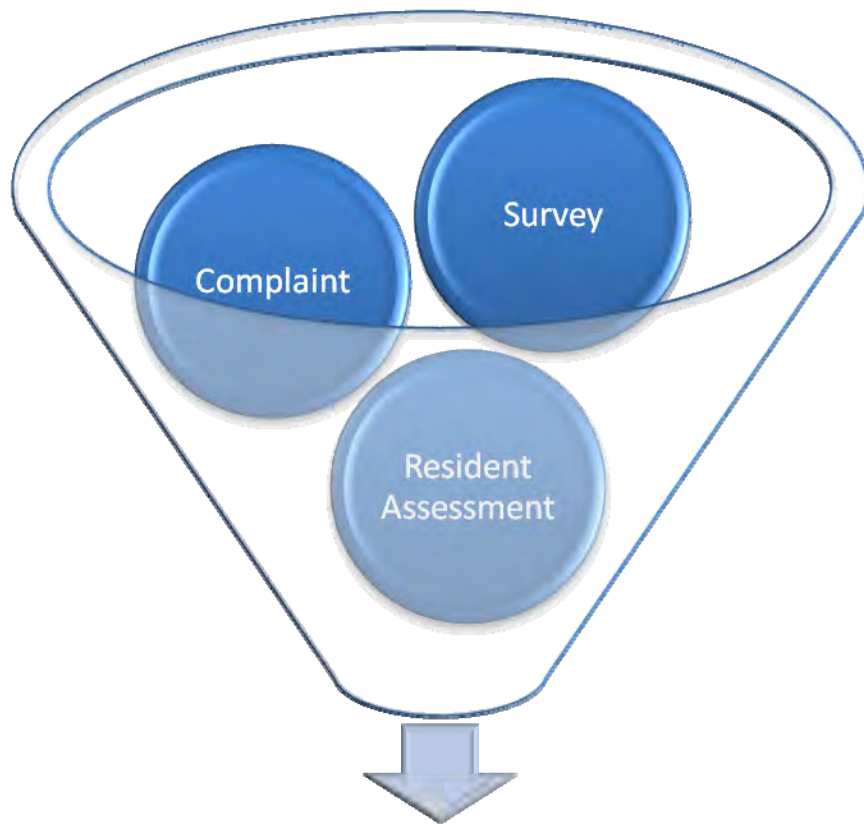


Ohio Department of Health  
Division of Quality Assurance  
Quarterly Nursing Home Report

Issue 3, January 2012



**Tracking Nursing Home Data**

# Quarterly Nursing Home Report

## January 2012

This report provides information on selected indicators of care and services being provided to nursing home residents in Ohio. The Ohio Department of Health (ODH), Division of Quality Assurance, stakeholders and interested parties may use this report to track key data elements that are indicative of conditions in nursing homes. These data are pulled from survey, complaint intake, and assessment databases.

Data will be pulled each calendar year (CY) quarter and added to the current data in order to assess trends and determine if changes across quarters indicate an actual change in care being provided to residents or if the changes are due to confounding factors such as seasonal changes or a change in survey process.

### **SURVEY DATA**

The Quality Indicators Survey (QIS) is the revised long-term care survey process used to determine compliance with Medicaid and Medicare certification standards. It is a resident-centered, outcome-oriented quality review which entails structured resident, family, and staff interviews, resident observations, record reviews, and analysis of health assessment data. Data from the QIS will be used to track certain quality of care, quality of life and person-centered tags as well as deficiencies constituting immediate jeopardy. Staffing data collected as part of the QIS will be also be monitored.

ODH believes that three quality of care survey tags pertaining to pressure ulcers, nutrition and weight loss, and hydration merit monitoring because they are indicative of worsening health status. The quality of life and person centered care tags pertaining to resident neglect and mistreatment, resident self-determination and participation, accommodation of needs and housekeeping and environment also bear monitoring. These tags were chosen because they relate to basic fundamental aspects of resident well-being. We are also monitoring deficiencies constituting immediate jeopardy, and violations of federal staffing requirements.

Enforcement actions are taken against facilities to encourage prompt correction. We are monitoring the imposition of civil money penalties because an increase in the number of civil money penalties or in the number of facilities receiving a civil money penalty could indicate that facilities are out of compliance for longer periods of time, there are repeat deficiencies, or the deficient practices are of a more serious nature.

### **COMPLAINT INTAKE DATA**

Complaint intake was chosen to monitor trends in the residents' and their families' perception of quality of care in the long term care facility. The allegation categories that were chosen provide a snapshot of the overall stay of a resident in the facility. A complaint is the initial indication of a problem that has not been investigated.

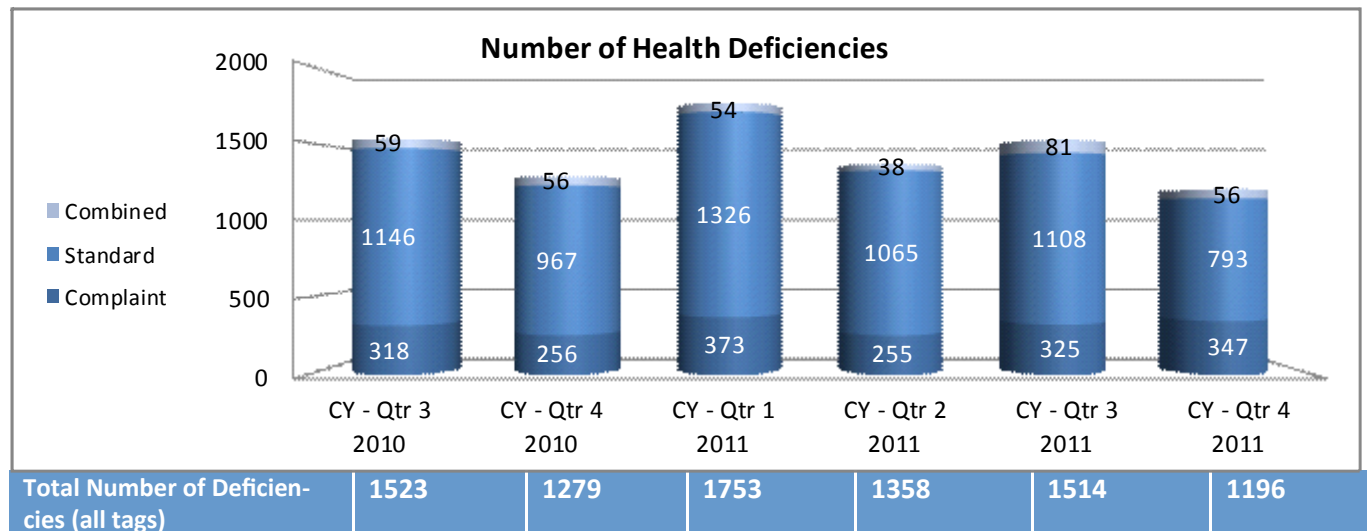
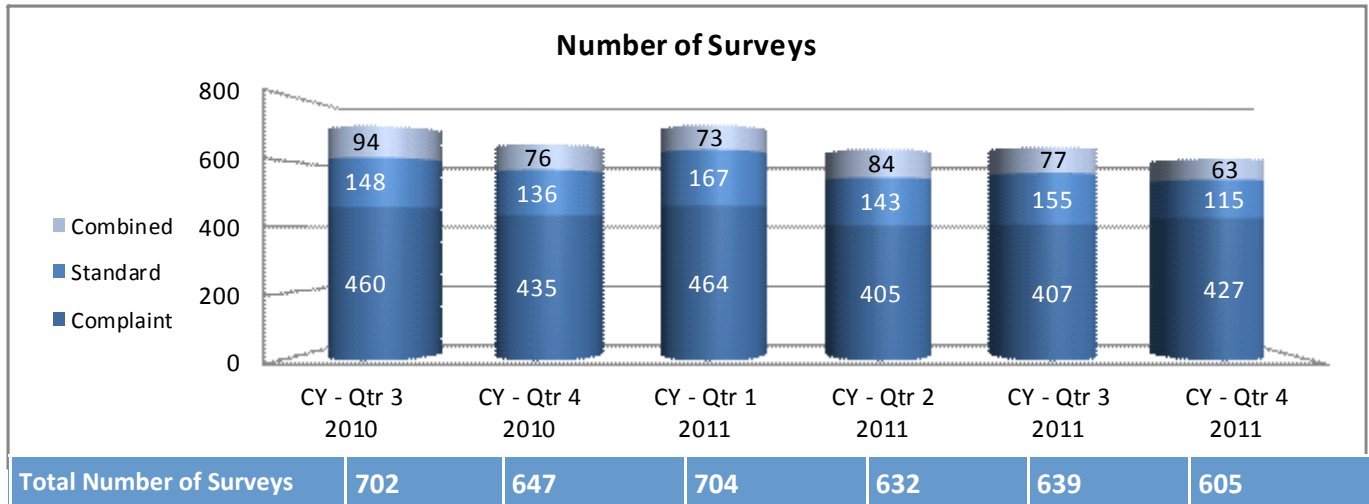
### **ASSESSMENT DATA**

Falls, pressure ulcers, nutrition/weight loss and hydration were chosen because they are indicative of worsening health conditions. Although we are tracking citations in these areas, monitoring of the resident assessment data will provide a more global picture of residents' conditions in nursing homes.

# Tracking Nursing Home Surveys & Deficiencies

Data From July 1, 2010 - December 31, 2011

**Annual (standard) surveys** of nursing facilities are conducted once every fifteen (15) months with a state-wide average of every twelve (12) months. A standard survey is a resident-centered inspection that gathers information about the quality of care furnished in a facility to determine compliance with the requirements for participation in the Medicare and Medicaid programs. Additionally, complaint investigations are conducted in response to allegations from consumers and other interested parties that a facility is not in compliance with the regulations. A **deficiency** is a finding that a facility has failed to meet a requirement specified in the Social Security Act or the federal regulations.

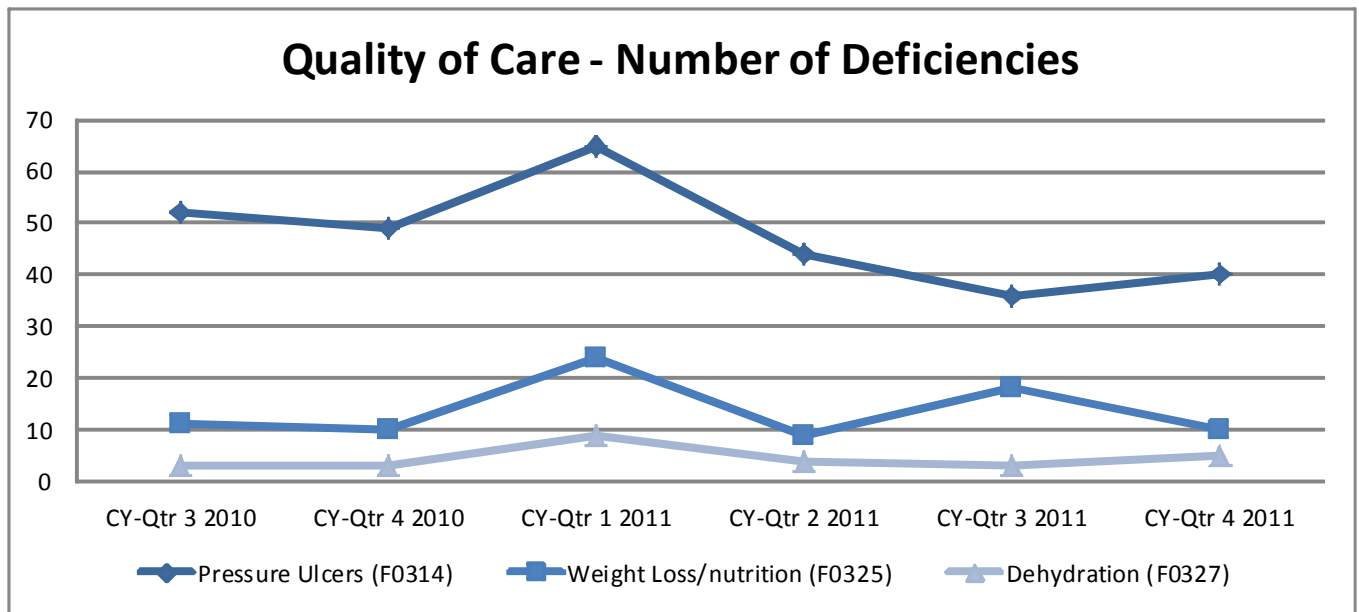


The above charts shows the total number surveys and deficiencies for all annual and complaint surveys conducted within each CY quarter.

# Tracking Nursing Home Quality of Care

Data From July 1, 2010 - December 31, 2011

**Quality of care** measures the care of nursing home residents. Three main determinants of quality of care (weight loss/nutrition, dehydration and pressure ulcers) have been chosen for review and analysis. Nursing homes are required to provide the appropriate care to prevent the development of pressure ulcers (F314) in residents. The development of pressure ulcers may be indicative of poor nutrition and hydration, underlying medical conditions, or lack of hygienic care. In addition, nursing homes must provide each resident with sufficient fluid intake to maintain proper hydration (F327) and health and sufficient food to maintain adequate nutritional status (F325), to the extent possible. The assurance of good nutrition and hydration for all residents is vital to maintaining their current levels of self care, promoting the healing process, and improving their general well-being. The consequences of poor nutrition and hydration intake in the elderly can result in decreased quality of life and in many cases becomes life threatening. Citations to these tags mean that the nursing home had deficient practices in these areas resulting in negative resident outcomes.

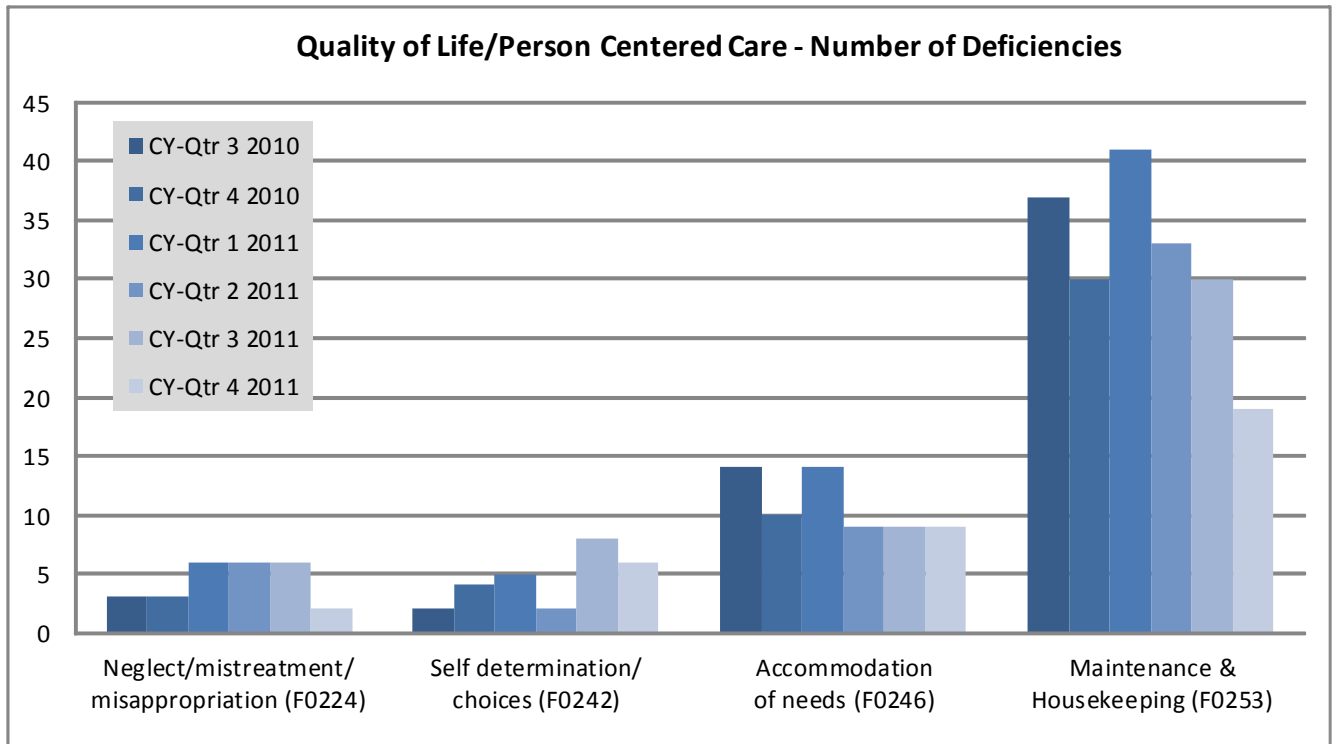


The above chart shows the total number of deficiencies per tag for all annual and complaint surveys conducted within each CY quarter. We will continue to monitor and analyze the data to determine if any significant change or trend occurs.

# Tracking Nursing Home Quality of Life/Person Centered Care

Data From July 1, 2010 - December 31, 2011

**Quality of life and person centered care** deficiencies are important indicators of a resident’s quality of life in a nursing home. Residents have the right to be free from neglect, mistreatment, and misappropriation of property (F224). Nursing homes are required to develop and implement written policies and procedures that prohibit such actions. In addition, nursing homes are required to create an environment that is respectful of residents’ autonomy, assisting residents in fulfilling their choices over aspects of their lives in the nursing home (F242). The home is also responsible for evaluating each resident’s unique needs and preferences and ensuring that the environment accommodates the resident to the extent reasonable and does not endanger the health or safety of individuals or other residents (F246), and for providing effective housekeeping and maintenance services to maintain a sanitary, orderly, and comfortable interior (F253). Although, currently there is a small number of deficiencies in these areas, a change could indicate that residents’ ability to be autonomous is being negatively impacted or conditions in the home may be unsafe or unsanitary.

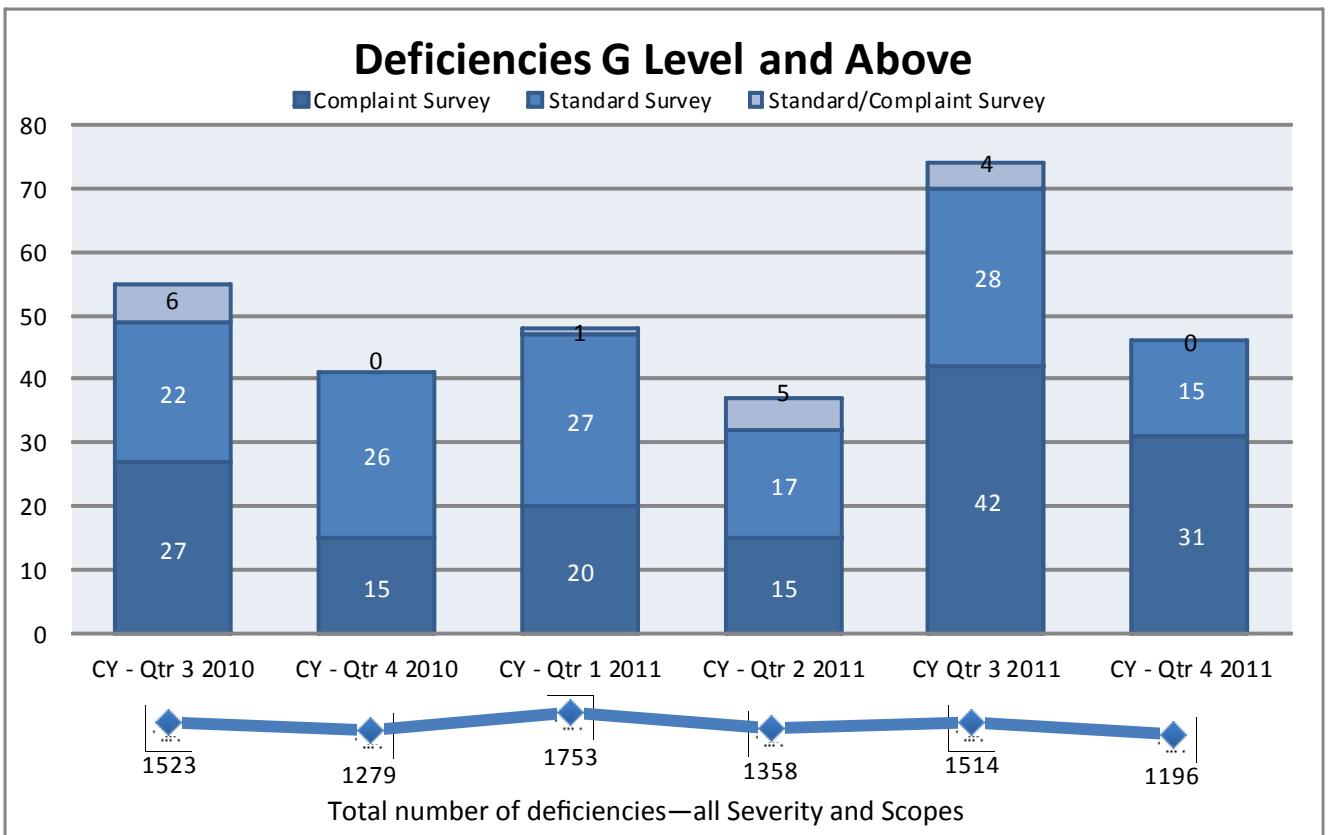


The above chart shows the total number of deficiencies per tag for all annual and complaint surveys conducted within each CY quarter. Because person centered care is a significant part of the Quality Indicator Survey and Ohio is utilizing this revised long term care survey process for all of its surveys (gradual increase from about 50% of surveys mid 2011 to 100% by the end of 2011) an increase in cites for tag F0242—Self Determination/Choices is consistent with changes in the survey process.

## Tracking Nursing Home Deficiencies G Level and Above

Data From July 1, 2010 - December 31, 2011

**Deficiencies G level and above** are important indicators of a resident’s quality of life in a nursing home. The severity and scope determinations represent a measurement of the seriousness (no actual harm, potential for more than minimal harm, actual harm, immediate jeopardy) and extent (isolated, pattern or widespread) of the deficient practice based on a national rating system established by the Centers for Medicare and Medicaid Services. Deficiencies with a severity and scope level of “G”, “H”, or “I” represent a finding of actual harm to a resident that is not immediate jeopardy.



The above chart shows the total number of deficiencies G level and above for all annual and complaint surveys conducted within each CY quarter. The above chart shows an increase in G level and above deficiencies during the 3rd quarter of 2011, while the 4th quarter of 2011 is in line with previous quarters. Further analysis revealed there was no significant increase in specific tags or specific severity and scopes. Additionally, total deficiencies shows an even distribution across CY quarters. The 2011 annual volume (205) of G level and above deficiencies is comparable to previous years ( 2010 = 229 and 2009 = 247).

## Tracking Nursing Home Immediate Jeopardies

Data From July 1, 2010 - December 31, 2011

**Immediate jeopardy** is interpreted as a crisis situation in which the health and safety of the residents are at risk. Immediate jeopardy is a situation in which the provider's noncompliance with one or more requirements has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident. A facility is required to remove an immediate jeopardy within 23 days or the facility's participation in the Medicare/Medicaid program will be terminated.

Noncompliance with various regulations may result in immediate jeopardy situations. Immediate jeopardy related to abuse and neglect of residents has been found in facilities. Failure of a facility to investigate allegations of abuse or neglect or the failure to develop and implement policies and procedures and properly train staff to prevent abuse/neglect may place all residents at risk of serious harm or death (F0223, F0224, 0225, and F0226.) The federal regulations require facilities to appropriately supervise residents and provide assistive devices to prevent accidents. Immediate jeopardy situations have included the improper transfer of residents using mechanical lifts resulting in harm (F0323).

Immediate Jeopardy					
47 Immediate Jeopardies were cited from July 1, 2010 through December 31, 2011:					
CY-Qtr 3 2010	CY-Qtr 4 2010	CY-Qtr 1 2011	CY-Qtr 2 2011	CY-Qtr 3 2011	CY-Qtr 4 2011
7	3	3	9	19	6
The 6 IJ citations during quarter 4, 2011 were cited under the following 2 tags:					
<ul style="list-style-type: none"> <li>F0309 - Provide care/services for highest well being = 4</li> <li>F0323 - Free of accident hazards/supervision/devices = 2</li> </ul>					

The above chart shows an increase in immediate jeopardies during the 3rd quarter of 2011, while the 4th quarter of 2011 is in line with previous recent quarters. In a review of previous years the Immediate Jeopardy volume for 2011 is comparable to prior years as shown below.

2007	2008	2009	2010	2011
31	46	36	21	35

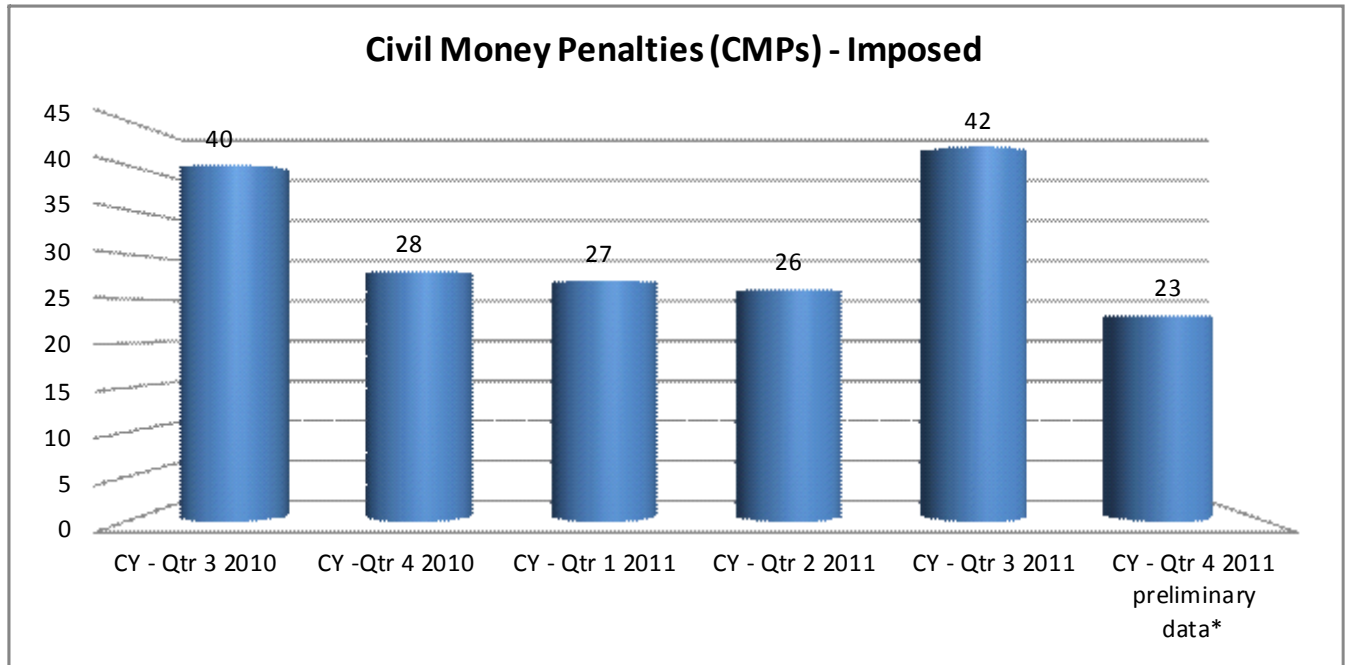
Additionally, the 3rd quarter CY 2011 was higher than previous quarters in part due to deficiencies cited for tag F223 (abuse) which may result in corresponding citations under tags F225 (investigation/reporting), and F226 (abuse policy development/implementation). The 19 IJs during the 3rd CY quarter 2011 involved a total of 13 facilities.

# Tracking Nursing Home Civil Money Penalties

Data From July 1, 2010 - December 31, 2011

The nursing home enforcement protocols are based on the premise that all regulations must be met, and requirements take on greater or lesser significance depending on the specific circumstances and resident outcomes in each facility. The regulations emphasize the need for continued, rather than cyclical, compliance.

Remedies are imposed against nursing facilities to encourage prompt correction of deficient practices. **Civil money penalties** may be imposed based on any of the following criteria: the seriousness of the deficiency, the extent of the deficient practice, determination of substandard quality of care or a finding of immediate jeopardy. Additional factors that may be considered include the relationship of one deficiency to other deficiencies, the facility's prior history of noncompliance, and the likelihood that the selected remedy will achieve correction and continued compliance.



The above chart shows how many CMPs were imposed during each month for each CY quarter. We will continue to monitor and analyze the data to determine if any significant change or trend occurs.

\* ODH recommends CMPs to CMS, CY quarter 4 2011 data does not reflect these pending recommendations.

## Tracking Nursing Home Staffing

Data From July 1, 2010 - December 31, 2011

Nursing homes are required to have qualified **nursing staff** in sufficient numbers to assure the residents are provided necessary care and services 24 hours a day, based upon the comprehensive assessment and care plan (F353). The nursing home is also required to have a full-time RN as the director of nursing and to provide RN services at least 8 consecutive hours a day, seven days a week (F354). Increases in staffing deficiencies may be indicative of decreased staffing levels, changes in the types of staff providing care, lack of qualified staff or lack of care supervision.

In addition, as part of the standard survey, data is obtained from the nursing home regarding the number of hours worked over a two week period by different categories of personnel (DON, RN, LPN, STNA, activities staff, housekeeping and food services). This data will be monitored across quarters to determine if aggregate staffing levels are being maintained, increased or decreased. These data will also be reviewed in relation to staff deficiency data.

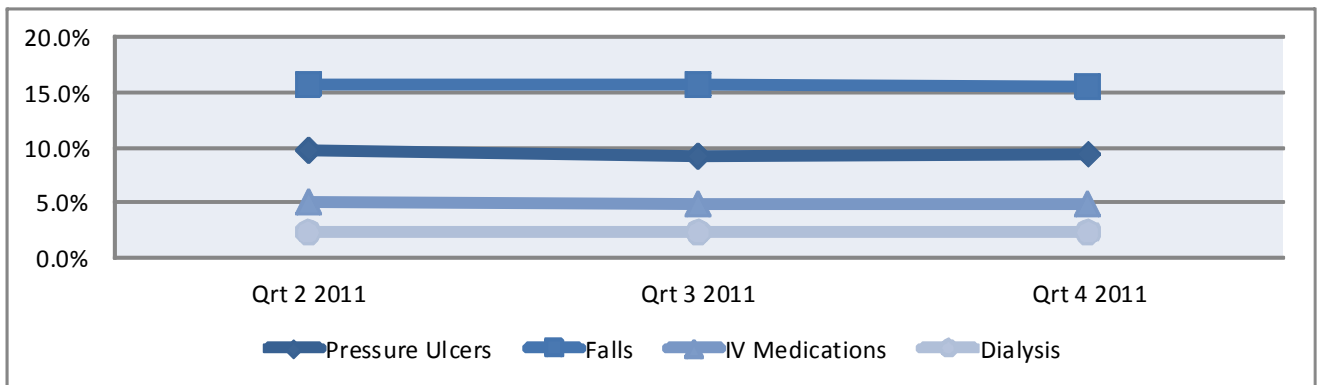
Federal Minimum Nursing Standards—Deficiency Counts						
	CY-Qtr 3 2010	CY-Qtr 4 2010	CY-Qtr 1 2011	CY-Qtr 2 2011	CY-Qtr 3 2011	CY-Qtr 4 2011
Sufficient Staff (F0353)	8	5	9	4	5	4
RN 8 hrs per day 7 days a week (F0354)	7	1	2	3	2	2

# Tracking Nursing Home Resident Assessment Data

Data From April 1, 2011 - December 31, 2011

**Resident assessment** data is obtained from the federal Minimum Data Set 3.0 (MDS) and contains data collected from initial, quarterly and annual resident assessments that reflect the acuity level of each resident, including diagnoses, treatments, and functional status. The MDS is used by the nursing home to identify resident care problems to be addressed in the plan of care and by the federal and state regulatory agencies to monitor the quality of care in nursing homes. The falls, pressure ulcers, nutrition/weight loss and dehydration were chosen because they are indicative of worsening health conditions. Although we are tracking citations in these areas, monitoring of the MDS data will provide a more global picture of residents' conditions in nursing homes. Additionally, we are monitoring intravenous (IV) medication and dialysis services.

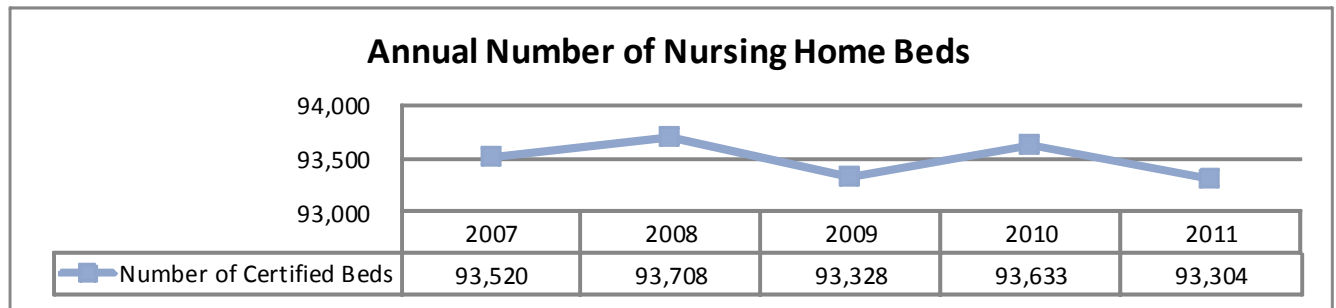
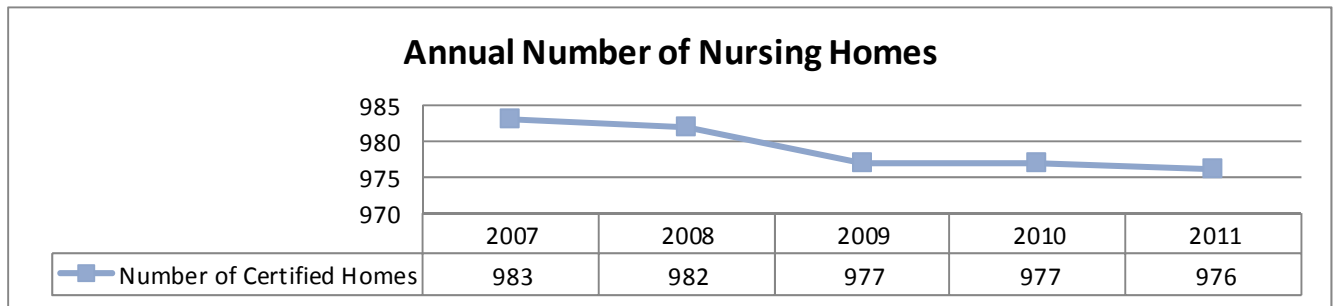
## Resident Assessment Data (MDS 3.0)



The above chart shows the percent of resident weight loss of 5% or more in the last month, weight loss of 5% or more while on a feeding tube or IV, dehydration, unhealed stage 1 or higher pressure ulcers, falls, residents on IV medications and dialysis. We will continue to monitor and analyze these data to determine if any significant change or trend occurs.

## Tracking the Number of Nursing Homes & Capacity Annual Data

Nursing homes open, close, sell and move beds. We are monitoring the number and size of homes in relation to occupancy and census data in order to review access to nursing home care.



	CY 2010 (as of June 2010)	CY 2011 (as of June 2011)
Average Nursing Home Occupancy	85%	85%
Nursing Home Census	78,816	78,271
# of Nursing Home Certified Beds	92,737	92,607
# of Certified Facilities	961	961

### CY 2011 Facility Open/Closure Status:

- One new facility in NE Ohio (Oaks of Brecksville) opened in September 2011
- One facility in NE Ohio (Adkins Care Center #2) closed in February of 2011
- One facility in SW Ohio (Alaska Acres Care Center) closed in June 2011<sup>1</sup>
- One facility in Central Ohio (Morrow County Hospital) closed in October 2011<sup>1</sup>
- One facility in NW Ohio (Dallas Lamb) closed in October 2011<sup>1</sup>
- One facility in NE Ohio (Middlebury Manor Health Care Center) closed in November of 2011<sup>1</sup>
- One facility in NE Ohio (Metrohealth Center for Skilled Nursing) closed in December of 2011<sup>1</sup>

<sup>1</sup>Facilities will remain in open status until CMS has closed them out. This list contains those facilities that provided official notice.

# Tracking Nursing Home Specialty Units

Data From March 1, 2010 - December 31, 2011

Nursing homes may provide specialized services to individuals with significant care needs in a **dedicated special care unit** environment. Special care units are often established to provide a more intensive level of service delivery for residents with high-level needs, including: Alzheimer's disease, renal dialysis, head trauma (e.g., total brain injury), hospice, Huntington's disease, ventilator care, and other specialized rehabilitation. Special care units may require a more highly-skilled and trained staff as well as a more robust staffing plan. Dedicated special care units are monitored using the Long Term Care Facility Application for Medicare and Medicaid (CMS-671 form) which is collected during each annual survey. Because the special care units provide an added level of service to a more vulnerable segment of the long term care population, it is important to continue to monitor for industry trends as a general indicator of need, capacity, and quality of special care services.

	March 1, 2010 - June 30, 2011		July 1, 2010 - September 30, 2011 <sup>1</sup>		October 1, 2010 - December 31, 2011 <sup>1</sup>	
	Total Number of Facilities	Total Number of Beds	Total Number of Facilities	Total Num- ber of Beds	Total Number of Facilities	Total Number of Beds
<b>Alzheimer's</b>	184	5,793	181 (-3)	5,543 (-250)	166 (-15)	5,122 (-421)
<b>Head Trauma</b>	1	27	No change	No change	No change	No change
<b>Hospice</b>	4	128	6 (+2)	243 (+115)	8 (+2)	288 (+45)
<b>Ventilator/Respiratory Care</b>	30	595	31 (+1)	592 (-3)	31	599 (-7)
<b>Special Rehabilitation</b>	28	921	No change	1,010 (+89)	25 (+3)	824 (-186)

## Changes to facility special units:

### Alzheimer's

- 2 facilities reduced their beds for a total of 22 beds
- 4 facilities added a new unit for a total of 137 beds
- 19 facilities closed a unit for a total of 536 beds - closures have not created any access issues across Ohio

### Hospice

- 2 facilities added a new unit for a total of 45 beds

### Ventilator/Respiratory Care

- 1 facility increased their beds by 11
- 1 facility reduced their beds by 4

### Special Rehabilitation

- 1 facility increased their beds by 23
- 1 facility added a new unit with 11 beds
- 4 facilities closed a unit for a total of 220 beds

<sup>1</sup> Data is run for a 15 month period in order to capture each facility's most recent annual survey.

## Tracking Nursing Home Complaints & Allegations

Data From July 1, 2010 - December 31, 2011

**Complaint intake** was chosen as a domain to monitor trends in the residents' and their families' perception of quality of care in the long term care facility. The allegation categories that were chosen provide a snapshot of the overall stay of a resident in the facility.

The federal Aspen Complaint Tracking System (ACTS) database is a system of records that tracks complaints reported against Medicare and Medicaid providers and suppliers. The complaint intake information is reflective of the residents' and families' perception of conditions in a nursing home whether or not a deficient practice exists. The number of complaints filed may increase if conditions in nursing homes worsen. The allegation of complaint categories that were chosen for monitoring provide a snapshot of the overall stay of a resident in the facility and addresses complaints regarding admission rights, the maintenance of nutritional status and food service, the conditions of the physical environment, the occurrence of injuries of unknown origin, transfer and discharge rights and staffing.

Total Number	CY-Qtr 3 2010	CY-Qtr 4 2010	CY-Qtr 1 2011	CY-Qtr 2 2011	CY-Qtr 3 2011	CY-Qtr 4 2011
Complaints	957	813	925	836	999	907
Substantiated Complaints	311	247	291	236	295	196*

\* CY quarter 4 2011 data does not reflect complaints not yet investigated which may result in substantiated complaints

Number of Nursing Home and Assisted Living Complaints by Allegation Category	CY-Qtr 3 2010	CY-Qtr 4 2010	CY-Qtr 1 2011	CY-Qtr 2 2011	CY-Qtr 3 2011	CY-Qtr 4 2011
Injury of Unknown Origin	55	32	32	35	47	38
Admission, Transfer & Discharge Rights	50	46	54	31	42	52
Dietary Services	80	61	93	52	79	83
Physical Environment	166	129	132	133	189	164
Facility Staffing					135 <sup>1</sup>	153
Resident Safety/Falls					54 <sup>2</sup>	69
Resident Meds Not Given According To Physician Instructions					31 <sup>2</sup>	61
Resident Meds Improperly Administered					13 <sup>2</sup>	18

For CY 2010, the complaint unit received 3,583 complaints and 1,180 were substantiated (33%). For CY 2011, the complaint unit received 3,587 complaints and 1,014 were substantiated (28%). The number of complaints per allegation category continues to remain consistent across quarters.

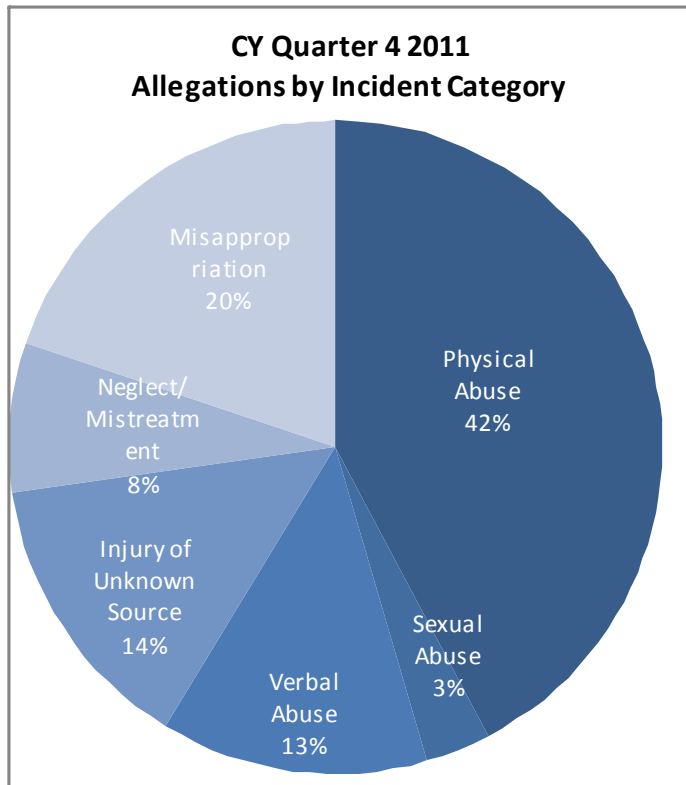
<sup>1</sup>Data collection for this allegation subtype did not begin until August 3, 2011.

<sup>2</sup>Data collection for this allegation subtype did not begin until August 15, 2011.

# Tracking Nursing Home Self Reported Incidents (SRIs)

Data From July 1, 2011 - December 31, 2011

**Facility Self Reported Incidents (SRIs)** are required to be immediately reported for all alleged violations involving abuse, neglect, mistreatment, injuries of unknown source, and misappropriation of resident property, regardless of whether the allegation is verified.



Self-Reported Incidents		
	CY - Qtr 3 2011	CY - Qtr 4 2011
<b>Total Incidents</b>	3,735	3,806

Incidents By Perpetrator		
	CY - Qtr 3 2011	CY - Qtr 4 2011
<b>Staff</b>	1,000	1,044
<b>Resident</b>	1,393	1,422
<b>Family/Visitor</b>	94	90
<b>Unknown</b>	1,271	1,280
<b>Total Perpetrators</b>	<b>3,758</b>	<b>3,836</b>

Note: There may be one or more allegations or perpetrators per incident

Number of Allegations by Incident Category		
Category	CY - Qtr 3 2011	CY - Qtr 4 2011
<b>Physical Abuse</b>	1,622	1,654
<b>Sexual Abuse</b>	146	127
<b>Verbal Abuse</b>	479	516
<b>Injury of Unknown Source</b>	596	549
<b>Neglect/Mistreatment</b>	280	292
<b>Misappropriation</b>	708	775
<b>Total Allegations</b>	<b>3,831</b>	<b>3,913</b>