

Steve Sisolak  
*Governor*



Richard Whitley  
*Director*

# State of Nevada Department of Health and Human Services

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Top 10 Skilled Nursing Facility Deficiencies and How to Avoid Them

Division of Public and Behavioral Health

Dorothy Sims, RN, HFIM



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# Agenda

- Discuss the top 10 deficiencies in Skilled Nursing Facilities and how to prevent the citations.





# Objectives

At the end of this presentation, the audience will be knowledgeable of:

- The deficiencies and citations identified during standard and complaint investigations.
- Strategies to help prevent the deficiencies and citations from occurring.





# Top 10 Deficiencies





# Top 10 Deficiencies

1. Quality of Care (F684)
2. Develop and Implement Comprehensive Care Plan (F656)
3. Label and Storage of Drugs (F761)
4. Infection Control (F880)
5. Food Storage and Procurement (F812)
6. Accidents and Supervision (F689)
7. Baseline Care Plan (F655)
8. Parenteral / IV Fluids (F694)
9. Reporting of Alleged Violations (F609)
10. Bowel / Bladder Incontinence, Catheter, UTI (F690)





# Quality of Care – F684

## **§ 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.





# Most Common Deficiencies

- Failing to follow physician orders
- Failure to obtain orders for treatment
- Failure to document treatment provided, resident response to treatment
- Used for any deficiencies which does not have a specific tag





# How to Prevent Deficient Practice

- 1) Initiate a double check system that occurs at change of shift. Nurses double check new orders for the day and reconcile the orders with the MARs, TARs, etc.
- 2) Initiate weekly QA chart review by the charge nurses or unit coordinators. Create a checklist of documents to be reviewed for signatures and completeness.





# Develop and Implement Comprehensive Care Plan – F656

## **§483.21(b) Comprehensive Care Plans**

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 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.





# Most Common Deficiencies

Failed to develop and/or implement a comprehensive person-centered care plan for:

- Respiratory care including oxygen administration via nasal cannula and CPAP
- Use of side rails
- Pain management
- Use of psychotropic medications
- Activities
- Activities of daily living including specific number of staff required for safe transfer of a resident
- Behavioral issues
- Wound care
- Contracture management



# How to Prevent Deficient Practice?

- 1) Initiate a routine QA plan for review of Care plans, use of psychotropic meds, wound care, contractures.
- 2) CNAs assigned to audit for use of side rails - reports to unit manager on daily report form. Unit manager follows up on any resident with side rails in use - confirms need, checks documentation, etc.
- 3) Management staff begin daily rounding on all residents or a specific unit daily- talk with the residents about their activities and any issues with pain management.





# Label and Storage of Drugs – F761

## **§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**

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.





# Most Common Deficiencies

- Medication room refrigerator not maintained at appropriate temperatures (36 – 46 degrees)
- Expired medications
- Unlabeled medications
- Medications left at bedside
- Medication cart not locked
- Multidose vials signed & dated (open/expiration date)



# How to Prevent Deficient Practice?

- 1) Create a team which would have at least 1 member of administration (DON) that rounds weekly in the units to check for medication issues.
- 2) Using a check list- look in med rooms for expired meds, check the med-cart, check for open/dated medications.
- 3) If issues are identified during the rounds, the unit manager is notified, and on-the-spot training should occur.



# Infection Control – F880

## **§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.





# Most Common Deficiencies

- Not wearing the appropriate PPE.
- Appropriate cleaning of a blood sugar glucometer.
- Staff members performed proper hand hygiene.





# How to Prevent Deficient Practice?

- IP routine/weekly rounding using checklists for common deficiencies. IP submits findings to DON.
- If necessary- unit manager does follow-up, provides on-the-spot training. Repeat offenders- counseling or disciplinary action.
- Have an IC Expo– All staff must attend, use competency check-offs. Display good and bad practices for staff to identify. At the end of the expo- staff complete a competency exam. Performed annually. Consider smaller version for new hires.





# Food Storage and Procurement – F812

§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.

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





# Most Common Deficiencies

- Expired foods
- Unlabeled foods
- Sanitizing solutions either weak or concentrated
- Dishwasher temperatures not in appropriate range, temperatures not logged per policy
- Kitchen not kept clean
- Hand hygiene



# How to Prevent Deficient Practice

- Weekly rounding with member of Admin team, RD and appropriate dietary personnel.
- Utilize a checklist consistent with the deficient practices.
- Any identified issues are corrected on the spot and education is provided to staff within the week.
- Reminder signs in the dietary areas where the employees congregate most often (bathrooms, break-rooms, etc.)



# Accidents and Supervision – F689

## **§483.25(d) Accidents**

The facility must ensure that the resident environment remains as free of accident hazards as is possible and each resident receives adequate supervision and assistance devices to prevent accidents.



# Most Common Deficiencies

- Medications left at bedside for resident to take unsupervised
- Fall assessments and interventions not implemented to prevent future falls
- Protective supervision to prevent elopement
- Supervision of residents out smoking
- Not following resident care plans for transfers
- Falls / Accidents related to residents being transported in facility van

# How to Prevent Deficient Practice

- Resident rounds— include these areas in your rounding checklist. May utilize RT or pharmacy staff to participate.
- CNA checks— part of their shift routine— check rooms for meds left unattended, fall precautions in place, smoking material is secured. If deficient practice noted- notify charge nurse. Document on check list- submit to DON.
- Ensure there is periodic training for transportation staff to ensure residents are secured in the van. Create a checklist if needed or reminders.
- Ensure there is adequate staff to perform 2 person transfers if needed.



# Baseline Care Plans – F655

## §483.21(a) Baseline Care Plans

The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must be developed within 48 hours of resident admission. Include the minimum healthcare information necessary to properly care for a resident including but not limited to:

Initial goals based on admission orders.

Physician orders.

Dietary orders.

Therapy orders.

Social services.

PASARR recommendation.

Facility must provide the resident with a summary of the baseline care plan.







# How to prevent deficient practice

- Create the audit process where care plans are reviewed at shift change when new orders are reviewed.
- The facility's Care Plan Policies and Protocols should be a part of the overall orientation to involved disciplines on initial hire and throughout the year. Inservice's should concentrate on revision of the plan.
- Understanding that a person-centered care plan does not mean inputting the resident's name in a canned care plan.
- Ensure all disciplines are involved.



# Parenteral / IV Fluids – F694

## §483.25(h) Parenteral Fluids:

Parenteral fluids must be administered consistent with professional standards of practice and in accordance with physician orders, the comprehensive person-centered care plan, and the resident's goals and preferences.



# Most Common Deficiencies

- Not following policies and procedures for changing the IV dressings
- Physician orders not followed for changing the IV dressings
- No physician orders for the care and maintenance of the IV line
- IV tubing not labeled with date and time the tubing was hung
- Staff unaware the resident has an IV, the type of IV and location of IV





# How to Prevent Deficient Practice

- Hold a competency/education day. Cover these areas with the staff responsible. Attends upon hire and annually.
- Shift change rounds— oncoming and outgoing nurses check for MD order together and then go to each resident room that has IV's and check dressings, tubing, labeling, etc.



# Reporting of Alleged Violations – F609

## **§483.12(c) Abuse Reporting**

In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must ensure that:

All alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.

Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.





# Most Common Deficiencies

- Abuse/neglect allegations not reported to leadership timely
- Final abuse/neglect investigation report not submitted within appropriate time frames.



# How to Prevent Deficient Practice

- 1) Training
  - Using segments of the SOM. Often staff do not know the actual regulation.
- 2) Administration or QAPI team routinely audit incident reports or grievances. If abuse/neglect is identified- follow up on the report to ensure reporting has occurred, is complete and is timely
- 3) Consider using an end of shift report / communication book which is reviewed each shift to identify issues which occurred during the shift, who was notified, resolution, etc.



# Bowel/Bladder Incontinence, Catheter, UTI– F690

## §483.25(e): Incontinence

§483.25(e)(1): The facility must ensure a resident who is continent of bowel and bladder on admission receives services and assistance to maintain continence unless the clinical condition is or becomes such that continence is not possible to maintain.





# Bowel /Bladder Incontinence, Catheter, UTI – F690 cont.

§483.25(e)(2): For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure –

- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary;
- (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and
- (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent UTI and to restore continence to the extent possible.



# Bowel/Bladder Incontinence, Catheter, UTI – F690 cont.

§483.25(e)(3): For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.

# How to Prevent Deficient Practice?

## Assessment:

- Prior history of bladder functioning
- Voiding patterns (frequency, volume, nighttime or daytime, quality of stream) over several days
- Medication review
- Patterns of fluid intake
- Use of urinary tract stimulants or irritants
- Functional and cognitive capabilities
- Type and frequency of physical assistance necessary
- Pertinent diagnoses
- Identification of and/or potential of developing complications such as skin irritation or breakdown.
- Environmental factors



# How to Prevent Deficient Practice

- Ensure there are written for catheter insertion and catheter care.
- Ensure there is adequate staff to meet the toileting needs of the residents.
- Ensure care plans are appropriate for the resident, updated and revised as needed, and being followed by staff.

# Other thoughts on how to prevent deficient practice.

Having policies and procedures in place

Ensure staff are following the policies and procedures

Ensure staff receive training periodically throughout the year

Develop an audit tool for the area

Assign dedicated staff to be responsible to complete the audit tool

Track compliance

Utilize your facility assessment to identify the care needs for your resident population

Get staff involved



# Questions?





# Contact Information

**Dorothy Sims**

Health Facilities Inspection Manager

[dsims@health.nv.gov](mailto:dsims@health.nv.gov)

(702) 486-6515

**Pat Elkins**

Health Facilities Inspection Manager

[pelkins@health.nv.gov](mailto:pelkins@health.nv.gov)

(702) 486-6515

[dpbh.nv.gov](http://dpbh.nv.gov)

