

TOP SURVEY DEFICIENCIES

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STANDARD HEALTH SURVEY TRENDS

- Survey Outcomes are Trending up. How are you preparing for your next Standard Survey?

	FY '18	FY '19	FY '20	FY '21	FY '22
Average Number of Deficiencies Cited on STANDARD Survey	7.31	8.37	7.76	10.87	12.47



STANDARD HEALTH SURVEY TRENDS II

- Actual harm and greater deficiencies are on the rise for STANDARD surveys.

	FY 18	FY 19	FY 20	FY 21	FY 22
% of Standards Surveys that resulted in G/H/I/J/K/L	10%	14%	8%	35%	30%



MANAGE FOR SUCCESS

People don't do what is expected, they do what is **inspected**.

Re-educate? A waste of time!!

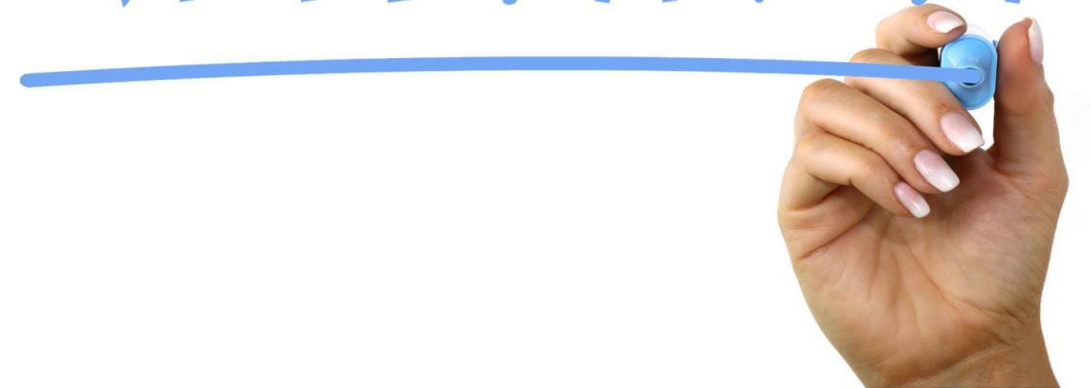
Change habits



#1 LEADERSHIP TOOL

- Your **ATTENTION**

ATTENTION



#1 LEADERSHIP TOOL

- Your ATTENTION
- **Prioritize: you can fix anything, but you can't fix everything (at once)**

ATTENTION



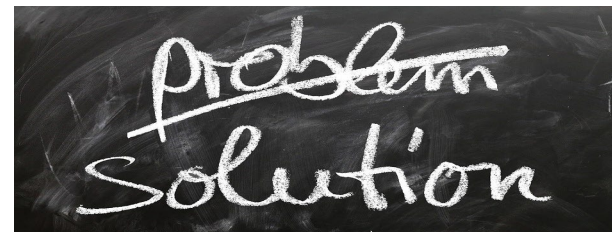
MANAGE FOR SUCCESS

- What gets **measured**, gets done.
- What gets measured and **fed back**, gets done well.
- What gets measured, fed back and **rewarded**, gets **repeated**.



TOP 10 SURVEY DEFICIENCIES

1. F 689 Free from accident hazards/supervision/devices
2. F 812 Food service
3. F 880 Infection prevention & control
4. F 677 ADL care
5. F 658 Services provided meet professional standards
6. F 656 Develop/Implement Comprehensive Care Plan
7. F 584 Safe/Clean/Comfortable/Homelike Environment
8. F 761 Label/store drugs/biologicals
9. F 623 Notice requirements Before Transfer/Discharge
10. F 684 Quality of care



F 689 FREE OF ACCIDENT HAZARDS

§483.25(d) Accidents. The facility must ensure that –

§483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and

§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents.



F 689 FREE OF ACCIDENT HAZARDS

Facility errors:

Examples:

- Facility without a lift rated to safely lift a bariatric resident in case of emergency
- CNA pulled a resident up by his/her pants to transfer (no gait belt)
- Resident smoking in their bathroom (cigarettes, lighter not secured)
- Resident in assisted dining area with no staff present
- Wander guard system not checked regularly
- Residents propelled in wheel chairs without foot pedals
- No process in place to check temperatures of food/drink to prevent burns (happened twice)



F 689 FREE OF ACCIDENT HAZARDS

What to do and how to do it:

- ✓ Safety rounds- every staff member do it at least once.
- ✓ Review incident reports
 - individual reports (was intervention appropriate, still happening)
 - patterns
- ✓ Accident CEP



F 812 FOOD SERVICE

§483.60(i) Food safety requirements. The facility must –

§483.60(i)(1) -Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.

§483.60(i)(2) -Store, prepare, distribute and serve food in accordance with professional standards for food service safety.



F 812 FOOD SERVICE

Facilities errors:

Examples

- Cleaning
 - No schedule for cleaning
 - Staff not following the schedule
 - No inspection of cleaning
- Containers in refrigerator/freezer not labeled and dated
- Thermometers in refrigerator/freezer
- Fans with dirt/dust on blades
- No hairnets, hand hygiene
- Plastic cutting boards scratched
- Trash cans without lids
- Cups, dishes stacked wet
- Dented cans



F 812 FOOD SERVICE

There was an important job to be done and Everybody was sure that Somebody would do it.
Anybody could have done it, but Nobody did it.

Somebody got angry about that because it was Everybody's job.

Everybody thought Anybody could do it, but Nobody realized that Everybody couldn't do it.

It ended up that Everybody blamed Somebody when Nobody did what Anybody could have.

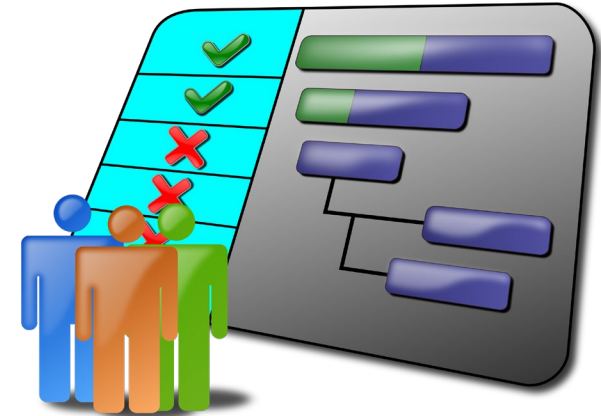
Charles Osgood



F 812 FOOD SERVICE

What to do and how to do it:

- ✓ **1. Have a schedule**
- ✓ **2. Follow the schedule**
- ✓ **3. Inspect the results**
- ✓ Trash cans with pop-up lids
- ✓ Replace cutting boards
- ✓ Plastic mesh for trays to dry cups, bowls



F 880 INFECTION PREVENTION/CONTROL

- **§483.80 Infection Control** The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.
- **§483.80(a) Infection prevention and control program.** The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:



F 880 INFECTION PREVENTION/CONTROL

- **§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;**



F 880 INFECTION PREVENTION/CONTROL

- **§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:**
 - **(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;**
 - **(ii) When and to whom possible incidents of communicable disease or infections should be reported;**
 - **(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;**
 - **(iv) When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious**
 - **agent or organism involved, and**
 - **(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.**
 - **(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and**
 - **(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.**



F 880 INFECTION PREVENTION/CONTROL

- **§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.**
- **§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.**
- **§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.**



F 880 INFECTION PREVENTION/CONTROL

- Facility errors:

- Legionella Water Management Plan
- Screening staff and residents for TB
- Sanitizing Accu-Check Machines
- Staff wearing mask inappropriately
- Screen staff each shift for COVID.
- Hand washing when doing medication pass
- Peri Care
- Allowing Covid 19 negative and positive residents together
- Catheter care
- Wound Care Clean Barriers



F 880 INFECTION PREVENTION/CONTROL

What to do and how to do it:

- ✓ Legionella toolkit <https://www.cdc.gov/legionella/wmp/toolkit/index.html>
 - ✓ <https://www.cdc.gov/legionella/wmp/control-toolkit/index.html>
- ✓ 3 step plan
- ✓ Accu-check machine- follow manufacturer's instructions
- ✓ Invest in staff education/training (esp. wound nurse)



F 677 ADL CARE

- **§483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; and**



F 677 ADL CARE

Facility errors:

Examples

- Bathing
- Nail care
- Facial hair
- Call lights



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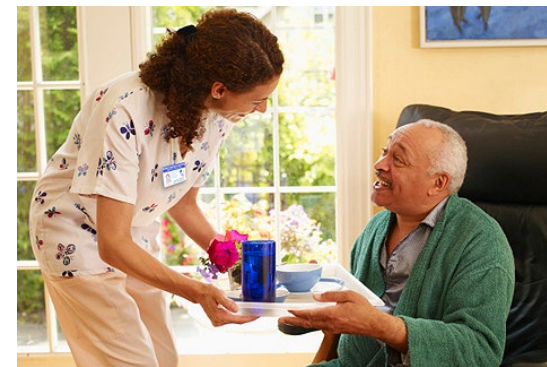


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F 677 ADL CARE

What to do and how to do it:

- ✓ 3 step formula
- ✓ Come as close as you can



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F 658 PROFESSIONAL STANDARDS

§483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must—

(i) Meet professional standards of quality.

INTENT §483.21(b)(3)(i)

The intent of this regulation is to assure that services being provided meet professional standards of quality.



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F 658 PROFESSIONAL STANDARDS

Facility errors:

Examples:

- To obtain physician orders (O2)
- To administer meds per manufacturer's instructions (late), O2 tubing did not have label with resident's name/date
- Provide care plan for falls (resident had history of falls), care plan for fall intervention of fall mat but no mat in room
- Follow physician orders: no arm immobilizer, no report of out of range blood sugar, no skin assessments, weekly weights and fluid restrictions weren't followed, no neuro checks following a fall
- No order for CPAP machine
- No timely order for catheter
- Orders to provide medications and treatment
- Didn't document administration of meds: time, amount, reason and effectiveness



F 658 PROFESSIONAL STANDARDS

What to do and how to do it:

- ✓ Audit/review of all care plans
- ✓ Add a “care plan minute” to shift report/shift huddle
- ✓ Daily audit of new orders (nursing management)
- ✓ Look at process to follow up when care plans are changed
- ✓ CEP General



F 656 CARE PLAN

- **§483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following —**

F 656 CARE PLAN

- **(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv) In consultation with the resident and the resident's representative(s)— (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.**

F 656 CARE PLAN

- *§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must— (iii) Be culturally-competent and trauma-informed.*

F 656 CARE PLAN

Facility errors:

Examples

- Care plans not completed
- Care plans didn't address specific issues (smoking, bed rail use, oxygen use, hospice, wound care)



F 656 CARE PLAN

What to do and how to do it:

- ✓ 3 step formula
- ✓ Come as close as you can

F 584

SAFE/CLEAN/COMFORTABLE/HOMELIKE/ENVIRONMENT

- **§483.10(i) Safe Environment.** The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.
- **The facility must provide— §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.**
- **(i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk.**
- **(ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.**



F 584

SAFE/CLEAN/COMFORTABLE/HOMELIKE/ENVIRONMENT

- §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;
- §483.10(i)(3) Clean bed and bath linens that are in good condition;
- §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);
- §483.10(i)(5) Adequate and comfortable lighting levels in all areas;
- §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels.



F 584

SAFE/CLEAN/COMFORTABLE/HOMELIKE/ENVIRONMENT

Facility errors:

Examples

- Light fixtures broken, bugs
- No functional dresser for a resident
- Dirt, debris in window sills, corners of floor, floor tiles missing
- Carpet dirty, loose
- Equipment not maintained (dirty, broken, rusty)
- Dust build-up on ceiling fans, vents



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F 584

SAFE/CLEAN/COMFORTABLE/HOMELIKE/ENVIRONMENT

What to do and how to do it:

- ✓ 3 step formula
- ✓ Rounds by all dept. managers



F761 LABEL/STORE DRUGS, BIOLOGICALS

§483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.

§483.45(h) Storage of Drugs and Biologicals

§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.

§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.



F761 LABEL/STORE DRUGS, BIOLOGICALS

INTENT §483.45(g) Labeling of Drugs and Biologicals and §483.45(h) Storage of

The intent of this requirement is that the facility, in coordination with the licensed pharmacist, provides for:

Accurate labeling to facilitate consideration of precautions and safe administration, of medications; and

Safe and secure storage (including proper temperature controls, appropriate humidity and light controls, limited access, and mechanisms to minimize loss or diversion) of all medication.



F761 LABEL/STORE DRUGS, BIOLOGICALS

Facility errors

Examples

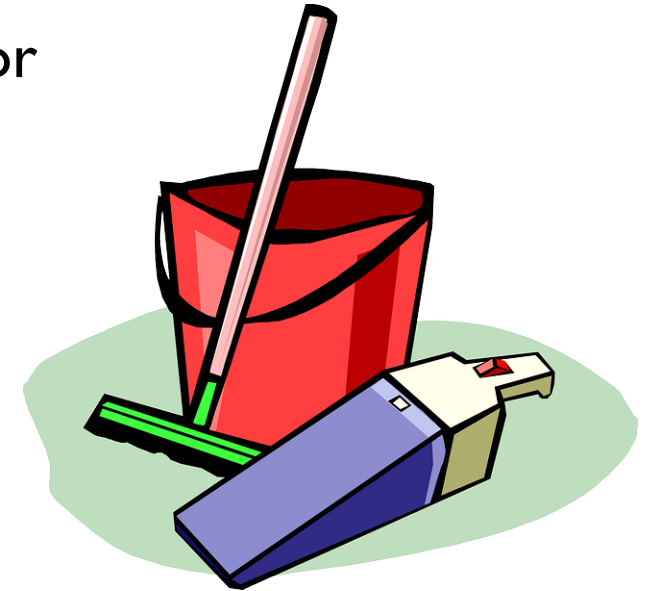
- Expired meds, med carts not locked, med refrigerator temps not monitored
- Insulin not dated when opened
- Inhalers not labeled with resident's name, eye drops not dated, labeled
- Narcotic count sheet not completed each shift, narcotics not properly discarded (pain patches)
- Medication (for pain) not in container that could be measured
- Loose pills in med cart
- Failed to discard expired meds, meds from d/c residents



F761 LABEL/STORE DRUGS, BIOLOGICALS

What to do and how to do it:

- ✓ CEP Medication Storage and Labeling
- ✓ Designate person to monitor med carts, refrigerator
- ✓ Schedule to clean med carts routinely



F 623 NOTICE BEFORE DISCHARGE

§483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must— (i) Notify the resident and the resident’s representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident’s medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section.



F 623 NOTICE BEFORE DISCHARGE

§483.15(c)(4) Timing of the notice.

(i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged.

(ii) Notice must be made as soon as practicable before transfer or discharge when—

(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;

(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;

(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;

(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or (E) A resident has not resided in the facility for 30 days.



F 623 NOTICE BEFORE DISCHARGE

§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following: (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.



F 623 NOTICE BEFORE DISCHARGE

Facility errors:

Examples

- Transfer to hospital (Notice to resident/responsible party, ombudsman)



F 623 NOTICE BEFORE DISCHARGE

What to do and how to do it:

- ✓ **3 step plan**



F 684 QUALITY OF CARE

§ 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices, including but not limited to the following:

INTENT

To ensure facilities identify and provide needed care and services that are resident centered, in accordance with the resident's preferences, goals for care and professional standards of practice that will meet each resident's physical, mental, and psychosocial needs.



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F 684 QUALITY OF CARE

Facility shortcomings

Examples:

- Wound assessments not completed, treatments not documented, wound care not done
- Weight gain not identified, Dr not notified, medication/treatment not given (CHF?)
- Failed to properly assess, follow up after severely low blood sugar, didn't notify Dr
- Didn't provide treatment, care for resident with rash on feet, didn't clarify Dr order
- Didn't follow Dr order (for sleep study) 6 months prior
- Lack of care coordination with hospice provider
- Didn't follow up on Dr's order for wound care



F 684 QUALITY OF CARE

What to do and how to do it:

- ✓ Education: group, I:I (ask lots of questions)
- ✓ Review contracts, communication processes with outside providers (hospice, etc.)



F 700 BEDRAILS

What to do and how to do it:

- ✓ Alternatives, consent,
- ✓ Website info: <https://www.fda.gov/medical-devices/hospital-beds/guide-bed-safety-bed-rails-hospitals-nursing-homes-and-home-health-care-facts#top>
- ✓ General article: <https://www.fda.gov/media/71460/download>
- ✓ Measurement info: <https://www.pdfFiller.com/243823575-NH-Bed-Rail-Safety-Check09pdf-Restraints-Bed-Rail-Safety-Check-Primaris->



RESOURCES YOU NEED TO KNOW

- CMS QAPI tools/resources: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/nhqapi>
- SOM appendix PP: https://www.cms.gov/Regulations-and-Guidance/Legislation/CFCsAndCoPs/Downloads/somI07ap_pp_guidelines_ltcfpdf
- CMS QSO memos: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions>
- LSC resources: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/LSC>
- General SNF links: <https://www.cms.gov/Center/Provider-Type/Skilled-Nursing-Facility-Center>



RESOURCES YOU NEED TO KNOW

- CMS CEP <https://www.cms.gov/files/zip/survey-resources-staff-vaccine-documents-06072022.zip> (open “Survey Resources”, then open “LTC survey pathways”) This has a lot of survey related resources.
- QIPMO website <https://nursinghomehelp.org/educational-resources/>
- Legionella toolkit <https://www.cdc.gov/legionella/wmp/toolkit/index.html>
 - <https://www.cdc.gov/legionella/wmp/control-toolkit/index.html>

