Long-Term Care Top 10 Deficiencies

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NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

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ABOUT DPBH

MISSION

To protect, promote, and improve the physical and behavioral health and safety of all people in Nevada, equitably and regardless of circumstances, so they can live their safest, longest, healthiest, and happiest life.

VISION

A Nevada where preventable health and safety issues no longer impact the opportunity for all people to live life in the best possible health.

PURPOSE

To make everyone's life healthier, happier, longer, and safer.

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AGENDA

1. Review the top 10 deficiencies cited in skilled nursing facilities.
2. Review of Assembly Bill 202, related to electronic communication devices.
3. Items to include for an acceptable plan of correction.

Top 10 Deficiencies

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#1 – F684 Quality of Care

Quality of Care (F684) 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 resident's choices.

Top Deficiencies - #1

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Some deficiencies cited include:

- Failure to obtain a physician order for a treatment and management of resident conditions. resident being transferred out to the hospital.
- Failure to ensure medications were administered per the prescribed time and facility policy.
- Failure to ensure IV medication was administered timely and care orders were entered and carried out for a Jackson-Pratt drain.
- Failure to ensure a resident was monitored and received care for the potential side effects to antibiotics (diarrhea and upset stomach).

Top Deficiencies - #1 cont'd

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- Failure to ensure a physician order was obtained and care management was implemented for the use of compression stockings to treat edema.
- Failure to ensure a nicotine patch was administered timely and physician was notified of the delay in availability of medication; antibiotic was administered timely; and follow through with a physician in providing pain medication.
- Failure to ensure emergency medical personnel were activated to transport a choking patient to the hospital.
- Failure to ensure a wound care order was obtained prior to providing wound care.

Top Deficiencies - #1 cont'd

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- Failure to ensure a licensed nurse administered medication necessary to manage epileptic seizures.
- Failure to ensure an infected foot wound was reported to the appropriate staff, treated, and documented.
- Failure to ensure a psychiatric evaluation was provided per physician order.
- Failure to ensure a lidocaine patch was applied and removed as ordered.

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#2 – F656 Care Plan

The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights, 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.

Top Deficiencies - #2

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Some deficiencies cited include:

- Failure to ensure a comprehensive care plan was developed for a resident with depression and a respiratory care plan for a resident with COPD and dependent on supplemental oxygen.
- Failure to ensure psychoactive medications prescribed for a resident were care planned.
- Failure to ensure the use of bed rails was care planned; treatment and care of post-traumatic stress disorder, alcohol dependence with withdrawal, antidepressant and antidiabetic medications were care planned; and care plan interventions related to activities were implemented.
- Failure to ensure care plans were individualized.

Top Deficiencies - #2 cont'd

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- Failure to ensure a comprehensive care plan was completed for a splint application for management of contractures.
- Failure to ensure resident care planned for elopement risk with measurable objectives and timeframes.
- Failure to ensure care plan interventions were implemented for a resident with a pressure sore, resident side rails were care planned.
- Failure to ensure to develop a care plan for newly diagnosed end stage renal disease, implement interventions in a nutritional care plan.

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#3 – F689 Accidents

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

Top Deficiencies #3

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Some deficiencies cited include:

- Failure to ensure fall mats were placed as ordered.
- Failure to ensure medications found at the bedside were reported to the physician and the resident was properly assessed for self-administration.
- Failure to secure hazardous items and medications (unattended maintenance cart, which included chemicals, hammer, screws, wrenches, screw drivers, caulking material and joint compound), wound cleanser spray bottle and sodium chloride irrigation bottle in resident room.
- Failure to ensure an elopement risk assessment was completed for a resident who exhibited exit-seeking behaviors.

Top Deficiencies #3 cont'd

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- Failure to ensure a resident was assessed for risk of entrapment when the resident's bed was placed against the wall.
- Failure to ensure supervision was provided during meals for a resident with aspiration precautions, resulting in the resident choking and requiring resuscitation.
- Failure to secure sharp items in the secured locked unit.
- Failure to ensure a pack of cigarettes and lighter was not kept in a resident rooms and residents were monitored while smoking.

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#4 – F812 Food Safety

The facility must procure food from sources approved or considered satisfactory by federal, state or local authorities. Store, prepare, distribute and serve food in accordance with professional standards for food service safety.

Top Deficiencies #4

Some deficiencies cited include:

- Failure to ensure the testing strips used to test the solution contained in the sanitizing bucket and food products stored inside the walk-in cooler were not expired.
- Failure to properly store and label foods in the walk-in freezer and walk-in refrigerator.
- Failure to discard expired mushrooms from the refrigerator.
- Failure to ensure staff food was stored and labeled correctly, cans were undented, and staff were washing their hands appropriately at hand-washing stations.

Top Deficiencies #4 cont'd

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- Failure to ensure perishable food items were labeled and dated in the refrigerator and freezer, staff's personal items were not stored in the resident nourishment room.
- Failure to ensure refrigerated items were not expired when accepting delivery; resident food items were dated and labeled in nourishment rooms; tube feeding solution was not expired; and nourishment rooms were free from pests.
- Failure to ensure food was properly stored to prevent pests.
- Failure to ensure walk-in freezer was free from ice build-up, food preparation area and equipment were maintained in a sanitary manner.

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#5 – F761 Drug Storage

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. Must store all drugs and biologicals in locked compartments under proper temperature controls and permit only authorized personnel to have access to the keys.

Top Deficiencies #5

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Some deficiencies cited include:

- Failure to ensure the medication cart was secure, resident medications were not left unsecured in the resident's room
- Failure to ensure opened insulin pens were stored separately for each resident; medications requiring refrigeration were stored at the appropriate temperature; expired medications were removed from medication rooms; medications were not left unsecured on top of a medication cart; resident did not have unsecured medications at bedside; medications were not stored in an area accessible by unauthorized staff.
- Failure to ensure medication rooms were free from loose and expired medications; medication carts were free of medications for discharged residents; discontinued IV fluids/IV antibiotics were discarded and not mixed with house stock of IV fluids; medication refrigerator was free of medications for discharged residents.

Top Deficiencies #5 cont'd

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- Failure to ensure an insulin prefilled syringe and a multidose vial of medication were labeled with the open date and expiration date.
- Failure to monitor temperature of medication refrigerator.

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#6 – F600 Abuse

The resident has the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.

Top Deficiencies #6

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Some deficiencies cited include:

- Failure to ensure a bedfast resident with limited mobility received necessary care during a power outage.
- Failure to ensure a resident was free from abuse when a resident was observed throwing a call light at another resident.
- Failure to prevent resident-to-resident physical and verbal abuse.
- Failure to ensure a resident with aspiration precautions and dysphagia was left in a room with no staff present and choked on a hot dog requiring resuscitation.

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#7 – F880 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.

Top Deficiencies #7

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Some deficiencies cited include:

- Failure to ensure hand hygiene was performed during a PICC line dressing change and an antiseptic was applied in the PICC line insertion site during the dressing change.
- Failure to ensure proper infection control practices were implemented during IV medication administration (removing the end cap from an IV port placing it on the bedside table and then placing the cap back on the port).
- Failure to ensure the appropriate signage was placed outside an isolation room and direct care staff were able to explain the reason for the transmission-based precautions.

Top Deficiencies #7 cont'd

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- Failure to ensure staff appropriately washed their hands and properly used gloves to avoid cross contamination.
- Failure to ensure staff and visitors donned the appropriate PPE prior to entering a transmission-based precautions room.
- Failure to ensure IV ports were disinfected before use.

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#8 – F550 Resident Rights

The resident has a right to a dignified existence, self-determination and communication with and access to persons and services inside and outside the facility.

Top Deficiencies #8

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Some deficiencies cited include:

- Failure to provide care for residents to promote personal hygiene.
- Failure to allow a resident to leave the property to smoke without fear of being discharged; not providing privacy for a resident whose breasts and briefs were exposed; not ensuring staff did not stand above residents while providing feeding assistance; not knocking and receiving permission before entering a resident's room.
- Failure to ensure a prompt response to residents call lights and provision of continence care was provided to dependent residents.
- Residents were not transported backwards.

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#9 – F695 Respiratory

The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan and the residents' goals and preferences.

Top Deficiencies #9

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Some deficiencies cited include:

- Failure to ensure an empty oxygen humidifier bottle was changed as ordered/scheduled and documented in the Medication Administration Record.
- Failure to ensure a physician order for the use of oxygen was obtained and care orders were transcribed in the MAR; physician order for respiratory care, specifically the use of a humidifier bottle on the oxygen concentrator, was implemented.
- Failure to ensure an oxygen order was followed.
- Failure to change an oxygen humidifier bottle when empty.

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#10 – F686 Pressure Ulcers

Based on the comprehensive assessment of a resident, the facility must ensure that a resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and a resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.

Top Deficiencies #10

Some deficiencies cited include:

- Failure to ensure a soiled wound dressing was changed timely.
- Failure to ensure weekly skin checks were completed.
- Failure to ensure dressings were changed as ordered and documented appropriately.
- Failure to ensure physician orders for the use of bilateral heel protectors, offloading measures and wedges were followed.
- Failure to ensure wound care was provided by licensed nurse or approved provider.

AB 202 – Electronic Communications

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AB 202

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- Authorizes a resident in a skilled nursing facility or a resident representative to request the installation and use of an electronic communication device in the living quarters of the resident under certain circumstances.
- Requires the resident or resident representative to:
  - Submit to the facility a request to install an electronic communication device.
  - Agree to waive the right to privacy of the resident.
  - Obtain consent of the roommate of the resident or their representative, if applicable.
- Prescribes the requirements to act as the representative of a resident or roommate.
- Requires a facility for skilled nursing to make reasonable efforts to accommodate a resident whose roommate failed to provide such consent.

AB 202 cont'd

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- Authorized a resident, resident representative, or roommate to revoke a request for, or consent to, the installation and use of an electronic communication device.
- Requires a facility for skilled nursing to approve a request for the installation and use of an electronic communication device if the applicable requirements are met.
- If the approval is granted, the resident or resident representative is responsible for:
  - Choosing the electronic communication device, subject to certain limitations.
  - The cost of installing, maintaining and removing the electronic communication device and any repairs required due to the installation and use of an electronic communication device.

AB 202 cont'd

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- Prohibits a person other than the resident or representative who has requested the installation and use of an electronic communication device from intentionally:
  - Obstructing, tampering with or destroying any such device or recording made by such a device.
  - Viewing or listening to any images or sounds which are displayed, broadcast or recorded by and such device except as otherwise authorized.
- Authorizes an attorney for the resident or certain government officials to view or listen to any images or sounds which are displayed, broadcast or recorded by an electronic communication device or to temporarily disable or turn off such a device.

AB 202 cont'd

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- A resident or representative may authorize additional persons to view or listen to images or sounds which are displayed, broadcast or recorded by an electronic communication device.
- Prohibits a facility for skilled nursing from denying admission to or discharging a resident from the facility or otherwise discriminating or retaliating against a resident because of a decision to request the installation and use of an electronic communication device.
- A person or entity who violates provisions in the bill is subject to certain civil and criminal penalties.
- A skilled nursing facility that violates provisions in the bill is subject to disciplinary actions.

AB 202 cont'd

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- A skilled nursing facility is required to post a notice in a conspicuous place at the entrance to the living quarters of a resident that contains an electronic communication device stating that such a device is in use in that living quarters.
- Prohibits an employee at a facility for skilled nursing facility from refusing to enter the living quarters of a patient or fail to perform any of the duties of the employee on the grounds that an electronic communication device is in use in the living quarters.

- The full text of the bill can be located at: https://www.leg.state.nv.us/Session/82nd2023/Bills/AB/AB202_EN.pdf

Plan of Correction

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Acceptable POC

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On the right-hand side of the Statement of Deficiencies (SOD) document:

a) How the corrective action will be accomplished for those found to have been affected by the deficient practice. Indicate specifically how the deficient practice cited in the SOD for each resident cited will be corrected.

b) How the facility will identify others potentially affected by the same deficient practice.

c) What measure will be put into place or systemic changes made to ensure the deficient practice will not recur.

d) How the facility will monitor the corrective actions to ensure the deficient practice is being corrected and will not recur.

e) The responsible party for accomplishing and/or monitoring compliance with the corrective action. If the corrective action involves more than one person, the party who maintains ultimate responsibility. ***Do not use staff names, use staff titles.***

Components of an APOC

f) The anticipated date of correction must include the month, date and year. The date must not exceed 60 days for the “date certain” as indicated in the cover letter, which accompanies the SOD. Responses such as “immediately” and “ongoing” are unacceptable.

- The statement must be signed and dated.
- The original must be returned to HCQC.
- If new policies, forms, etc. are developed or training is part of the POC, the facility must submit the policy, form or training course curriculum and staff sign-in sheets to HCQC.

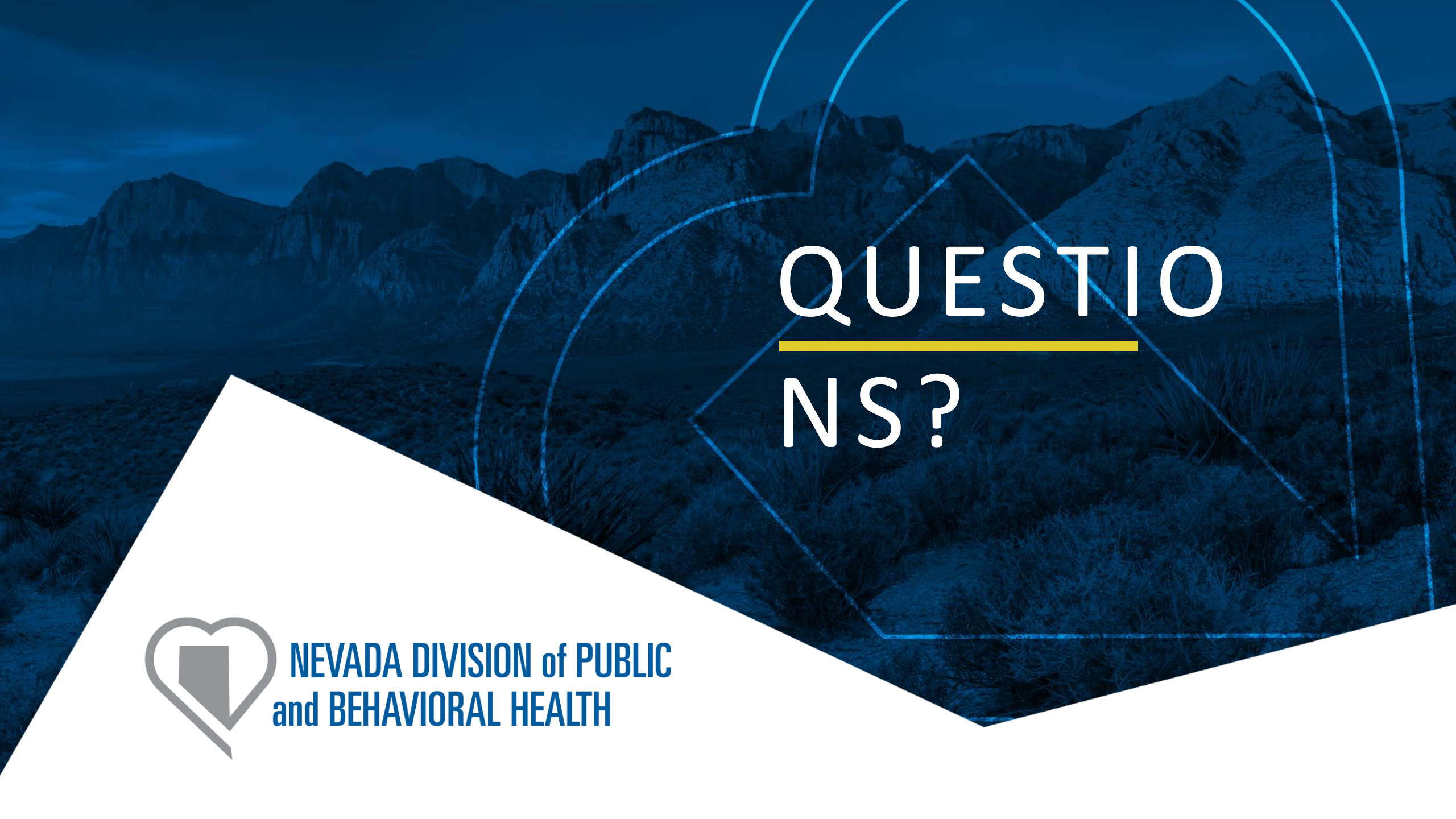
Components of an APOC

- If attachments are included, they must be clearly identified with reference to the appropriate tag. All attachments must be placed in a separate section following the POC. Do not incorporate attachments within the POC.
- Resident names should not be included in the POC or in any attachments. Resident names must be removed from all documentation submitted with the POC and replaced with the resident identifier referenced in the resident roster with the SOD.

HCQC must be able to verify the deficient practice is back in compliance with the documentation provided. If the documentation of compliance is not provided, HCQC cannot accept the plan of correction and an unacceptable plan of correction notice and/or follow-up survey may be conducted.

Components of an APOC

- Read the cover letter that accompanies the SOD for information on the survey and enforcement actions.
- Be specific about the corrective actions taken to be compliant with the regulations. Avoid vague terminology.



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ACRONYMS

- AB – Assembly bill
- APOC – acceptable plan of correction
- DPBH – Division of Public and Behavioral Health
- HCQC – Bureau of Health Care Quality and Compliance
- POC – plan of correction
- SOD – statement of deficiencies


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