

## Department of Health Updates

PACAH, May 2011

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## Facility and Survey Data 2009

- Facilities
  - 720 Facilities
  - 89,088 Beds
  - 6 Closed, 3 Opened
- Surveys Completed
  - 747 Standard surveys
  - 1,327 Revisits (to all types of surveys)
  - 3,464 On-site visits (includes complaint visits)



## Facility and Survey Data 2010

- Facilities
  - 714 Facilities
  - 88,736 Beds
  - 6 Closed, 1 Opened
- Surveys Completed
  - 704 Standard surveys
  - 725 Revisits (to all types of surveys)
  - 3,357 On-site visits (includes complaint visits)



## Facility and Survey Data 2011

- Facilities
  - 713 Facilities
  - 88,711 Beds
  - 1 Closed, 0 Opened
- Surveys Completed
  - 188 Standard surveys
  - 277 Revisits (to all types of surveys)
  - 850 On-site visits (includes complaint visits)



## Frequency of DNCF Visits Calendar Year 2009

Number of Visits	% of PA facilities
20 +	1.7%
10 to 19	17.3 %
6 to 9	24.7 %
<b>2 to 5</b>	<b>52.3 %</b>
1	4 %



## Frequency of DNCF Visits Calendar Year 2010

Number of Visits	% of PA facilities
20 +	2.36%
10 to 19	15.99%
6 to 9	23.37%
<b>2 to 5</b>	<b>53.27%</b>
1	5.01%



## Frequency of DNCF Visits Calendar Year 2011

Number of Visits	% of PA facilities
20 +	0%
10 to 19	0.14%
6 to 9	2.10%
<b>2 to 5</b>	<b>40.95%</b>
1	27.07%



## Harm Level Deficiency Comparison

<u>2009</u>	<u>2010</u>
Total Harm level Deficiencies issued=236	Total Harm level deficiencies issued=181
G= 223	G= 178
H= 4	H= 0
J= 0	J= 1
K= 5	K= 2
L= 4	L= 0
(J, K, & L all constitute Immediate Jeopardy)	(J, K, & L all constitute Immediate Jeopardy)



## Harm Level Deficiency Comparison

### 2011

Total Harm level

Deficiencies issued=38

G= 38

H= 37

J= 0

K= 1

L= 0

(J, K, & L all constitute  
Immediate Jeopardy)



## Immediate Jeopardy Identified

### ■ Past Years Comparison

- 2007 – 8 identified
- 2008 – 12 identified
- 2009 - 9 identified
- 2010 - 3 identified
- 2011 - 1 identified



## Provisional Licenses Issued

- 2007 – 14
- 2008 – 22
- 2009 – 29
- 2010 – 10
- 2011 - 3



## State Actions

- |                                |                              |
|--------------------------------|------------------------------|
| ■ Total state actions for 2009 | Total state actions for 2010 |
| ■ PI/CMP= 11                   | PI/CMP= 2                    |
| ■ PII/CMP= 2                   | PII/CMP= 0                   |
| ■ PIII/CMP= 0                  | PIII/CMP= 1                  |
| ■ PI only= 13                  | PI only= 5                   |
| ■ PII only= 3                  | PII only= 2                  |
| ■ CMP only= 18                 | CMP only= 15                 |

PI=Provisional I license  
PII=Provisional II license  
PIII=Provisional III license  
CMP=Civil Monetary Penalty



## State Actions 2011

Total state actions for 2011  
(January 1, 2011 thru March 31, 2011)

- PI/CMP= 2
- PIV only = 1
- CMP only = 6



## Top 3 Deficiencies Cited

- 2009
  - F309 Quality of Care – 442 times
  - F323 Quality of Care - 347 times
  - F371 Dietary Services – 216 times
- 2010
  - F309 Quality of Care – 444 times
  - F323 Quality of Care – 307 times
  - F 371 Dietary Services – 217 times
- 2011
  - F309 Quality of Care – 113 times
  - F441 Infection Control – 78 times
  - F 323 Quality of Care – 76 times



## Event Report- Comparison of Incidents

### 2008

Total number of incident  
Reports received:  
21,892

Most frequently reported  
events:  
Abuse – 3,287  
Falls – 2,231  
Transfer to Hospital-9,378

### 2009

Total number of incident  
Reports received:  
22,636

Most frequently reported  
events:  
Abuse – 3,391  
Falls – 2,600  
Transfer to Hospital – 8,878



## Event Reports

### **2010**

- Total received: 21,870
- Most Frequently reported events
  - Abuse - 3,118
  - Falls – 2,153
  - Transfer to hospital – 8,789

### **2011** (Jan to March)

- Total received: 5902
- Most Frequently reported events
  - Abuse - 728
  - Falls – 592
  - Transfer to hospital – 2,267



## Investigation of Incidents of Unknown Origin

- All incidents need to be thoroughly investigated to
  - ascertain possible causes
  - interventions must be developed to prevent recurrences
  - interventions must be both
    - resident specific
    - should be addressed in facility policies for all residents.



## 2009 Complaint Data

### Complaint Data

- Total received= 2,373
- Total substantiated= 575 (24.2%)
- Onsite investigations conducted=87.1%
- Substantiated complaints with citations issued at "G" or above= 5.7%

### Most Frequently Filed

- |                    |       |
|--------------------|-------|
| ■ Care or Services | 66.8% |
| ■ Resident Rights  | 13.1% |
| ■ Environment      | 9.0%  |



## 2010 Complaint Data

### Complaint Data

- Total received= 2416
- Total substantiated= 605 (25%)
- Onsite investigations conducted= 98%
- Substantiated complaints with citations issued at "G" or above= 9%

### Most Frequently Filed

- Care or Services 65%
- Resident Rights 14%
- Environment 9%



## 2011 Complaint Data

### Complaint Data

- Total received= 706
- Total substantiated= 158 (22%)
- Onsite investigations conducted= 80%
- Substantiated complaints with citations issued at "G" or above= 6%

### Most Frequently Filed

- Care or Services 64%
- Resident Rights 15%
- Environment 11%



## Additional Complaint Data

- 2009 - 63.6% Substantiated Complaint Surveys with deficiencies cited, had the same deficiency cited during a previous survey
- 2010 – 66.3%
- Facilities need to be proactive



## Complex Residents/Families

- Be proactive
- Involve Ombudsman
- Hold routine meetings with resident/family
- Be creative-identify resident's interests and background
- Make time to listen



## Abuse

- The facility's abuse policy will be reviewed on all standard surveys and any other survey upon request of the survey team.
- The abuse policy must include these components: screening, training, prevention, identification, investigation, protection, and reporting.



## New caution

- Technology-cell phones, facebook and email



## PB 22

- Most recent revision of PB 22 form posted to the Message Board March 31, 2010
- Complete all applicable sections of the PB22
  - Registry number
  - Resident credibility
  - Witnesses credibility and willingness to testify
  - Findings, conclusions and actions taken
  - Police involvement
- Department of Aging reporting



## Completing the PB22

- Submit PB22 with any required attachments
- 5 Days
  - Statements
  - Care plans if applicable



## PA Nurse Aide Registry

- Status Report for period between 01/01/10 to 12/21/10
  - Total Nurse Aides on Registry – 252,713
  - Nurse Aides Active on Registry- 97,932
  - Records lapsed for time period – 10,232
  - Records renewed for time period – 35,759
  - Total Nurse Aides added to Registry - 10,932



## Informal Dispute Resolution

- All IDR's are now conducted by staff in the Division's central office
- Details and contact information posted on Message Board on 01/07/2010
- Central Office began reviewing 02/01/2010



## IDR data

- 2009
  - 77 IDRs acted upon
    - 126 Deficiencies total
      - 76 upheld
      - 23 revised
      - 27 deleted
- 2010
  - 75 IDRs acted upon
    - 113 Deficiencies total
      - 93 upheld
      - 17 revised
      - 3 deleted



## IDR data

- 2011**
  - 17 IDRs acted upon
    - 22 Deficiencies total
      - 17 upheld
      - 3 revised
      - 2 deleted



## Current Events



## Resources

- DNCF [717-787-1816](tel:717-787-1816)
- Message Board
  - [www.health.state.pa.us](http://www.health.state.pa.us)
- CMS Website
  - [www.cms.hhs.gov](http://www.cms.hhs.gov)
- State Operations Manual
  - [http://cms.hhs.gov/manuals/Downloads/som107ap\\_pp\\_guidelines\\_ltcf.pdf](http://cms.hhs.gov/manuals/Downloads/som107ap_pp_guidelines_ltcf.pdf)

