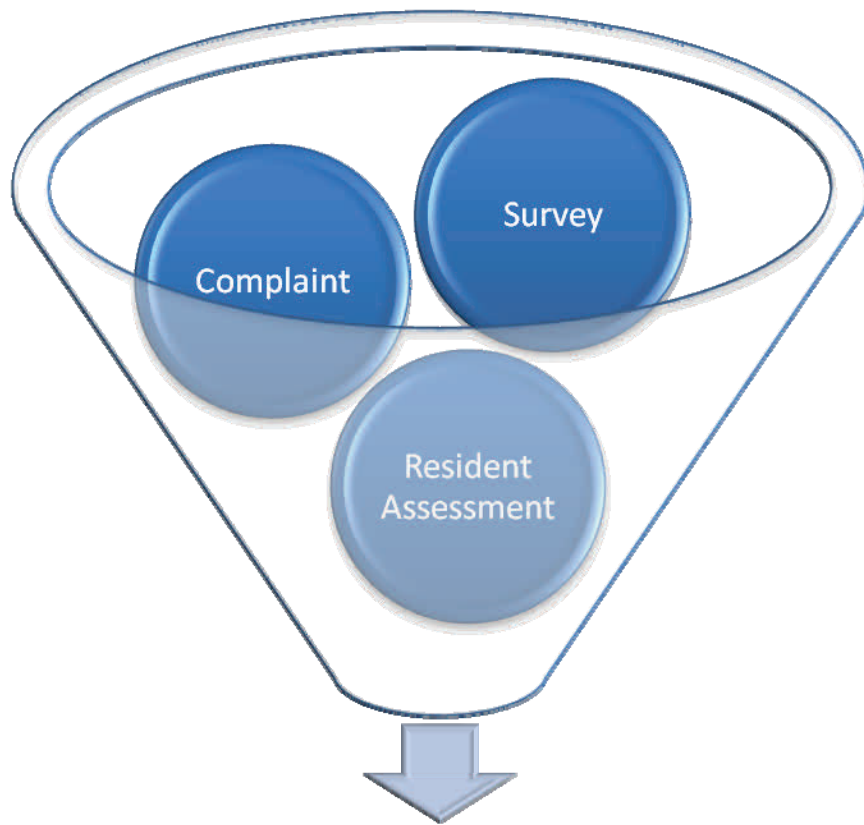


Ohio Department of Health  
Division of Quality Assurance  
Quarterly Nursing Home Report

Issue 7, January 2013



**Tracking Nursing Home Data**

# Quarterly Nursing Home Report

## January 2013

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 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 potential problem.

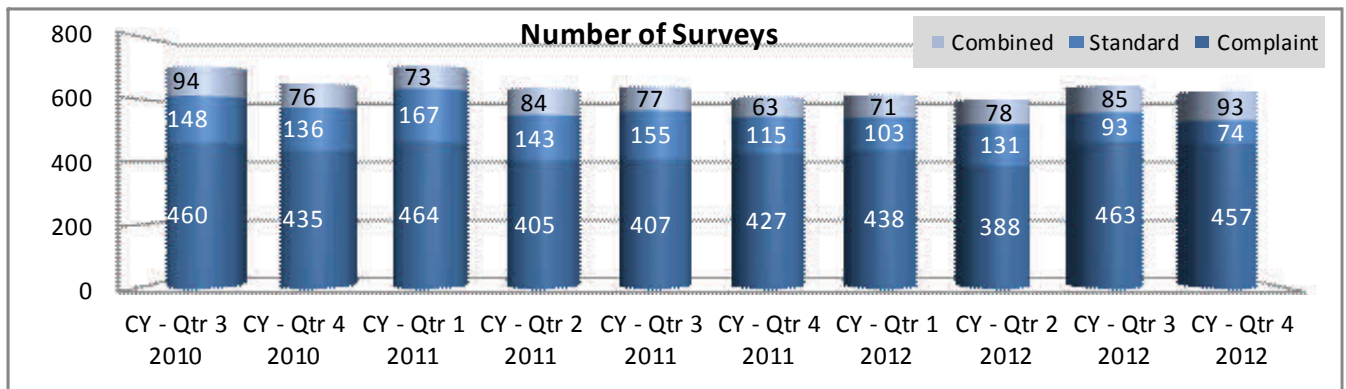
### **ASSESSMENT DATA**

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.

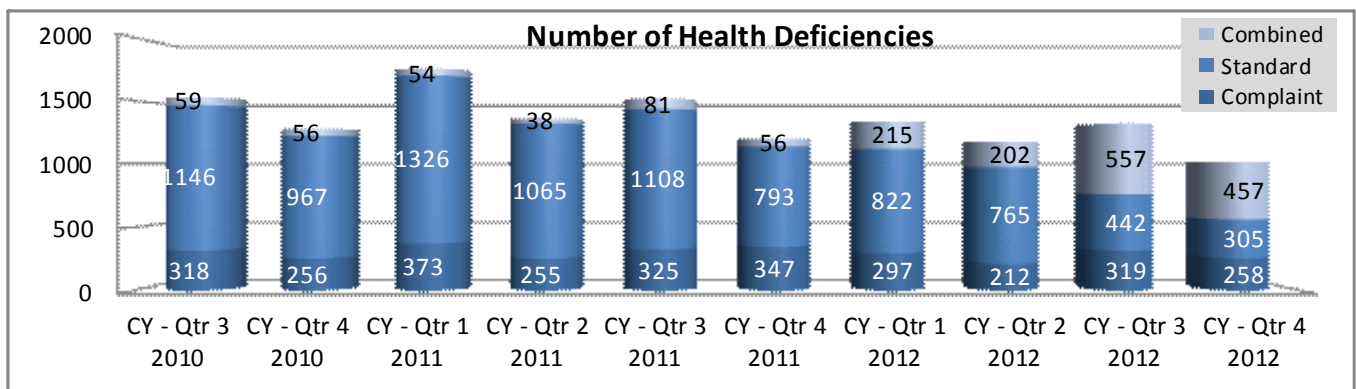
# Tracking Nursing Home Surveys & Deficiencies

Data From July 1, 2010 - December 31, 2012

**Standard surveys** of nursing facilities are conducted once every nine (9) to 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 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.



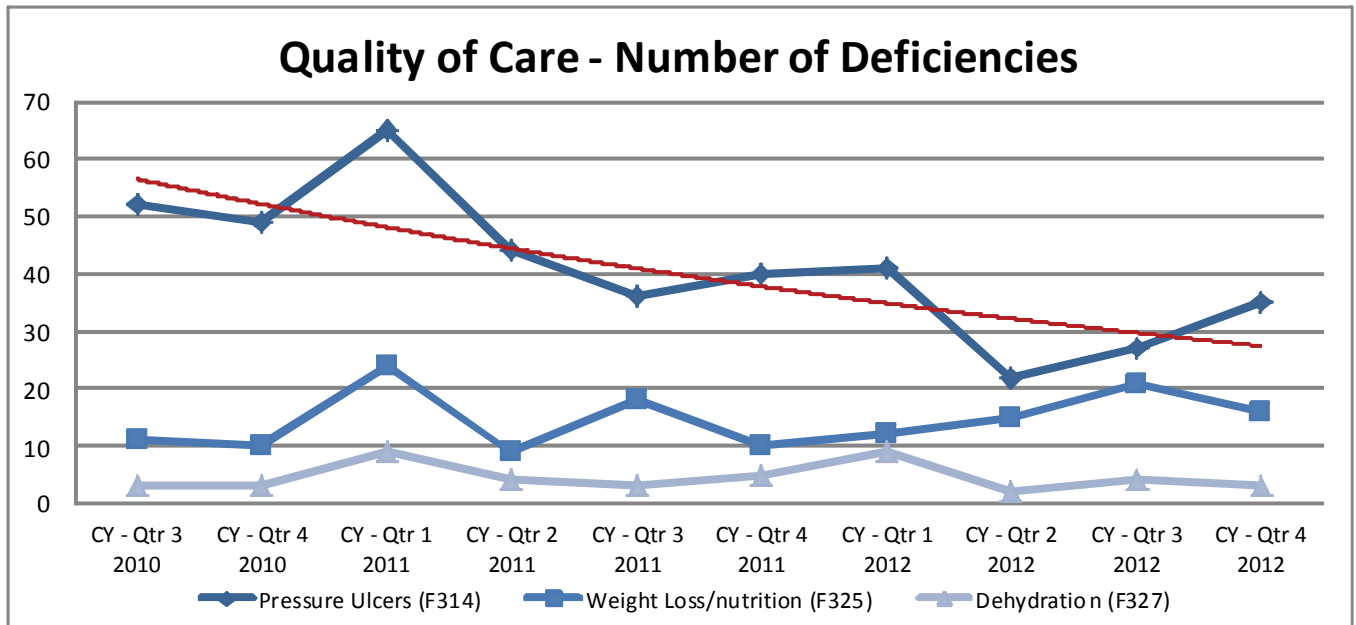
The above chart shows the total number of health deficiencies cited within each CY quarter. Combined deficiencies are those that are attributed to both the standard and the complaint survey.

Nursing Facilities with Deficiency Free Standard Health Surveys									
CY - Qtr 3 2010	CY - Qtr 4 2010	CY - Qtr 1 2011	CY - Qtr 2 2011	CY - Qtr 3 2011	CY - Qtr 4 2011	CY - Qtr 1 2012	CY - Qtr 2 2012	CY - Qtr 3 2012	CY - Qtr 4 2012
33	29	20	28	33	26	19	39	27	28

# Tracking Nursing Home Quality of Care

Data From July 1, 2010 - December 31, 2012

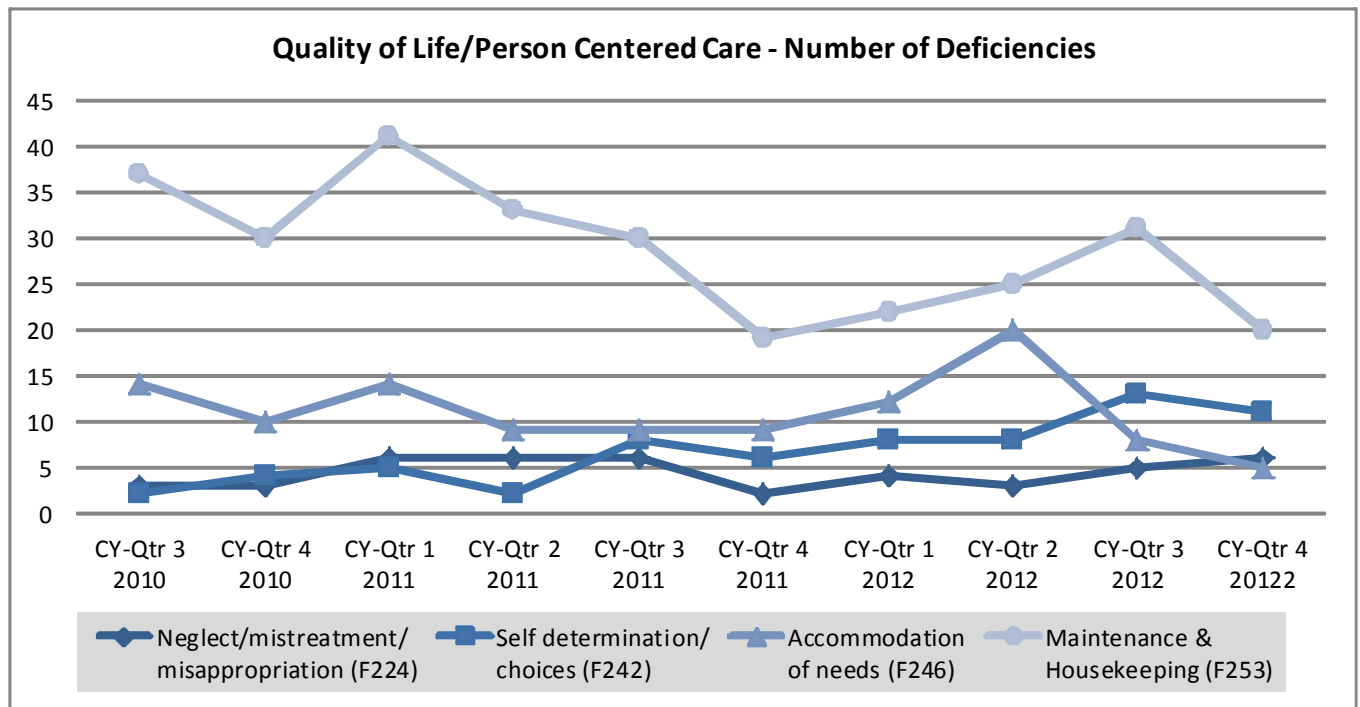
**Quality of care** measures the care of nursing home residents. Three main determinants of quality of care (weight loss/nutrition, dehydration and pressure ulcers) have been chosen for review and analysis. Nursing homes are required to provide the appropriate care to prevent the development of pressure 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. There has been a decrease in pressure ulcer deficiencies over the last 2 years, while weight loss deficiencies are increasing and dehydration deficiencies remain fairly constant.

## Tracking Nursing Home Quality of Life/Person Centered Care Data From July 1, 2010 - December 31, 2012

**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.

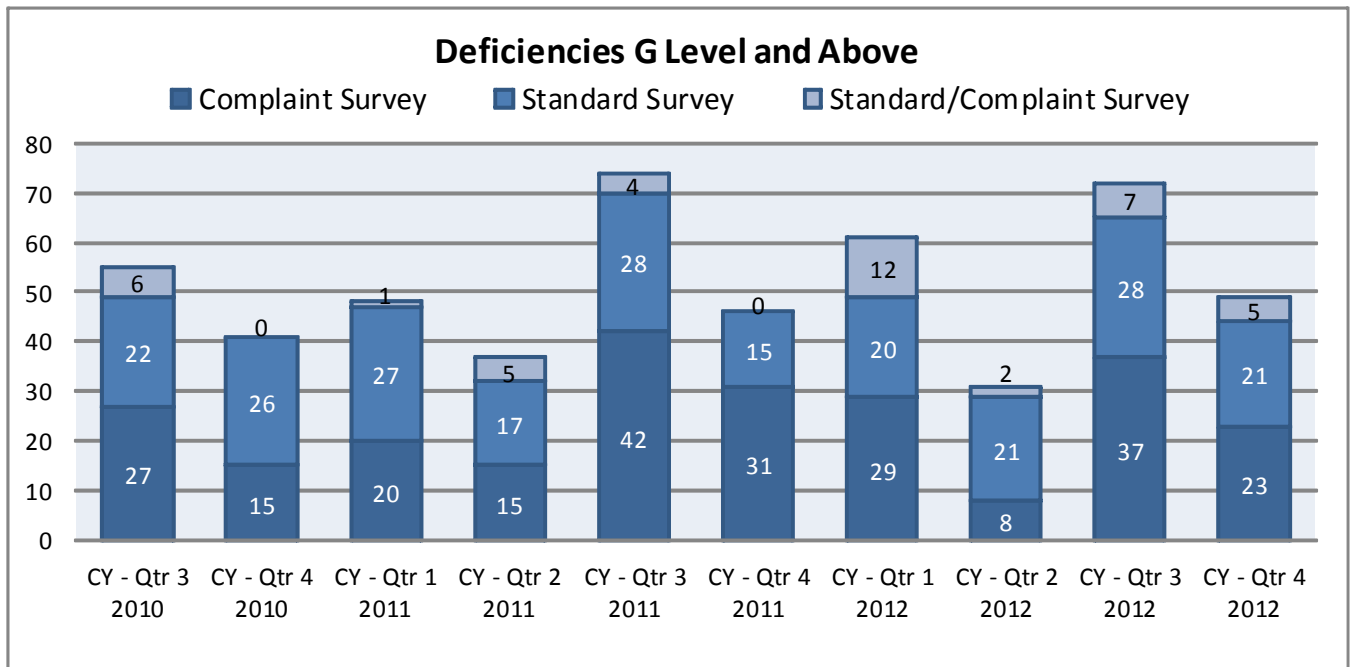


The above chart shows the total number of deficiencies per tag for all standard and complaint surveys conducted within each CY quarter. As of the beginning of 2012, all standard surveys are conducted using the QIS process. Since mid 2010 there has been a decline in deficiencies related to maintenance and housekeeping, while there has been a slight increase in deficiencies related to patient centered components such as neglect/mistreatment and self determined choices.

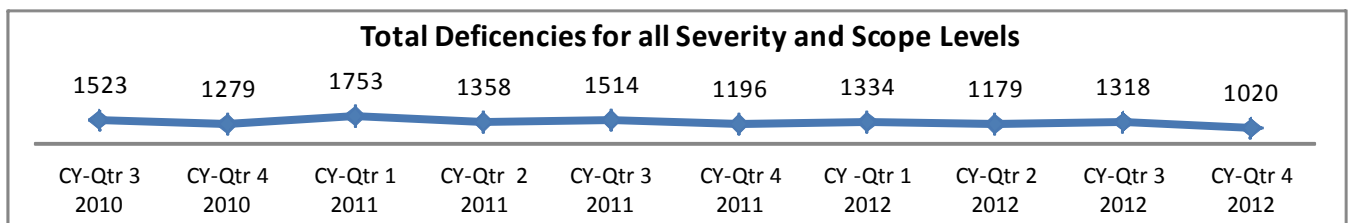
## Tracking Nursing Home Deficiencies G Level and Above

Data From July 1, 2010 - December 31, 2012

**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.



The above chart provides the denominator data needed for additional calculations.

## Tracking Nursing Home Immediate Jeopardies

Data From July 1, 2010 - December 31, 2012

**Immediate jeopardy** 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										
	CY-Qtr 3 2010	CY-Qtr 4 2010	CY-Qtr 1 2011	CY-Qtr 2 2011	CY-Qtr 3 2011	CY-Qtr 4 2011	CY-Qtr 1 2012	CY-Qtr 2 2012	CY-Qtr 3 2012	CY-Qtr 4 2012
Number of IJs	7	3	3	9	19	6	14	2	25	13
Number of Facilities	7	2	3	7	13	6	9	2	16	10

The 13 IJ deficiencies cited during CY - Qtr 4 2012 were under the following 5 tags:

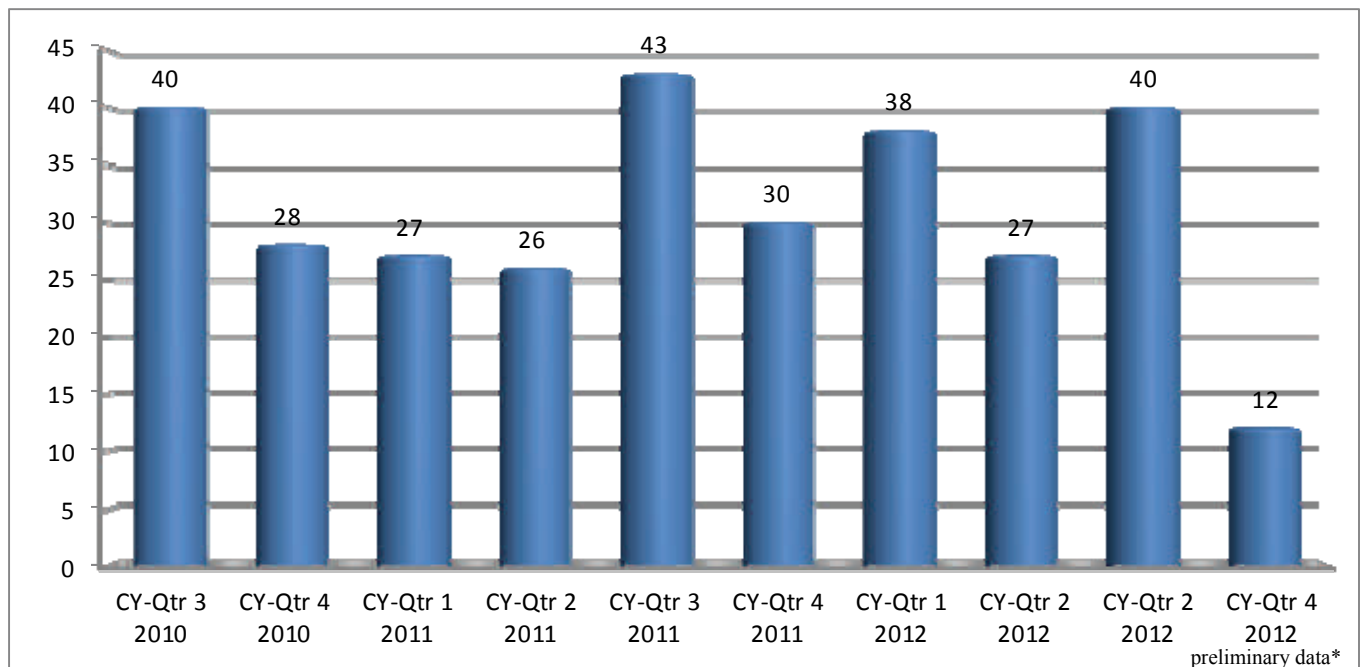
- F223 - Free from abuse/involuntary seclusion = 1
- F225 - Investigate/report allegations/individuals = 2
- F226 - Develop/implement abuse/neglect, etc. policies = 2
- F309 - Provide care/services for highest well being = 3
- F323 - Free of accident hazards/supervision/devices = 5

## Tracking Nursing Home Civil Money Penalties

Data From July 1, 2010 - December 31, 2012

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 4 2012 data does not reflect these pending recommendations.



## Tracking Nursing Home Staffing

Data From July 1, 2010 - December 31, 2012

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.

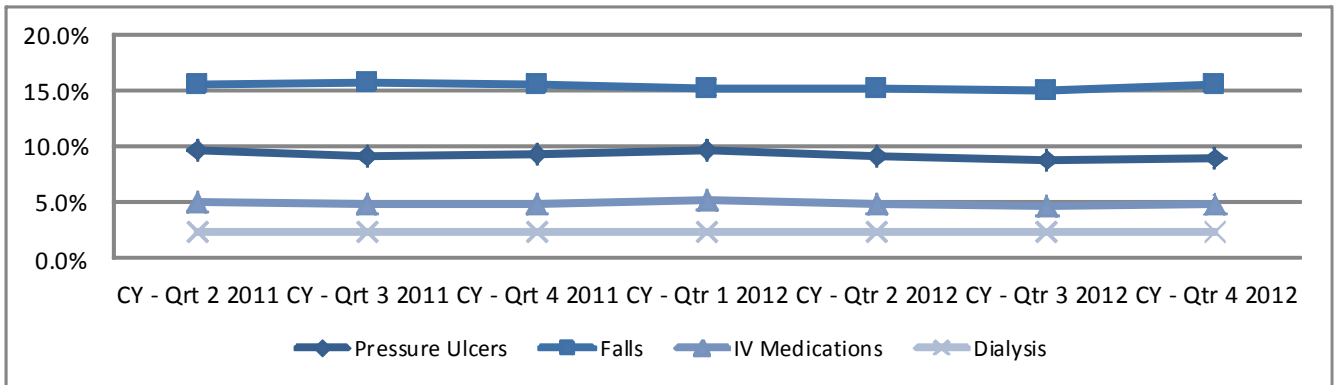
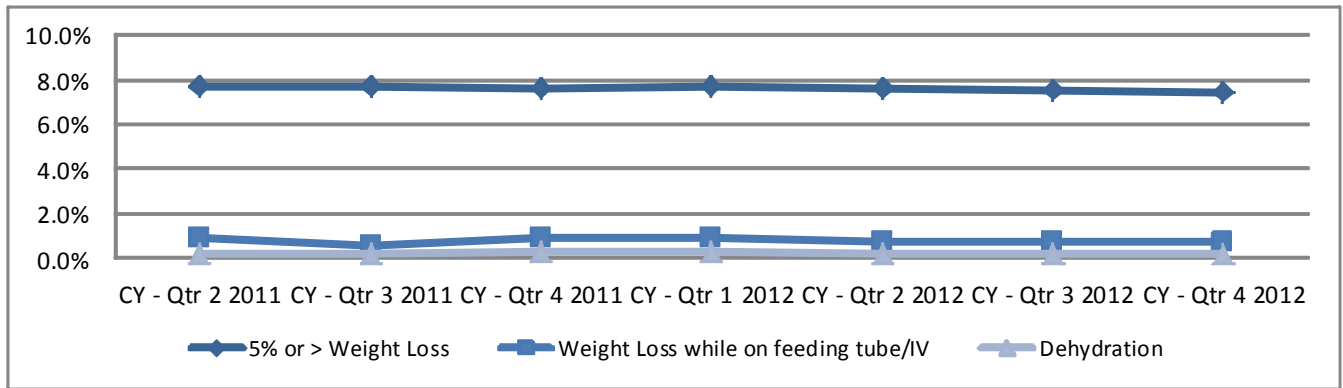
Federal Minimum Nursing Standards - Number of Deficiencies										
	CY-Qtr 3 2010	CY-Qtr 4 2010	CY-Qtr 1 2011	CY-Qtr 2 2011	CY-Qtr 3 2011	CY-Qtr 4 2011	CY-Qtr 1 2012	CY-Qtr 2 2012	CY-Qtr 3 2012	CY-Qtr 4 2012
Sufficient Staff (F353)	8	5	9	4	5	4	10	5	5	4
RN 8 hrs per day 7 days a week (F354)	7	1	2	3	2	2	6	4	3	1

# Tracking Nursing Home Resident Assessment Data

Data From April 1, 2011 - December 31, 2012

**Resident assessment** data is obtained from the federal Minimum Data Set 3.0 (MDS) and contains data collected from initial, quarterly and standard 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 deficiencies 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.

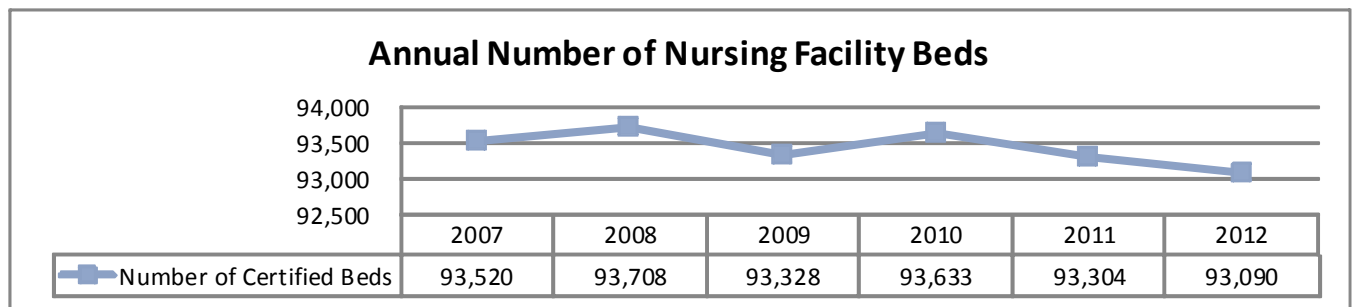
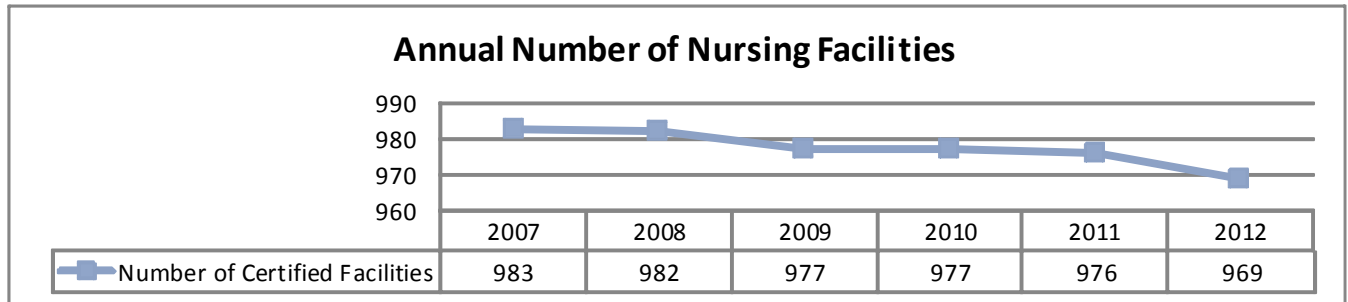
## Resident Assessment Data (MDS 3.0)



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. These data continue to be constant. We will continue to monitor and analyze these data to determine if any significant change or trend occurs.

## Tracking the Number of Nursing Facilities & 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 2009 (as of May 2010)	CY 2010 (as of May 2011)	CY 2011 (as of May 2012)
Average Nursing Facility Occupancy	85%	85%	84%
Nursing Facility Census	78,816	78,271	77,580

**CY - Qtr 3 2012 Facility Open/Closure Status:**

- One facility in SW Ohio (West Chester Healthcare Group Inc.) closed June 23, 2012
- One facility in E Ohio (Genesis-Bethesda Hospital Skilled Nursing Unit) closed July 31, 2012
- One facility in NE Ohio (The Center for Clinical Care) exact closure date unknown

**CY - Qtr 4 2012 Facility Open/Closure Status:**

- One facility in NE Ohio (Mount St. Joseph Nursing Home) closed November 7, 2012
- One facility in SW Ohio (Russell Nursing Home ) closed December 18, 2012

## Tracking Nursing Home Specialty Units

Data From Two Most Recent Standard Surveys

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) that is collected during each standard 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.

	Previous Standard Survey		Most Recent Standard Survey as of June 30, 2012	
	Total Number of Facilities	Total Number of Beds	Total Number of Facilities	Total Number of Beds
<b>Alzheimer's</b>	183	5,793	156	4,562
<b>Head Trauma</b>	1	27	1	26
<b>Hospice</b>	4	128	9	418
<b>Ventilator/Respiratory Care</b>	28	578	26	529
<b>Special Rehabilitation</b>	23	738	26	848

Changes to facility specialty units	
<p><b>Alzheimer's</b></p> <ul style="list-style-type: none"> <li>17 facilities increased their beds for a total of 80 beds</li> <li>11 facilities reduced their beds for a total of 156 beds</li> <li>31 facilities added a new unit for a total of 786 beds</li> <li>58 facilities closed a unit for a total of 1941 beds</li> </ul> <p><b>Total change = a reduction of 1,231 designated Alzheimer beds</b></p>	<p><b>Ventilator/Respiratory Care</b></p> <ul style="list-style-type: none"> <li>2 facilities increased their beds for a total of 35 beds</li> <li>4 facilities reduced their beds for a total of 18 beds</li> <li>10 facilities added a new unit for a total of 124 beds</li> <li>12 facilities closed a unit for a total of 190 beds</li> </ul> <p><b>Total change = a reduction of 49 designated ventilator/respiratory beds</b></p>
<p><b>Head Trauma</b></p> <ul style="list-style-type: none"> <li>1 facility reduced their beds by a total of 1 bed</li> </ul> <p><b>Total change = a reduction of 1 designated head trauma bed</b></p>	<p><b>Hospice</b></p> <ul style="list-style-type: none"> <li>6 facilities added a new unit for a total of 390 beds</li> <li>1 facility closed a unit for a total of 100 beds</li> </ul> <p><b>Total change = an increase of 290 designated hospice beds</b></p>
<p><b>Special Rehabilitation</b></p> <ul style="list-style-type: none"> <li>3 facilities increased their beds for a total of 36 beds</li> <li>3 facilities reduced their beds for a total of 12 beds</li> <li>14 facilities added a new unit for a total of 500 beds</li> <li>11 facilities closed a unit for a total of 414 beds</li> </ul> <p><b>Total change = an increase of 110 designated hospice beds</b></p>	

## Tracking Nursing Home Complaints & Allegations

Data From July 1, 2010 - December 31, 2012

**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	CY-Qtr 1 2012	CY-Qtr 2 2012	CY-Qtr 3 2012	CY-Qtr 4 2012
Complaints	957	813	925	836	999	907	995	828	985	853
Substantiated Complaints	311	247	291	236	295	267	265	209	239	184*

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

Number of Nursing Home and Residential Care Facility (RCF) 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	CY-Qtr 1 2012	CY-Qtr 2 2012	CY-Qtr 3 2012	CY-Qtr 4 2012
Injury of Unknown Origin	55	32	32	35	47	38	48	41	62	50
Admission, Transfer & Discharge Rights	50	46	54	31	42	52	53	32	44	35
Dietary Services	80	61	93	52	79	83	78	71	83	86
Physical Environment	166	129	132	133	189	164	176	178	212	171
Facility Staffing					135 <sup>1</sup>	153	147	122	155	117
Resident Safety/Falls					54 <sup>2</sup>	69	107	90	126	101
Res Meds Not Given According To Physician Instructions					31 <sup>2</sup>	61	61	20	42	45
Resident Meds Improperly Administered					13 <sup>2</sup>	18	15	15	17	16

For CY 2010, the complaint unit received 3,583 complaints and 1,180 were substantiated (33%). For CY 2011, the complaint unit received 3,667 complaints and 1,089 were substantiated (30%). For CY 2012, the complaint unit received 3,661 complaints and 897\* were substantiated ( 25%).

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

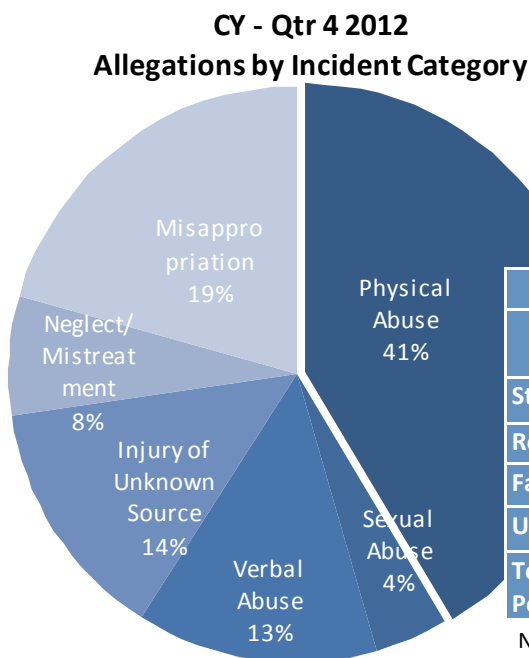
<sup>2</sup>Data collection for this allegation subtype did not begin until August 15, 2011.

# Tracking Nursing Home Self Reported Incidents (SRIs)

Data From July 1, 2011 - December 31, 2012

**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	CY-Qtr 1 2012	CY-Qtr 2 2012	CY-Qtr 3 2012	CY-Qtr 4 2012
<b>Total Incidents</b>	3,735	3,806	3,622	3,943	4,038	4,010



Incidents By Perpetrator						
	CY-Qtr 3 2011	CY-Qtr 4 2011	CY-Qtr 1 2012	CY-Qtr 2 2012	CY-Qtr 3 2012	CY-Qtr 4 2012
<b>Staff</b>	1,000	1,044	1,063	1,126	1,205	1,067
<b>Resident</b>	1,393	1,422	1,299	1,482	1,465	1,540
<b>Family/Visitor</b>	94	90	82	112	111	92
<b>Unknown</b>	1,271	1,280	1,212	1,254	1,292	1,341
<b>Total Perpetrators</b>	<b>3,758</b>	<b>3,836</b>	<b>3,656</b>	<b>3,974</b>	<b>4,073</b>	<b>4,040</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	CY - Qtr 1 2012	CY - Qtr 2 2012	CY - Qtr 3 2012	CY - Qtr 4 2012
<b>Physical Abuse</b>	1,622	1,654	1,568	1,175	1,723	1,712
<b>Sexual Abuse</b>	146	127	146	167	157	169
<b>Verbal Abuse</b>	479	516	503	525	582	556
<b>Injury of Unknown Source</b>	596	549	523	528	580	564
<b>Neglect/Mistreatment</b>	280	292	311	320	319	277
<b>Misappropriation</b>	708	775	685	765	807	850
<b>Total Allegations</b>	<b>3,831</b>	<b>3,913</b>	<b>3,736</b>	<b>3,480</b>	<b>4,168</b>	<b>4,128</b>