

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

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

June 1, 2020

Most recent data from Quarter 4, 2019: October 1, 2019 - December 31, 2019
Historical date range for Nursing Homes: January 1, 2018 - December 31, 2019

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Quarterly Report

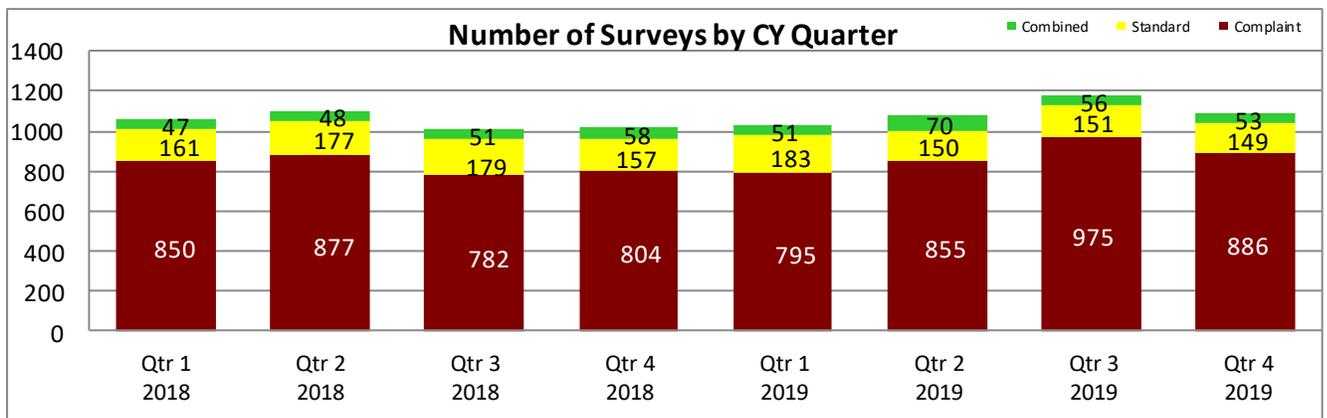
June 1, 2020

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.

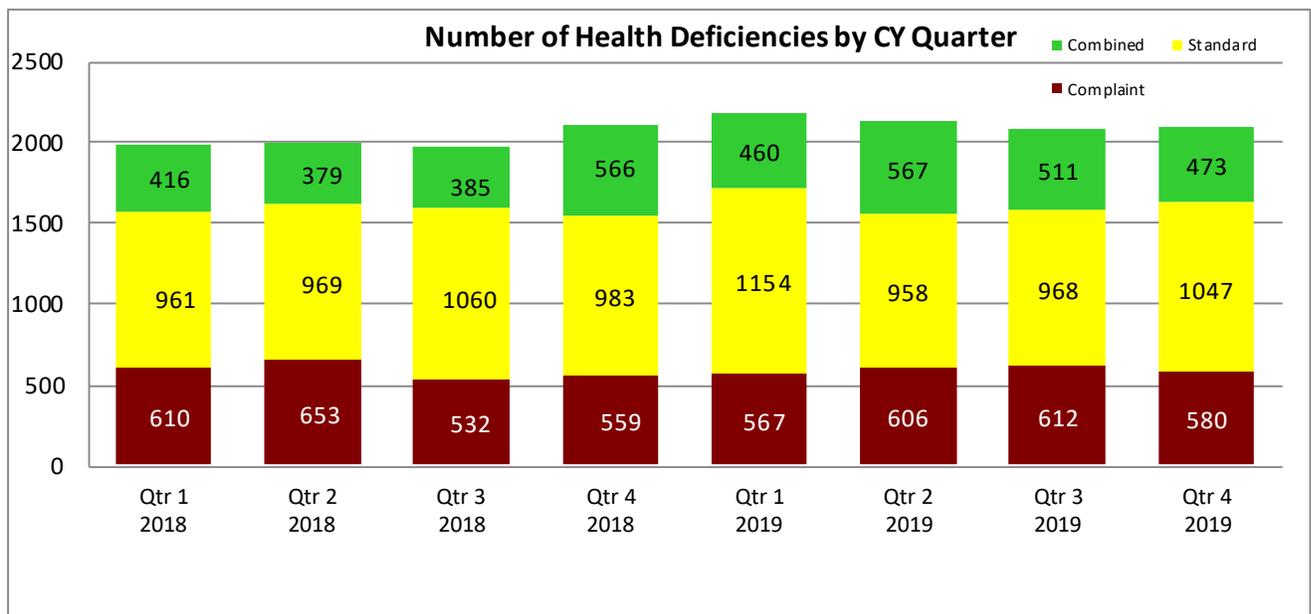
Tracking Nursing Home Surveys & Deficiencies

Most recent data from Quarter 4, 2019: October 1, 2019 - December 31, 2019
 Historical date range: January 1, 2018 - December 31, 2019

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

Tracking Nursing Home Surveys & Deficiencies

Most recent data from Quarter 4, 2019: October 1, 2019 - December 31, 2019

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Deficiency Free Surveys

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

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.

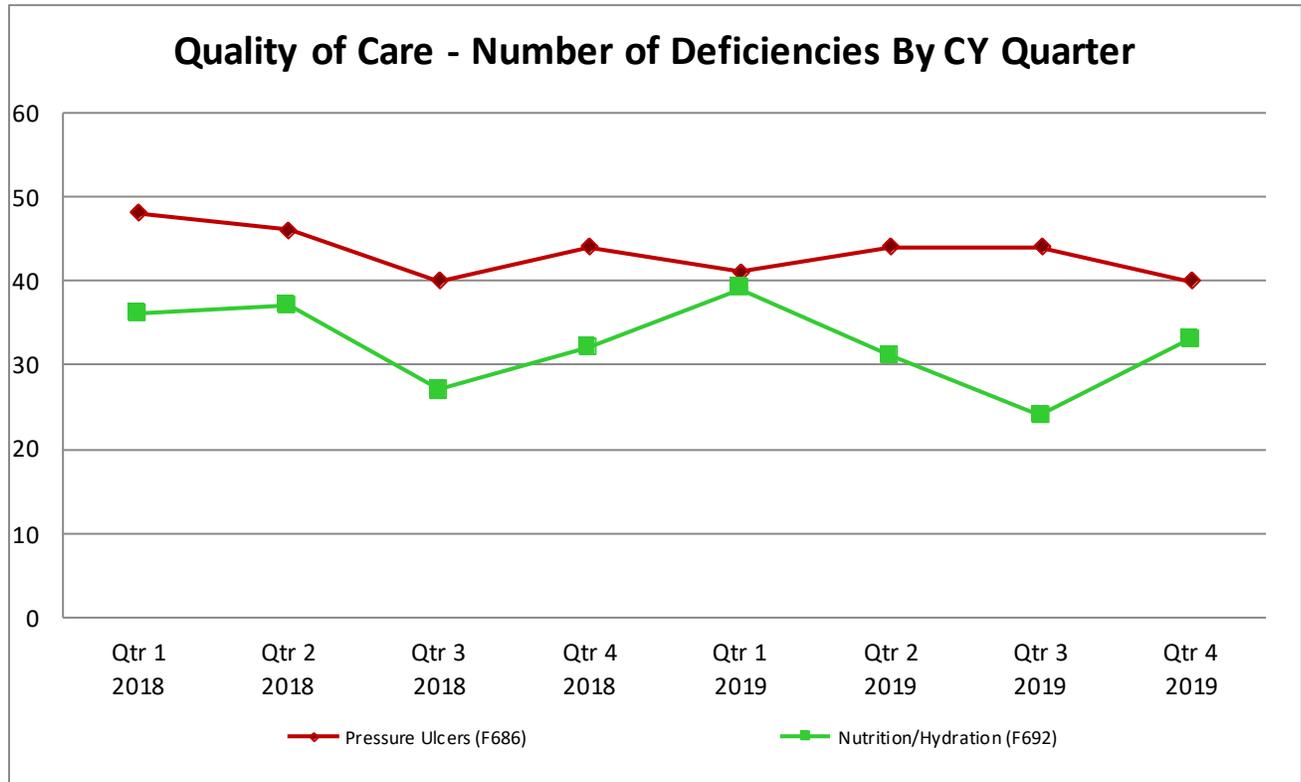
Name of Licensed/Certified Facilities

NAME	EXIT DATE
THE KENWOOD BY SENIOR STAR	11/21/2019
LAURIE ANN NURSING HOME	10/18/2019
MOTHER MARGARET HALL NURSING HOME	11/27/2019

Tracking Nursing Home Quality of Care

Most recent data from Quarter 4, 2019: October 1, 2019 - December 31, 2019

Historical date range: January 1, 2018 - December 31, 2019

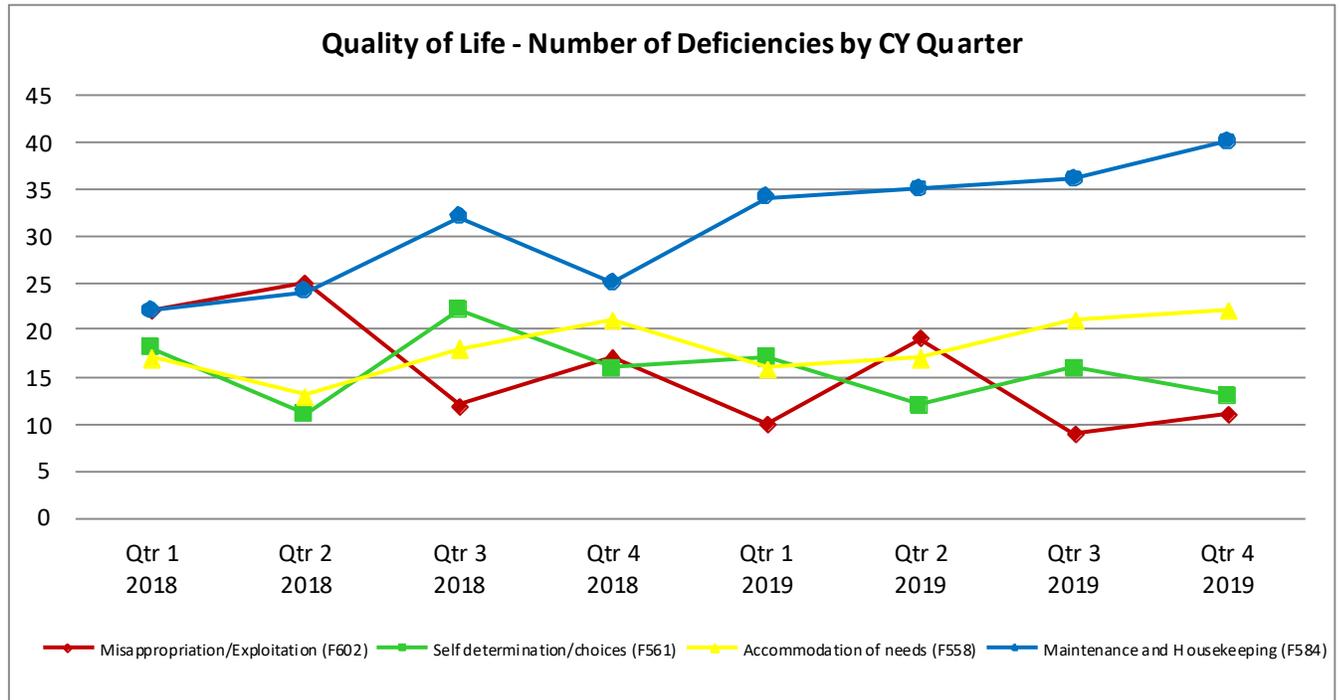


The above chart shows the total number of deficiencies per tag for all standard and complaint surveys conducted within each CY quarter.

Tracking Nursing Home Quality of Life

Most recent data from Quarter 4, 2019: October 1, 2019 - December 31, 2019

Historical date range: January 1, 2018 - December 31, 2019

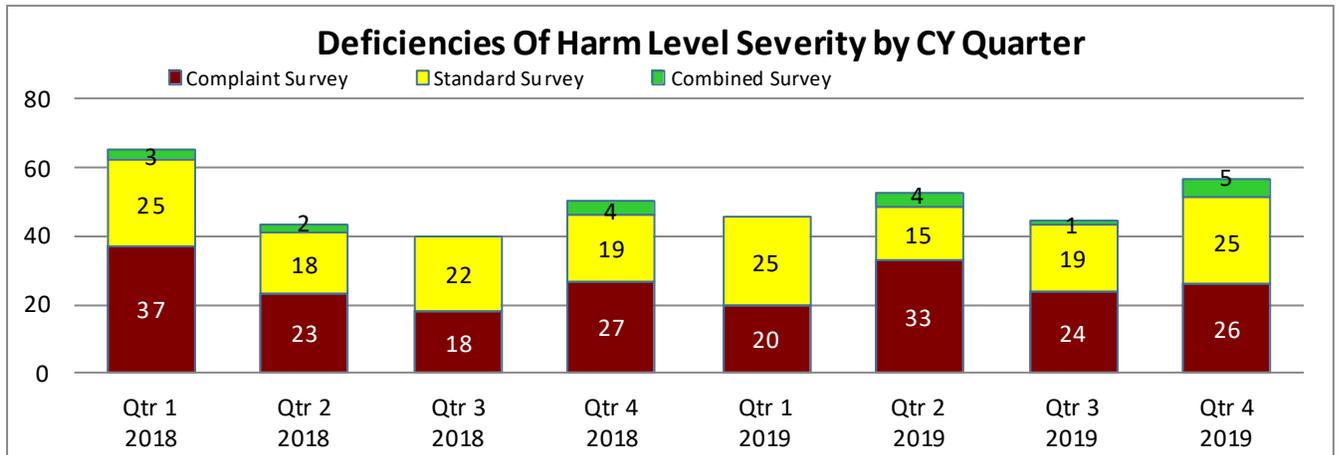


The above chart shows the total number of deficiencies per tag for all standard and complaint surveys conducted within each CY quarter.

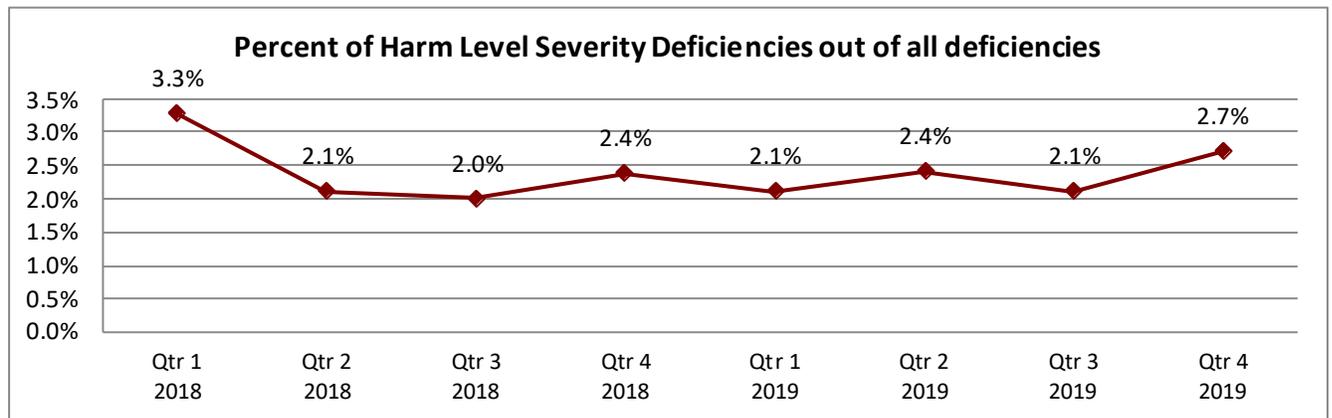
Tracking Nursing Home Deficiencies G Level and Above

Most recent data from Quarter 4, 2019: October 1, 2019 - December 31, 2019
 Historical date range: January 1, 2018 - December 31, 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.



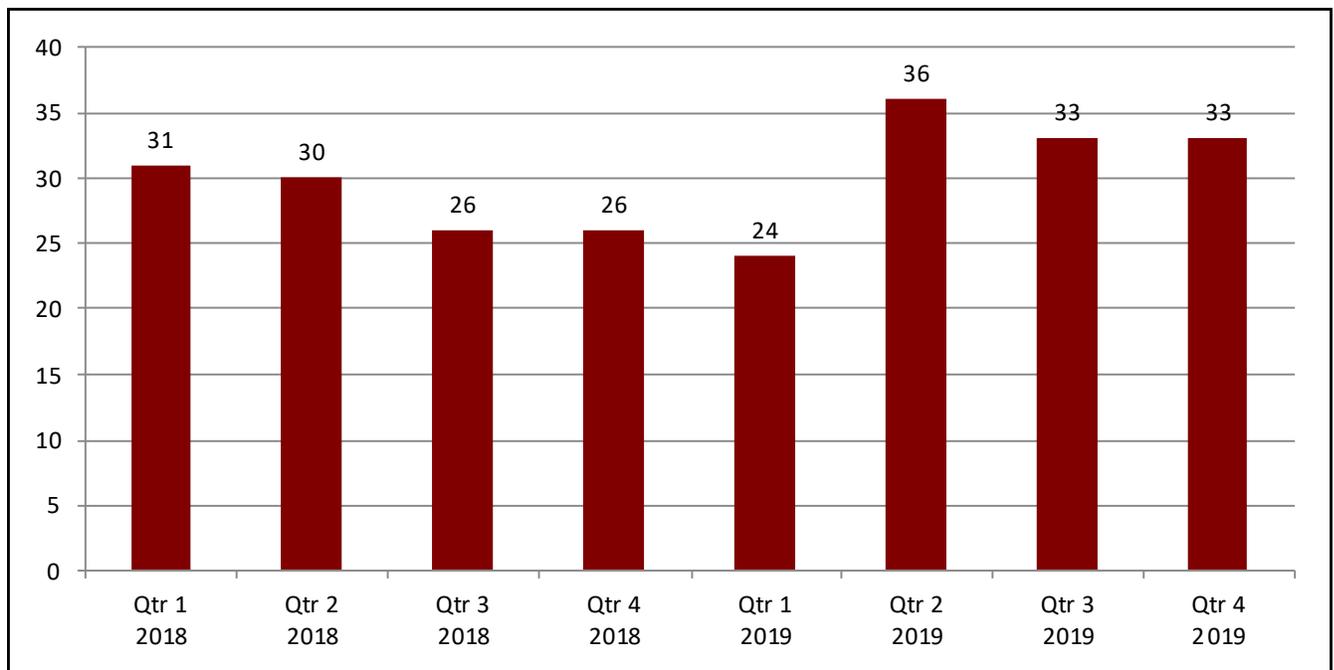
The above chart shows the percent of harm level deficiencies for all standard and complaint surveys conducted within each CY quarter.

Tracking Nursing Home Civil Money Penalties

Most recent data from Quarter 4, 2019: October 1, 2019 - December 31, 2019
Historical date range: January 1, 2018 - December 31, 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 4, 2019: October 1, 2019 - December 31, 2019

Historical date range: January 1, 2018 - December 31, 2019

Federal Minimum Nursing Standards - Number of Deficiencies by CY Quarter								
	Qtr 1 2018	Qtr 2 2018	Qtr 3 2018	Qtr 4 2018	Qtr 1 2019	Qtr 2 2019	Qtr 3 2019	Qtr 4 2019
# Sufficient Staff (F725, F726) Cites	28	26	33	24	37	27	27	17
# RN 8 hrs per day 7 days a week (F727) Cites	8	13	14	10	29	28	16	15

Tracking Nursing Home Complaints & Allegations

Most recent data from Quarter 4, 2019: October 1, 2019 - December 31, 2019

Historical date range: January 1, 2018 - December 31, 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 1 2018	Qtr 2 2018	Qtr 3 2018	Qtr 4 2018	Qtr 1 2019	Qtr 2 2019	Qtr 3 2019	Qtr 4 2019
Complaints	1284	1246	1142	1154	1167	1316	1518	1269
Substantiated Complaints*	304	332	281	333	275	358	400	331

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

Number of Nursing Home Complaints by Allegation Category	Qtr 1 2018	Qtr 2 2018	Qtr 3 2018	Qtr 4 2018	Qtr 1 2019	Qtr 2 2019	Qtr 3 2019	Qtr 4 2019
Injury of Unknown Origin	41	26	29	32	23	21	34	23
Admission, Transfer & Discharge Rights	67	85	54	71	69	75	81	78
Dietary Services	131	139	122	131	156	183	180	173
Physical Environment	242	223	234	213	214	264	350	289
Facility Staffing	250	285	254	234	248	266	295	284
Resident Safety/Falls	129	120	120	122	149	127	132	129
Res Meds Not Given According To Physician Instructions	72	89	60	63	98	95	117	134
Resident Meds Improperly Administered	19	32	25	17	24	22	27	42

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%).

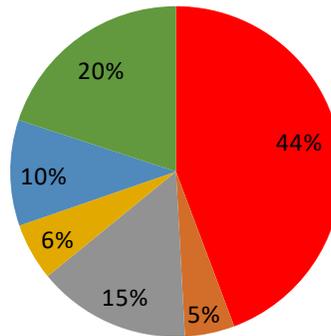
For CY 2019, the complaint unit received 5,270 complaints and 1,364 have been substantiated (25.88%).

Tracking Nursing Home Self Reported Incidents (SRIs)

Most recent data from Quarter 4, 2019: October 1, 2019 - December 31, 2019

Historical date range: January 1, 2018 - December 31, 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 4
Allegations by
Incident Category**



Self-Reported Incidents by CY Quarter								
	Qtr 1 2018	Qtr 2 2018	Qtr 3 2018	Qtr 4 2018	Qtr 1 2019	Qtr 2 2019	Qtr 3 2019	Qtr 4 2019
Total Incidents	4,234	4,120	4,126	3,956	3,825	4,105	4,265	4,044

Incidents By Perpetrator and CY Quarter								
Category/Qtr Year	Qtr 1 2018	Qtr 2 2018	Qtr 3 2018	Qtr 4 2018	Qtr 1 2019	Qtr 2 2019	Qtr 3 2019	Qtr 4 2019
Staff	1,325	1,265	1,235	1,257	1,183	1,243	1,245	1,250
Resident	1,607	1,660	1,656	1,512	1,446	1,613	1,731	1,588
Family/Visitor	121	135	146	138	136	138	125	135
Unknown	1,205	1,090	1,125	1,077	1,086	1,144	1,193	1,104
Total Perpetrators	4,258	4,150	4,162	3,984	3,851	4,138	4,294	4,077

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

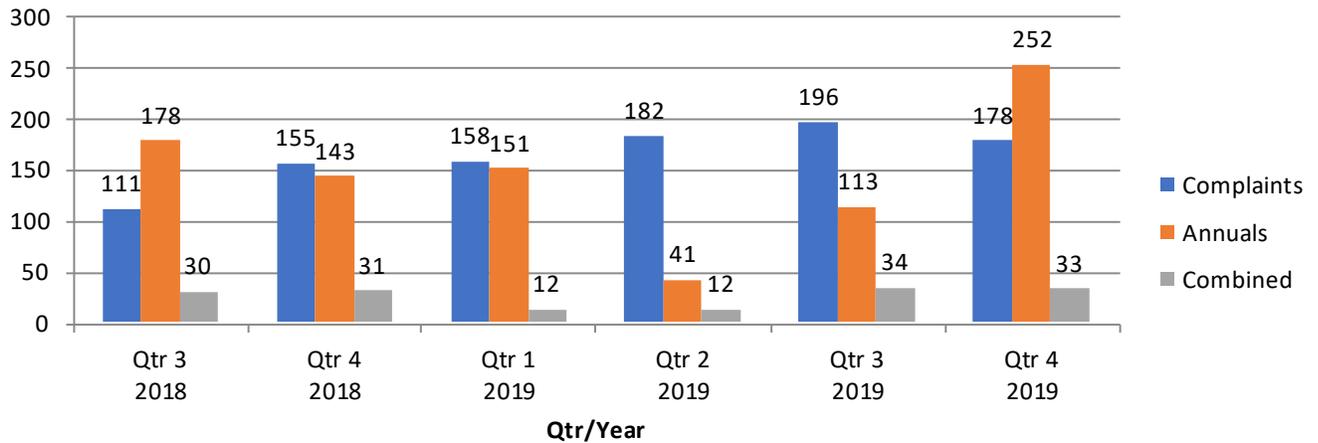
Number of Allegations by Incident Category and CY Quarter								
Category/Qtr Year	Qtr 1 2018	Qtr 2 2018	Qtr 3 2018	Qtr 4 2018	Qtr 1 2019	Qtr 2 2019	Qtr 3 2019	Qtr 4 2019
Physical Abuse	1,849	1,819	1,910	1,777	1,667	1,816	1,933	1,844
Sexual Abuse	215	180	179	189	202	212	204	202
Verbal Abuse	704	708	630	677	594	642	672	623
Injury of Unknown Source	276	252	265	249	248	264	269	233
Neglect/Mistreatment	350	386	372	341	355	438	381	431
Misappropriation	946	888	903	851	857	843	909	831
Total Allegations	4,340	4,233	4,259	4,084	3,923	4,215	4,368	4,164

Residential Care Facility Data

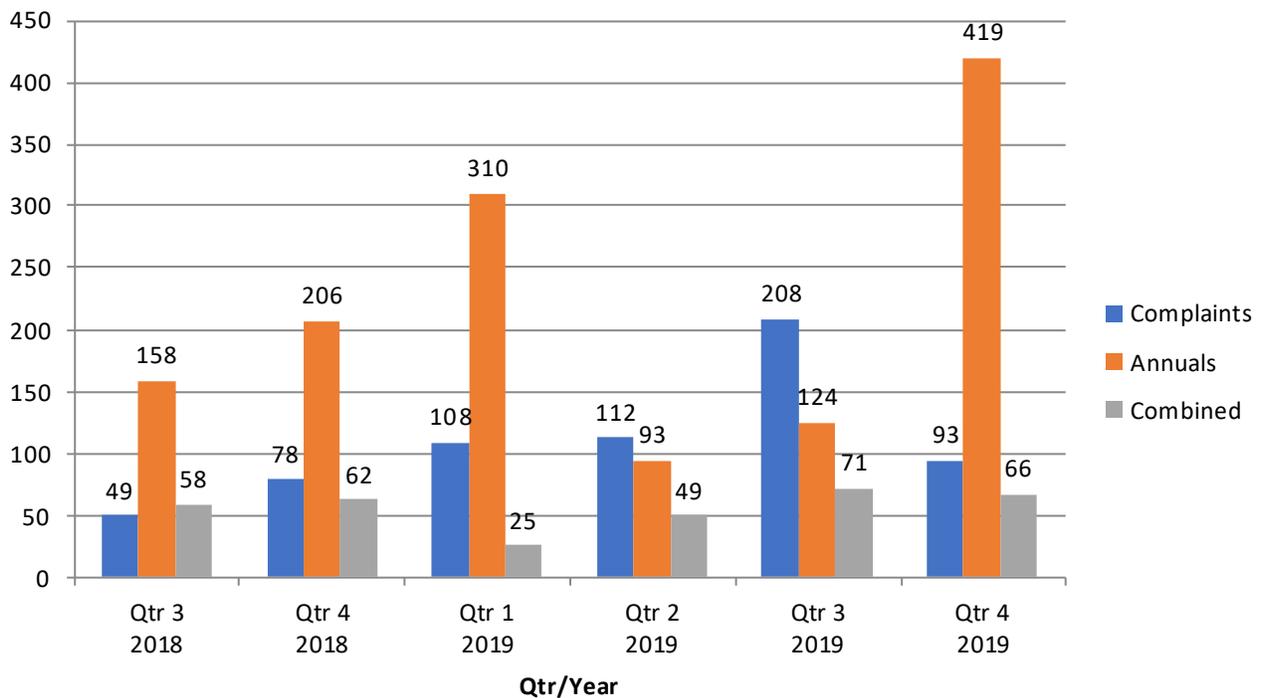
Most recent data from Quarter 4, 2019: October 1, 2019 - December 31, 2019

Historical date range: July 1, 2018 - December 31, 2019

Number of Annual Inspections and Complaint Investigations per Quarter



Number of Violations per Quarter



Residential Care Facility Data

Most recent data from Quarter 4, 2019: October 1, 2019 - December 31, 2019

Historical date range: July 1, 2018 - December 31, 2019

Real and Present Danger

Seven (7) facilities had a Real and Present Danger designation for the reported quarter:

- CARRIAGE COURT OF HILLIARD (2248R)
- DANBURY OF BRUNSWICK (2798R)
- PRIMROSE RETIREMENT COMMUNITY (2446R)
- CALDWELL HOUSE (2115R)
- PARKCLIFFE ADVANCED CARE (2212R)
- PINEBROOK (2686R)
- THE GLENDALE (1958R)

HHA Data

Most recent data from Quarter 4, 2019: October 1, 2019 - December 31, 2019

HHA Data:

I - General Provider Data:*

Medicare Certified Facilities	Newly Certified Q4 2019	Closed Since Last Report	State Licensed	Newly Licensed Q4 2019
773	10	3	NA	NA

II - Number of Surveys Completed: **

Calendar Year	Initial Survey	Recertification Survey	Complaint Investigation
CY 2019	0	171	253
CY 2018	1	210	256
CY 2017	0	199	405

III - Complaint Data Q4 2019:

# of Complaints Received	# of Complaints Received Year to Date
59	282

IV - Allegation Distribution Q4 2019:

Number of Investigated Allegations	Number Substantiated	Number Unsubstantiated	Allegations Pending Determination
76	14	62	0

V - Allegation Categories Q4 2019:

Allegation	Number	Substantiated
Administration/Personnel	5	0
Admission, Transfer & Discharge Rights	1	1
Educational Services	0	0
Falsification of Records/Reports	0	0
Fraud/False Billing	2	1
Infection Control	0	0
Misappropriation of Property	15	3
Nursing Services	1	0
Other	0	0
Patient/Client Abuse	3	0
Patient/Client Neglect	1	0
Patient/Client Rights	11	0
Physical Environment	1	0
Quality of Care/Treatment	33	9
Quality of Life	1	0
Restraints/Seclusion - General	1	0
Unqualified Personnel	1	0

HHA Data

Most recent data from Quarter 4, 2019: October 1, 2019 - December 31, 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	1.44	78 agencies or 45.61%
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 Q4 2019 (all surveys):

TAG	TITLE	FREQUENCY
G0572	Plan of care	7
G0536	A review of all current medications	6
G0710	Provide Services in the Plan of Care	4
G0574	Plan of care must include the following	3
G0578	Conformance with physician orders	3
G0798	Home health aide assignments and duties	3
G0682	Infection Prevention	3
G0590	Promptly alert relevant physician of changes	3
G0808	Onsite supervisory visit every 14 days	3
G0800	Services provided by HH aide	2

*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 4, 2019: October 1, 2019 - December 31, 2019

HHA Data (cont.)

VII - Top Ten "E" Deficiency Tags Cited by Frequency Q4 2019 (all surveys):

TAG	TITLE	FREQUENCY
E0037	EP Training Program	2
E0001	Establishment of the Emergency Program (EP)	1
E0017	HHA Comprehensive Assessment in Disaster	1
E0029	Development of Communication Plan	1
E0039	EP Testing Requirements	1

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

Hospice Data

Most recent data from Quarter 4, 2019: October 1, 2019 - December 31, 2019

HOSPICE Data:

I - General Provider Data:*

Medicare Certified Facilities	Newly Certified Q4 2019	Closed Since Last Report	State Licensed	Newly Licensed Q4 2019
142	0	1	144	0

II - Number of Surveys Completed:**

Calendar Year	Initial Survey	Recertification Survey	Complaint Investigation
CY 2019	0	25	16
CY 2018	0	26	18
CY 2017	0	18	21

III - Complaint Data Q4 2019:

# Complaints Received	# Complaints Received Year to Date
3	18

IV - Allegation Distribution Q4 2019:

Number of Investigated Allegations	Number Substantiated	Number Unsubstantiated	Allegations Pending Determination
4	1	3	0

V - Allegation Categories Q4 2019:

Allegation	Number	Substantiated
Administration/Personnel	1	1
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	3	0
Quality of Life	0	0
Resident/Patient/Client Rights	0	0
State Licensure	0	0

Hospice Data

Most recent data from Quarter 4, 2019: October 1, 2019 - December 31, 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	1.32	9 programs or 36.00%
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 Q4 2019 (all surveys):

TAG	TITLE	FREQUENCY
L0531	Content of Comprehensive Assessment	1
L0796	Criminal Background Checks	1
L0728	Fire Protection	1
L0719	Hospices That Provide Inpatient Care Directly	1

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Hospice Data

Most recent data from Quarter 4, 2019: October 1, 2019 - December 31, 2019

HOSPICE Data (cont.):

VII – Top Ten “P” Deficiency Tags Cited by Frequency Q4 2019 (all surveys):

TAG	TITLE	FREQUENCY
P0505	Conditional Employment Prior to CRC	2
P0120	Governing Body	1
P0175	Job Descriptions	1
P0190	Ongoing Training Program	1
P0225	Interdisciplinary Plan of Care Policy	1
P0245	Contractor Compliance With Plan of Care	1
P0320	Counseling and Bereavement	1
P0380	Provision of Written Policy	1
P0400	Written Diversion Policy	1
P0440	Clinical Record Consent	1

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