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

Paola M. DiNatale MSN, RH, NHA
April 28, 2015

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

Evolution of Survey & Certification Process

1935 enactment of Social Security Act
1950-1954 Amendments to Social Security Act & Hill-Burton Act
1950-1954 Medicare & Medicaid Programs
1960-1965 Kerr-Mills Act Medical Assistance for the Aged (MAA)
1962 Omnibus Reconciliation Act (OBRA)
1970s Office of Long Term Care
2014 Impact Act
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

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

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
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

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

Severity and Scope Points

<table>
<thead>
<tr>
<th>Severity</th>
<th>Isolated</th>
<th>Pattern</th>
<th>Widespread</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immediate jeopardy to resident health or safety</td>
<td>J</td>
<td>K</td>
<td>L</td>
</tr>
<tr>
<td>Actual harm that is not immediate jeopardy</td>
<td>G</td>
<td>H</td>
<td>I</td>
</tr>
<tr>
<td>No actual harm with potential for more than minimal harm</td>
<td>D</td>
<td>E</td>
<td>F</td>
</tr>
<tr>
<td>No actual harm with potential for minimal harm</td>
<td>A</td>
<td>B</td>
<td>C</td>
</tr>
</tbody>
</table>

Source: Centers for Medicare & Medicaid Services
Revisit Weights

<table>
<thead>
<tr>
<th>Revisit Number</th>
<th>Noncompliance Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
<td>0</td>
</tr>
<tr>
<td>Second</td>
<td>50 percent of health inspection score</td>
</tr>
<tr>
<td>Third</td>
<td>70 percent of health inspection score</td>
</tr>
<tr>
<td>Fourth</td>
<td>90 percent of health inspection score</td>
</tr>
</tbody>
</table>

Source: Centers for Medicare & Medicaid Services

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

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
### Using Data to Guide You

![Pyramid Diagram](image)

### Top 10 Frequently Cited Deficiencies

### Standard Surveys (Nation) Top 10 – All Deficiencies

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>2012</th>
<th>2015</th>
<th>2017</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>0123</td>
<td>0411</td>
<td>Establishment of effective control program</td>
<td>341</td>
<td>341</td>
<td>500</td>
</tr>
<tr>
<td>0456</td>
<td>0711</td>
<td>Standard conditions of work in organization area</td>
<td>127</td>
<td>0711</td>
<td>405</td>
</tr>
<tr>
<td>0789</td>
<td>0931</td>
<td>Management for the project team</td>
<td>120</td>
<td>120</td>
<td>120</td>
</tr>
<tr>
<td>1012</td>
<td>2030</td>
<td>Appropriate environmental and occupational safety</td>
<td>32</td>
<td>120</td>
<td>120</td>
</tr>
<tr>
<td>1345</td>
<td>2367</td>
<td>Management for the project team</td>
<td>120</td>
<td>120</td>
<td>120</td>
</tr>
<tr>
<td>1678</td>
<td>3090</td>
<td>Treatment for cumulative exposure</td>
<td>300</td>
<td>0711</td>
<td>0711</td>
</tr>
<tr>
<td>2100</td>
<td>4071</td>
<td>Leaking</td>
<td>242</td>
<td>0411</td>
<td>0411</td>
</tr>
<tr>
<td>2389</td>
<td>0414</td>
<td>Environment must be maintained</td>
<td>258</td>
<td>0414</td>
<td>0414</td>
</tr>
<tr>
<td>2014</td>
<td>0714</td>
<td>Critical tasks must not be increased</td>
<td>254</td>
<td>0714</td>
<td>0714</td>
</tr>
<tr>
<td>2500</td>
<td>0812</td>
<td>Professional integrity in safety for workers, patients, or visitors to facility</td>
<td>205</td>
<td>0812</td>
<td>0812</td>
</tr>
</tbody>
</table>
### Complaint Surveys (Nation) Top 10 - All Deficiencies

<table>
<thead>
<tr>
<th>Rank</th>
<th>Code</th>
<th>Description</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>D401</td>
<td>Occupational therapy and recreational therapy staffing, compensation, and benefits</td>
<td>23</td>
<td>23</td>
</tr>
<tr>
<td>2</td>
<td>D402</td>
<td>Occupational therapy and recreational therapy staffing, compensation, and benefits</td>
<td>23</td>
<td>23</td>
</tr>
<tr>
<td>3</td>
<td>D403</td>
<td>Occupational therapy and recreational therapy staffing, compensation, and benefits</td>
<td>23</td>
<td>23</td>
</tr>
<tr>
<td>4</td>
<td>D404</td>
<td>Occupational therapy and recreational therapy staffing, compensation, and benefits</td>
<td>23</td>
<td>23</td>
</tr>
<tr>
<td>5</td>
<td>D405</td>
<td>Occupational therapy and recreational therapy staffing, compensation, and benefits</td>
<td>23</td>
<td>23</td>
</tr>
<tr>
<td>6</td>
<td>D406</td>
<td>Occupational therapy and recreational therapy staffing, compensation, and benefits</td>
<td>23</td>
<td>23</td>
</tr>
<tr>
<td>7</td>
<td>D407</td>
<td>Occupational therapy and recreational therapy staffing, compensation, and benefits</td>
<td>23</td>
<td>23</td>
</tr>
<tr>
<td>8</td>
<td>D408</td>
<td>Occupational therapy and recreational therapy staffing, compensation, and benefits</td>
<td>23</td>
<td>23</td>
</tr>
<tr>
<td>9</td>
<td>D409</td>
<td>Occupational therapy and recreational therapy staffing, compensation, and benefits</td>
<td>23</td>
<td>23</td>
</tr>
<tr>
<td>10</td>
<td>D410</td>
<td>Occupational therapy and recreational therapy staffing, compensation, and benefits</td>
<td>23</td>
<td>23</td>
</tr>
</tbody>
</table>

### Nation Top 10 Cited Deficiencies - S/S Level ‘G’ and Above

<table>
<thead>
<tr>
<th>Rank</th>
<th>Code</th>
<th>Description</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>D001</td>
<td>Staff short of sleep</td>
<td>55</td>
<td>55</td>
</tr>
<tr>
<td>2</td>
<td>D002</td>
<td>Staff short of sleep</td>
<td>55</td>
<td>55</td>
</tr>
<tr>
<td>3</td>
<td>D003</td>
<td>Staff short of sleep</td>
<td>55</td>
<td>55</td>
</tr>
<tr>
<td>4</td>
<td>D004</td>
<td>Staff short of sleep</td>
<td>55</td>
<td>55</td>
</tr>
<tr>
<td>5</td>
<td>D005</td>
<td>Staff short of sleep</td>
<td>55</td>
<td>55</td>
</tr>
<tr>
<td>6</td>
<td>D006</td>
<td>Staff short of sleep</td>
<td>55</td>
<td>55</td>
</tr>
<tr>
<td>7</td>
<td>D007</td>
<td>Staff short of sleep</td>
<td>55</td>
<td>55</td>
</tr>
<tr>
<td>8</td>
<td>D008</td>
<td>Staff short of sleep</td>
<td>55</td>
<td>55</td>
</tr>
<tr>
<td>9</td>
<td>D009</td>
<td>Staff short of sleep</td>
<td>55</td>
<td>55</td>
</tr>
<tr>
<td>10</td>
<td>D010</td>
<td>Staff short of sleep</td>
<td>55</td>
<td>55</td>
</tr>
</tbody>
</table>

### Ohio Top 10 Frequently Cited Deficiencies - All Deficiencies

<table>
<thead>
<tr>
<th>Tag</th>
<th>Category</th>
<th>Question</th>
<th>% of Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>171</td>
<td>System Services</td>
<td>Items, prepare, distribute, and serve food</td>
<td>22.8</td>
</tr>
<tr>
<td>441</td>
<td>Infection Control</td>
<td>Investigations, controls/prevents infections</td>
<td>22.7</td>
</tr>
<tr>
<td>129</td>
<td>Quality of Care</td>
<td>Unnecessary drug, in excessive dose</td>
<td>12.2</td>
</tr>
<tr>
<td>239</td>
<td>Quality of Care</td>
<td>Each resident must receive care for highest well-being</td>
<td>21.7</td>
</tr>
<tr>
<td>453</td>
<td>Quality of Safety</td>
<td>Accident hazards</td>
<td>21.6</td>
</tr>
<tr>
<td>259</td>
<td>Resident Assessment</td>
<td>Facility must develop a comprehensive care plan with objectives, timelines</td>
<td>24.8</td>
</tr>
<tr>
<td>471</td>
<td>Pharmacy Services</td>
<td>Use of medications and dosages</td>
<td>19.6</td>
</tr>
<tr>
<td>244</td>
<td>Quality of Care</td>
<td>Drugs: Facility must allow resident to have self-medication and self-care</td>
<td>19.0</td>
</tr>
<tr>
<td>255</td>
<td>Resident Assessment</td>
<td>Care plans must be reviewed and revised by qualified person</td>
<td>9.9</td>
</tr>
<tr>
<td>352</td>
<td>Quality of Care</td>
<td>Facility must engage residents if it or more</td>
<td>9.9</td>
</tr>
</tbody>
</table>

Data Source CMS Year End - December 2014
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
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

Resident Assessment

§483.20 Tag F272 - F285

• 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
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

§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)

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
### 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

---

### 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

---

### 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
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

Resident Rights

§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
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

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

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?
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

What is your Story?

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
**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

**Resources and Links**

- Five-Star Technical Users’ Guide
- S&C Letter: Updates to SFF Program

**Contact Information**

PointRight Inc.
35 CambridgePark Drive, Suite 301
Cambridge, MA 02140
Tel: 617.457.3588
Fax: 781.877.2304
Pride.sahide@pointright.com

Analytics to Answers