civil money penalty (CMP) of \$1,000 for each assessment
- Willfully and knowingly causing an individual to certify and make a false statement in a resident assessment is subject to CMP of \$5,000 for each assessment

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F272-F285 - Resident Assessment PIPs

- Look for prevalent/recurrent issues with assessment and documentation
 - Admission assessment
 - Significant Change in Status
 - Post discharge plan of care
 - PASRR screening
- What are the recurrent issues?
 - Nursing documentation (e.g. shift notes, skin assessment, MAR/TAR)
 - CNA documentation (e.g. vital signs, weights, ADLs)
 - Social Service (PASRR, discharge plan and follow-up)
 - Therapy

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F272-F285 - Resident Assessment PIPs

- MDS accuracy
 - Internal/External auditing of MDS records
 - Manual review
 - Small sample, labor intensive
 - Automated auditing of all assessments prior to CMS submission
 - More efficient
 - Should be checked against remainder of resident record for integrity

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MDS Focused Surveys

- Dementia Care and MDS Accuracy
 - Nationwide rollout in January 2015
- Pilot found MDS accuracy citations in 24 out of 25 facilities
 - Pressure ulcer staging, antipsychotics and restraints
- Impact on Five-Star?
 - Neither standard nor complaint survey, but F-tags will be cited
 - May lead to *complaint investigations* if care concerns are identified
 - If complaint investigations are substantiated, the F-tags will be counted in Survey Domain score

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Resident Rights

§483.10(b)(11) Tag F157 – Notification of Changes

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§483.10(b)(11) Tag F157 – Notification of Changes

- Facility must immediately inform the resident; consult with resident’s physician; and if known notify resident’s legal representative or family member when there is:
 - Accident resulting in injury
 - Significant change in the resident’s status
 - Need to ‘significantly’ alter treatment
 - Decision to transfer or discharge
 - Change in the Resident’s Rights

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Tag F157-Interpretive Guidelines

- Life threatening conditions
 - Heart attack or stroke
- Clinical complications
 - Development of Stage II pressure ulcer
 - Onset of recurrent episodes of delirium
 - Recurrent UTI
 - Onset of depression
- Need to alter treatment 'significantly'
 - Stopping a form of treatment
 - Starting a new form of treatment

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Tag F157-Interpretive Guidelines (cont.)

- Requirement requires facility to inform the resident of his/her rights on admission and during resident's stay
- Facility must record and periodically update the address and phone number of the resident's legal guardian or 'interested' family member
- Death of the resident the physician is to be notified immediately in accordance with state law

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Potential F157-Notification of Changes PIPs

- Policies & Procedures
 - Are all staff (Nursing, Medical, Social Service) familiar with P&P?
 - Are roles and responsibilities clear?
- Structure and Process
 - Notification process/documentation
 - Incident report format
 - Timeliness of notification
 - Identify gaps and use root cause analysis to find causes
 - Patterns: unit, shift, personnel, type of incident
 - Contact information for responsible party
 - Preferred method of communication
 - Balance with HIPAA compliance
 - If unable to contact, what is done to follow up?

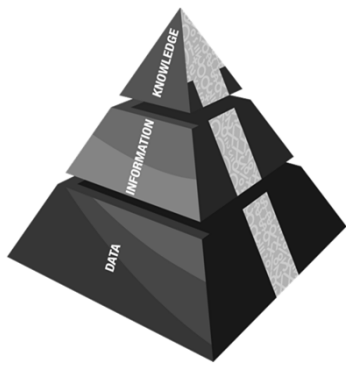
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Potential F157 PIPs (cont.)

- Focus on incident notification policy as key staff competency
- Monitor compliance with changes to policy
 - Audit documentation of incidents
 - Time between event and notification
- Measure outcomes
 - Resident/family satisfaction surveys
 - Track/trend notification timeliness

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What is your Story?



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The 'how to' in Mitigating Risk

- Defined as a systematic reduction in the extent of exposure to a risk and/or the likelihood of its occurrence
- Four types of risk mitigating strategies:
 - *Acknowledge* the existence of the risk
 - *Adjust* program requirements to reduce risk
 - *Implement* actions to minimize the impact
 - *Monitor* for changes that affects or impacts the risk

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Best Practices and Lessons Learned

- Include risk monitoring review as part of your facility's policies and procedures
- Incorporate routine review of monitoring into your QAPI plan
- Refine action steps as needed
- Revisit risk analysis as plans and actions are successfully completed
- Evaluate the current environment for *new* risks or modifications to existing risks

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Resources and Links

- Five-Star Technical Users' Guide
 - <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/FSQRS.html>
- S&C Letter: Updates to State Operations Manual
 - <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-14-37.pdf>
- S&C Letter: Updates to SFF Program
 - <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-14-20.pdf>

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