

IMPORTANT BULLETIN

Immediate Jeopardy Issues

Second Quarter 2021

PLEASE BE SURE THAT FACILITY STAFF READ THIS

OHCA has compiled Immediate Jeopardy data for all facilities surveyed during the second quarter of 2021. There were twelve Immediate Jeopardy citations in ten facilities during ten surveys. The Ohio Department of Health cited nine of these citations at a severity level J, two at a severity level K, and one at an L level. There were three surveys with associated deaths. There were two citations in one survey in April, six citations in five surveys in May, and four citations in the same number of surveys in June. The agency cited F684 (Quality of Care) the most at three times. Surveyors cited F580 (Notify of Changes) and F689 (Accident Hazards/Supervision) both twice. F600 (Abuse), F686 (Treatment/Services to Prevent/Heal Pressure Ulcer), F690 (Bowel/Bladder Incontinence, Catheter, UTI), F695 (Respiratory Care), and F880 (Infection Control & Prevention) were each cited once. In April, surveyors cited one facility with two IJ citations, and in May, they cited another facility with two IJ citations. The majority of citations were from complaint surveys. The Ohio Department of health has seen an increase in complaints leading to more complaint surveys than other types of surveys.

If you have an adverse occurrence in your facility, OHCA recommends that the incident be immediately and thoroughly investigated and reviewed by the QA Committee. The facility should implement a QAPI plan even if the facility believes that there is no non-compliance evidence and the facility has followed all facility policies and procedures. If a survey team disagrees with the facility's conclusion or identifies an instance of non-compliance, implementing the appropriate and thorough action plan may limit the time frame that the facility is determined to be out of compliance. A timely and comprehensive action plan may demonstrate that the alleged non-compliance is fully corrected and serve as evidence of past non-compliance in an immediate jeopardy situation.

Summaries of these citations are listed below, along with the Immediate Jeopardy Task Force's comments and recommendations.

Facility A: F580 Notify of Changes (J) - Notification

F684 Quality of Care (J) – Necessary Services

4/5/2021 Complaint Investigation, Partial Extended Survey

The facility failed to notify the physician and seek timely and appropriate care and treatment for a resident who received anticoagulant therapy and fell out of bed, sustaining a head injury. This failure resulted in Immediate Jeopardy when the facility failed to notify the physician that the resident fell out of bed, hitting her head. She was assessed with two bumps to the back of the head, experienced a continual decline in her blood pressure over the next several hours, became unresponsive, and required initiation of CPR that was unsuccessful. Emergency Medical Services pronounced the resident deceased.

Surveyors cited these tags as past non-compliance based on the facility's immediate corrective actions. The complaint was substantiated. They cited this occurrence as a failure to report neglect at a D scope and severity.

Facility B: F689 Free of Accident Hazards/Supervision/Articles (J) - Elopement

6/7/2021 Complaint Investigation, Partial Extended Survey

Immediate Jeopardy began when a resident, who the staff assessed as a moderate risk for wandering behaviors and early dementia, left the facility unknown to staff and was found in another state. A review of the facility security cameras revealed the resident exited the building through the unalarmed unlocked back door. The facility was unaware the resident was missing until staff from the neighboring local hospital called the facility and spoke to the social worker. The hospital staff member inquired about a resident who used a familiar name to the social worker. The staff determined through a physical description that it was the missing resident. The resident had used her sister's name. The facility was unaware that the resident was missing for 18 hours until the hospital notified the facility. Contributing to the extended time that the staff did not notice the resident missing included the staff did not complete a midnight census/head-count and the day nurse left the resident's medication at the bedside without finding the resident or noting her to be missing. There were nine complaints, all substantiated, four under this tag.

Facility C: F690 Bowel/Bladder Incontinence, Catheter, UTI (J) - Incontinence

5/4/2021 Complaint Investigation, Partial Extended Survey.

Immediate Jeopardy began when a resident was admitted to the facility six months earlier from the hospital with an indwelling urinary catheter. The facility failed to assess catheter removal and provide consistent daily catheter care and monthly catheter changes as

ordered by the physician. They failed to ensure that staff provided the ordered urology follow-up appointment after hospital discharge. Consequently, the staff sent the resident to the hospital emergency room with abnormal laboratory values and altered mental status. A review of the hospital discharge summary revealed that the resident was immediately treated for atrial fibrillation with a rapid ventricular response and given intravenous (IV) antibiotics after blood and urine cultures. Both showed positive Methicillin-Resistant Staphylococcus Aureus (MRSA) infection.

Facility D: F695 Respiratory/Tracheostomy Care and Suctioning (J) – Tracheostomy Care

6/16/2021 Partial Extended Survey Self-Reported Incident Investigation.

Immediate Jeopardy began when a resident who was a DNRCC was found unresponsive with his tracheostomy tubing lying on the floor by the Registered Nurse (RN). The resident had blue lips, was cool to the touch, and had no pulse or apical heartbeat. The RN asked for help, and a Licensed Practical Nurse (LPN) came into the room and confirmed the tracheostomy tube was on the floor and was not attached to a tracheostomy mask. The resident had blue lips, no pulse, no apical heartbeat, and was cool to the touch. Multiple staff members were unable to find a tracheostomy mask in the resident's room. Staff did locate a tracheostomy mask in the supply drawer in the resident's room. The resident expired. This occurrence had an amended Informal Dispute. Incidentally, surveyors cited this occurrence as a failure to report potential neglect at a D scope and severity immediately. Law enforcement is also investigating this death as a possible third-degree felony for reckless homicide.

Facility E: F580 Notify of Changes (J) – Notification

F684 Quality of Care (J) – Necessary Services

5/6/2021 Complaint Investigation, Partial Extended Survey

The facility failed to notify the physician when a long-term hospice resident with a full code had a significant change in condition. This failure resulted in Immediate Jeopardy when the facility failed to notify the physician of a resident experiencing diaphoresis, chest discomfort requiring Nitroglycerin, low blood pressure, and decreased oxygen saturation requiring oxygen. The resident had a continual decline throughout the day, and there was no evidence the staff had notified the physician of the decline. The resident became unresponsive and required initiation of Cardiopulmonary Resuscitation (CPR) that was unsuccessful. Emergency Medical Services pronounced death.

Facility F: F684 Quality of Care (K) – Necessary Services

6/24/2021 Complaint Investigation, Partial Extended Survey

Immediate Jeopardy began when a resident was found late in the evening unresponsive with a blood sugar of 41 mg/dL. There was no evidence the staff monitored the resident's blood sugar since breakfast that morning. The resident received insulin at breakfast, lunch, and dinner, with no recorded blood sugar monitoring for lunch and dinner. The LPN called emergency services following the low blood sugar but did not notify the physician, assess vitals further, or provide treatment. The resident required hospitalization and was found to be hypoxic and have lactic metabolic acidosis. The facility also failed to monitor blood sugars for five other insulin-dependent residents.

Facility G: F689 Free of Accident Hazards/Supervision/Devices (J) - Elopement

5/20/2021 Complaint Investigation, Partial Extended Survey.

Immediate Jeopardy began when a resident, who resided on the facility's secured behavior unit, was identified as missing from the facility following a fire alarm that occurred earlier and had deactivated the secured unit's stairwell doors. A Registered Nurse (RN) last saw the resident during medication administration. The resident walked alone and unsupervised throughout a busy urban environment until he was found by police in a city 18 miles away. The resident was returned to the facility by staff. The facility admitted the resident to the secured unit due to eloping from another nursing facility. Another resident exited the facility without staff knowledge on another date within two weeks of the first elopement, through the door to the enclosed smoking courtyard, and went through a hole in the fence to cross four lanes of traffic to reach a bus stop in front of a hospital 0.2 miles away. The resident happened to be seen by an off-duty RN and an STNA, and they returned them to the facility. It was unknown and undocumented when staff last interacted with the resident before her elopement. This citation was an amended informal dispute resolution. The facility was also cited at F690, at S/S D for failure to report the elopement as potential neglect.

Facility H: F600 Free from Abuse and Neglect (J) – Sexual Abuse (Resident to Resident)

6/15/2021 Partial Extended Survey Self-Reported Incident Investigation.

Immediate Jeopardy began when staff responded to a yell for help from a resident. The staff found a resident on top of another resident in the first resident's bed. The staff found the residents unclothed from the waist down and observed one resident licking and sucking the other resident's face. Staff described the position of one of the residents as holding the other resident down and attempting to penetrate the resident vaginally. Facility staff interviews and medical record reviews revealed the offending resident had previous signs of sexual inappropriateness toward female residents. This inappropriateness included lifting their shirts, attempting to touch them below the waist in the buttocks area, attempting to encourage female residents into his room, and standing in his doorway to look at women. The facility had no identified interventions in place in the resident's plan of care regarding these behaviors. The victimized resident had frequent wandering behaviors, and staff reported she entered other resident rooms frequently, including the room of the offending resident. Surveyors cited this tag as past non-compliance based on the facility's immediate corrective actions.

Facility I: F880 Infection Prevention & Control (L) - COVID

5/11/2021 Complaint Investigation, COVID-19 Focused Infection Control Survey.

Immediate Jeopardy began when the facility failed to implement appropriate and recommended infection control practices after an STNA tested positive for COVID-19. After the facility received the positive test results for COVID-19, the staff failed to implement policies to prevent exposure of non-infected (COVID-19 negative) residents. The staff was not donning appropriate Personal Protective Equipment (PPE), performing appropriate hand hygiene, sanitizing face shields, or changing N95 masks upon departure of residents' rooms in quarantine.

Facility J: F686 Treatment/Services to Prevent/Heal Pressure Ulcer (K) – Pressure Ulcers

5/7/2021 Complaint Investigation, Partial Extended Survey

Immediate Jeopardy began when staff assessed a resident with quadriplegia required two staff members to assist with bed mobility and transfers with an unstageable pressure ulcer to his left buttock and a Stage 3 pressure ulcer to his right buttock. Observation revealed the resident was not turned or repositioned for over five hours. Another resident, who required extensive assist of two staff assist with bed mobility and transfers, was assessed with an unstageable pressure ulcer to her coccyx with 100 percent eschar to the wound bed and a Stage 3 ulcer to her left gluteal fold. A third resident, who required two-staff extensive assist with bed mobility and transfers, was found to have three Stage 3 pressure ulcers to the upper right buttock, lower right buttock, and left buttock. A fourth resident, who required extensive assist of one staff with bed mobility and extensive assist of two staff with transfers, was found to have a Stage 3 pressure ulcer to her left buttock. Additionally, a fifth resident, who required extensive assist of two people for bed mobility and transfers, was found with a Stage 3 pressure ulcer to her left buttock.

Comments/Recommendations:**F580 – Notification****F684 – Necessary Services**

- Appropriate notification of the physician/provider of falls with injury, particularly involving a resident on an anticoagulant with a head injury, is vital, regardless of the time of day. In the case of facility A, the notification did not happen when further vital sign changes occurred until the resident became unresponsive.
- Facilities might consider having staff nurses notify a supervisory nurse such as the DON or alternate immediately of falls with injury, or any fall, to give a second opinion/decision about further notification or needed intervention. It is also advisable to use a fall protocol such as SBAR in every situation to assure appropriate staff nurse action in such cases.
- Similarly, the staff must provide prompt notification and additional care and treatment for a resident with significant changes such as chest pain, diaphoresis, low blood oxygen levels, and declining blood pressure when a resident on hospice is a full code. This notification should also include the hospice nurse and the resident's responsible party.

F684 – Necessary Services

- Concerning facility F– facilities must assure that staff provides appropriate, competent care and services to residents with insulin-dependent diabetes, which at a minimum should include monitoring blood sugar levels and appropriately responding to abnormal results. This care should also include physician/provider notification, further assessment, and appropriate nursing intervention such as providing a source of sugar or glucose for an incidence of significant hypoglycemia in addition to calling for emergency services and while awaiting their arrival.
- A facility must have appropriate policies and procedures mirroring current standards of practice for residents' care needs, such as diabetics, particularly those who are insulin-dependent. The facility must also assure that the staff is provided with ongoing training and monitored/tested for competency in providing such care and services.

F689 – Elopement

- If the staff had completed a head-count at midnight for census purposes, the staff would have noticed the missing resident within two hours rather than eighteen. Each shift head-count may be advisable for any facility to consider caring for individuals with wandering risk or significant cognitive issues.
- Facilities that care for such at-risk individuals need to have a comprehensive alarm or door security system in place that includes all potential exit doors.
- The facility should complete wandering/elopement assessments quarterly on resident admission, with any significant condition changes, particularly a cognitive decline.
- It is advisable to pay particular attention to individuals at risk for wandering who are smokers, requiring supervision as that need may exacerbate the drive to leave the facility.
- Outdoor smoking areas must not allow a wanderer to escape, i.e., through a hole in a fence or such. Considerations should include alarming or securing gates of an outdoor smoking area.
- Facilities need to have strong elopement risk policies and procedures to ensure that staff is aware of all residents' elopement risks. This assessment often includes pictures of at-risk individuals at multiple significant locations throughout the facility.

Staff education about the process is imperative, including agency staff.

- If fire drills disable door alarms or security systems, the facility protocol in such situations must consider this and incorporate methods to prevent resident elopement until staff resets the system.
- When facilities use alarm systems such as Wanderguard, they must ensure that all manufacturer's recommendations for alarm placement and the staff completes functional checks and system tests as recommended.

F690 – Incontinence

- There is an expectation at F690 that the staff assesses any resident with a urinary catheter for appropriate need, mainly related to the risks associated with their use, particularly infection. If the staff determined that an indwelling catheter is appropriate, care planning must be in place to assure proper monitoring and care and services related to its use. The staff must ensure that they provide care as ordered and planned with high-risk indwelling catheters.

F695 – Tracheostomy Care

- A facility must ensure that its nursing staff has the clinical knowledge and skill, and competency to care for more complex resident needs such as tracheostomy care. Ongoing staff training and competency monitoring/testing are essential, particularly when caring for higher acuity individuals with tracheostomies who are also oxygen dependent.
- A standard of care for long-term care tracheostomy residents is to have a spare tracheostomy of the resident's brand and size at the bedside in case of emergency. Having an extra tracheostomy mask readily available at the bedside would also be advised in such a case.

F600 – Abuse (Sexual – Resident to Resident)

- Residents with known inappropriate behaviors, particularly sexually inappropriate ones, must be recognized, identified, and care-planned appropriately to protect other residents from abuse. These behaviors may also warrant psychological or psychiatric services to attempt to manage such behaviors.
- The facility must protect residents from abuse from other residents and adequately supervise residents with problematic behaviors to prevent such interactions.
- Staff must receive ongoing training and monitoring/oversight to assure that care planned interventions, including resident supervision, are provided.
- Cognitively impaired residents who wander into other residents' rooms are at increased risk for abuse by others. This abuse can be verbal, physical, or sexual, and the staff needs to monitor/supervise the residents to help prevent such victimization.

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.
- Areas that place facilities at risk for IJ citations include:
 - 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. Particular weaknesses noted related to eye protection PPE requirements, lack of sanitization of eye protection (goggles, face shields) as per guidance;
 - Inadequate or lacking visitor screening, including surveyors;
 - In some instances, failing to adhere to basic infection control practices – hand hygiene, PPE use, etc.;
 - Failing to complete prompt testing, quarantining, and use of PPE upon a staff member outbreak positive case;
 - Failing to follow its own COVID-19 management related policies;
- Assure that only staff trained on obtaining COVID-19 testing perform the tests/swabs in an appropriate area.
- 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.

F686 – Pressure Ulcers

- Every facility must have a comprehensive and effective pressure ulcer prevention program to prevent avoidable pressure injuries, identify pressure ulcers promptly, prevent infection, and promote healing.
- Monitoring skin issues should be a routine part of a facility's QAPI program, including ongoing detailing of skin condition issues and statistics, alerting patterns of similar skin problems, and addressing the root cause of these problems.
- A facility must assure that residents who require mobility assistance up to and including bed mobility are provided with the standards of care necessary for pressure injury prevention, infection prevention, or wound healing.
- These include ongoing staff training and monitoring/supervision of the provision of ordered and carefully planned interventions focused on pressure injury prevention, infection prevention, or wound healing.

General Comments/Recommendations:

The IJ Task Force recommends that whenever a facility becomes aware that surveyors are considering or recommending an Immediate Jeopardy, it is best to call for assistance. We suggest resources include a long-term care specialty law firm, other long-term care regulatory consultants, and the association's regulatory contact. It is essential to forestall this development, or at a minimum, keep the time frame minimal. OHCA provides periodic training on the subject of Immediate Jeopardies and how to prevent or mitigate them.

Staff training on handling surveyor interviews, from management level to direct care staff, is vital to successful survey management. When surveyors interview management-level staff, OHCA suggests that facilities try to have another witness present and take detailed notes regarding the discussion. This documentation ensures that the information provided is understood and avoids "verifying" information you did not intend to verify.

In cases where an ongoing Immediate Jeopardy has been identified and remains, if the survey team has to return to abate the immediate Jeopardy, it may count as a revisit survey. Therefore, ensuring that the facility has evidence that immediate Jeopardy's condition no longer exists during the initial visit is critical, as facilities are permitted only two revisits without prior approval from the regional office. A third revisit may be approved only at the discretion of the regional office. State Operations Manual Chapter 7- Survey and Enforcement Process for Skilled Nursing Facilities and Nursing Facilities: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf. CMS provides surveyor guidance for citing immediate Jeopardy in Appendix Q of the SOM. CMS released QSO-19-09-ALL Revisions to Appendix Q, Guidance on Immediate Jeopardy, <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/QSO19-09-ALL.pdf>.

*If you have an adverse occurrence in your facility, OHCA recommends that the incident be immediately and thoroughly investigated and reviewed by the QA Committee. The facility should implement a QAPI plan even if the facility believes that there is no evidence of non-compliance and the facility followed all facility policies and procedures. Implementing a timely and thorough action plan may limit the time frame that the facility is out of compliance if a survey team disagrees with the facility's conclusion or identifies an instance of non-compliance. In an immediate jeopardy situation, a timely and thorough action plan may demonstrate that the alleged non-compliance is fully corrected and serve as evidence of past non-compliance. * If the status of the deficiency is "past non-compliance," and the severity is Immediate Jeopardy, then points associated with a 'G-level' deficiency (i.e., 20 points) are assigned.*

Issues	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21
Falls	4	1	3		1	1	1	4	2	3	4	1	1		
Elopements	3	7	5	2	1	4	5	14	12	16	9	19	16	22	2
Side rails	1	1	2		1		2				1	1			
Necessary Care & Services – (CPR)	5	4	6	4		1	6	6	2	4	14	8	5	3	4
Necessary Care & Services - Other					7	1	5	2	1	6	1	2			
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		3				3	2	9	2	4	1	1	
Medication Errors/ Unnecessary Meds	3	8	5	3	3	1	6	1	6	5	3	7	4	2	4
Accident Hazards/ Supervision	1	2	1	2	3		4	4	1	1	1	1	2	1	
Abuse / Neglect	4	11	5	5	8	11	9	7	11	19	18	10	18	11	3
Fail to protect after abuse allegation					3										
Fail to report abuse					2	8	4	4	3	12	9	2	7		2
Fail to develop/follow P&P for Abuse					1	5	4	4	3	14	14	10	5		2
Fail to Investigate Abuse											1	4	7		1
Reporting of a Crime													1		
Suicide/Self-Harm			1			1	1	1		1	1		3		
Special Needs									1	2					
Dietary Services (F365)	1	2				1									
Unsupervised eating/ Choking		1	2	1	1	1	1	3	1	2	3	1	2	3	1
Smoking/Fire		2	2	1	1		3	2	2	5	2	4	3	1	
Rights	1														
Tube	1														
Paid feeding assistant		4													
Quality of care		2										2	7	1	2
Quality Assurance		1											1		
Food Sanitation F371			1			2			1	1					
Infection Control				1		1	1	1	1		1	1	1	38	6
Visitation														1	
Testing (COVID)														1	1
Discharge Notice													1		
Safe Discharge						1					1		2		
K tag						2	1	1	2	1	4	3	2		
Weight Loss/ Nutrition							1		2	2					1
Behaviors									1					2	
Pain Management									2						
Sufficient Staffing									1	2	1	1	1	3	
Decreased ROM										1					
Effective Administration										1			3		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	1
Dialysis													1	2	
Physician Notification													1		
Facility Assessment													1		
Pneumococcal Vaccine Policy													1		
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
January	5	3	3	0	1	2	6	2	2	2	3	1	1	2	3	1	8	6	6	6	3	3	7
February	3	3	3	0	0	0	1	3	2	3	2	1	2	5	4	3	4	20	11	5	5	7	13
March	2	3	6	3	0	0	3	3	3	6	5	4	1	7	3	1	8	3	9	18	13	6	12
April	8	5	2	7	1	2	3	3	0	12	4	1	4	1	4	2	5	20	6	5	6	2	
May	3	1	4	2	3	4	4	5	1	3	5	3	1	0	2	2	4	10	7	9	17	2	
June	4	3	2	3	2	2	2	0	1	3	2	1	4	1	2	5	5	15	8	7	12	2	
July	7	0	1	1	6	4	3	2	6	4	3	2	6	3	5	12	3	8	8	11	3	8	
August	5	2	6	0	1	2	2	2	5	2	2	3	7	13	8	8	6	13	11	11	11	16	
September	3	2	3	7	1	3	1	5	3	1	1	2	6	11	11	2	6	9	3	3	3	3	
October	1	4	2	1	5	2	2	0	3	3	3	0	2	6	4	3	4	3	8	6	13	19	
November	2	1	1	1	1	5	0	1	1	3	3	1	1	5	5	8	4	4	7	10	10	17	
December	2	2	2	1	2	1	0	5	4	4	2	3	3	2	5	12	4	3	12	5	4	13	
Total	45	29	35	26	23	27	27	31	31	46	35	22	38	56	56	59	61	114	96	96	100	98	32

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
January	1	0	1	0	0	0	1	2	1	2	0	0	0	0	0	0	2	2	0	1	1	0	7
February	2	0	1	0	0	0	0	3	0	0	0	0	0	1	1	3	0	1	2	0	1	2	3
March	1	1	1	1	0	0	1	1	2	1	1	1	0	1	2	0	0	1	4	2	2	2	10
April	5	2	0	5	1	2	0	3	0	4	3	0	0	1	5	2	0	2	1	1	1	0	
May	0	1	0	1	2	3	0	1	1	1	3	0	0	0	0	1	0	4	3	2	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	
July	2	0	1	0	1	1	1	1	2	2	2	1	1	1	0	2	1	0	3	0	1	1	
August	1	1	3	0	0	0	1	1	1	0	0	1	3	0	2	1	1	1	3	3	2	4	
September	1	1	2	2	0	2	0	2	0	0	0	1	5	0	0	0	1	1	1	1	1	0	
October	0	2	0	1	0	1	1	0	1	1	1	0	1	0	1	1	0	1	2	3	2	3	
November	0	0	1	1	0	3	0	1	1	1	1	0	1	2	1	2	0	0	2	0	1	2	
December	0	2	1	1	1	0	0	1	2	1	2	0	1	1	1	2	0	0	0	1	1	14	
Total	13	11	13	12	5	13	6	16	12	14	12	4	14	7	14	15	6	16	23	18	16	29	20