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IMPORTANT BULLETIN
Immediate Jeopardy Issues
Second Quarter 2022

PLEASE BE SURE THAT FACILITY STAFF READ THIS

OHCA has compiled Immediate Jeopardy data for all facilities surveyed during the second quarter of 2022. There were twenty-two Immediate Jeopardy citations in eighteen facilities during the twenty-two surveys. The Ohio Department of Health cited fifteen of these citations at a severity level J, two at a severity level K, and five at an L level. There were four surveys with associated deaths. There were ten citations in six surveys in April, three citations in three surveys in May, and nine citations in nine surveys in June. The agency cited F600 (Abuse/Neglect) the most at four times and cited both F760 (Medication Errors) and F689 (Accident Hazards/Supervision) three times. Surveyors cited F684 (Quality of Care) and F678 (CPR) two times each. Surveyors cited the following just once, F580 (Notification of Changes), F610 (Investigate / Prevent/ Correct Alleged Violations), F622 (Transfer and discharge), F624 (Preparation for Safe/Orderly Transfer/Discharge), F725 (Sufficient Nursing Staff), F742 (Treatment/Svc for Mental/Psychosocial Concerns), F886 (COVID-19 Testing) and F880 (Infection Control & Prevention). In April, surveyors cited two facilities with two IJ citations, and one facility had three IJ citations. Most citations were from complaint surveys. The Ohio Department of Health has seen increased complaints, leading to more complaint surveys than other surveys.

If you have an adverse occurrence in your facility, OHCA recommends that the incident be immediately 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: F622 Transfer and Discharge Requirements (J) - Discharge
06/29/2022 Complaint Investigation
Immediate Jeopardy began when the facility failed to provide a safe and orderly discharge to another skilled nursing facility for a resident. The facility transferred and left the resident in the parking lot of the receiving skilled nursing facility with no evidence they communicated the resident's discharge and care needs/medication status by the discharging facility to the receiving facility. The new facility staff found the resident had 20 to 30 Suboxene strip medications (opioid medication for sublingual administration), alcohol, and illegal drug paraphernalia, including a burning spoon and torch on his person.

Facility B: F880 Infection Prevention & Control (L) - COVID
04/21/2022 Annual Survey, Complaint Investigation
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.

Facility C: Quality of Care (J) – Quality of Care
06/22/2022 Complaint Investigation, Partial Extended 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.

Facility D: F886 COVID-19 Testing-Residents & Staff (L) – COVID-19 Testing
06/13/2022 Annual Survey, Complaint Investigation

Immediate Jeopardy began when a resident tested positive for COVID-19, and the facility did not implement CDC guidance for staff COVID-19 testing resulting in the increased likelihood of Covid-19 transmission from an infected staff person to a resident. Two days later, another resident tested positive for COVID-19.

Facility E: F760 Residents are Free of Significant Med Errors (K) – Med Errors

06/02/2022 Complaint Investigation, Partial Extended Survey, Focused Infection Control Survey

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.

Facility F: F600 Free from Abuse and Neglect (J) – Abuse (Staff to Resident)

06/01/2022 Complaint Investigation, Partial Extended Survey

Immediate Jeopardy began when an STNA refused to respond to a resident's requests for assistance to have staff meet their basic care needs. The STNA was the only staff member working in the hall where the resident resided. The resident had her call light on, waiting for assistance, and called out for help to the STNA who walked by her room. The STNA deliberately chose not to respond to the resident's call light, nor did she acknowledge the resident's verbal calls for assistance as she passed by her door. The resident was incontinent of urine and was requesting assistance to get ready for bed. The STNA had avoided entering that room and caring for those residents, as she felt the resident's roommate had lied about her. The facility had completed an SRI timely.

Facility G: F689 Free of Accident Hazards/Supervision/Articles (J) – Elopement

05/05/2022 Complaint Investigation, Partial Extended Survey

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.

Facility H: F689 Free of Accident Hazards/Supervision/Articles (J) – Elopement

06/10/2022 Complaint Investigation, Partial Extended Survey

Immediate Jeopardy began when a resident with psychiatric diagnoses and impaired judgment that necessitated the appointment of a guardian was not provided appropriate supervision and eloped from the facility. The resident was outside visiting, and the staff asked him to return to his room. Upon return to his room, the resident became angry and began throwing items in his room and at the staff. An STNA and an RN Supervisor observed the resident pack his belongings and express that he was leaving the facility. The resident refused to sign the Against Medical Advice (AMA) paperwork and walked out of the building without any intervention from staff, who did not realize until after the elopement that the individual had a legal guardian. The resident walked approximately 2.4 miles from the facility, trying to locate a friend's house. The resident called the police when he could not remember how to return to the facility alone. The resident was returned to the facility four hours after he left the facility. After speaking to the resident's guardian on the phone, the guardian told the RN that the resident could not decide to leave AMA and had eloped. While on the phone notifying the police, the resident returned to the facility accompanied by the police.

Facility I: F678 Cardio-Pulmonary Resuscitation (CPR) (J) – CPR

05/24/2022 Complaint Investigation, Partial Extended Survey

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.

Facility J: F760 Residents are Free of Significant Med Errors (J) – Med Errors

04/19/2022 Complaint Investigation, Partial Extended Survey

Immediate Jeopardy began when the facility received critically high PT/ INR results for a resident prescribed Coumadin. The facility failed to consult with a physician or nurse practitioner for directions related to the Coumadin medication for the resident. The resident was also receiving Aspirin, Vancomycin (antibiotic), Budesonide (inhaled steroid) aerosols, and Amiodarone (heart rate medication) that had potential drug interactions with Coumadin and required further monitoring for bleeding. The LPN failed to consult with a physician or nurse practitioner when the facility received the elevated PT/ INR results. The resident continued to receive previously ordered doses of Coumadin 5 milligrams (mg) for five additional days when the resident complained to an LPN of a nosebleed and coughing up red sputum. The LPN notified the physician and obtained an immediate PT/ INR. The facility sent the resident to the hospital with a critically high PT result of greater than 90.0 seconds and an INR result greater than 8.0. The PT/ INR results at the hospital were greater than 120.0 seconds for PT and greater than 10.0 for INR. The hospital administered Vitamin K (Coumadin antagonist), which reduced the resident's PT/ INR. The resident was then admitted to the hospital critical care unit and later returned to the facility.

Facility K: F580 Notification of Changes (J) – Resident Assessment
F600 Free from Abuse and Neglect (J) – Neglect

04/01/2022 Complaint Investigation, Partial Extended

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.

Facility L: F624 Preparation for Safe/Orderly Transfer/Discharge (J) – Safe Discharge

06/09/2022 Complaint Investigation

Immediate Jeopardy began when the facility failed to provide a safe and orderly discharge home for a resident who was discharged home with another resident's medications. The resident's family questioned the discharging nurse about them being wrong. The nurse told the family they were "mislabeled." The family called again post-discharge about the name on the medications. The resident took the medications as directed by the discharging LPN until she experienced an acute change in condition resulting in an intensive care hospitalization eight days later on a ventilator.

Facility M: F689 Free of Accident Hazards/Supervision/Articles (J) – Elopement

06/27/2022 Complaint Investigation, Partial Extended

Immediate Jeopardy began when a resident had reported an unwitnessed fall and then had five additional falls within three weeks that the facility did not thoroughly investigate to determine the root cause. The facility did not initiate or revise appropriate interventions. They did not notify the physician of all falls that ultimately resulted in the hospital admitting the resident. The resident had bilateral anterior and lateral maxillary sinus wall fractures, left medical sinus wall fractures, left interior and lateral orbital rim fractures, and bilateral comminuted nasal bone fractures. The fractures required open reduction internal fixation surgery. The hospital noted a new C6 fracture on the x-ray, and the resident had a c-collar for six weeks. In addition, three residents, who were at risk for falls, did not have effective fall interventions in place to prevent falls, failed to determine the root cause, and failed to ensure timely follow-up of radiology results for residents following falls. Additionally, as required, all falls were not completely documented in each resident's medical record.

Facility N: F600 Free from Abuse and Neglect (J) – Sexual Abuse (Staff to Resident)
F610 Investigate/Prevent/Correct Alleged Violation (K) – Abuse Investigation

04/27/2022 Complaint Investigation, Partial Extended

Immediate Jeopardy began when a senior employee of the Ohio Department of Job and Family Services (ODJFS) contacted the facility's Chief of Police to relay information alleging an employee of the facility had taken and shared nude photographs of residents. The facility identified the employee as an STNA. During an interview, he confessed to the Ohio Veterans Home police department five days later that he took inappropriate pictures of two residents and sexually assaulted a third resident on two separate occasions while working in the facility. The STNA was not immediately removed from providing direct resident care after the initial abuse allegation and continued to work in the capacity of an STNA providing resident care that day and on another day. The STNA was then arrested and taken to jail.

Facility O: F742 Treatment/Services Mental/Psychosocial Concerns (J) – Suicide Attempt

05/04/2022 Complaint Investigation, Partial Extended

Immediate Jeopardy began when a resident fell or jumped from a second-story window without staff knowledge on the fifth day after admission. Two STNAs and an LPN heard the resident yell, and they responded to her room. The LPN noted the second-story window was open with a blanket over the windowsill. The staff heard the resident calling out. The LPN looked out the window and observed the resident lying on her right side on the concrete patio with her belongings. The resident was transported to the local hospital and then life-flighted to a trauma hospital in a metropolitan area. The resident received inpatient treatment with a one-on-one aide (for supervision) for a fractured left ankle, fractured left tibia, internal swelling, and psychiatric stabilization. Additionally, the facility failed to ensure the resident was assessed properly for psychiatric and cognitive status and failed to promptly update the plan of care to address hallucinations, delusions, and fall risk. Lastly, the facility failed to thoroughly investigate the resident's fall or jump to prevent the same action, situation, and practice from occurring in the future.

Facility P: F684 Quality of Care (J) – Resident Assessment

04/06/2022 Complaint Investigation, Partial Extended

Immediate Jeopardy began when staff noted a resident to have bloody stool, the physician was unable to be reached, and they made no attempts to reach an alternate practitioner. The facility administered Eliquis (anticoagulant medication), Plavix (antiplatelet medication), and Aspirin to the resident five and a half hours before speaking to a practitioner. They began bleeding again after an hour and a half. The resident was transported to the hospital and found to have a hemorrhagic shock with a suspected lower gastrointestinal bleed. The resident subsequently passed away in the hospital the same day. An SRI was not initiated until seven days after the resident's change in condition and death until someone made an allegation of neglect.

Facility Q: F678 Cardio-Pulmonary Resuscitation (CPR) (J) – CPR

06/30/2022 Annual Survey, Extended Survey

Immediate Jeopardy began when an STNA found the resident lying in bed unresponsive. The STNA notified the RN, who assessed the resident to have no respirations or pulse. The facility did not initiate life-sustaining measures nor contact EMS, even though the resident had a Full Code status. The staff notified the physician, who gave an order to release the resident to the funeral home. Historically the resident was a DNRCCA since admission in 2020. During a week-long hospitalization, the hospital's ethics committee determined that the resident should be a full code based on discussions they had with the resident's sons in Poland. The hospital sent a Full Code order upon discharge. The Ethics team's final recommendations included continuing appropriate medical therapy for the resident and continuing speaking with the family regarding goals of care. In the readmission orders, the facility did not record the change of code status upon return from the hospital, nor was the hospital's ethics committee's recommendations followed up.

Facility R: F600 Free from Abuse and Neglect (L) – Neglect
F725 Sufficient Nursing Staff (L) – Nursing Staff
F760 Residents are Free of Significant Med Errors (L) – Med Errors

04/14/2022 Complaint Investigation, Partial Extended

Immediate Jeopardy began when the facility failed to ensure a licensed nurse was on duty and present to provide routine care, monitoring, medication administration, assessments, and response to urgent resident needs and treatments for all 62 residents residing in the facility. There was no licensed nurse for 45 minutes until the Director of Nursing (DON) arrived and was the only licensed nursing staff in the facility for 62 residents for almost twelve hours. The facility was again without a licensed nurse two weeks later for twelve hours for 31 residents in three separate halls. This failure left residents with no access to medications to address complaints of pain, adequately manage blood sugars for diabetic residents, and administer medications necessary for disease process management. The lack of licensed nurses in the facility to administer medications resulted in actual or potential for actual harm. This failure affected nine residents related to the lack of administration of pain medication, blood glucose monitoring, insulin administration, and anti-anxiety, anti-coagulation, and anti-seizure medications to treat and manage chronic and acute disease processes/diagnoses for residents. On one of the occasions, three nurses who left the facility with no replacement nurses took the medication keys to the local police department.

Comments/Recommendations:

F624 – Preparation for Safe/Orderly Transfer/Discharge and Orientation for transfer or discharge

- Sending a resident home with another resident's medication caused a significant life-threatening change in condition.
- A resident or family questioning medications labeled with another resident's name should be highly alert to recheck the situation.
- Medication Reconciliation policies must have a fool-proof or double-check system to assure medications provided at discharge are appropriate.
- The discharge plan of care/instructions must include currently prescribed medications and instructions for taking them, as well as being reviewed with the resident and their representative before discharge.
- Having a specifically outlined process for discharge with instructions for use may help a nurse not well versed in discharges to home.

F662 – Transfer and Discharge Requirements

- At this F tag, there is a detailed litany of requirements for a safe and orderly transfer and discharge to another facility, little of which occurred in this cited case. These requirements include a specifically allowed rationale for discharge, which the facility must document in the resident's medical record. The facility must provide detailed information to the receiving facility regarding the resident's history, medical information, care plan needs, resident representative information, advance directives, and a physician for the actual discharge.
- The resident's transportation must also meet the resident's needs, as this complicated resident was essentially just provided a taxi ride without even being taken into the facility.
- Residents with issues such as encephalopathy, aphasia, cerebral infarct, opioid dependence, and alcohol dependence who require placement in a secure unit should not be allowed to transport their medication, particularly a controlled substance.
- Appropriate communication from the discharging facility to the receiving facility ensures a safe and orderly transfer. This communication must be with the resident and potentially their representative.

F880 – Infection Control (COVID)

- To reuse or for extended use of N95 masks, a facility must demonstrate that they are in contingency or crisis mode as well as multiple ongoing efforts to obtain necessary PPE. According to regulators, there is not a current shortage of PPE, particularly N95 masks.
- The facility must not cohort COVID-negative residents with COVID-positive residents; similarly, non-exposed residents must not be cohorted with those exposed.
- The staff must monitor dining and social activities, including supervised resident smoking, to ensure no intermingling between

positive and negative residents. Positive residents should not be in these situations until they are appropriately out of isolation.

- Staff members with unprotected exposure to positive residents should not be assigned to care for non-COVID residents shortly after that but should quarantine following current CDC guidelines.
- Facilities must keep up with current guidelines and update their policies, practices, and staff education and monitoring to stay in compliance.
- Staff must know how to monitor COVID-19 exposed residents and what actions the facility must take; in particular, if the facility uses contact tracing, appropriate clinical staff must know how to assist with that.
- Signage on rooms of individuals in quarantine or isolation must be in place to make staff aware of the appropriate PPE required.
- COVID-19 positive staff must not be allowed to work in the facility with COVID-19 negative residents
- Facilities must be aware of agency staff immunization status and include them on their vaccination matrix as they are part of the compliance calculation with this requirement.
- Facilities must follow current return to work guidance from CDC https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html.
- Facilities must isolate COVID-19 residents in their rooms, encourage mask use outside of the room, and attempt to redirect them back to their rooms.
- Other reasons for immediate jeopardy findings for infection control:
    - Not keeping local health departments accurately up to date, not following their guidance (particularly when it does coincide with CDC, CMS)
    - The staff starting to work or continuing to work after symptoms of COVID-19 develop without a negative PCR test.
    - Staff failed to note symptoms on screening forms or omitted self-screening before their shift. And to utilize a proper screening process for staff and visitors.
    - The facility must do contact tracing when a staff member has tested positive to determine who the staff may have exposed.
    - Staff failure to monitor residents after exposure.
    - Staff return to work before the COVID-19 quarantine or isolation period is complete.
    - Failure of staff to use PPE appropriately, especially during outbreaks and when caring for individuals in isolation or quarantine.

F678 – CPR

- When a facility places a resident in hospice, confirm whether the staff obtained a DNR order consistent with the hospice designation. Do not assume that every hospice resident is a DNR status.
- Admission orders should reflect hospital discharge orders such as code status unless a resident or their responsible party decides to change this status.
- When a resident readmits after an acute hospital stay, they must accurately determine the appropriate code status upon readmission from the hospital's discharge orders.
- If a resident had code status changes in the hospital, facility staff must obtain an order for the correct code status at the facility. Review processes for when a physician changes code status to ensure the staff timely implements new orders when code status changes. If there is a question about code status appropriateness, the family and physician must be involved in the discussion if the resident is not competent.
- Staff education about appropriately providing CPR to full-code individuals must include checking an individual's code status in the specified location within the medical record when they are obviously in arrest. Another staff member can be assigned to do this.
- The staff must initiate CPR in the event of the arrest of an individual who is full code or has no code status in their record.
- Need to verify CODE status immediately, start CPR following BLS protocols and activate 911.

F689 – Elopement

- A facility must develop a care plan for cognitive status, elopement risk factors, and level of supervision needed for a resident at risk for elopement.
- A facility must ensure that door alarms are audible from all areas of a unit or facility that cares for individuals at risk for elopement.
- It is advisable to assess the risk for elopement on admission, quarterly, annually, and with a change in condition.
- The staff must pay particular attention to inappropriate behaviors, such as plans to leave the building for residents determined to have an inability to care or make decisions for themselves, warranting guardianship.
- Care plan interventions intended to prevent elopement must be monitored and assured to be followed, such as 15-minute checks.
- Any alarm sounding in a facility that cares for individuals with the potential for wandering must activate appropriate elopement protocol, including a resident head count. It may not be safe to assume that an alarm sounded; the staff should investigate all possibilities.
- Door alarms in facilities that provide care to persons who may wander must not silence when closed unless there is a reset process.

- Facilities must respond immediately following their missing resident plan when an individual hears an alarm, or they identify a resident missing. This response includes immediate headcounts, a sweep of indoor and outdoor spaces, etc.
- Facilities for at-risk individuals should have a comprehensive alarm or door security system, including all potential exit doors.
- The facility must assess residents for elopement risk on admission and implement an acute care plan if the staff identifies the resident as at risk.
- Suppose a resident exhibits new or increased signs of exit seeking or wandering. In that case, the facility must revise the plan of care to implement measures to prevent elopement or increase supervision (including possible 1:1) until the staff can transfer the resident.

F689 – Falls

- A thorough fall management process must include a complete investigation, including determining the root cause of each occurrence and whether current care-planned fall prevention interventions were in place.
- Determination of root causes can assist the team in determining if current interventions are effective and selecting new interventions to prevent falls or at least minimize the risk of injury from falls. In cases where a resident has multiple recurring falls, the investigation should look for patterns in the occurrences, such as time of day, precipitating factors, and such.
- OHCA recommends neurological checks following any unwitnessed fall. Even a communicative resident may not thoroughly report whether they struck their head in an unwitnessed fall. Neuro-check protocols typically continue after an unwitnessed fall or fall with a known head strike most typically extends over 72 hours.
- The facility must ensure that the staff provides care following intervention in the care plan and notifies the nurse immediately of all falls.

F600 – Abuse/Neglect

- The surveyors can find a lack of thorough nursing assessments and complete, timely reporting of all data related to a resident's change in condition, ongoing abdominal pain, tarry stools, and anticoagulant use as neglect, particularly when it persists over several days. A facility may be deemed neglectful in a case of failure to perform ongoing or timely assessments or not seeking appropriate treatment, particularly when the resident is requesting to see the physician or CNP and if the hospital admits the resident over several days for significant ongoing symptoms.
- Abuse allegations warrant immediate notification of the supervisor and administrator, immediate resident protection, and immediate initiation of an investigation, including removing any alleged perpetrator from the facility until after the investigation.
- Lack of immediate resident protection by allowing an alleged perpetrator to continue to provide direct care after a report of alleged sexual abuse warranted a facility citation at F610 Investigate/Prevent/Correct Alleged Violation and F600. This tag repeats the requirements for a complete investigation and appropriate reporting to the administrator, the state agency, and other authorities following state law.
- Lack of appropriately licensed nursing staffing that results in the absence of total care needs, including missed medications, treatments, assessments, monitoring, pain management, and diabetic blood sugar management, will likely be a neglect citation. The facility must call in contracted nursing services and contact the current state emergency staffing division.
- Failure to have licensed nurses will be a staffing violation and constitute neglect.
- Neglect is the "failure of the facility, its employees or service providers to provide goods and services to a resident necessary to avoid physical harm, pain, mental anguish or emotional distress. Any deficiency can be cited as neglect, especially when surveyors cite the deficiency at the immediate jeopardy level.

F684 – Quality of Care/Resident Assessment

- A facility with a resident with new symptoms reported to the physician or nurse practitioner must ensure that there is a system for review of that prescriber's evaluation and staff follows through on subsequent orders. Additionally, there needs to be a system for continued nursing monitoring and assessment of such symptoms through resolution or appropriate treatment, including documentation of assessment in the medical record. Educating prescribers may be a good idea regarding communication to nursing about new written or verbal orders to enable appropriate follow-up. The committee also advises ongoing monitoring of these systems/processes.
- A resident exhibiting signs of bleeding should not have routine anticoagulant medications administered until the staff notifies the prescriber, especially those receiving multiple anticoagulants.
- The facility must complete an SRI within five days of possible neglect. The facility may have determined possible neglect had the facility investigated the resident's change in condition, hospital transfer, and death.
- A resident with status changes, such as refusing medications, refusing oral intake of food and fluids, and showing signs of dehydration, must have appropriate ongoing nursing assessments of their condition, including data such as vital signs, intake, and output.
- The facility must ensure that all diagnostic tests are ordered and completed following the physician's order. The staff must notify the physician if they cannot complete the orders (e.g., staff cannot obtain a lab).

F742 – Treatment/Services Mental/Psychosocial Concerns – Suicide

- A facility must ensure that a resident with a mental disorder, a psychosocial adjustment difficulty, or a history of trauma or post-traumatic stress disorder receives appropriate treatment and services to correct the assessed problem or attain the highest practicable mental and psychosocial well-being. For example, this should include a resident with hallucinations, delusions, combativeness, severe agitation, and other acute psychiatric symptoms that must be accurately and timely assessed and provided with appropriate mental health services. Intervention should likely include increased supervision of a resident with such symptoms.
- Additionally, a thorough investigation of an apparent mental health behavior or incident, particularly if it results in self-harm, must be completed to potentially prevent the same sort of action, situation, or practice from occurring in the future.
- Facilities should disable windows in resident care areas to not open more than 6 inches to help prevent potential elopements, accidents, or suicides, all of which have occurred in Ohio facilities.

F580 – Notification of Changes

- Notification must be prompt (the regulatory language says immediately); fax communication is probably the least reliable method for communicating a significant condition change. If the physician does not promptly respond to the fax, the staff needs to call them.
- Ensure the physician is timely notified of changes in condition, especially when intake is decreasing along with abdominal pain and tarry stool, particularly in a resident receiving an anticoagulant.
- A resident with status changes, such as refusing oral intake of food and fluids, abdominal pain, and tarry stool (particularly when receiving anticoagulants) must have appropriate ongoing thorough nursing assessments, including data such as vital signs, pain, evidence of possible bleeding, intake, output, etc.

F725 – Sufficient Staffing

- When citations at an IJ level involve sufficient staffing, the survey will potentially cite the facility under the tags of neglect, medication errors, and administration.
- A facility should have emergency staffing plans where nursing staffing absences leave residents without routine care, monitoring, medication administration, assessments, response to urgent resident needs, and treatments. This likely should include increasing the use of temporary nursing staffing agencies. Additionally, the state has made provisions to assist with the provision of emergency staff through the Regional Rapid Response Assistance Program. (https://aging.ohio.gov/care-and-living/coronavirus-response/regional-rapid-response-assistance-program-r3ap) and expects facilities to turn to reach out to that program in such emergencies.

F757 – Coumadin

- Coumadin is a high-risk medication. Facilities must have effective systems for monitoring residents receiving Coumadin to assure that the facility does appropriate lab monitoring as ordered and that orders are in place for ongoing INR testing if any resident continues to receive this medication.
- The facility must immediately report critical INR lab values, as they are life-threatening.
- Best practice recommends ongoing monitoring of Coumadin administration, lab monitoring, and reporting as a part of a facility's QAPI program.
- OHCA has a Coumadin White Paper with helpful guidance and tools to assist nursing staff education and compliance with these issues. https://www.ohca.org/docs/documents/130/Coumadin_white_paper_March_2019.pdf

F760 – Medication Errors

- In facilities that use medication aides, the facility must ensure that they schedule licensed nurses to administer medications that the medication aides are not qualified to administer.
- Medication errors at a jeopardy level will likely be the outcome of insufficient staffing cited at F725 when the entire facility or a unit or units are without sufficient or licensed nurses for periods of any length.
- Facilities must have sufficient licensed nurses to ensure that the staff administers all medications and treatments per the physician's order.
- All medication errors must be documented, investigated, and reported to the physician, and the staff must assess the residents for potential negative outcomes related to the type of medication omitted.
- A facility must ensure that nurses administer all medications following the physician's order. Due to staffing, nurses who cannot administer medications timely should notify the administrator immediately to attempt to ensure that all residents receive all medication and treatments.

New admissions:

Interestingly three of the IJ citations occurred not long after admission: two on the fifth day and one on the 23rd day. This trend underscores the importance of completing a review of orders on admission. The facility must review all assessments (nursing, elopement risk, fall risk, cognitive, social, mood state, etc.), complete a thorough baseline/admission care plan, and communicate the plan to all

necessary staff. Careful attention to new admissions is warranted until the facility staff becomes more familiar with the resident's needs, as historically, it is common that problems may arise early during a resident's due to unfamiliarity.

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 Immediate Jeopardies and preventing or mitigating 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 be a revisit survey. Therefore, ensuring that the facility has evidence that immediate Jeopardy's condition no longer exists during the initial visit. 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 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 that 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 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	22
Falls	4	1	3		1	1	1	4	2	3	4	1	1		1	1
Elopements	3	7	5	2	1	4	5	14	12	16	9	19	16	22	11	6
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	13	5
Necessary Care & Services - Other					7	1	5	2	1	6	1	2				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	8	5
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	19	18	10	18	11	7	8
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	5	4	4	3	14	14	10	5		2	
Fail to Investigate Abuse											1	4	7		2	1
Reporting of a Crime													1			
Suicide/Self-Harm			1			1	1	1		1	1		3		2	1
Special Needs									1	2						
Dietary Services	1	2				1										1
Unsupervised eating/ Choking		1	2	1	1	1	1	3	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		4														
Quality of care		2										2	7	1	4	3
Quality Assurance		1											1			
Food Sanitation F371			1			2			1	1						
Infection Control				1		1	1	1	1		1	1	1	38	17	15
Visitation														1		
Testing (COVID)														1	1	1
Discharge Notice													1			1
Safe Discharge						1					1		2			1
K 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	2
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**

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**