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Survey & Regulatory Update

2022 Nursing Conference

Mandy Smith, OHCA Regulatory Director - HSE, LNHA, CEAL, CEHCH, LPTA, LMT, RAC-CTA, WCC

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Today's Speakers

- **Mandy Smith, OHCA Regulatory Director, HSE, CEAL, CEHCH, LNHA, LMT, LPTA, RAC-CTA, WCC**
- **614.288.0613**
- **msmith@ohca.org**

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Objectives

- Answer Questions
- Discuss Issues
- Survey Data
- Immediate Jeopardy Review
- Survey Trends
- And more

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What questions do you have?

Hot Topics

- COVID-19
  - Testing
  - Visitation
  - CDC/CMS/OSHA
  - Policies
- Resident/Family Satisfaction
- Addressing Concerns
- Social Isolation/Depression
- Safe Discharge
- Room Changes

RCF Regulations

Ohio Revised Code (ORC)

- http://codes.ohio.gov/orc

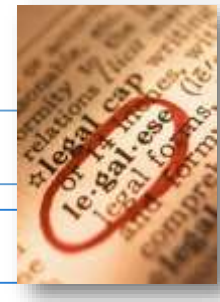
Ohio Administrative Code (OAC)

- http://codes.ohio.gov/oac/

SNF/RCF Rules

- http://codes.ohio.gov/oac/3701-17
- http://codes.ohio.gov/oac/3701-16

Laws Vs. Rules



Laws

- Statute
- Do not have to be reviewed & require legislation to be changed

Rules

- Regulation
- 5 year rule review

Rule Defined

- Just as a statute is law, a rule is a regulation. Whereas statutes are contained within the Ohio Revised Code, rules are contained within the Ohio Administrative Code. Rules have the full force of law, but are usually more detailed. The key difference between a statute and a rule, however, is that whereas the Ohio General Assembly writes legislation, which becomes law, state agencies (like ODH) are tasked with writing rules. The primary purpose of an administrative rule is to flesh-out or implement a statute.

Rule Review

- Per Ohio law, existing administrative rules must be reviewed at least once every five years. Rule review entails deciding whether a rule should be amended, rescinded, or kept the same, subject to the CSI (Common Sense Initiative) process pursuant to Senate Bill 2 of the 129th General Assembly, and filing it with JCARR, Legislative Service Commission (LSC), and the Secretary of State.
- Rules proposed to be amended, rescinded, adopted as new, or those requiring no change are filed with JCARR, the oversight committee tasked with reviewing rules on behalf of the Ohio General Assembly. Go to JCARR for more information on the JCARR process; however, it is the primary task of JCARR to ensure proposed rule actions do not conflict with the law.

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2020 Nursing Home Survey and Enforcement Actions

Annual Inspections & Complaint Investigations

Bureau of Survey and Certification (BOSC)

Rebecca Sandholdt
BOSC Chief
Ohio Department of Health

Ohio Department of Health

August 23, 2021

Number of Health Surveys per CY 2016-2020

Data as of August 23, 2021

Ohio Department of Health

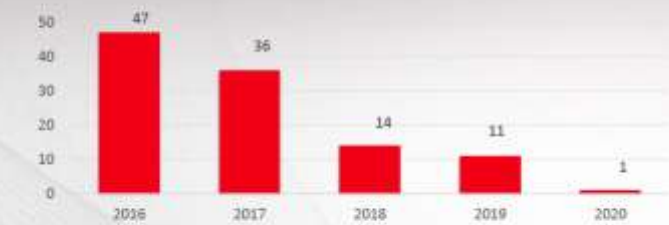
Number of Health Deficiencies per CY 2016-2020

Data as of August 23, 2021

Ohio | Department of Health

Number of Deficiency Free Annual Surveys per CY 2016-2020

The facilities having deficiency free health and life safety code surveys in calendar year 2020 are listed below

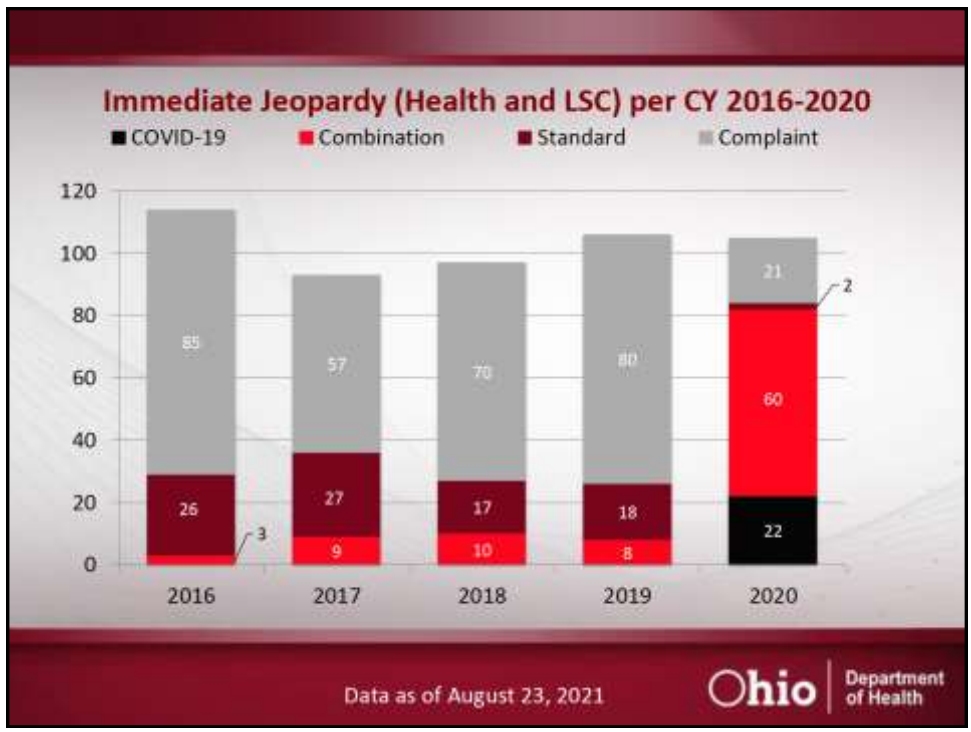


Mercy Health-St Rita's Medical Center LLC

Data as of August 23, 2021

Ohio | Department of Health


Substandard Quality of Care per CY 2016-2020
COVID-19
Combination
Standard
Complaint
160
140
120
100
80
60
40
20
0
84
27
2
51
25
8
63
15
8
69
39
6
40
11
84
5
2016
2017
2018
2019
2020
Data as of August 23, 2021
Ohio
Department of Health

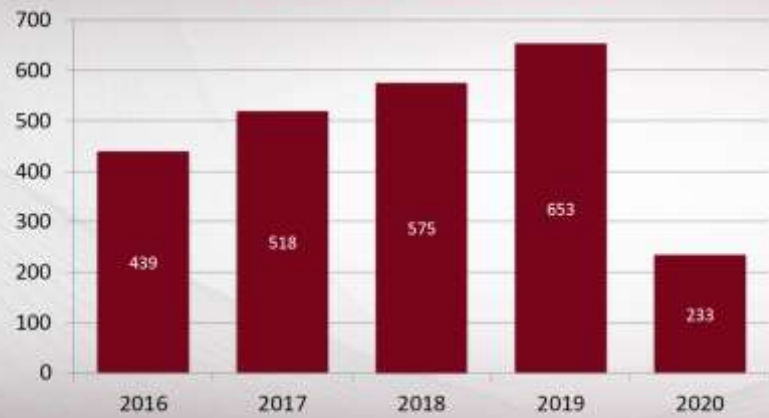

Immediate Jeopardy (Health and LSC) per CY 2016-2020
COVID-19
Combination
Standard
Complaint
120
100
80
60
40
20
0
85
26
3
57
27
9
70
17
10
80
18
8
21
2
60
22
2016
2017
2018
2019
2020
Data as of August 23, 2021
Ohio
Department of Health

Health Deficiencies Level G and Above per CY 2016-2020

Data as of August 23, 2021

Ohio | Department of Health

Informal Dispute Resolution (IDR) Number of Deficiencies Disputed per CY 2016-2020



Data as of August 23, 2021

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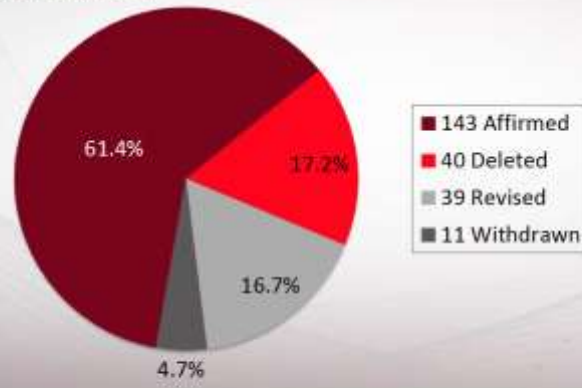
Informal Dispute Resolution (IDR) - CY 2020

- 233 IDR Deficiencies Disputed
- 169 Event IDs



Data as of August 23, 2021

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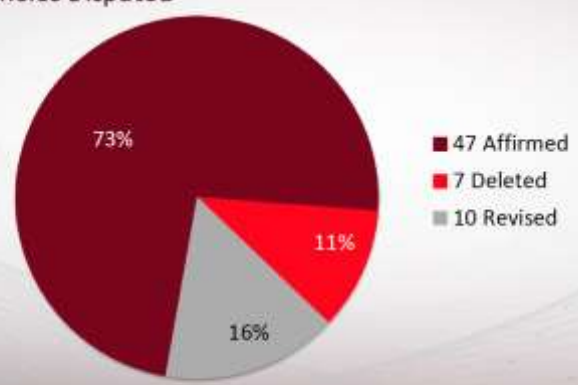
Informal Dispute Resolution (IDR) Level 2- CY 2020

- 64 IDR Level 2 Deficiencies Disputed
- 50 Events



Data as of August 23, 2021

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Informal Dispute Resolution (IIDR)
CY 2016-2020

	2016	2017	2018	2019	2020
Affirmed	50	43	36	24	12
Deleted	13	6	3	2	8
Revised	13	10	2	6	3
Withdrawn	0	0	0	0	0
Requested	0	0	0	0	0
Total	**76**	**59**	**41**	**32**	**23**

Data as of August 23, 2021

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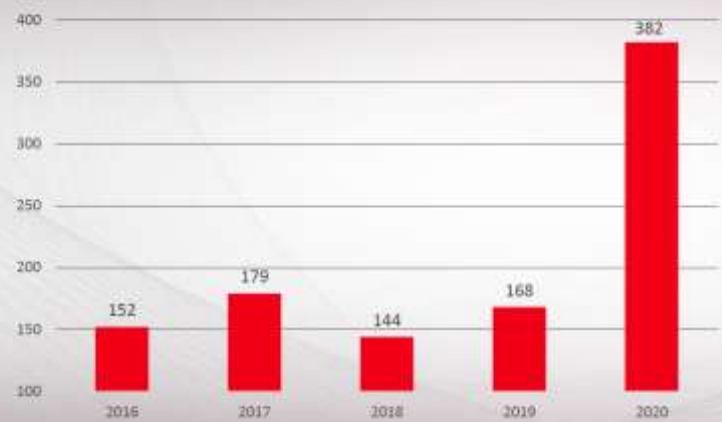
Facilities with Imposed Remedies CY 2016-2020



Data as of August 23, 2021

Ohio | Department of Health

Imposed Remedy Summary CY 2016-2020

Remedy Description	2016	2017	2018	2019	2020
CMPs	161	191	115	118	382
Denial of Payment (Discretionary and Mandatory)*	14	14	53	66	78
Directed In-Service	0	2	31	16	2
Termination	2	2	1	0	2
State Monitoring	1	1	0	1	3
Transfer of Residents	2	0	0	0	1
Directed Plan of Correction	N/A	N/A	N/A	N/A	513

*Denial of Payment in Effect

Data as of August 23, 2021

Ohio | Department of Health

Top Ten 2020 Health Deficiencies

- F880 - Infection Prevention & Control (604)
- F689 - Free of Accident Hazards/Supervision/Devices (161)
- F684 - Quality of Care (133)
- F842 - Maintain Medical Records (89)
- F609 - Reporting of Alleged Violations (88)
- F580 - Notify of Changes (Injury/Decline/Room, etc.) (81)
- F677 - ADL Care Provided for Dependent Residents (79)
- F686 - Treatment/Svcs to Prevent/Heal Pressure Ulcer (79)
- F812 - Food Procurement, Store/Prepare/Serve-Sanitary (79)
- F755 - Pharmacy Services/Procedures/Pharmacist/Records (77)

Tag F884: Reporting – National health Safety Network. Any enforcement remedies imposed as a result of this cited Data Tag have been removed from this report as this Data Tag is only cited by CMS.

Data as of August 23, 2021

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Top Ten 2020 Life Safety Code Deficiencies

- K353 - Sprinkler System - Maintenance and Testing (102)
- K345 - Fire Alarm System - Testing and Maintenance (66)
- K918 - Electrical Systems – Essential Electric Systems (64)
- K222 - Egress Doors - Unobstructed (58)
- K920 - Utilities - Gas and Electric (58)
- K521 - HVAC (51)
- K372 - Subdivision of Building Spaces – Smoke Barrier (47)
- K712 - Fire Drills (47)
- K321 - Hazardous Areas – Enclosure (43)
- K741 - Smoking Regulations (43)

Data as of August 23, 2021

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2020 Residential Care Facility (RCF) Data

Annual Inspections

Complaint Investigations

Bureau of Survey and Certification (BOSC)

Rebecca Sandholdt
BOSC Chief
Ohio Department of Health

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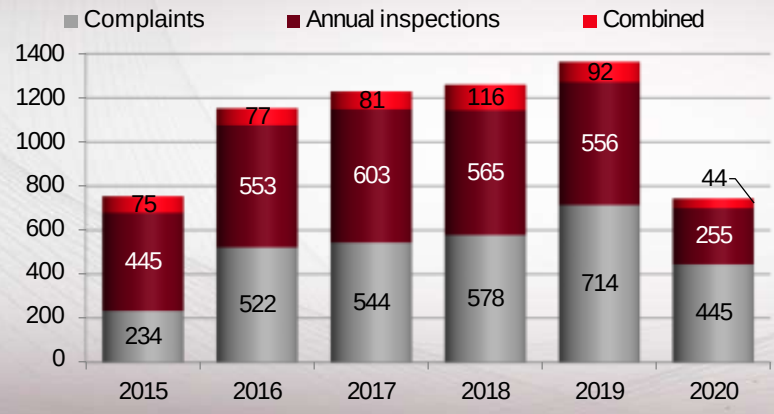
Data Extracted on June 29, 2021

Number of Annual Inspections and Complaint Investigations per Calendar Year



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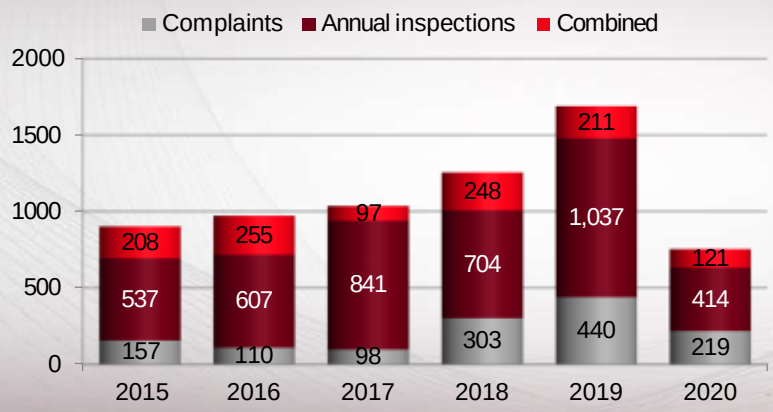
Number of Violations per Calendar Year



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Top Ten 2020 RCF Violations

R614 – Fire Drills and Self-Evacuation (78)
R559 – Food Storage and Contamination (68)
R339 – Medications Given as Prescribed (36)
R392 – Infection Control (36)
R397 – Personal Protective Equipment (36)
R391 – Resident Incidents (26)
R615 – Disaster Preparedness Drills (22)
R400 – Tuberculosis Control Plan (21)
R563 – Kitchen and Dining Sanitation & Disposal of Waste (18)
R677 – Storage of Poisons & Hazardous Materials (18)

Ohio Department of Health

Contact Information

Rebecca Sandholdt
Bureau of Survey and Certification (BOSC) Chief,
Ohio Department of Health

(614) 752-9524

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Deaths Reported

Year	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22
January	1	0	1	0	0	0	1	2	1	2	0	0	0	0	0	0	2	2	0	1	1	0	7	1
February	2	0	1	0	0	0	0	3	0	0	0	0	0	1	1	3	0	1	2	0	1	2	3	2
March	1	1	1	1	0	0	1	1	2	1	1	1	0	1	2	0	0	1	4	2	2	2	10	3
April	5	2	0	5	1	2	0	3	0	4	3	0	0	1	5	2	0	2	1	1	1	0	1	2
May	0	1	0	1	2	3	0	1	1	1	3	0	0	0	0	1	0	4	3	2	1	1	1	1
June	0	1	2	0	0	1	1	0	1	1	0	0	2	0	1	1	1	3	2	4	2	0	1	1
July	2	0	1	0	1	1	1	1	2	2	2	1	1	1	0	2	1	0	3	0	1	1	3	
August	1	1	3	0	0	0	1	1	1	0	0	1	3	0	2	1	1	1	3	3	2	4	3	
September	1	1	2	2	0	2	0	2	0	0	0	1	5	0	0	0	1	1	1	1	1	0	1	
October	0	2	0	1	0	1	1	0	1	1	1	0	1	0	1	1	0	1	2	3	2	3	4	
November	0	0	1	1	0	3	0	1	1	1	1	0	1	2	1	2	0	0	2	0	1	2	5	
December	0	2	1	1	1	0	0	1	2	1	2	0	1	1	1	2	0	0	0	1	1	14	2	
Total	13	11	13	12	5	13	6	16	12	14	12	4	14	7	14	15	6	16	23	18	16	29	41	10

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Issues	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22
Falls	4	1	3		1	1	1	4	2	3	4	1	1		1	1
Elopements	3	7	5	2	1	6	3	14	12	16	9	19	16	22	11	3
Side rails	1	1	2		1		2				1	1				
Necessary Care & Services - (CPR)	5	4	8	4		1	5	6	2	4	14	8	5	3	13	3
Necessary Care & Services - Other					7	1	5	2	1	8	1	3				
Restraints	1		2		4		3	2	2			3	3		1	
Hot Water/burns/water temp	1	1	1		2	2			2	2	1					
Pressure Ulcers		1		5				5	2	8	2	4	1	1		
Medication Errors/ Unnecessary Meds	3	8	8	3	3	1	6	1	8	5	3	7	4	2	6	2
Accident Hazards/ Supervision	1	2	1	2	3		4	4	1	1	1	1	2	1		1
Abuse / Neglect	4	11	5	5	8	11	9	7	11	16	16	13	18	11	7	4
Fail to protect after abuse allegation					3											
Fail to report abuse					2	8	4	4	3	12	9	2	7		3	
Fail to develop/follow P&P for Abuse					1	8	4	4	3	14	14	10	5		2	
Fail to investigate Abuse											1	4	7		2	
Reporting of a Crime													1			
Suicide/Self-Harm			1			1	1	1		1	1		3		2	
Special Needs									1	2						
Dietary Services	1	2				1										1
Unsupervised eating/ Choking		1	2	1	1	1	3	1	1	2	3	1	2	3	1	1
Smoking/Fire		2	2	1	1		3	2	2	5	2	4	3	1		
Rights	1															
Tube	1															
Paid feeding assistant		1														
Quality of care		2										2	7	1	4	2
Quality Assurance		1											1			
Food Sanitation F371			1			2			1	1						
Infection Control				1		1	1	1	1		1	1	1	38	17	14
Visitation														1		
Testing (COVID)														1	1	
Discharge Notice													1			
Safe Discharge						1					1		2			
R tag						2	1	1	2	1	4	3	2			
Weight Loss/ Nutrition							1		2	2					1	
Behaviors									1					2		
Pain Management									2						2	
Sufficient Staffing									1	2	1	1	1	3	1	1
Decreased ROM										1						
Effective Administration										1			3		2	1
Medical Director										1						
Excessive Temperature										3		1	1			
Portable Space Heaters F tag										1						
Privacy/Confidentiality											4	2	1	2		
Social Services											1					
Respiratory Care												1		1	4	2
Dialysis													1	2		
Physician Notification													1			1
Facility Assessment													1			
Pneumococcal Vaccine Policy													1			
COVID Vaccine															2	
Antibiotic Stewardship														1		

Immediate Jeopardies

Year	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22
January	5	3	3	0	1	2	6	2	2	2	3	1	1	2	3	1	8	6	6	6	3	3	7	14
February	3	3	3	0	0	0	1	3	2	3	2	1	2	5	4	3	4	20	11	5	5	7	13	7
March	2	3	6	3	0	0	3	3	3	6	5	4	1	7	3	1	8	3	9	18	13	6	12	17
April	8	5	2	7	1	2	3	3	0	12	4	1	4	1	4	2	5	20	6	5	6	2	2	10
May	3	1	4	2	3	4	4	5	1	3	5	3	1	0	2	2	4	10	7	9	17	2	6	3
June	4	3	2	3	2	2	2	0	1	3	2	1	4	1	2	5	5	15	8	7	12	2	4	9
July	7	0	1	1	6	4	3	2	6	4	3	2	6	3	5	12	3	8	8	11	3	8	8	
August	5	2	6	0	1	2	2	2	5	2	2	3	7	13	8	8	6	13	11	11	11	16	8	
September	3	2	3	7	1	3	1	5	3	1	1	2	6	11	11	2	6	9	3	3	3	3	8	
October	1	4	2	1	5	2	2	0	3	3	3	0	2	6	4	3	4	3	8	6	13	19	4	
November	2	1	1	1	1	5	0	1	1	3	3	1	1	5	5	8	4	4	7	10	10	17	18	
December	2	2	2	1	2	1	0	5	4	4	2	3	3	2	5	12	4	3	12	5	4	13	5	
Total	45	29	35	26	23	27	27	31	31	46	35	22	38	56	56	59	61	114	96	96	100	98	95	60

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Actual Examples -

• Immediate Jeopardy began when the facility did not implement appropriate infection control practices. Residents exposed to COVID-19 did not wear appropriate PPE with non-exposed residents, and the staff did not implement appropriate infection control measures while monitoring the smoking of a resident that was positive for COVID-19. Surveyors observed an STNA smoking while monitoring smoking outside the exit door of the COVID-19 unit with a resident who tested positive for COVID-19 four days earlier. Neither the STNA nor the resident was social distancing, wearing a mask, eye protection, gown, or gloves. Twenty-one residents and seven staff tested positive after the staff and residents did not comply with multiple infection control practices. The facility was in outbreak status during the survey.

• Immediate Jeopardy began when the facility asked a CNP to evaluate a resident for complaints of hematuria and three separate occasions of mild abdominal pain, burning, and right flank pain. The CNP's evaluation the following day recommended laboratory testing and a urinalysis, which the facility did not complete. There was no evidence of the resident's other nursing, CNP, or physician assessments for two weeks. After two weeks, the resident experienced a change in condition during the night, and the facility sent them to the hospital in the early morning. There was no documentation in the medical record that the resident experienced hematuria, abdominal pain, burning, and right flank pain except for the initial CNP note. The resident was treated for septic shock and acute respiratory failure, likely caused by sepsis. The hospital notes indicated the nursing home reported the resident had gross hematuria. The resident died in the hospital a few days later, and his death certificate stated the cause of death was Extended-Spectrum Beta-Lactamases (ESBL) (multi-drug resistant pathogen), Proteus Bacteremia, urinary tract infection, and quadriplegia.

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• Immediate Jeopardy began when a Medication Technician (MT) stated she could not administer insulin to four residents because she was not qualified and there was not a licensed nurse assigned to the unit to administer insulin. That day, a resident diagnosed with diabetes was not given his Humalog (fast-acting insulin) 10 units before meals or his Lantus (long-acting insulin) 40 units upon rising. The failure to administer the medication as ordered resulted in blood sugar of 380 milligrams per deciliter (mg/dl) (normal 70-100 mg/dl) at 4:23 P.M. and second blood sugar of 493 mg/dl with no time documented as to when she obtained the blood sugar reading. A nurse did not give another resident, who had a history of diabetes, his Lispro (fast-acting insulin) 12 units in the morning, Humalog per sliding scale before meals, or Humalog 12 units in the afternoon. The failure to administer the medication as ordered resulted in a blood sugar reading of 344 mg/dl. A third resident diagnosed with diabetes was given Humalog due at 8:00 A.M. at 11:42 A.M. There was no documentation that a nurse administered the 11:00 A.M. or 4:00 P.M. sliding scale insulin and no recorded blood sugar readings. The fourth resident with a history of diabetes did not receive Humalog to be administered per sliding scale two times a day, and there were no documented blood sugar readings.

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• Immediate Jeopardy began when a resident eloped from the facility without staff knowledge. An LPN was off duty and driving through the facility's parking lot with her family and spotted the resident lying outside the door on the ground wearing a hospital gown and adult brief. The temperature outside was 57 degrees. The LPN reported the resident was shivering and appeared weak but insisted on standing. The LPN's spouse obtained a wheelchair and escorted the resident sitting in a wheelchair inside the Assisted Living facility, which was attached to the nursing home where the resident resided. An STNA was inside the AL facility and stated she knew in which unit the resident lived. The STNA assisted the resident from the AL to the nursing home's rehabilitation unit. The staff was unaware the resident was gone until the STNA brought the resident back to his unit. Another LPN assessed the resident when he got off the elevator. The LPN stated as she was returning the resident to his room, she overheard the door alarm to the stairwell alarming. The LPN found the resident's wheelchair at the top of the stairs in a locked position. The facility transferred the resident to the hospital approximately 1.5 hours after the incident. The resident returned to the facility diagnosed with a non-displaced fracture of the left humerus. Additionally, the facility failed to thoroughly investigate the resident's elopement to prevent the same action, situation, and practice from occurring in the future.

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- Immediate Jeopardy began when an LPN entered a resident's room. The resident was audibly rattling with his respirations and staring off into space. He had limp arms hanging over the sides of the bed. The staff described the resident's color as yellow, his feet were mottling (purplish), and his oxygen cannula was out of his nose. The LPN readjusted his nasal cannula, but the resident did not respond. The LPN documented the resident had crackles in his lungs, so the LPN indicated she made him comfortable and called the hospice staff. The LPN said three STNAs provided incontinence care to the resident shortly after that. Thirty minutes later, the LPN returned to check on the resident, and he was not breathing or moving. The LPN had another LPN check the resident for a pulse and heartbeat; neither LPN could find one. The LPN documented she called hospice and informed them that the resident had expired. The LPN did not contact the physician for any medical treatment, initiate CPR, or call 911 for emergency care because she assumed the resident was a DNR since he was receiving hospice services. The resident expired at the facility. The resident was a recent admission and was admitted to hospice five days after admission and expired four days after that.

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- Immediate Jeopardy began when a staff member noted that a resident complained of abdominal pain and distention, ate very little, and had dark black tarry stools during incontinence care. There was no assessment or treatment completed for the resident at that time. The resident continued to have dark black tarry stools the next day, was not eating food, and complained of persistent abdominal pain without treatment or staff completing an assessment. The next day, the resident refused meals, complained of gas and abdominal pain and was noted to have flushed and dry skin that was warm to the touch. After three days, the facility notified the physician via fax that the medications offered to treat the resident's abdominal pain were ineffective. The resident requested to see the physician or nurse practitioner as soon as possible. They sent the fax to a closed physician's office, and the resident continued to complain of gas and abdominal pain. Later that day, the resident displayed pale color, shortness of breath and difficulty breathing, blue lips, trembling, and a large dark black tarry stool continuously flowing from the rectum. The LPN obtained the resident's vital signs; however, she completed no other assessment. The facility instructed the LPN to fax the physician; however, the physician never received the fax, and they made no other attempts to notify the physician about the resident's physical condition or to seek further treatment. The resident's condition deteriorated, and he was sent to the Emergency Room after he pleaded with a Nurse Aide to call emergency services using the resident's telephone. The resident died at the hospital on the day of transfer; the death certificate indicated the cause of death as cardiopulmonary arrest due to gastrointestinal bleeding.

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- Immediate Jeopardy began when the facility only had one nurse, an RN, assigned to the entire resident population of 43 residents. The nurse could not administer medications, complete respiratory assessments, blood glucose monitoring, pain assessment, pain management, anticoagulant medication, and complete vital signs and treatments per physician orders for six residents residing in the COVID-19 unit for 12 hours. This failure resulted in a potential for one resident to have seizure activity, two residents to have intolerable pain for an extended period, and a resident's blood sugar to be 374 mg dL requiring a one-time order of NPH insulin of 11 units. Another resident's blood sugar was 397 mg dL requiring eight units of regular insulin. Immediate Jeopardy continued when the facility only had one nurse in the facility that did not address any needs of any of the residents on the COVID-19 unit. This failure included assessing two residents' ongoing complaints of pain and administering pain medications as ordered for twelve hours resulting in the residents having intolerable pain for an extended time. Immediate Jeopardy continued when the facility failed to ensure a licensed nurse was assigned to care for six residents residing in the COVID-19 unit for twelve hours. This failure resulted in no licensed care being completed as ordered, including the administration of medication, blood glucose

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IJs – Impact Nursing

- Elopement
- Infection Control
- Choking
- Staffing
- Abuse
- Falls
- CPR
- Assessments
- Medication Errors
- Etc.

F880 – Infection Control (COVID)

- Facilities must have and follow their policies for infection control and prevention. This requirement is essential with the COVID-19 pandemic due to the virus's highly contagious nature and the risk of death. Facilities must make every effort to remain informed of all CMS, CDC, and ODH guidance and recommendations regarding COVID-19. Following the guidance can be extremely difficult with the continuing changes in CMS guidance and CDC recommendations regarding COVID-19 and the ODH's interpretation and application of some of the recommendations, often not published or adequately communicated to providers until a survey occurs. Facilities should maintain documentation of all of its efforts, including communication and advice from local health departments, the Bridge Team, Medical Directors, and ODH, and the rationale for any of its procedures that may not comport exactly with CDC recommendations (e.g. conservation of PPE).
- The CMS Focused Infection Control survey tool found in QSO-20-38-NH concisely lists infection control expectations.

F880 – Infection Control (COVID) Cont.

- Areas that place facilities at risk for IJ citations include:
  - Allowing exposed staff to work rather than quarantining them at home can be a high risk when the survey conflicted with current CDC guidance. Current guidance may allow fully vaccinated, asymptomatic health care workers to work rather than quarantine after exposure. Unvaccinated staff must quarantine. https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html
  - Staff not wearing or correctly donning/doffing PPE based on the resident's COVID-19 status or suspected status, including following CDC guidance to optimize PPE use when supplies are less than optimal, particularly N95 masks; including inappropriate use of vented N95 respirators. Particular weaknesses noted related to eye protection PPE requirements, lack of sanitization of eye protection (goggles, face shields) as per guidance;
  - Residents not being cohorted properly in rooms (e.g., COVID-19 positive residents may only share a room with COVID-19 positive residents. They may not share a room with an exposed resident who has not received a diagnosis. Such moves are to be made promptly upon learning of test results. Quarantined residents (new admissions or exposed residents) should be in a private room for the full quarantine period);

F880 – Infection Control (COVID) Cont.

- Failing to internally contact trace to identify exposed residents and staff when a staff member or resident tests positive, resulting in a failure to quarantine exposed residents;
- Having exposed residents and COVID-19 positive residents scattered throughout the facility rather than cohorted in the same area of the building, so that the facility can use dedicated staff for each patient group (e.g.., COVID-19 positive, COVID-19 negative, and quarantine);
- Failing to adequately screen staff for symptoms and allowing them to continue to work with COVID-19 symptoms;
- Failing to adequately identify which residents are on transmission-based precautions and have the necessary PPE readily available to enter the unit/room to care for the residents;
- Failing to dedicate resident care equipment such as BP cuffs or provide education and monitoring staff sanitizing such equipment between residents in isolation or quarantine;
- Failing to dedicate staff to care for residents in isolation;

F880 – Infection Control (COVID) Cont.

- Failing to assure that residents in quarantine and isolation remained in their rooms or only were in hallways while wearing masks;
- Failing to post signs at the entry of quarantine and isolation areas that clearly outline PPE necessary to be worn to enter room or unit;
- Inadequate or lacking visitor screening, including surveyors;
- Failing to provide any facility-specific COVID-19 training to agency staff;
- In some instances, failing to adhere to basic infection control practices – hand hygiene, PPE use, etc.;
- Failing to segregate positive and uninfected residents and appropriately managed dining and activity settings regarding appropriate mask use and social distancing;
- Failing to provide sufficient evidence of a PPE crisis to support the use of N95 masks in both COVID-19 positive and COVID-19 negative resident rooms and failing to provide sufficient evidence of a staffing crisis to support lack of dedicated staff assignments for infected vs. non-infected residents;
- Failing to complete prompt testing, quarantining, and use of PPE upon a staff member outbreak positive case;

F880 – Infection Control (COVID) Cont.

- Failing to notify local health department of positive cases, COVID related deaths, and other related COVID-19 issues occurring in the facility;
- Failing to follow its own COVID-19 management related policies;

- As part of CMS guidance in several QSOs, they made the Focused Infection Control Survey tool available to every provider to make them aware of Infection Control priorities during this time of crisis. CMS recommends the providers use this tool as a self-assessment of their ability to meet these priorities.
- Several facilities received a directed plan of correction that included engaging a consultant infection control preventionist.

Social Media

Facebook

- www.facebook.com/OHCA.Ohio

Twitter

- https://twitter.com/OHCA_Ohio

Linked In

- www.linkedin.com (*Ohio Health Care Association)*

Instagram

- www.instagram.com/ohiohealthcareassocation

Resources

OHCA

- http://www.ohca.org/

NCAL

- https://www.ahcancal.org/ncal/Pages/index.aspx

ODH

- http://www.odh.ohio.gov/

Questions

Mandy Smith msmith@ohca.org 614-288-0613