

# Bureau of Survey and Certification

# QUARTERLY REPORTS

## Quality of Care Report:

- Nursing Homes
- Residential Care Facilities
- HHA/Hospice Facilities



February 1, 2021

Most recent data from Quarter 2, 2020:  
April 1, 2020 - June 30, 2020

**Ohio**

Department  
of Health

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# Table of Contents

<b>Nursing Homes</b> .....	<b>2</b>
Tracking Nursing Home Surveys .....	3
Deficiency Counts and Deficiency Free Surveys .....	4
Tracking Nursing Home Quality of Care/Quality of Life .....	5
Tracking Nursing Home Deficiencies G Level and Above .....	6
Tracking Nursing Home Immediate Jeopardy .....	7
Tracking Nursing Home Civil Money Penalties .....	8
Tracking Nursing Home Staffing Citations .....	9
Tracking Nursing Home Complaints and Allegations .....	10
Tracking Nursing Home Self-Reported Incidents (SRIs) .....	11
<b>Residential Care Facility Data</b> .....	<b>13</b>
Inspections and Violations .....	13
Number of Violations per Quarter .....	14
Real and Present Danger .....	14
<b>HHA Data</b> .....	<b>15</b>
General Provider Data .....	15
Number of Surveys Completed .....	15
Top 10 “G” Deficiencies/Top 10 “E” Deficiencies for Quarter .....	*
<b>Hospice Data</b> .....	<b>17</b>
General Provider Data .....	17
Number of Surveys Completed .....	17
Top 10 “L” Deficiencies/Top 10 “P” Deficiencies for Quarter .....	*

\*Charts and infographic information that is normally included in this report have been removed if the chart or other infographic resulted in it being empty due to the pandemic. In response to the coronavirus disease 2019 (COVID-19) pandemic, CMS directed State Survey Agencies (SSAs) to suspend standard onsite surveys and most onsite surveys for complaints. CMS directed SSAs to conduct onsite surveys, following the suspension of all surveys, in response to the most serious complaints (i.e., those involving immediate jeopardy) and complaints related to infection control, and to conduct targeted infection control surveys, which are abbreviated surveys focused on infection control policies and practices within facilities.

## Quarterly Report – Feb 1, 2021

This report provides information about 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 surveys, complaint intake, and assessment databases.

Quarter 2, 2020 occurred entirely during the COVID-19 pandemic. During this time, some survey activities were suspended, including standard surveys.

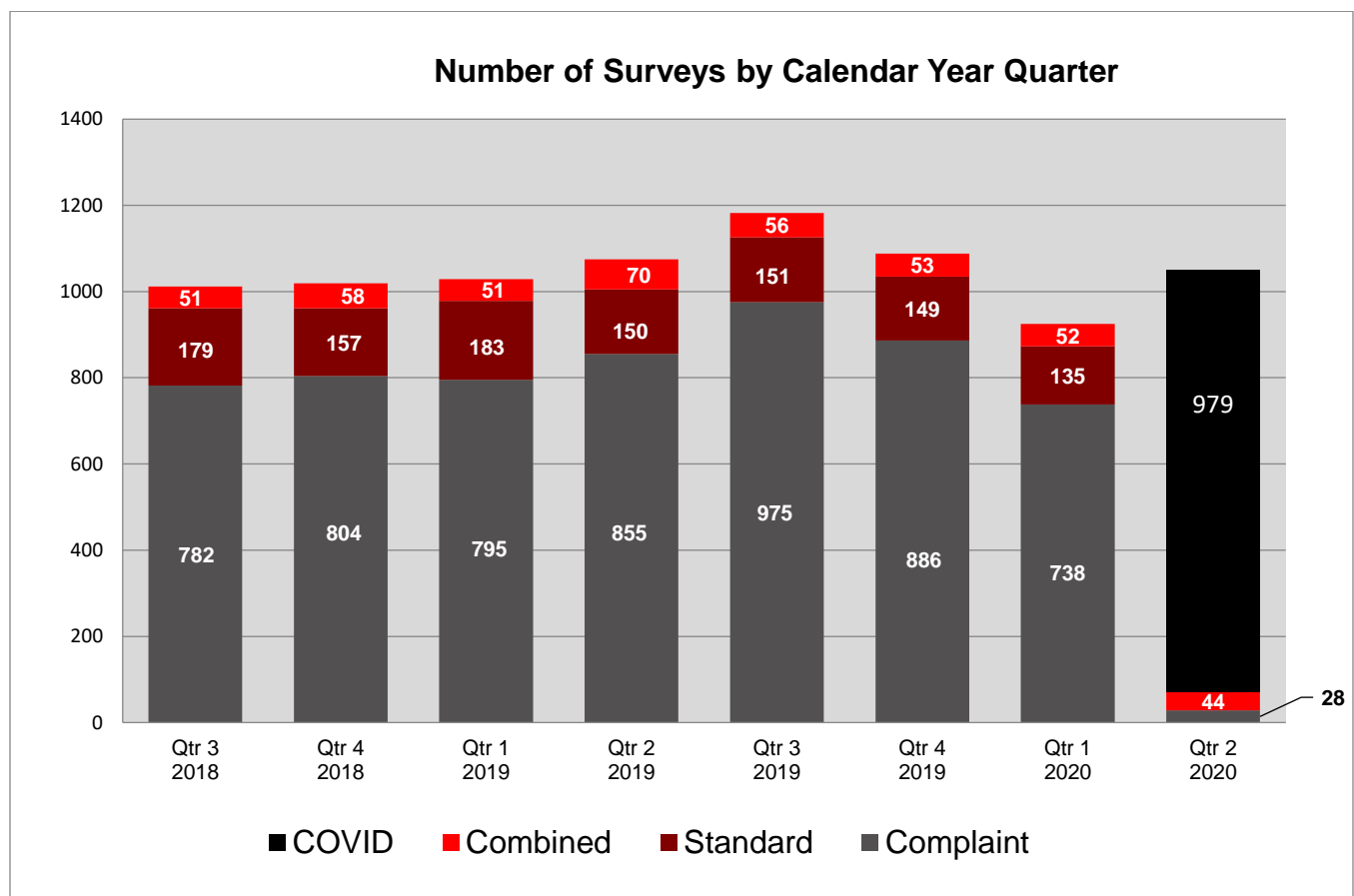
This report contains federal and state survey action which includes actions within new infection control parameters and the enhanced enforcement process.

## Tracking Nursing Home Surveys and Deficiencies

**Most recent data from Quarter 2 2020: April 1, 2020 through June 30, 2020**

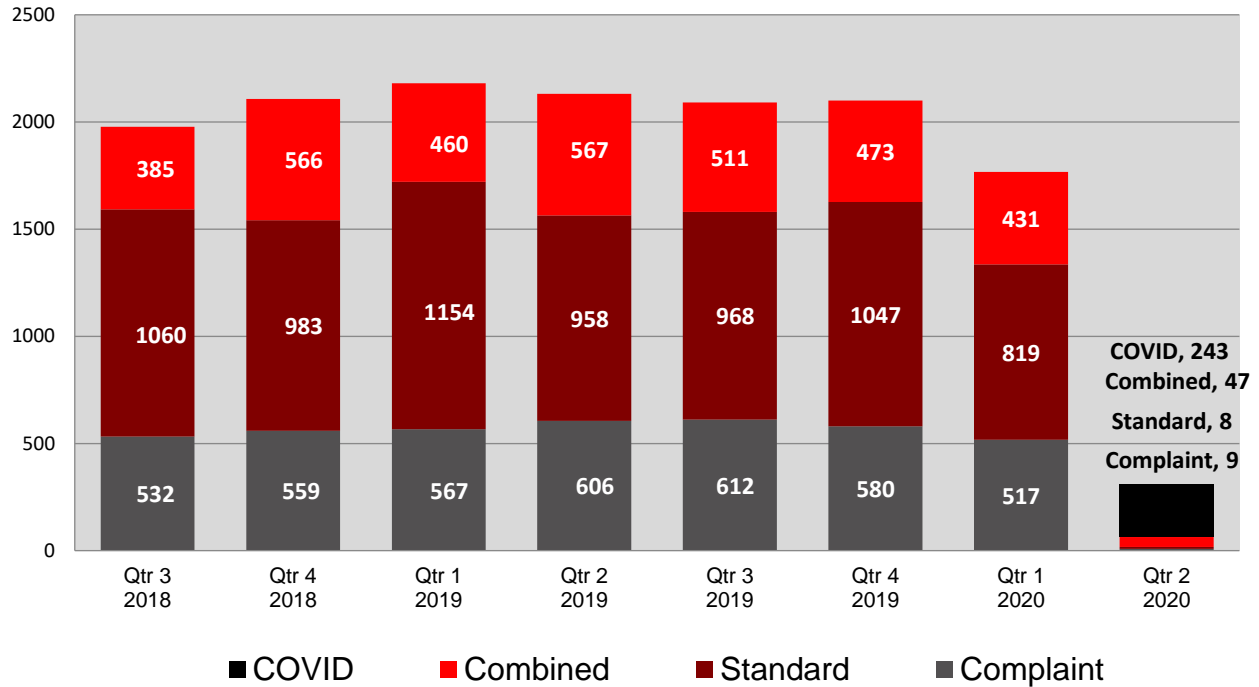
**Historical data range: July 1, 2018 through June 30, 2020**

**Standard surveys** of nursing facilities are conducted once every nine to 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 federal regulations.



The above chart shows the total number of surveys by survey type conducted within each calendar year quarter. A combined survey is any combination of a complaint, standard, or COVID survey.

### Number of Health Deficiencies by Calendar Year Quarter



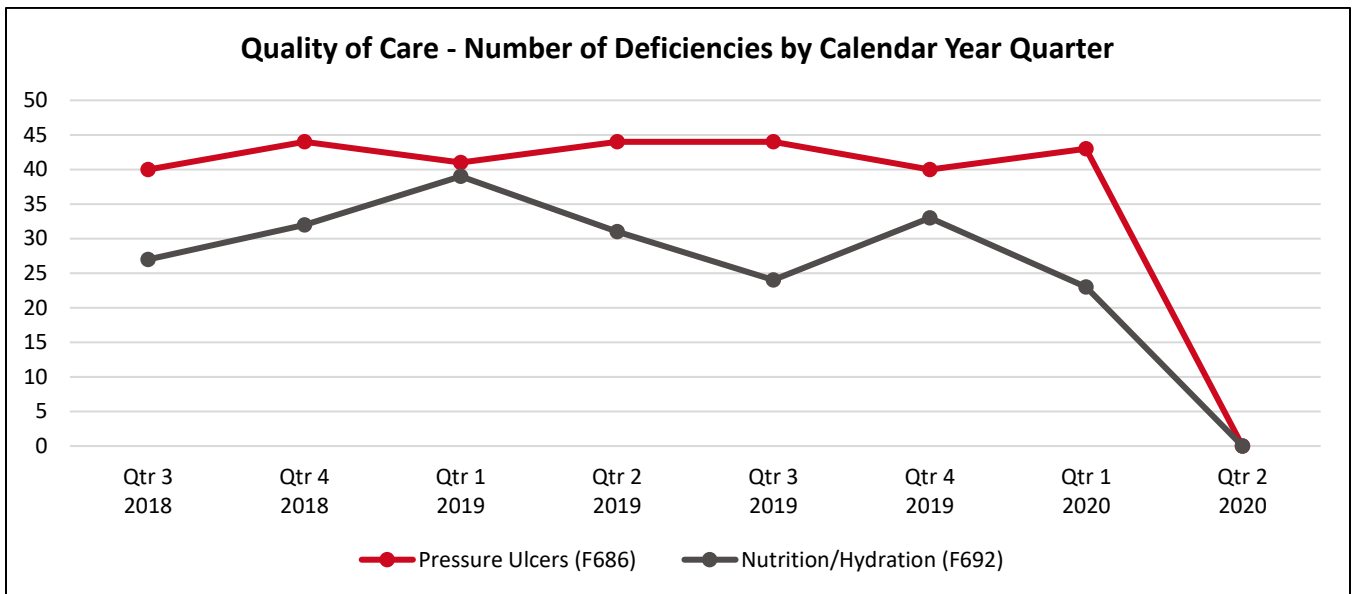
The above chart shows the total number of health deficiencies cited within each calendar year quarter. Combined deficiencies are those that are found in a survey that is any combination of a complaint, standard, or COVID survey.

### Deficiency Free Surveys

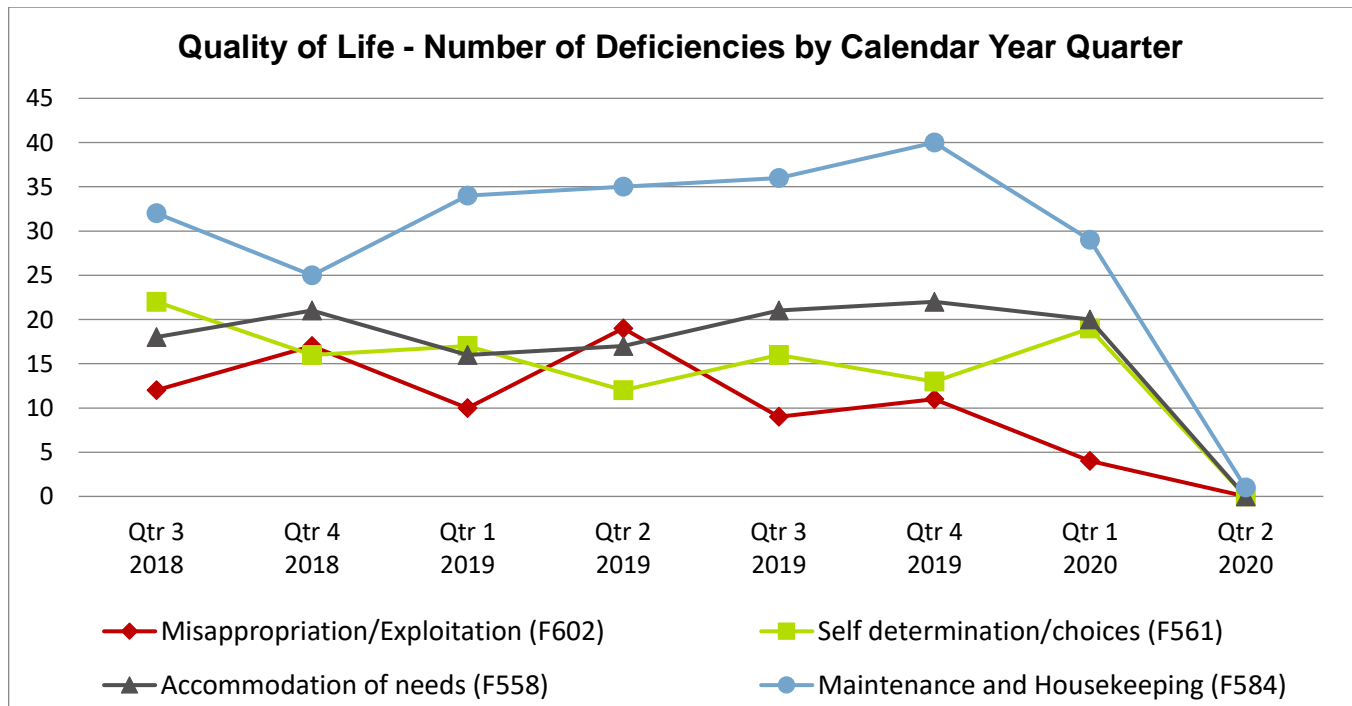
Nursing Facilities with Deficiency Free Standard/LSC Health Surveys by Calendar Year Qtr							
Quarter 3 2018	Quarter 4 2018	Quarter 1 2019	Quarter 2 2019	Quarter 3 2019	Quarter 4 2019	Quarter 1 2020	Quarter 2 2020
3	4	6	1	1	3	1	N/A

### Name of Licensed/Certified Deficiency Free Facilities

Name	Exit Date
N/A	N/A



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

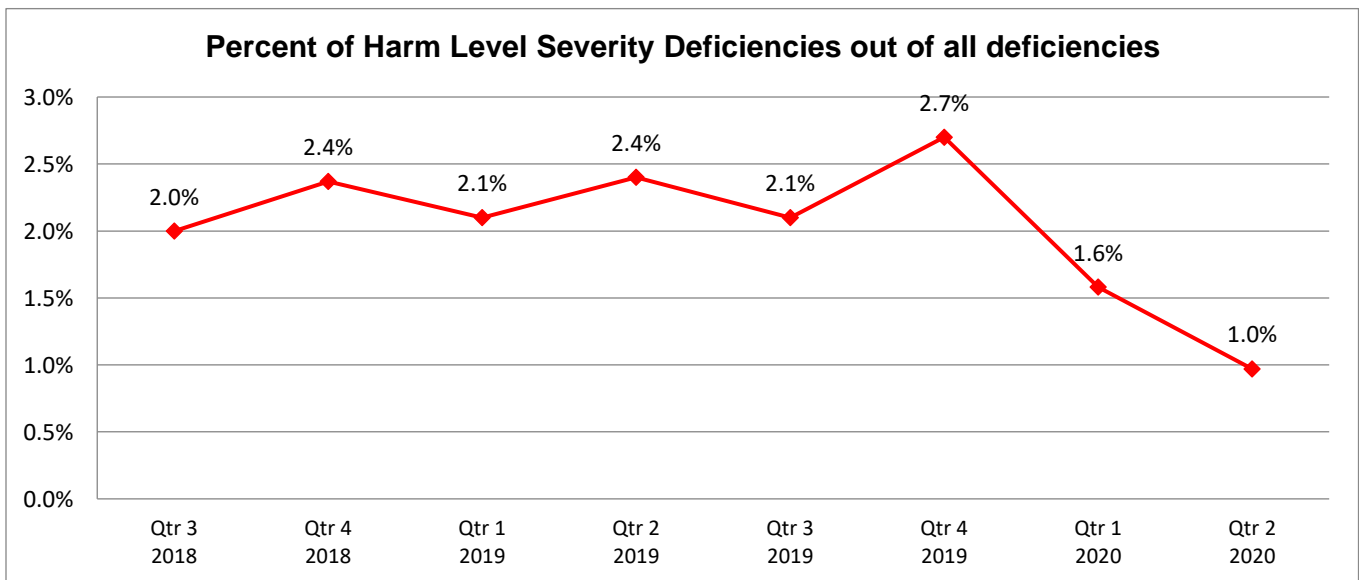
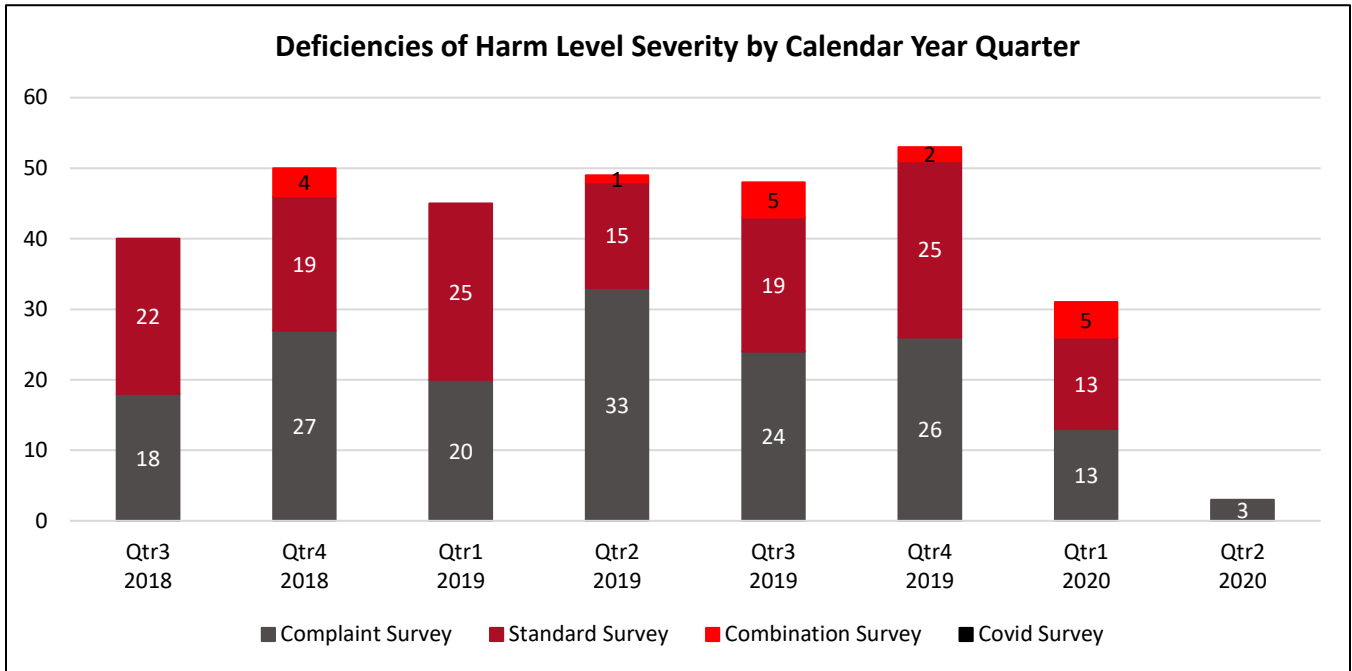


The above chart shows the total number of deficiencies per tag for all standard and complaint surveys conducted within each calendar year quarter.

# Tracking Nursing Home Deficiencies of Harm Level

Most recent data from Quarter 2 2020: April 1, 2020 through June 30, 2020

Historical data range: July 1, 2018 through June 30, 2020





## Tracking Nursing Home Immediate Jeopardies

Most recent data from Quarter 2 2020: April 1, 2020 through June 30, 2020

Historical data range: July 1, 2018 through June 30, 2020

<b>Immediate Jeopardy by Calendar Year Quarters</b>								
	<b>Quarter 3 2018</b>	<b>Quarter 4 2018</b>	<b>Quarter 1 2019</b>	<b>Quarter 2 2019</b>	<b>Quarter 3 2019</b>	<b>Quarter 4 2019</b>	<b>Quarter 1 2020</b>	<b>Quarter 2 2020</b>
<b>Number of IJs Cited</b>	26	22	22	35	21	29	19	6
<b>Number of Unique Surveys with IJs cited</b>	19	15	13	25	15	16	14	5

<b>Facilities with Immediate Jeopardies</b>	
BRAEVIEW MANOR	
BRIDGEPORT HEALTH CARE CENTER	
COLUMBUS COLONY ELDERLY CARE	
HANOVER HOUSE	
SLOVENE HOME FOR THE AGED	

\*The following facilities had more than one Immediate Jeopardy citation reported for a single survey: BRIDGEPORT HEALTH CARE CENTER (2)

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## Tracking Nursing Home Civil Money Penalties

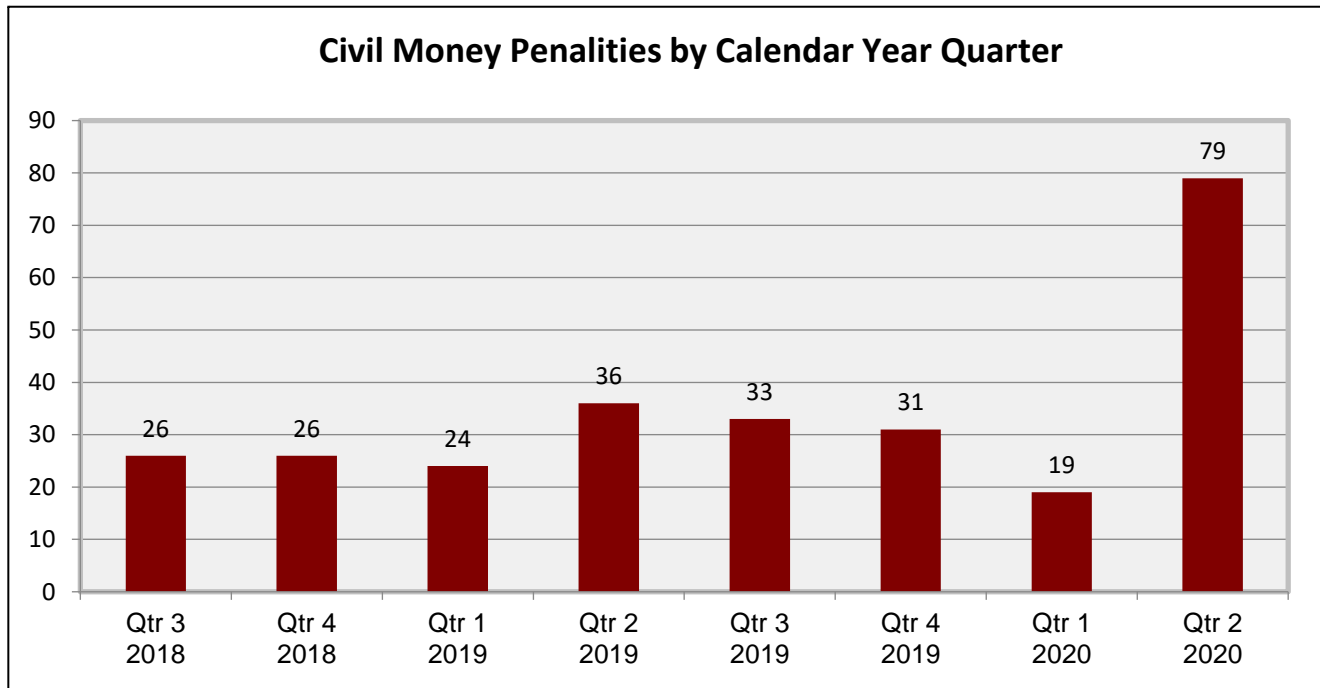
Most recent data from Quarter 2 2020: April 1, 2020 through June 30, 2020

Historical data range: July 1, 2018 through June 30, 2020

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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 (CMP)** 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 Civil Money Penalties imposed during each calendar year quarter.

- ODH provides information about CMPs to Centers for Medicare & Medicaid Services (CMS). Calendar year quarter 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.

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## Tracking Nursing Home Staffing Citations

Most recent data from Quarter 2 2020: April 1, 2020 through June 30, 2020

Historical data range: July 1, 2018 through June 30, 2020

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Federal Minimum Nursing Standards - Number of Deficiencies by Calendar Year Quarter								
	Qtr 3 2018	Qtr 4 2018	Qtr 1 2019	Qtr 2 2019	Qtr 3 2019	Qtr 4 2019	Qtr 1 2020	Qtr 2 2020
# Sufficient Staff (F725, F726) Cites	33	24	37	27	27	17	22	0
# RN 8 hrs per day 7 days a week (F727) Cites	14	10	29	28	16	15	17	0

## Tracking Nursing Home Complaints and Allegations

**Most recent data from Quarter 2 2020: April 1, 2020 through June 30, 2020**

**Historical data range: July 1, 2018 through June 30, 2020**

**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 2018	Qtr 4 2018	Qtr 1 2019	Qtr 2 2019	Qtr 3 2019	Qtr 4 2019	Qtr 1 2020	Qtr 2 2020
<b>Complaints</b>	1142	1154	1167	1316	1518	1269	1556	1704
<b>Substantiated Complaints*</b>	281	333	275	358	400	331	279	286

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

Number of Nursing Home Complaints by Allegation Category	Qtr 3 2018	Qtr 4 2018	Qtr 1 2019	Qtr 2 2019	Qtr 3 2019	Qtr 4 2019	Qtr 1 2020	Qtr 2 2020
<b>Injury of Unknown Origin</b>	29	32	23	21	34	23	35	32
<b>Admission, Transfer &amp; Discharge Rights</b>	54	71	69	75	81	78	128	115
<b>Dietary Services</b>	122	131	156	183	180	173	213	205
<b>Physical Environment</b>	234	213	214	264	350	289	339	295
<b>Facility Staffing</b>	254	234	248	266	295	284	302	297
<b>Resident Safety/Falls</b>	120	122	149	127	132	129	127	95
<b>Resident Medications Not Given According to Physician Instructions</b>	60	63	98	95	117	134	179	106
<b>Resident Medications Improperly Administered</b>	25	17	24	22	27	42	28	16

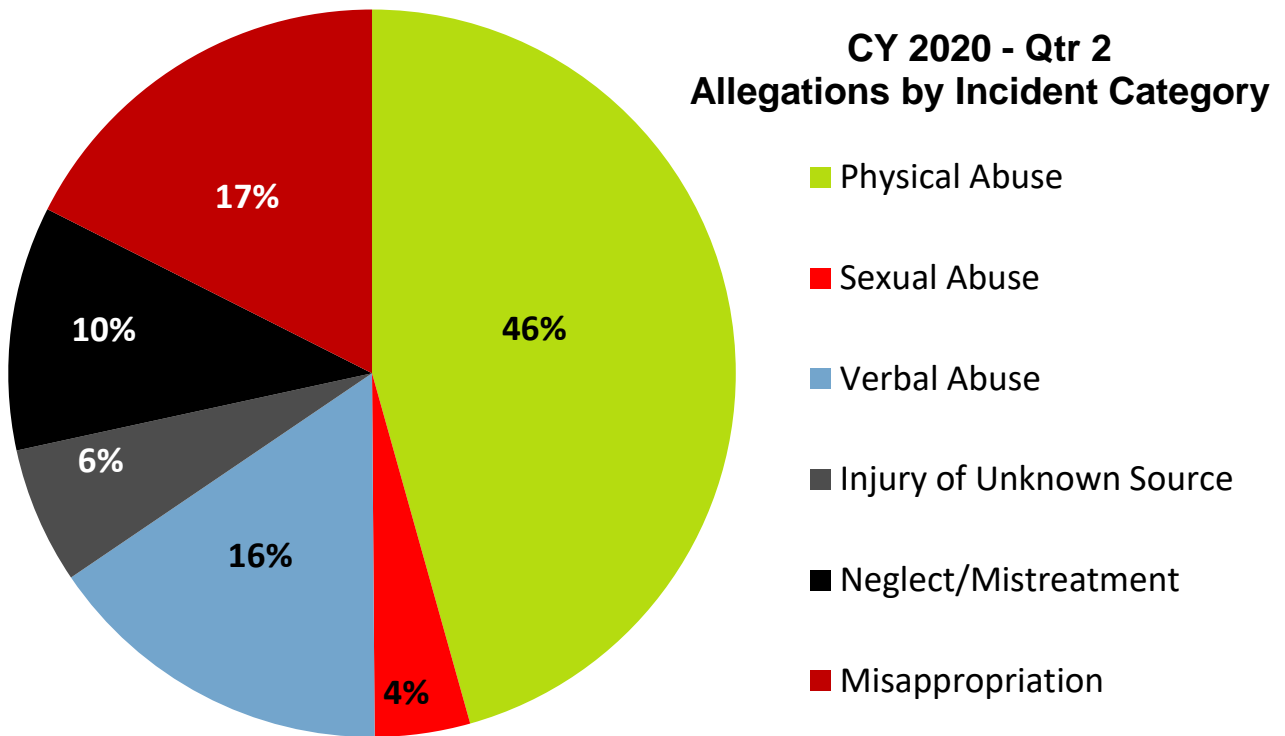
For calendar year 2017, the complaint unit received 4,842 complaints and 1,086 have been substantiated (22.42%).  
 For calendar year 2018, the complaint unit received 4,826 complaints and 1,250 have been substantiated (25.90%).  
 For calendar year 2019, the complaint unit received 5,270 complaints and 1,364 have been substantiated (25.88%).  
 For calendar year 2020, the complaint unit received 3,260 complaints and 565 have been substantiated (17.33%).

## Tracking Nursing Home Self-Reported Incidents (SRIs)

Most recent data from Quarter 2 2020: April 1, 2020 through June 30, 2020

Historical data range: July 1, 2018 through June 30, 2020

**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.



Self-Reported Incidents by Calendar Year Quarter								
	Qtr 3 2018	Qtr 4 2018	Qtr 1 2019	Qtr 2 2019	Qtr 3 2019	Qtr 4 2019	Qtr 1 2020	Qtr 2 2020
<b>Total Incidents</b>	4,126	3,956	3,825	4,105	4,265	4,044	3,679	2,530

## Incidents by Perpetrator and Calendar Year Quarter

Category/Qtr Year	Qtr 3 2018	Qtr 4 2018	Qtr 1 2019	Qtr 2 2019	Qtr 3 2019	Qtr 4 2019	Qtr 1 2020	Qtr 2 2020
<b>Staff</b>	1,235	1,257	1,183	1,243	1,245	1,250	1,173	849
<b>Resident</b>	1,656	1,512	1,446	1,613	1,731	1,588	1,432	1,013
<b>Family/Visitor</b>	146	138	136	138	125	135	124	35
<b>Unknown</b>	1,125	1,077	1,086	1,144	1,193	1,104	986	651
<b>Total Perpetrators</b>	<b>4,162</b>	<b>3,984</b>	<b>3,851</b>	<b>4,138</b>	<b>4,294</b>	<b>4,077</b>	<b>3,715</b>	<b>2,548</b>

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

## Number of Allegations by Incident Category and Calendar Year Quarter

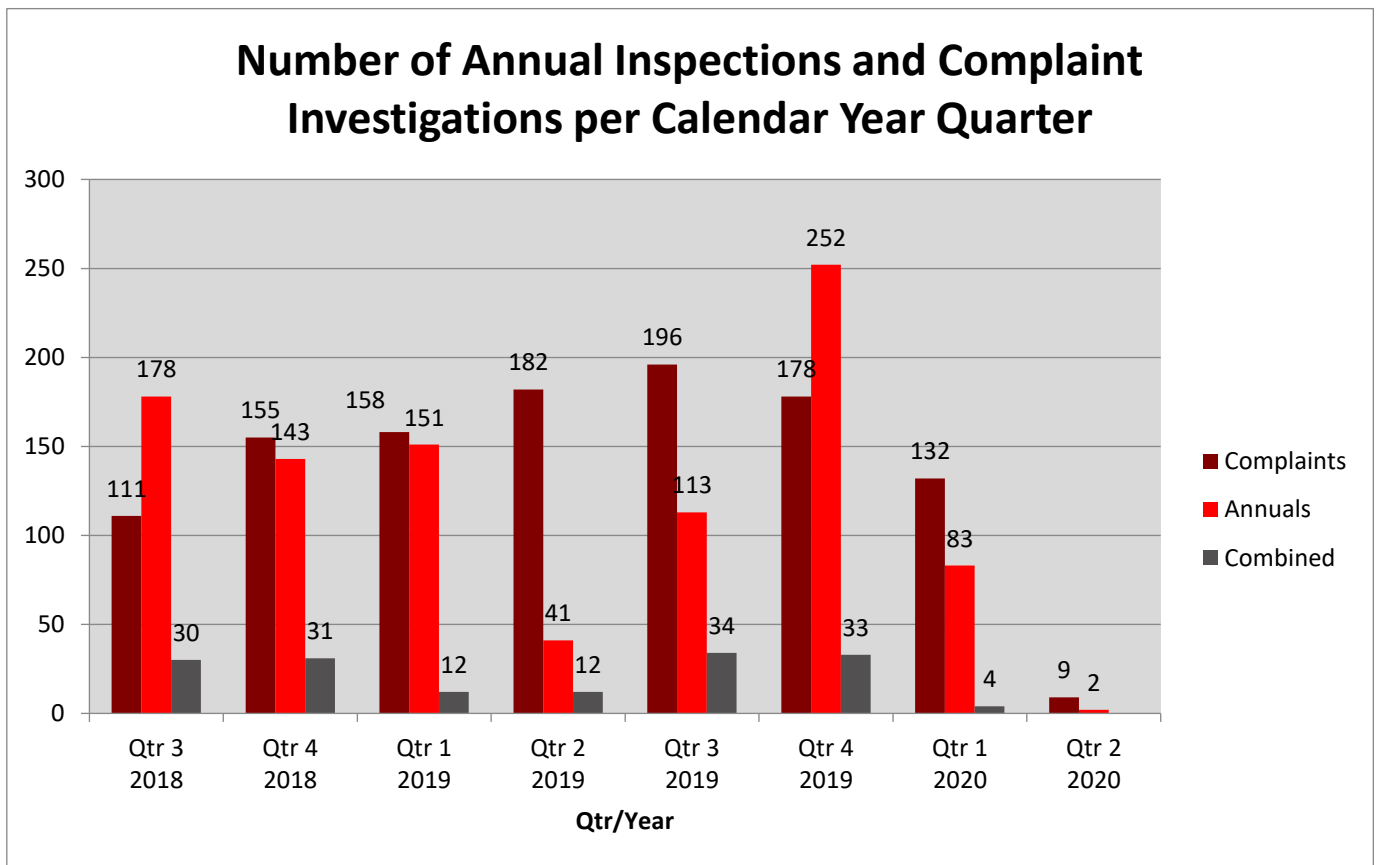
Category/Qtr Year	Qtr 3 2018	Qtr 4 2018	Qtr 1 2019	Qtr 2 2019	Qtr 3 2019	Qtr 4 2019	Qtr 1 2020	Qtr 2 2020
<b>Physical Abuse</b>	1,910	1,777	1,667	1,816	1,933	1,844	1,648	1,186
<b>Sexual Abuse</b>	179	189	202	212	204	202	178	110
<b>Verbal Abuse</b>	630	677	594	642	672	623	612	406
<b>Injury of Unknown Source</b>	265	249	248	264	269	233	223	158
<b>Neglect/Mistreatment</b>	372	341	355	438	381	431	371	282
<b>Misappropriation</b>	903	851	857	843	909	831	726	456
<b>Total Allegations</b>	<b>4,259</b>	<b>4,084</b>	<b>3,923</b>	<b>4,215</b>	<b>4,368</b>	<b>4,164</b>	<b>3,758</b>	<b>2,598</b>

# Residential Care Facility

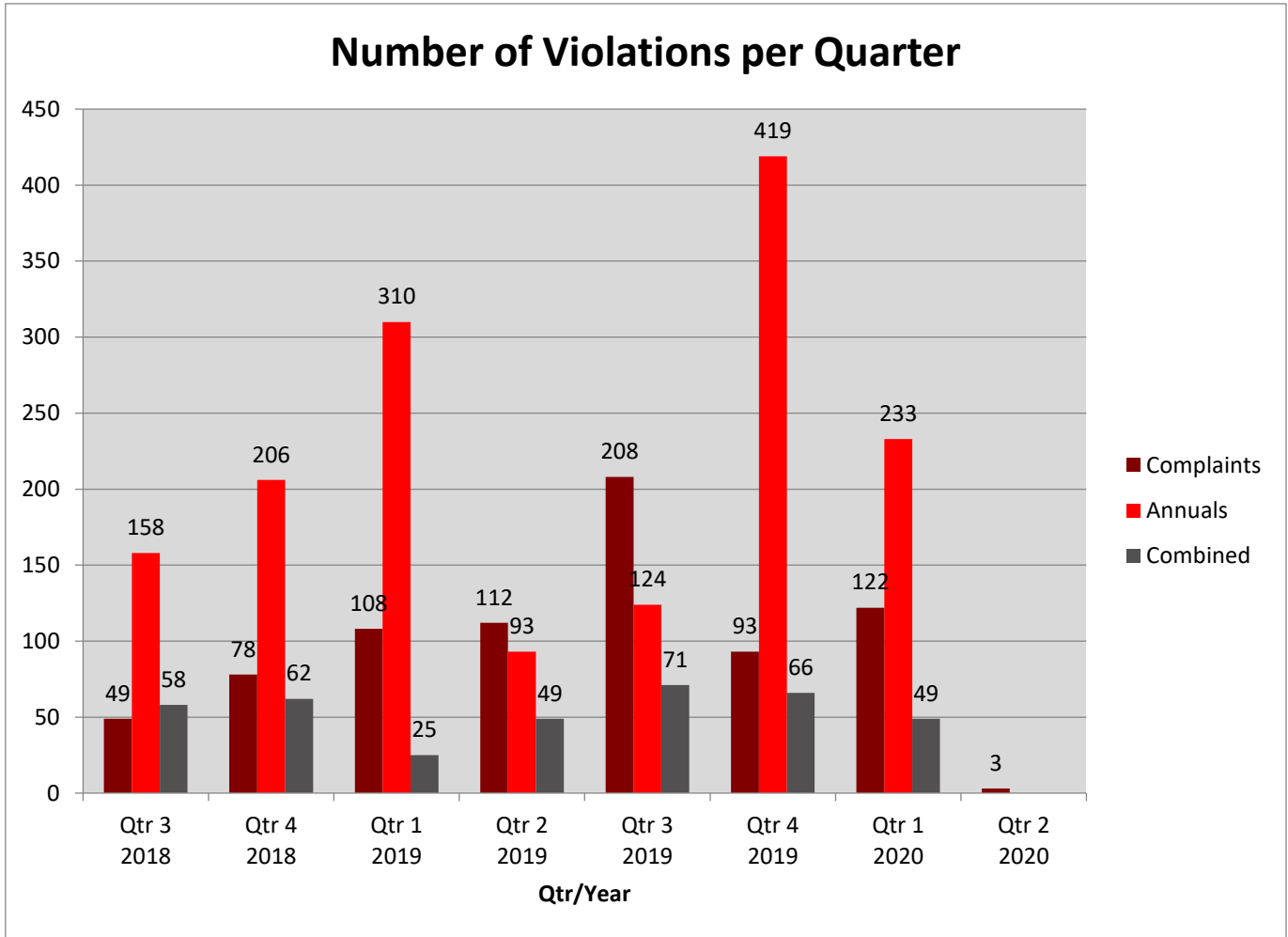
## Residential Care Facility Data

Most recent data from Quarter 2 2020: April 1, 2020 through June 30, 2020

Historical data range: July 1, 2018 through June 30, 2020



RCF revisits are not identified within the chart for to provide more accurate data; as a result recites of the original violations will also not be identified on the chart.



## Real and Present Danger

One facility had a Real and Present Danger designation for the reported quarter:

- CALDWELL HOUSE (2115R)



# Home Health Agency Data

## Home Health Agency Data

Most recent data from Quarter 2 2020: April 1, 2020 through June 30, 2020

### I - General Provider Data:\*

Medicare Certified Facilities	Newly Certified Q2 2020	Closed Since Last Report	State Licensed	Newly Licensed Q2 2020
800	7	2	N/A	N/A

### II - Number of Surveys Completed: \*\*

Calendar Year	Initial Survey	Recertification Survey	Complaint Investigation	COVID Surveys	Combo Surveys
CY 2020	0	47	35	0	2
CY 2019	0	171	253	0	0
CY 2018	1	210	256	0	0

### III - Complaint Data Q2 2020:

# of Complaints Received	# of Complaints Received Year to Date
1	41

### IV - Allegation Distribution Q2 2020:

Number of Investigated Allegations	Number Substantiated	Number Unsubstantiated	Allegations Pending Determination
2	0	2	0

\*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](http://publicapps.odh.ohio.gov/eid/reports/EID_Report_Criteria.aspx)

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

## V – Allegation Categories Q2 2020:

Allegation	Number	Substantiated
Administration/Personnel	0	0
Admission, Transfer & Discharge Rights	0	0
Educational Services	0	0
Falsification of Records/Reports	0	0
Fraud/False Billing	0	0
Infection Control	0	0
Misappropriation of Property	0	0
Nursing Services	0	0
Other	0	0
Patient/Client Abuse	0	0
Patient/Client Neglect	0	0
Patient/Client Rights	0	0
Physical Environment	0	0
Quality of Care/Treatment	0	0
Quality of Life	0	0
Resident/Patient/Client Abuse	1	0
Resident/Patient/Client Rights	1	0

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

Calendar Year	Average Number Deficiencies	Programs/Percentage Deficiency Free
CY 2020	0.66	28 agencies or 59.57%
CY 2019	1.44	78 agencies or 45.61%
CY 2018	1.67	91 agencies or 43.12%

# Hospice Data

## Hospice Data

Most recent data from Quarter 2 2020: April 1, 2020 through June 30, 2020

### I - General Provider Data:\*

Medicare Certified Facilities	Newly Certified Q2 2020	Closed Since Last Report	State Licensed	Newly Licensed Q2 2020
140	0	0	147	4

### II - Number of Surveys Completed:\*\*

Calendar Year	Initial Survey	Recertification Survey	Complaint Investigation	COVID Surveys	Combo Surveys
CY 2020	0	5	3	0	0
CY 2019	0	25	16	0	0
CY 2018	0	26	18	0	0

### III - Complaint Data Q2 2020:

# Complaints Received	# Complaints Received Year to Date
0	3

### IV - Allegation Distribution Q2 2020:

Number of Investigated Allegations	Number Substantiated	Number Unsubstantiated	Allegations Pending Determination
0	0	0	0

\*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](http://publicapps.odh.ohio.gov/eid/reports/EID_Report_Criteria.aspx)

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

**V – Allegation Categories Q2 2020:**

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

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

<b>Calendar Year</b>	<b>Average Number Deficiencies</b>	<b>Programs/Percentage Deficiency Free</b>
CY 2020	2.6	1 program or 20.00%
CY 2019	1.32	9 programs or 36.00%
CY 2018	2.34	6 programs or 23.07%