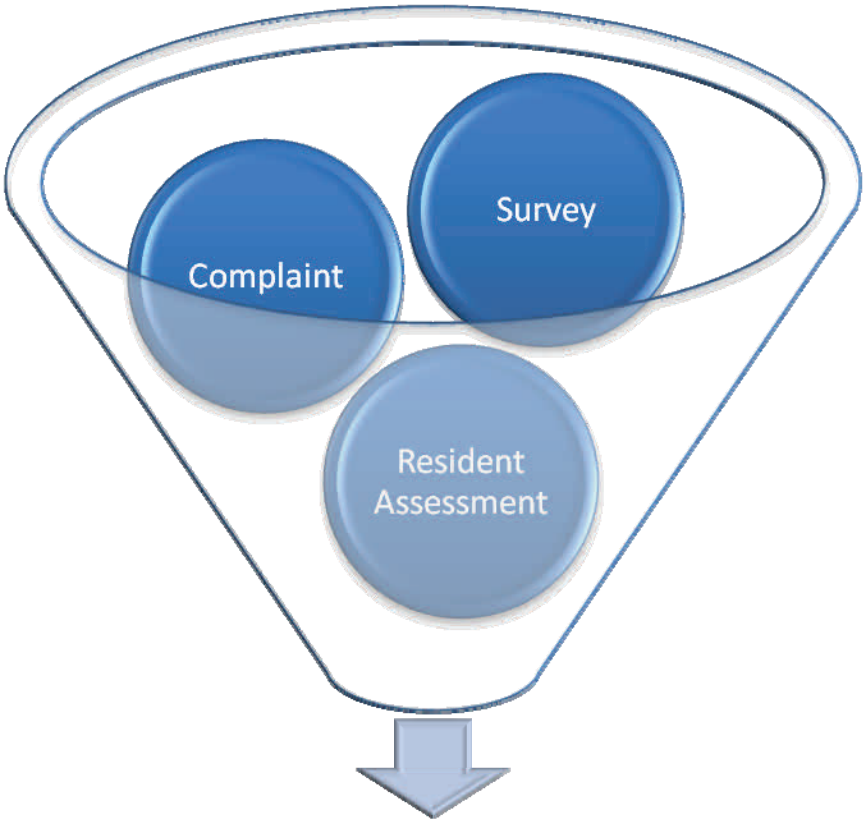
Ohio Department of Health
Office of Health Assurance and Licensing
Quarterly Nursing Home Report

Issue 16, April 2015



Tracking Nursing Home Data

Quarterly Nursing Home Report
April 2015

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), Office of Health Assurance and Licensing, 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 Indicatory Survey (QIS) is the long-term care survey process used to determine compliance with Medicaid and Medicare certification standards. It is a resident-centered, outcome-oriented quality review that 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 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.

Actions are taken 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 potential problem.

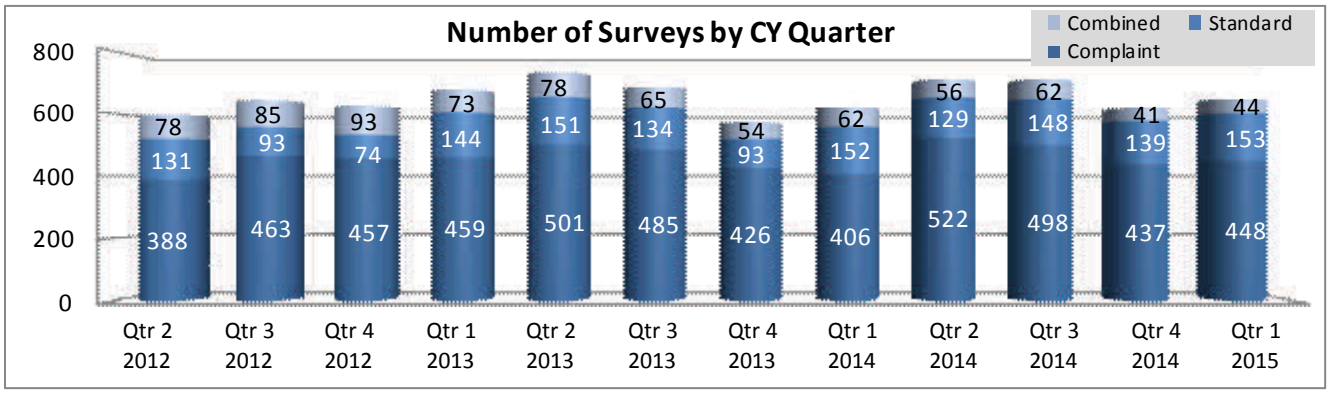
ASSESSMENT DATA

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

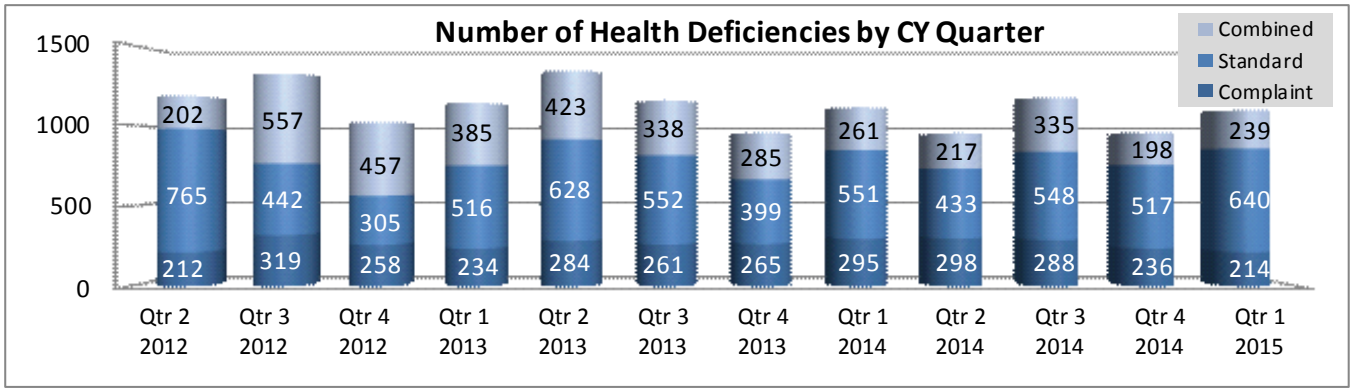
Tracking Nursing Home Surveys & Deficiencies

Data From April 1, 2012 - March 30, 2015

Standard surveys of nursing facilities are conducted once every nine (9) to fifteen (15) 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 chart shows the total number of surveys by survey type conducted within each CY quarter. A combined survey is a complaint survey conducted during the standard survey.



The above chart shows the total number of health deficiencies cited within each CY quarter. Combined deficiencies are those that are attributed to both the standard and the complaint survey.

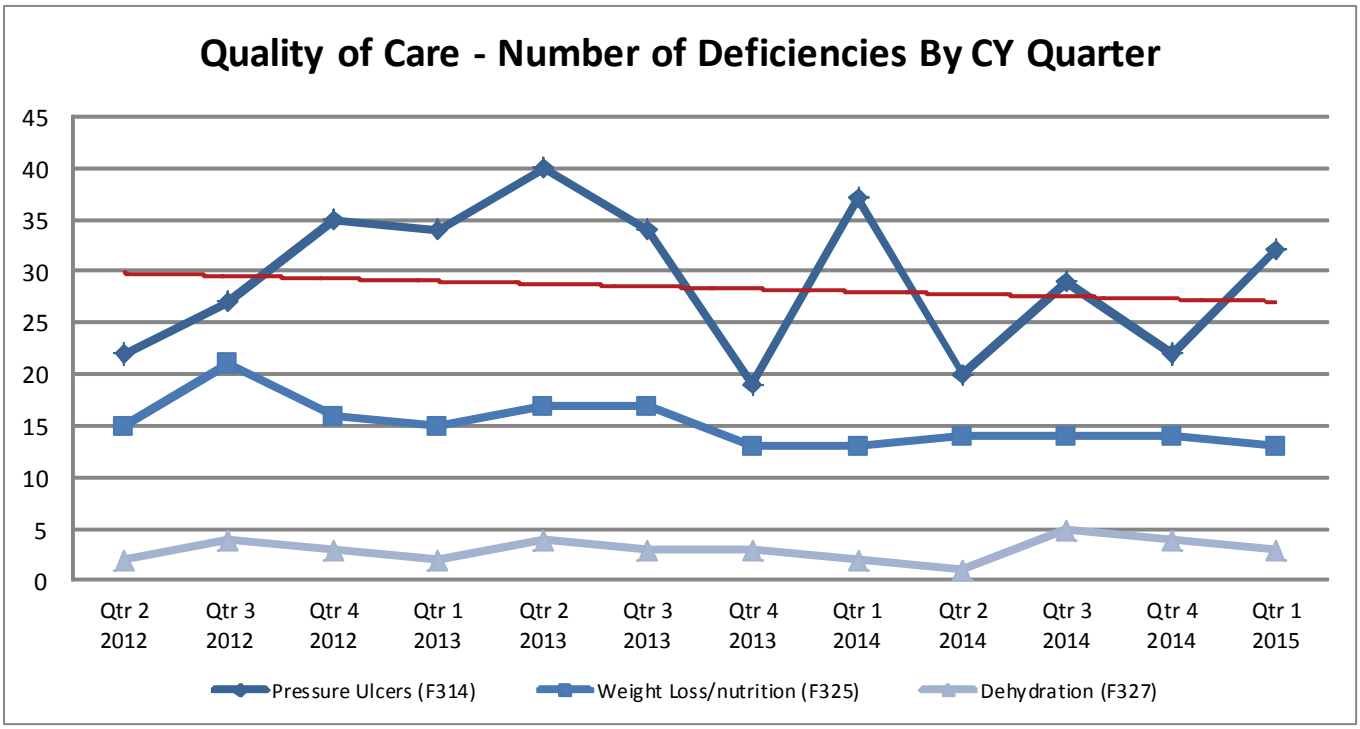
Nursing Facilities with Deficiency Free Standard Health Surveys by CY Quarter

Qtr 2 2012	Qtr 3 2012	Qtr 4 2012	Qtr 1 2013	Qtr 2 2013	Qtr 3 2013	Qtr 4 2013	Qtr 1 2014	Qtr 2 2014	Qtr 3 2014	Qtr 4 2014	Qtr 1 2015
39	27	26	43	44	31	22	22	32	37	35	31

Tracking Nursing Home Quality of Care

Data From April 1, 2012 - March 31, 2015

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. Deficiencies in these tags mean that the nursing home had deficient practices in these areas resulting in negative resident outcomes.

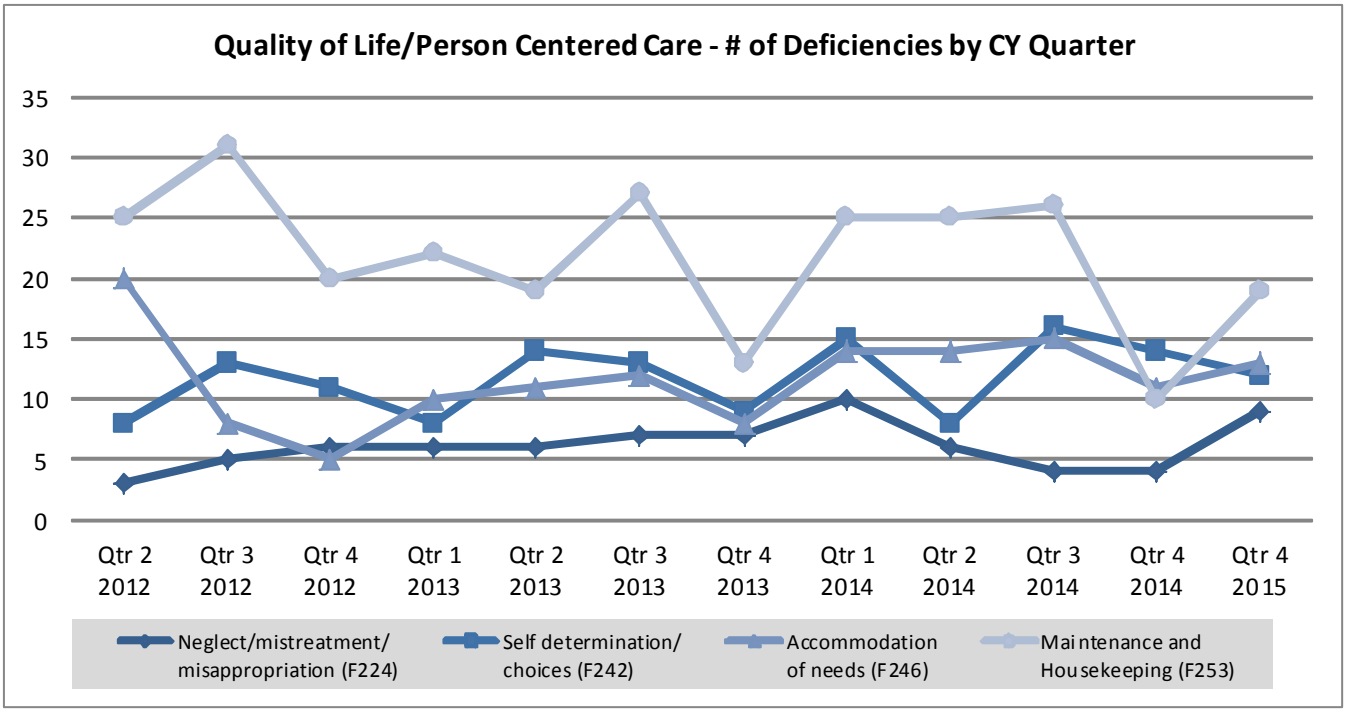


The above chart shows the total number of deficiencies per tag for all standard and complaint surveys conducted within each CY quarter. The trend shows a decrease in pressure ulcer and dehydration deficiencies during the last three years. While weight loss deficiencies remain constant.

Tracking Nursing Home Quality of Life/Person Centered Care

Data From April 1, 2012 - March 31, 2015

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 and 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.

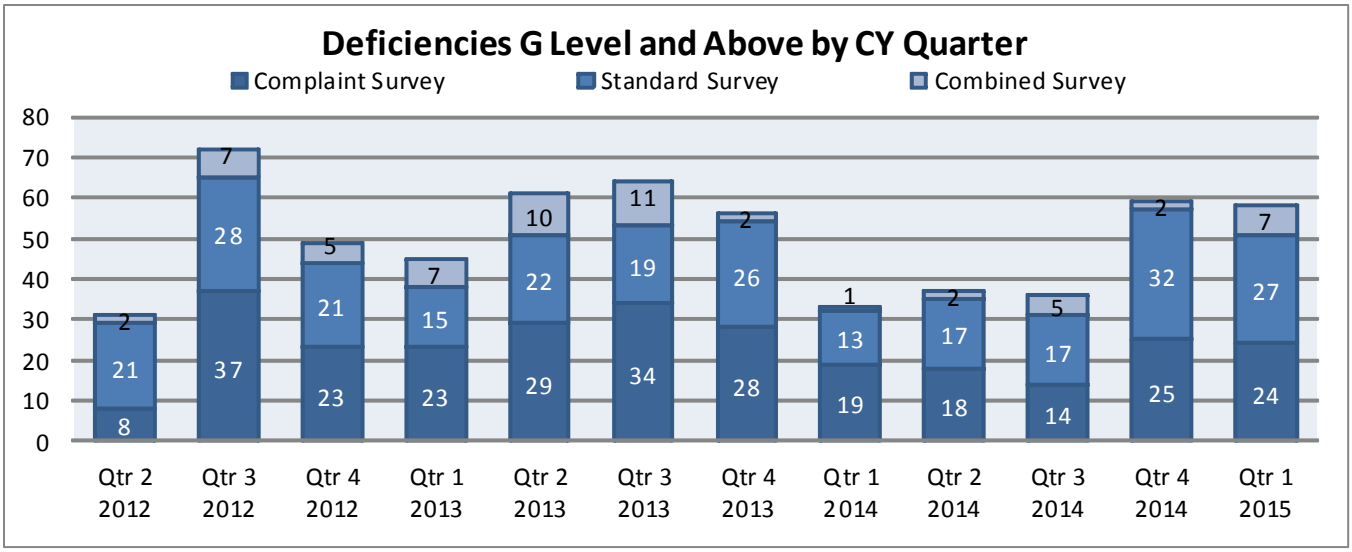


The above chart shows the total number of deficiencies per tag for all standard and complaint surveys conducted within each CY quarter.

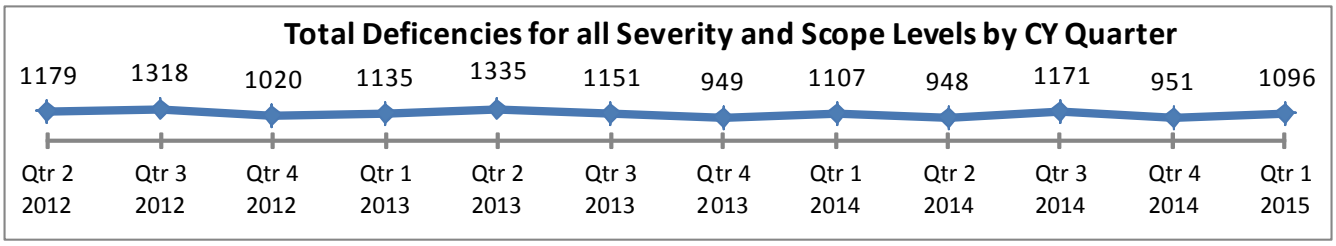
Tracking Nursing Home Deficiencies G Level and Above

Data From April 1, 2012 - March 31, 2015

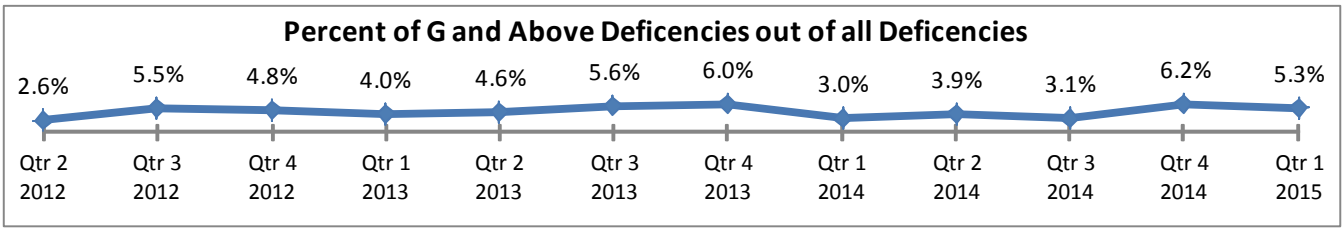
Deficiencies G level and above are important indicators of a resident's quality of life in a nursing home. The severity and scope determinations represent a measurement of the seriousness (no actual harm, potential for more than minimal harm, actual harm, immediate jeopardy) and extent (isolated, pattern 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 standard and complaint surveys conducted within each CY quarter.



Since 2011 through 2014, the average number of deficiencies per survey has decreased from 2.7 to 1.6.



Tracking Nursing Home Immediate Jeopardies

Data From April 1, 2012 - March 31, 2015

Immediate jeopardy (IJ) is interpreted as a crisis situation in which the health and safety of the residents is 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 programs 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 (F223, F224, F225, and F226.) 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 (F323).

Immediate Jeopardy by CY Quarters

	Qtr 2 2012	Qtr 3 2012	Qtr 4 2012	Qtr 1 2013	Qtr 2 2013	Qtr 3 2013	Qtr 4 2013	Qtr 1 2014	Qtr 2 2014	Qtr 3 2014	Qtr 4 2014	Qtr 1 2015
Number of IJs	2	25	13	10	8	23	14	5	9	22	23	20
Number of Facilities	2	16	10	10	8	11	12	5	9	15	21	17

The 20 IJ deficiencies cited during CY - Qtr 1 2015 were under the following 10 tags:

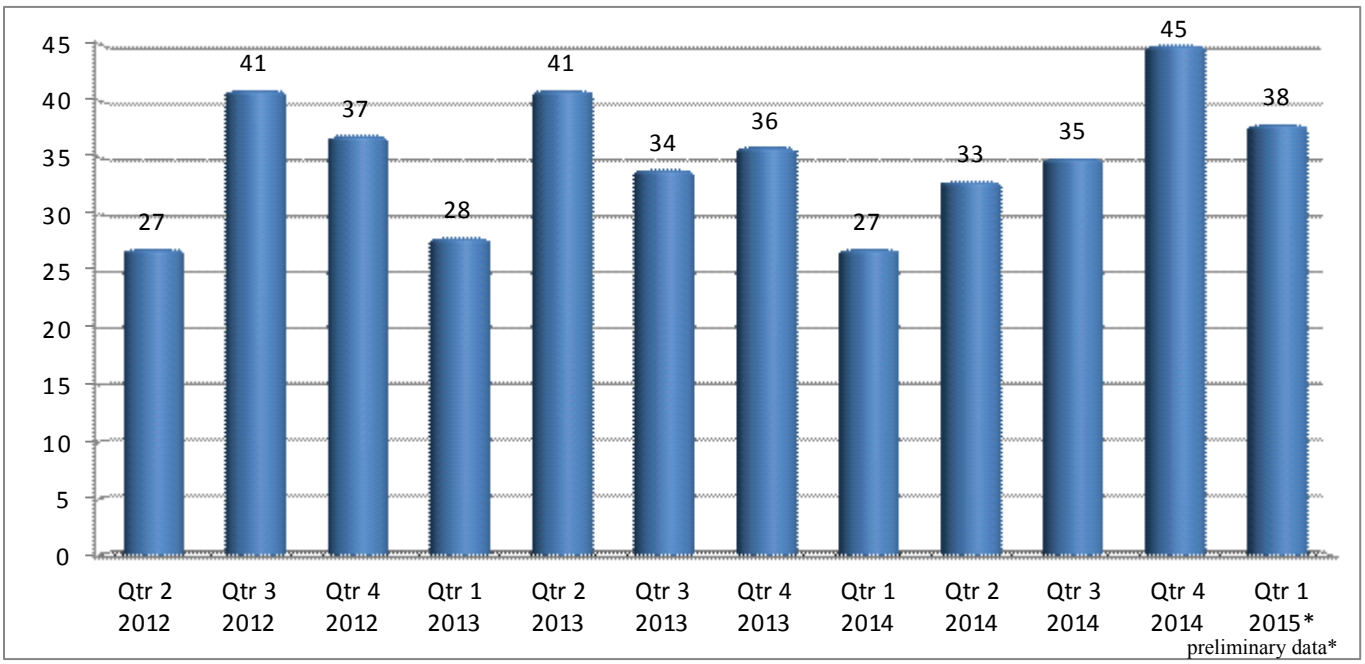
- F223 - Free from abuse/involuntary seclusion = 2
- F225 - Investigate/report allegations = 1
- F226 - Develop/implement abuse and neglect polices = 1
- F309 - Provide care/services for highest well-being = 3
- F323 - Free of accident hazards/supervision/devices = 8
- F325 - Maintain nutrition status = 1
- F333 - Residents free of significant med errors = 1
- F441 - Infection control, prevent spread of disease = 1
- K0052 - Life Safety Code - Fire alarms
- K0067 - Life Safety Code - Heating, venting and air conditioning

Tracking Nursing Home Civil Money Penalties

Data From April 1, 2012 - March 31, 2015

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 prompt correction and continued compliance.



The above chart shows how many CMPs were imposed during each CY quarter.

* ODH recommends CMPs to CMS. CY - Qtr 1 2015 data does not reflect pending recommendations.

Tracking Nursing Home Staffing

Data From April 1, 2012 - March 31, 2015

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 eight 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.

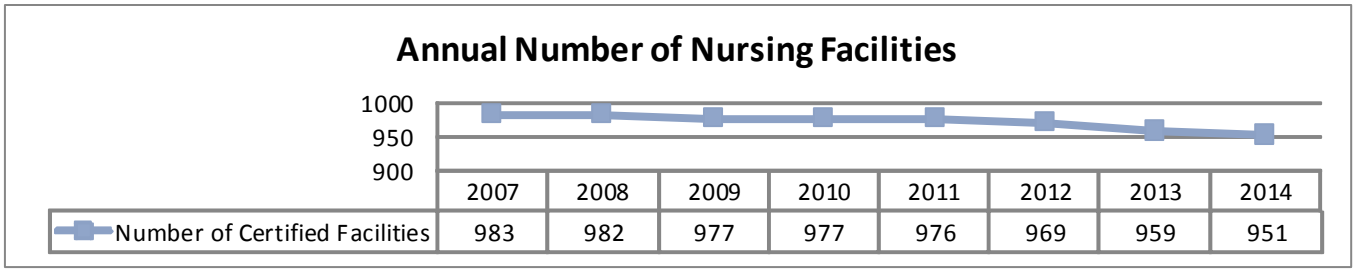
In addition, as part of the standard survey, data is obtained from the nursing home regarding the number of hours worked during a two week period by different categories of personnel (DON, RN, LPN, STNA, activities staff, housekeeping and food services). This data is monitored across quarters to determine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

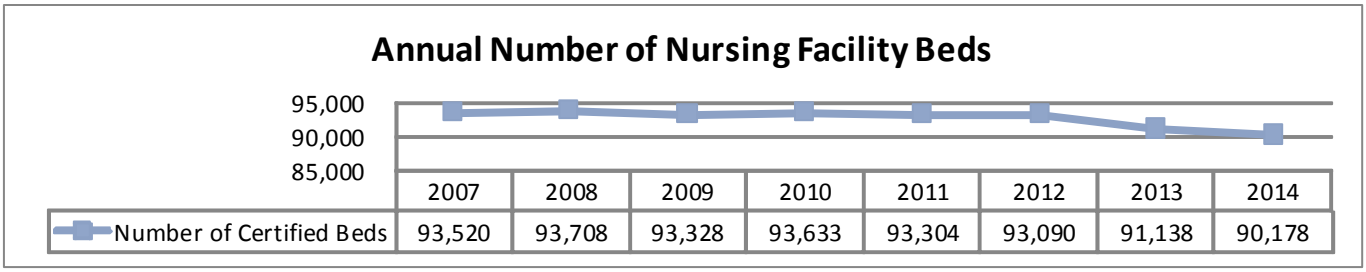
Federal Minimum Nursing Standards - Number of Deficiencies by CY Quarter												
	Qtr 2 2012	Qtr 3 2012	Qtr 4 2012	Qtr 1 2013	Qtr 2 2013	Qtr 3 2013	Qtr 4 2013	Qtr 1 2014	Qtr 2 2014	Qtr 3 2014	Qtr 4 2014	Qtr 1 2015
Sufficient Staff (F353)	5	5	4	8	12	6	11	13	8	14	9	12
RN 8 hrs per day 7 days a week (F354)	4	3	1	2	5	4	3	6	2	3	3	0

Tracking the Number of Nursing Facilities & Capacity

Annual Data

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





	CY 2010	CY 2011	CY 2012	CY 2013	CY 2014
Average Nursing Facility Occupancy	85%	85%	84%	84%	84%
Nursing Facility Census	78,816	78,271	77,580	76,894	76,357

CY - Qtr 1 2015 Facility Closures:

- One facility in NW Ohio (Meadows of Ottawa-Glandorf health Center) closed Feb 27, 2015
- One facility in Central Ohio (Autumn Health Care of Mount Vernon) closed March 24, 2014

Tracking Nursing Home Complaints & Allegations

Data From April 1, 2012 - March 31, 2015

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	Qtr 2 2012	Qtr 3 2012	Qtr 4 2012	Qtr 1 2013	Qtr 2 2013	Qtr 3 2013	Qtr 4 2013	Qtr 1 2014	Qtr 2 2014	Qtr 3 2014	Qtr 4 2014	Qtr 1 2015
Complaints	719	883	760	741	730	782	649	665	792	810	572	696
Substantiated Complaints*	189	244	215	169	164	167	145	206	205	230	141	160

*Data does not reflect complaints not yet investigated which may result in substantiated complaints

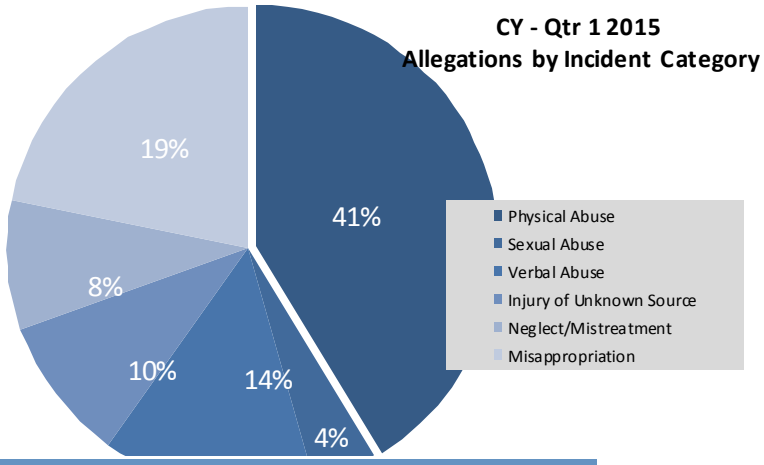
Number of Nursing Home Complaints by Allegation Category	Qtr 2 2012	Qtr 3 2012	Qtr 4 2012	Qtr 1 2013	Qtr 2 2013	Qtr 3 2013	Qtr 4 2013	Qtr 1 2014	Qtr 2 2104	Qtr 3 2014	Qtr 4 2014	Qtr 1 2015
Injury of Unknown Origin	36	56	47	35	40	39	31	40	34	43	35	37
Admission, Transfer & Discharge Rights	29	43	30	33	47	38	40	34	50	52	40	30
Dietary Services	63	75	74	61	55	50	51	56	72	84	44	63
Physical Environment	148	181	151	149	134	151	130	156	168	181	108	152
Facility Staffing	107	142	106	119	129	142	110	131	202	179	112	145
Resident Safety/Falls	79	114	91	67	72	96	56	68	98	106	73	106
Res Meds Not Given According To Physician Instructs	18	36	41	45	38	39	40	32	64	84	44	49
Resident Meds Improperly Administered	11	16	15	10	11	17	16	23	47	30	20	15

For CY 2011, the complaint unit received 3,667 complaints and 1,089 were substantiated (30 percent). For CY 2012, the complaint unit received 3,525 complaints and 891were substantiated (25 percent). For CY 2013, the complaint unit received 2,902 complaints and 645 were been substantiated (22 percent). For CY 2014, the complaint unit received 2,839 complaints and 776 have been substantiated to date (27 percent).

Tracking Nursing Home Self Reported Incidents (SRIs)

Data From April 1, 2012 - March 31, 2014

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.



Incidents By Perpetrator and CY Quarter

	Qtr 2 2012	Qtr 3 2012	Qtr 4 2012	Qtr 1 2013	Qtr 2 2013	Qtr 3 2013	Qtr 4 2013	Qtr 1 2014	Qtr 2 2014	Qtr 3 2014	Qtr 4 2014	Qtr 1 2015
Staff	1,126	1,205	1,067	1,033	1,221	1,171	1,119	1,187	1,169	1,250	1,239	1,254
Resident	1,482	14,65	1,540	1,453	1,709	1,651	1,660	1,366	1,524	1,580	1,579	1,450
Family/ Visitor	112	111	92	120	116	101	94	91	95	120	134	97
Unknown	1,254	1,292	1341	1,164	1,286	1,286	1,313	1,164	1,337	1,354	1,415	1,344
Total Perpetrators	**3,974**	**4,073**	**4,040**	**3,770**	**4,332**	**4,209**	**4,186**	**3,808**	**4,125**	**4,304**	**4,367**	**4,145**

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

Self-Reported Incidents by CY Quarter

	Qtr 2 2012	Qtr 3 2012	Qtr 4 2012	Qtr 1 2013	Qtr 2 2013	Qtr 3 2013	Qtr 4 2013	Qtr 1 2014	Qtr 2 2014	Qtr 3 2014	Qtr 4 2014	Qtr 1 2015
Total Incidents	3,943	4,038	4,010	3,752	4,303	4,178	4,159	3,766	4,097	4,277	4,340	4,116

Number of Allegations by Incident Category and CY Quarter

Category	Qtr 2 2012	Qtr 3 2012	Qtr 4 2012	Qtr 1 2013	Qtr 2 2013	Qtr 3 2013	Qtr 4 2013	Qtr 1 2014	Qtr 2 2014	Qtr 3 2014	Qtr 4 2014	Qtr 1 2015
Physical Abuse	1,175	1,723	1,712	1,682	1,980	1,894	1,941	1,636	1,751	1,838	1,811	1,753
Sexual Abuse	167	157	169	173	207	194	183	197	189	164	187	186
Verbal Abuse	525	582	556	526	648	603	525	575	610	625	641	598
Injury of Unknown Source	528	580	564	507	508	483	487	444	473	492	487	411
Neglect/Mistreatment	320	319	277	300	300	292	281	306	302	329	335	365
Misappropriation	765	807	850	676	805	848	857	753	880	947	1,001	927
Total Allegations	**3,480**	**4,168**	**4,128**	**3,864**	**4,448**	**4,314**	**4,274**	**3,911**	**4,205**	**4,395**	**4,462**	**4,240**