

**Ohio Department of Health
Bureau of Survey and Certification
Quarterly Reports:**

Quality of Care Report:
Nursing Homes
Residential Care Facilities
HHA/Hospice Facilities

December 1, 2019

Most recent data from Quarter 2, 2019: April 1, 2019 - June 30, 2019
Historical date range for Nursing Homes: July 1, 2017 - June 30, 2019

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Quarterly Report

December 1, 2019

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), Bureau of Survey and Certification, stakeholders and interested parties may use this report to track key data elements that are indicative of conditions in nursing homes, residential care facilities, home health agencies, and hospices. The data is pulled from survey, complaint intake, and assessment databases.

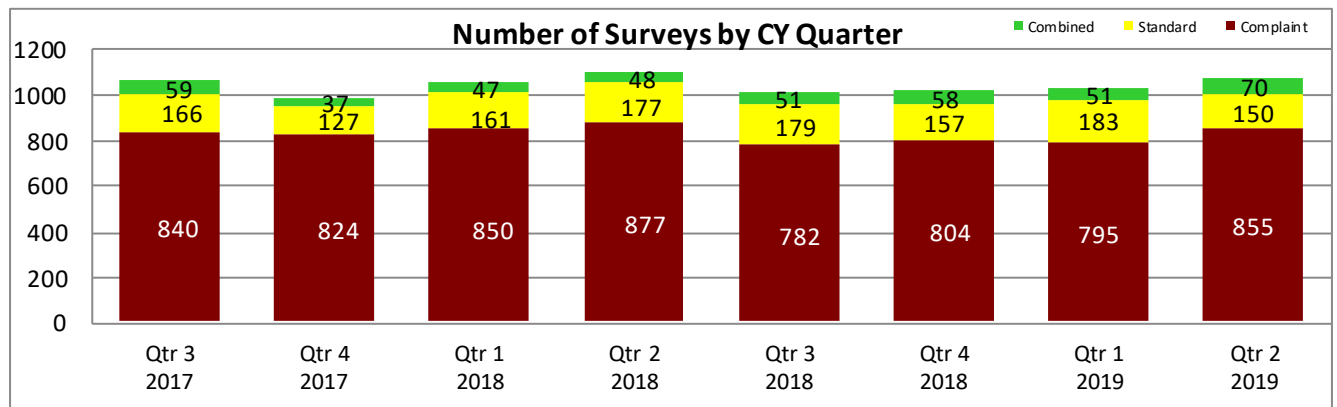
During the fourth quarter of 2017, the survey process changed to the new Long Term Care Survey Process (LTCSP) effective 11/28/2017. In addition, new regulations were effective 11/28/2017 and citation numbers were updated. The earlier quarterly report reflects both the QIS and the LTCSP data.

Tracking Nursing Home Surveys & Deficiencies

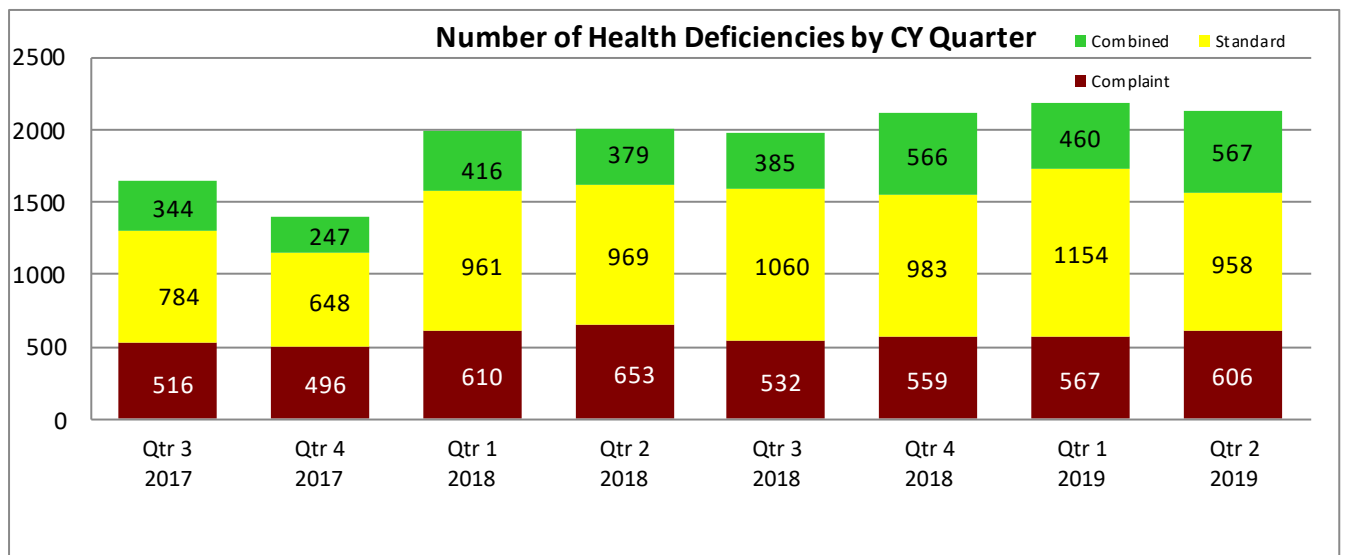
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Standard surveys of nursing facilities are conducted once every nine (9) to fifteen (15) months. A standard survey is a resident-centered inspection that gathers information about the quality of care furnished in a facility to determine compliance 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.

Tracking Nursing Home Surveys & Deficiencies

Most recent data from Quarter 2, 2019: April 1, 2019 - June 30, 2019
 Historical date range: July 1, 2017 - June 30, 2019

Deficiency Free Surveys

Nursing Facilities with Deficiency Free Standard Health Surveys by CY Quarter							
Qtr 3 2017	Qtr 4 2017	Qtr 1 2018	Qtr 2 2018	Qtr 3 2018	Qtr 4 2018	Qtr 1 2019	Qtr 2 2019
8	5	2	5	3	4	6	1

The above chart shows the total number of facilities that had a deficiency free survey within each CY quarter. It includes State Licensed Only facilities that had no reported deficiencies for state codes.

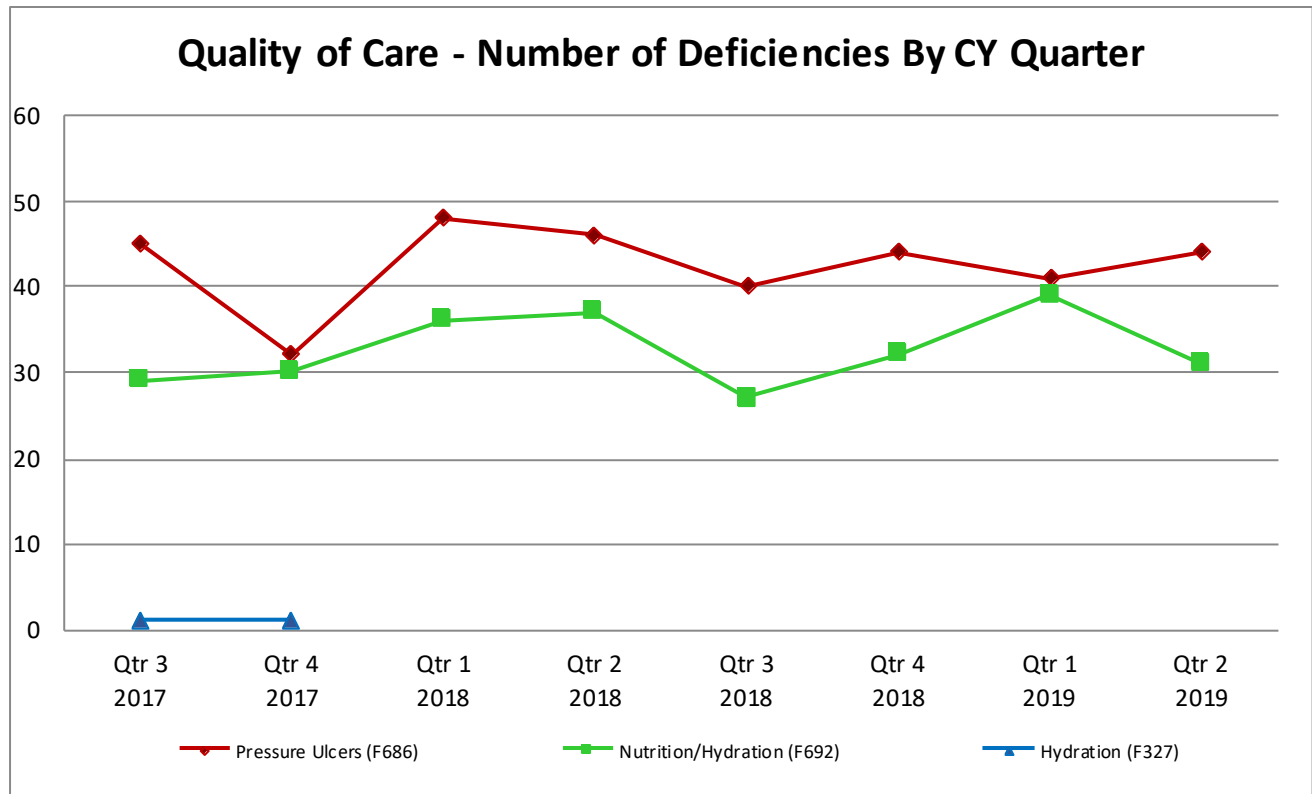
Name of Licensed/Certified Facilities

NAME	EXIT DATE
BATH MANOR SPECIAL CARE CENTRE	04/25/2019

Tracking Nursing Home Quality of Care

Most recent data from Quarter 2, 2019: April 1, 2019 - June 30, 2019

Historical date range: July 1, 2017 - June 30, 2019

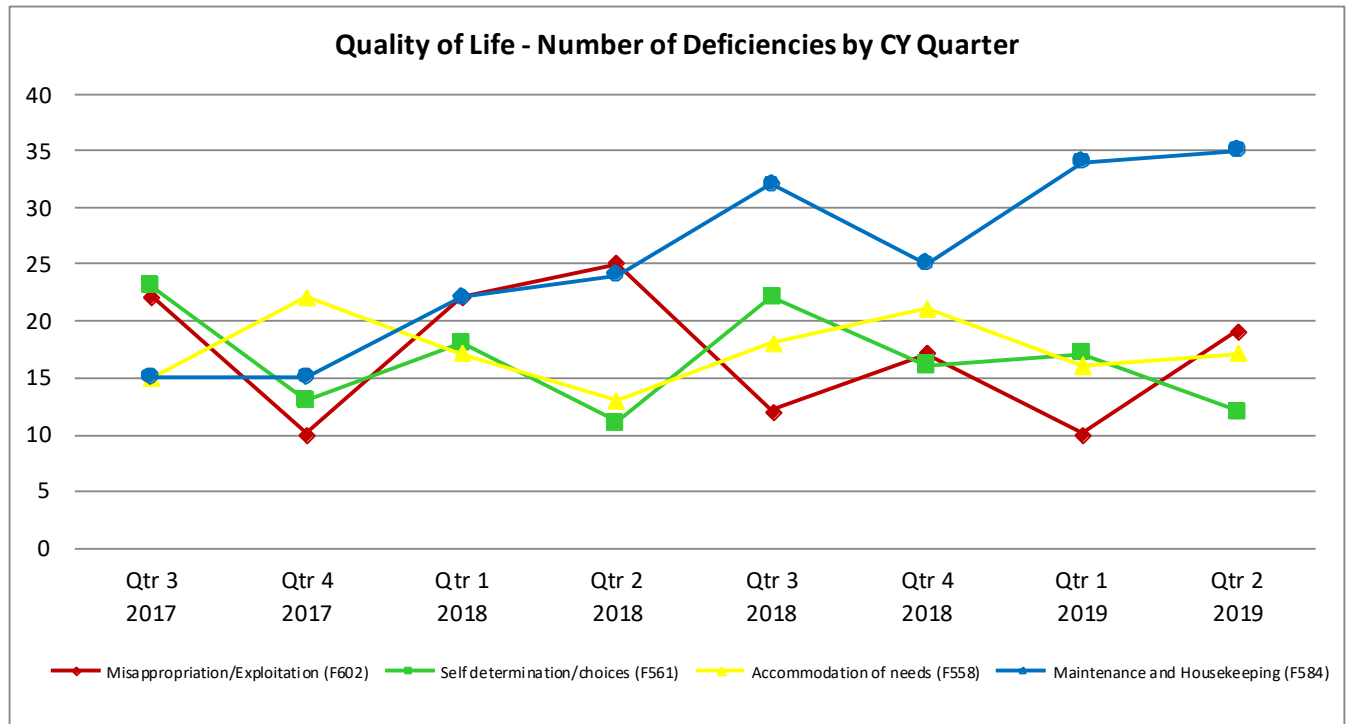


The above chart shows the total number of deficiencies per tag for all standard and complaint surveys conducted within each CY quarter.

Tracking Nursing Home Quality of Life

Most recent data from Quarter 2, 2019: April 1, 2019 - June 30, 2019

Historical date range: July 1, 2017 - June 30, 2019

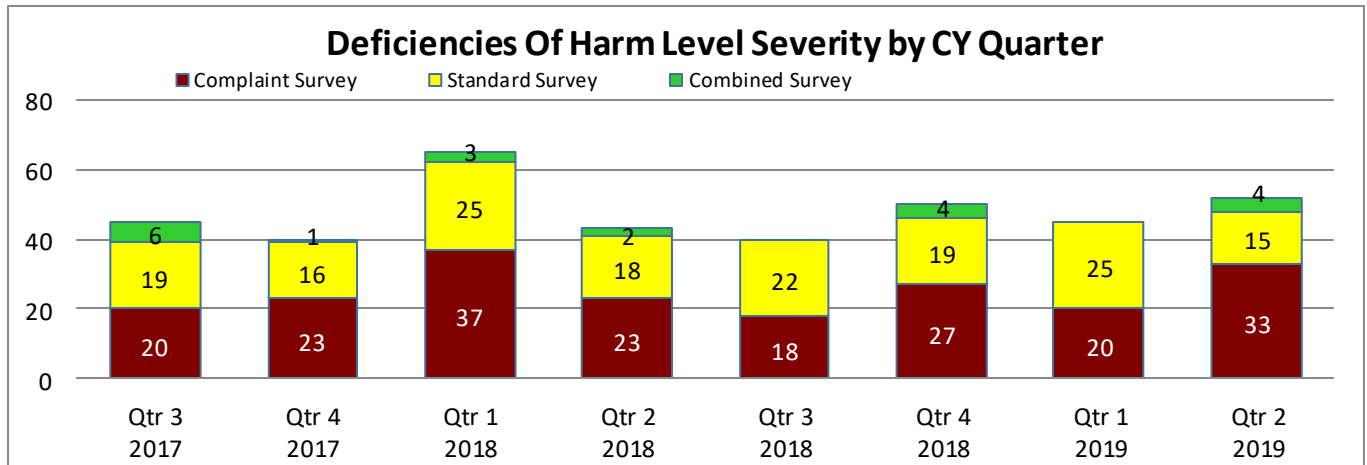


The above chart shows the total number of deficiencies per tag for all standard and complaint surveys conducted within each CY quarter.

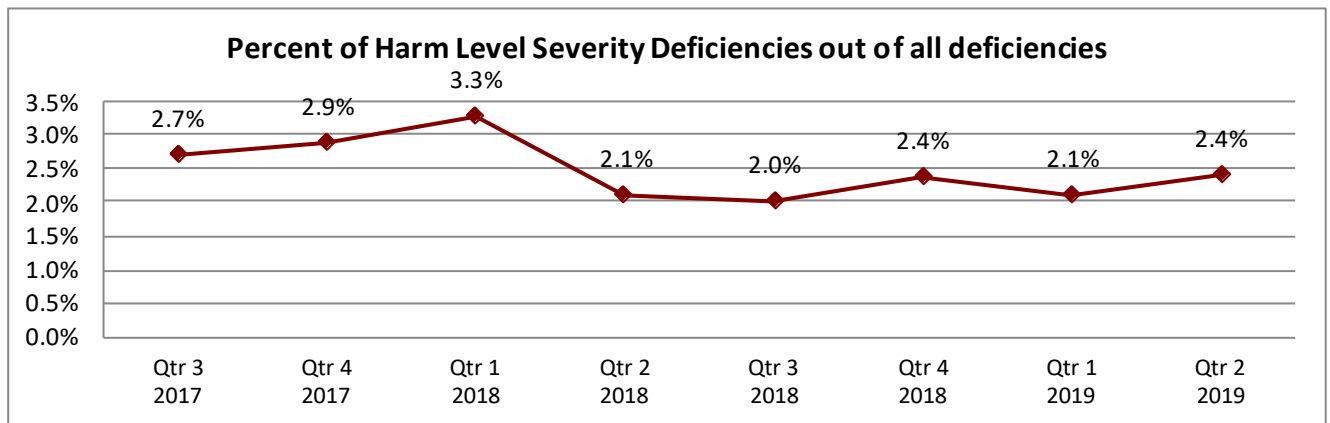
Tracking Nursing Home Deficiencies G Level and Above

Most recent data from Quarter 2, 2019: April 1, 2019 - June 30, 2019
 Historical date range: July 1, 2017 - June 30, 2019

Deficiencies of harm level severity 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 shows the percent of harm level deficiencies for all standard and complaint surveys conducted within each CY quarter.

Tracking Nursing Home Immediate Jeopardies

Most recent data from Quarter 2, 2019: April 1, 2019 - June 30, 2019

Historical date range: July 1, 2017 - June 30, 2019

Immediate jeopardy (IJ) 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.

Immediate Jeopardy by CY Quarters								
	Qtr 3 2017	Qtr 4 2017	Qtr 1 2018	Qtr 2 2018	Qtr 3 2018	Qtr 4 2018	Qtr 1 2019	Qtr 2 2019
Number of IJs Cited	22	27	29	21	26	22	22	35
Number of Unique Surveys with IJs cited	14	14	20	18	19	15	13	25

Facilities with Immediate Jeopardies
ALTERCARE NEWARK NORTH INC
ALTERCARE OF BUCYRUS CENTER FOR REHABILITATION
ALTERCARE OF MENTOR
ARLINGTON COURT NURSING & REHABILITATION CENTER
CARDINAL WOODS SKILLED NURSING & REHAB CENTER
CARECORE AT THE MEADOWS
CENTERVILLE HEALTH AND REHAB
CRYSTAL CARE CENTER OF FRANKLIN FURNACE
FRIENDSHIP VILLAGE
HAMDEN HEALTH CARE VENTURES
HEARTLAND AT PROMEDICA FLOWER HOSPITAL CAMPUS
HEARTLAND OF DUBLIN

Facilities with Immediate Jeopardies
HERITAGE NURSING AND REHAB CENTER
KENWOOD TERRACE CARE CENTER
MANORCARE HEALTH SERVICES - PARMA
PINE KIRK CARE CENTER
RIVER'S BEND HEALTH CARE LLC
SANCTUARY POINTE NURSING & REHABILITATION CENTER
THE LAURELS OF HEATH
TRI COUNTY EXTENDED CARE CENTER
UPTOWN WESTERVILLE HEALTHCARE
VILLA GEORGETOWN REHABILITATION AND HEALTHCARE CENTER
WILLOW PARK CONVALESCENT HOME

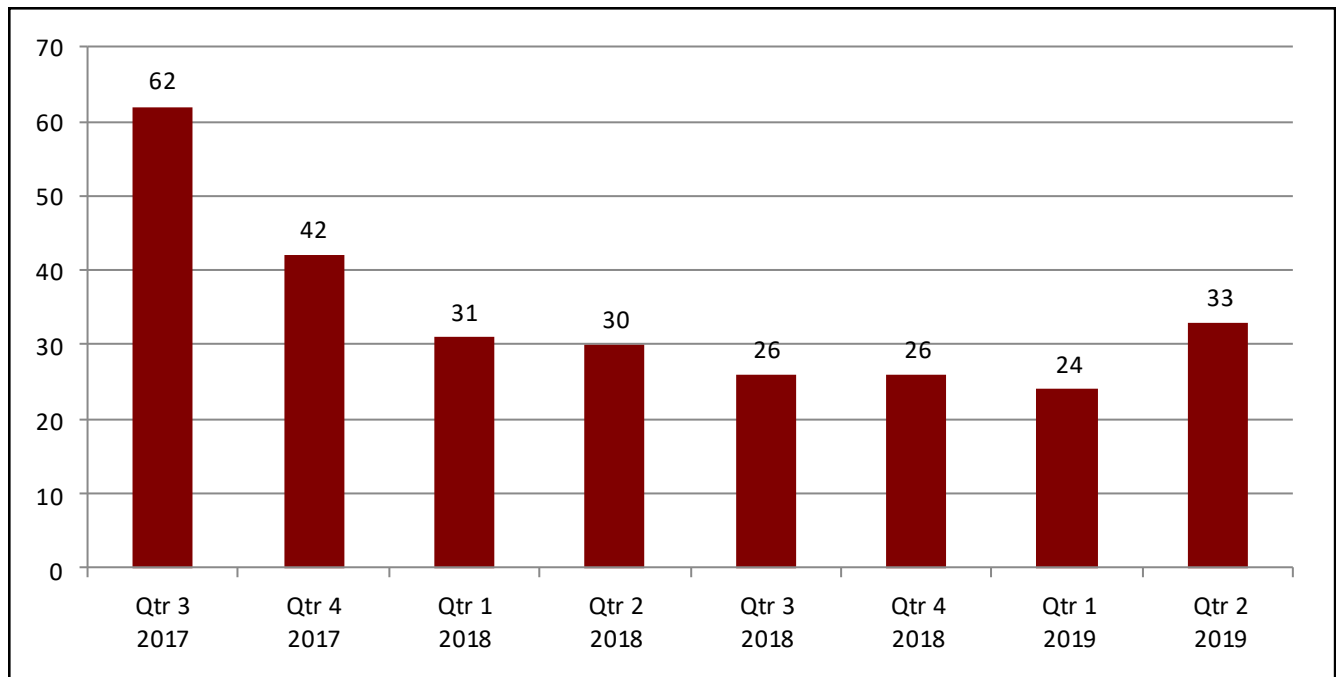
*The following facilities had more than one survey with Immediate Jeopardy citations: HERITAGE NURSING AND REHAB CENTER, RIVER'S BEND HEALTH CARE LLC

Tracking Nursing Home Civil Money Penalties

Most recent data from Quarter 2, 2019: April 1, 2019 - June 30, 2019
Historical date range: July 1, 2017 - June 30, 2019

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 Nursing Home Facilities had CMPs imposed during each CY quarter.

- * ODH provides information re: CMPs to CMS. CY data does not reflect pending information for the current quarter.
- * Previous quarter data has been updated.
- * Recommended remedies may be imposed in the following quarter.

Tracking Nursing Home Staffing Citations

Most recent data from Quarter 2, 2019: April 1, 2019 - June 30, 2019

Historical date range: July 1, 2017 - June 30, 2019

Federal Minimum Nursing Standards - Number of Deficiencies by CY Quarter								
	Qtr 3 2017	Qtr 4 2017	Qtr 1 2018	Qtr 2 2018	Qtr 3 2018	Qtr 4 2018	Qtr 1 2019	Qtr 2 2019
# Sufficient Staff (F353, F725, F726) Cites	24	17	28	26	33	24	37	27
# RN 8 hrs per day 7 days a week (F354, F727) Cites	13	6	8	13	14	10	29	28

Tracking Nursing Home Complaints & Allegations

Most recent data from Quarter 2, 2019: April 1, 2019 - June 30, 2019
Historical date range: July 1, 2017 - June 30, 2019

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.

Total Number of:	Qtr 3 2017	Qtr 4 2017	Qtr 1 2018	Qtr 2 2018	Qtr 3 2018	Qtr 4 2018	Qtr 1 2019	Qtr 2 2019
Complaints	1215	1130	1284	1246	1142	1154	1167	1316
Substantiated Complaints*	254	274	304	332	281	333	275	358

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

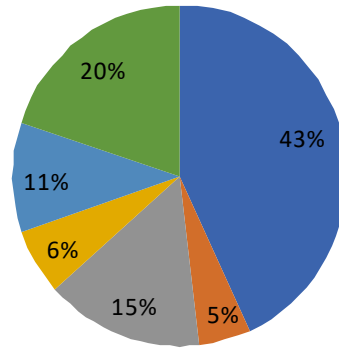
Number of Nursing Home Complaints by Allegation Category	Qtr 3 2017	Qtr 4 2017	Qtr 1 2018	Qtr 2 2018	Qtr 3 2018	Qtr 4 2018	Qtr 1 2019	Qtr 2 2019
Injury of Unknown Origin	29	27	41	26	29	32	23	21
Admission, Transfer & Discharge Rights	72	67	67	85	54	71	69	75
Dietary Services	126	131	131	139	122	131	156	183
Physical Environment	231	202	242	223	234	213	214	264
Facility Staffing	196	195	250	285	254	234	248	266
Resident Safety/Falls	134	108	129	120	120	122	149	127
Res Meds Not Given According To Physician Instructions	80	64	72	89	60	63	98	95
Resident Meds Improperly Administered	22	9	19	32	25	17	24	22

For CY 2017, the complaint unit received 4,842 complaints and 1,086 have been substantiated (22.42%).
For CY 2018, the complaint unit received 4,826 complaints and 1,250 have been substantiated (25.90%).
For CY 2019, the complaint unit received 2,483 complaints and 633 have been substantiated (25.49%).

Tracking Nursing Home Self Reported Incidents (SRIs)

Most recent data from Quarter 2, 2019: April 1, 2019 - June 30, 2019
Historical date range: July 1, 2017 - June 30, 2019

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.



**CY 2019 - Qtr 2
Allegations by
Incident Category**



Self-Reported Incidents by CY Quarter								
	Qtr 3 2017	Qtr 4 2017	Qtr 1 2018	Qtr 2 2018	Qtr 3 2018	Qtr 4 2018	Qtr 1 2019	Qtr 2 2019
Total Incidents	4,493	4,420	4,234	4,120	4,126	3,956	3,825	4,105

Incidents By Perpetrator and CY Quarter								
Category/Qtr Year	Qtr 3 2017	Qtr 4 2017	Qtr 1 2018	Qtr 2 2018	Qtr 3 2018	Qtr 4 2018	Qtr 1 2019	Qtr 2 2019
Staff	1,339	1,350	1,325	1,265	1,235	1,257	1,183	1,243
Resident	1,787	1,716	1,607	1,660	1,656	1,512	1,446	1,613
Family/Visitor	162	153	121	135	146	138	136	138
Unknown	1,238	1,245	1,205	1,090	1,125	1,077	1,086	1,144
Total Perpetrators	4,526	4,464	4,258	4,150	4,162	3,984	3,851	4,138

Note: There may be one or more allegations or perpetrators per incident.

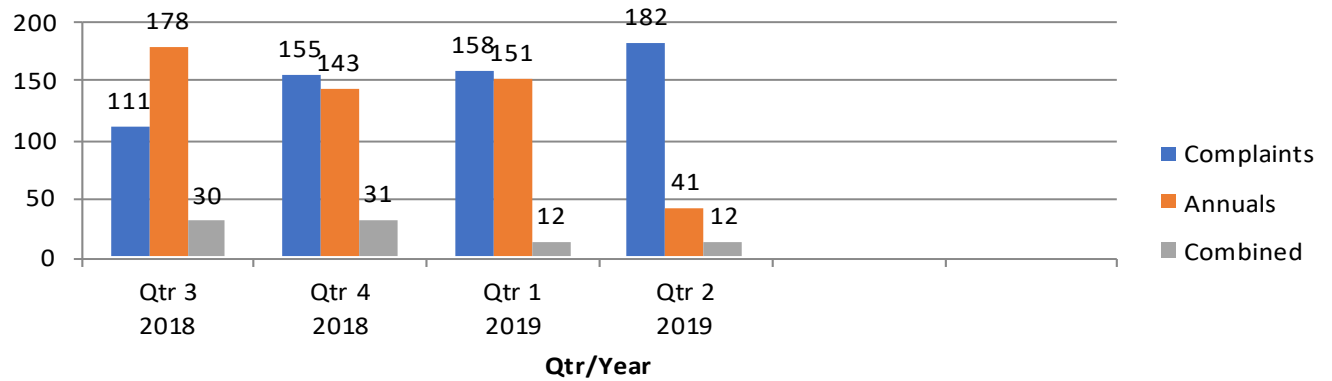
Number of Allegations by Incident Category and CY Quarter								
Category/Qtr Year	Qtr 3 2017	Qtr 4 2017	Qtr 1 2018	Qtr 2 2018	Qtr 3 2018	Qtr 4 2018	Qtr 1 2019	Qtr 2 2019
Physical Abuse	1,975	1,909	1,849	1,819	1,910	1,777	1,667	1,816
Sexual Abuse	229	191	215	180	179	189	202	212
Verbal Abuse	712	767	704	708	630	677	594	642
Injury of Unknown Source	280	266	276	252	265	249	248	264
Neglect/Mistreatment	376	322	350	386	372	341	355	438
Misappropriation	1,026	1,054	946	888	903	851	857	843
Total Allegations	4,598	4,509	4,340	4,233	4,259	4,084	3,923	4,215

Residential Care Facility Data

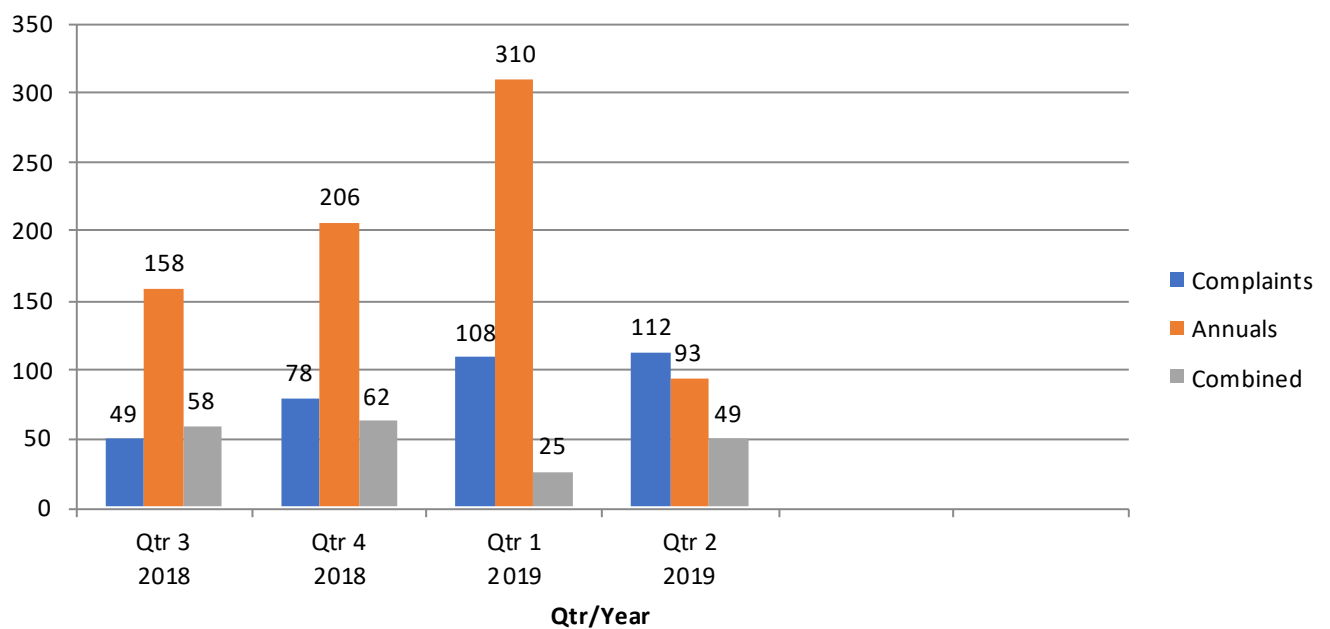
Most recent data from Quarter 2, 2019: April 1, 2019 - June 30, 2019

Historical date range: July 1, 2018 - June 30, 2019

Number of Annual Inspections and Complaint Investigations per Quarter



Number of Violations per Quarter



Residential Care Facility Data

Most recent data from Quarter 2, 2019: April 1, 2019 - June 30, 2019

Historical date range: July 1, 2018 - June 30, 2019

Real and Present Danger

Two (2) facilities had a Real and Present Danger designation for the reported quarter:

- THE WATERFORD AT MANSFIELD (2657R)
- ALPINE HOUSE OF COLUMBUS (2640R)

HHA Data

Most recent data from Quarter 2, 2019: April 1, 2019 - June 30, 2019

HHA Data:

I - General Provider Data:*

Medicare Certified Facilities	Newly Certified Q2 2019	Closed Since Last Report		State Licensed	Newly Licensed Q2 2019
772	6	5		NA	NA

II - Number of Surveys Completed: **

Calendar Year	Initial Survey	Recertification Survey	Complaint Investigation
CY 2019	0	112	123
CY 2018	1	210	256
CY 2017	0	199	405

III - Complaint Data Q2 2019:

# of Complaints Received	# of Complaints Received Year to Date
74	138

IV - Allegation Distribution Q2 2019:

Number of Investigated Allegations	Number Substantiated	Number Unsubstantiated	Allegations Pending Determination
114	31	82	1

V - Allegation Categories Q2 2019:

Allegation	Number	Substantiated
Administration/Personnel	7	2
Admission, Transfer & Discharge Rights	6	3
Educational Services	2	0
Falsification of Records/Reports	5	0
Fraud/False Billing	1	1
Infection Control	0	0
Misappropriation of Property	27	5
Other	1	0
Physical Environment	0	0
Quality of Care/Treatment	44	15
Patient/Client Abuse	4	1
Patient/Client Neglect	2	1
Patient/Client Rights	15	3
Unqualified Personnel	0	0

HHA Data

Most recent data from Quarter 2, 2019: April 1, 2019 - June 30, 2019

HHA Data (cont.)

VI – Accumulative (YTD) Average Number of Deficiencies Cited per Standard Survey (Initial or Recertification):

Calendar Year	Average Number Deficiencies	Programs/Percentage Deficiency Free
CY 2019	1.51	43 agencies or 38.39%
CY 2018	1.67	91 agencies or 43.12%
CY 2017	2.17	79 agencies or 39.70%

VII - Top Ten “G” Deficiency Tags Cited by Frequency Q2 2019 (all surveys):

TAG	TITLE	FREQUENCY
G0572	Plan of care	14
G0536	A review of all current medications	10
G0574	Plan of care must include the following	6
G0710	Provide Services in the Plan of Care	5
G0808	Onsite supervisory visit every 14 days	4
G0814	Non-skilled direct observation every 60 days	4
G0548	Within 48 hours of the patient’s return	3
G0578	Conformance with physician orders	3
G0580	Only as ordered by a physician	3
G0590	Promptly alert relevant physician of changes	3
G0682	Infection Prevention	3

*The reports used to generate the data in Section I are public information and may be accessed at the following Web page. http://publicapps.odh.ohio.gov/eid/reports/EID_Report_Criteria.aspx

**These figures do not reflect surveys conducted by accrediting organizations.

HHA Data

Most recent data from Quarter 2, 2019: April 1, 2019 - June 30, 2019

HHA Data (cont.)

VII - Top Ten "E" Deficiency Tags Cited by Frequency Q2 2019 (all surveys):

TAG	TITLE	FREQUENCY
E0037	EP Training Program	7
E0039	EP Testing Requirements	6
E0029	Development of Communication Plan	4
E0001	Establishment of the Emergency Program (EP)	3
E0006	Plan Based on all Hazards Risk Assessment	3
E0004	Develop EP Plan, Review and Update Annually	2
E0007	EP Program Patient Population	1
E0009	Local, State, tribal Collaboration Process	1
E0017	HHA Comprehensive Assessment in Disaster	1
E0024	Policies/Procedures-Volunteers and Staffing	1
E0031	Emergency Officials Contact Information	1
E0036	EP Training and Testing	1

*The reports used to generate the data in Section I are public information and may be accessed at the following Web page. http://publicapps.odh.ohio.gov/eid/reports/EID_Report_Criteria.aspx

**These figures do not reflect surveys conducted by accrediting organizations.

Hospice Data

Most recent data from Quarter 2, 2019: April 1, 2019 - June 30, 2019

HOSPICE Data:

I - General Provider Data:*

Medicare Certified Facilities	Newly Certified Q2 2019	Closed Since last Report	State Licensed	Newly Licensed Q2 2019
144	1	0	149	0

II - Number of Surveys Completed:**

Calendar Year	Initial Survey	Recertification Survey	Complaint Investigation
CY 2019	0	16	10
CY 2018	0	26	18
CY 2017	0	18	21

III - Complaint Data Q2 2019:

# Complaints Received	# Complaints Received Year to Date
6	10

IV - Allegation Distribution Q2 2019:

Number of Investigated Allegations	Number Substantiated	Number Unsubstantiated	Allegations Pending Determination
7	1	6	0

V - Allegation Categories Q2 2019:

Allegation	Number	Substantiated
Administration/Personnel	0	0
Admission, Transfer & Discharge Rights	1	0
Death – General	0	0
Dietary Services	0	0
Falsification of Records/Reports	0	0
Pharmaceutical Services	1	0
Quality of Care/Treatment	4	1
Quality of Life	0	0
Resident/Patient/Client Rights	1	0

Hospice Data

Most recent data from Quarter 2, 2019: April 1, 2019 - June 30, 2019

HOSPICE Data (cont.):

VI – Accumulative (YTD) Average Number of Deficiencies Cited per Standard Survey (Initial or Recertification):

Calendar Year	Average Number Deficiencies	Programs/Percentage Deficiency Free
CY 2019	1.19	4 programs or 25.00%
CY 2018	2.34	6 programs or 23.07%
CY 2017	1.67	7 programs or 38.89%

VII – Top Ten “L” Deficiency Tags Cited by Frequency Q2 2019 (all surveys):

TAG	TITLE	FREQUENCY
L0521	Initial & Comprehensive Assessment of Patient	1
L0578	Infection Control	1
L0591	Nursing Services	1
L0787	Personnel Qualification	1

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Hospice Data

Most recent data from Quarter 2, 2019: April 1, 2019 - June 30, 2019

HOSPICE Data (cont.):

VII – Top Ten “P” Deficiency Tags Cited by Frequency Q2 2019 (all surveys):

TAG	TITLE	FREQUENCY
P0195	Staff Performance Evaluations	3
P0500	Request Criminal Records Check	3
P0120	Governing Body	2
P0190	Ongoing Training Program	2
P0520	Criminal Records Check Log Maintenance	2
P0101	Applicability of Requirements	1
P0125	Quality Assessment/Performance Improvement	1
P0170	Quality & Trained Staff	1
P0175	Job Descriptions	1
P0210	Interdisciplinary Team	1

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**These figures do not reflect surveys conducted by accrediting organizations.