Bureau of Survey and Certification
QUARTERLY REPORTS

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

October 1, 2020

Most recent data from Quarter 1, 2020:
January 1, 2020 - March 31, 2020

Ohio | **Department of Health**

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Quarterly Report - October 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.
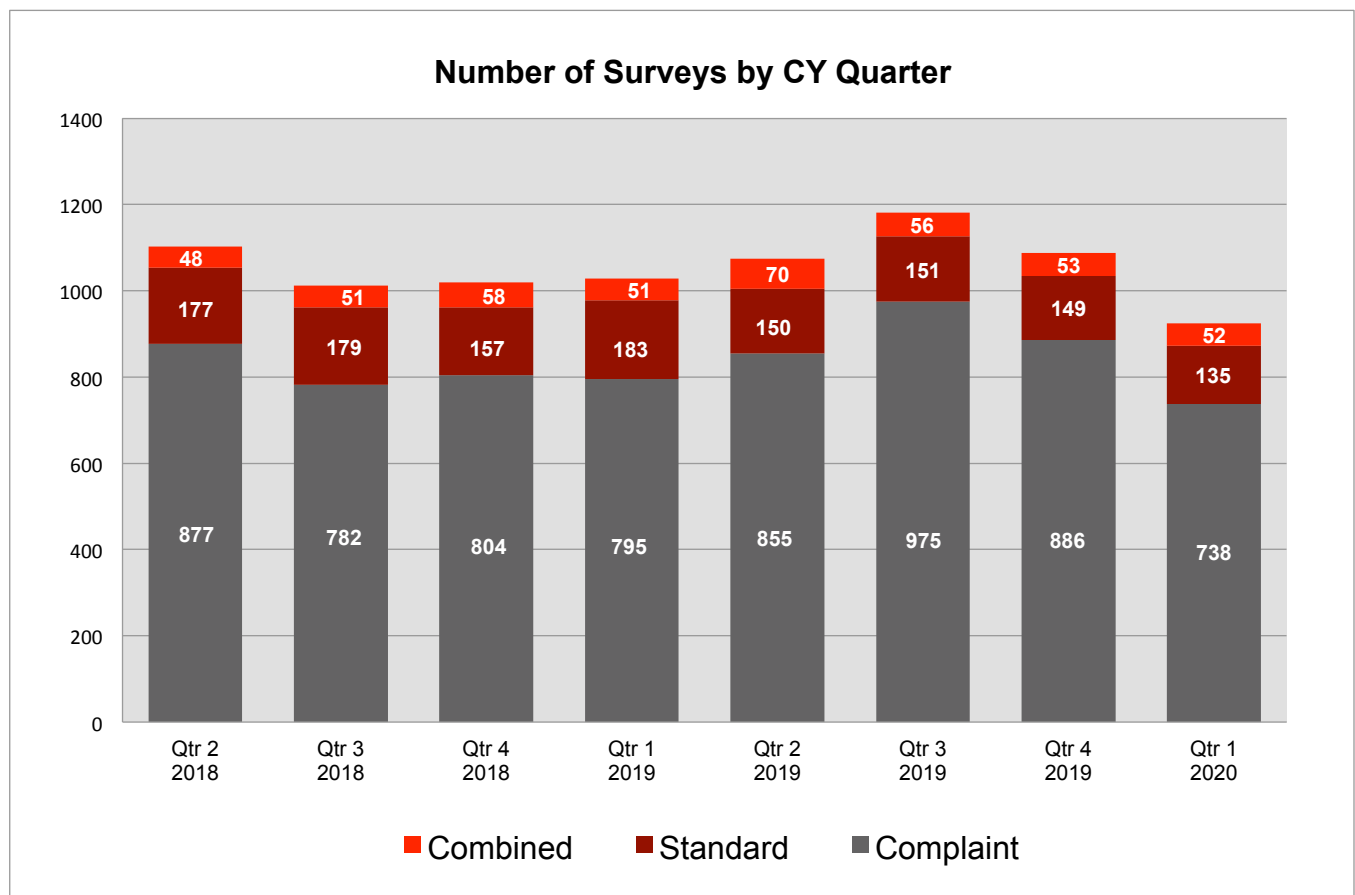
Quarter 1, 2020 included the time period of the beginning of the public health emergency. During this time period some survey activities were suspended including standard surveys.
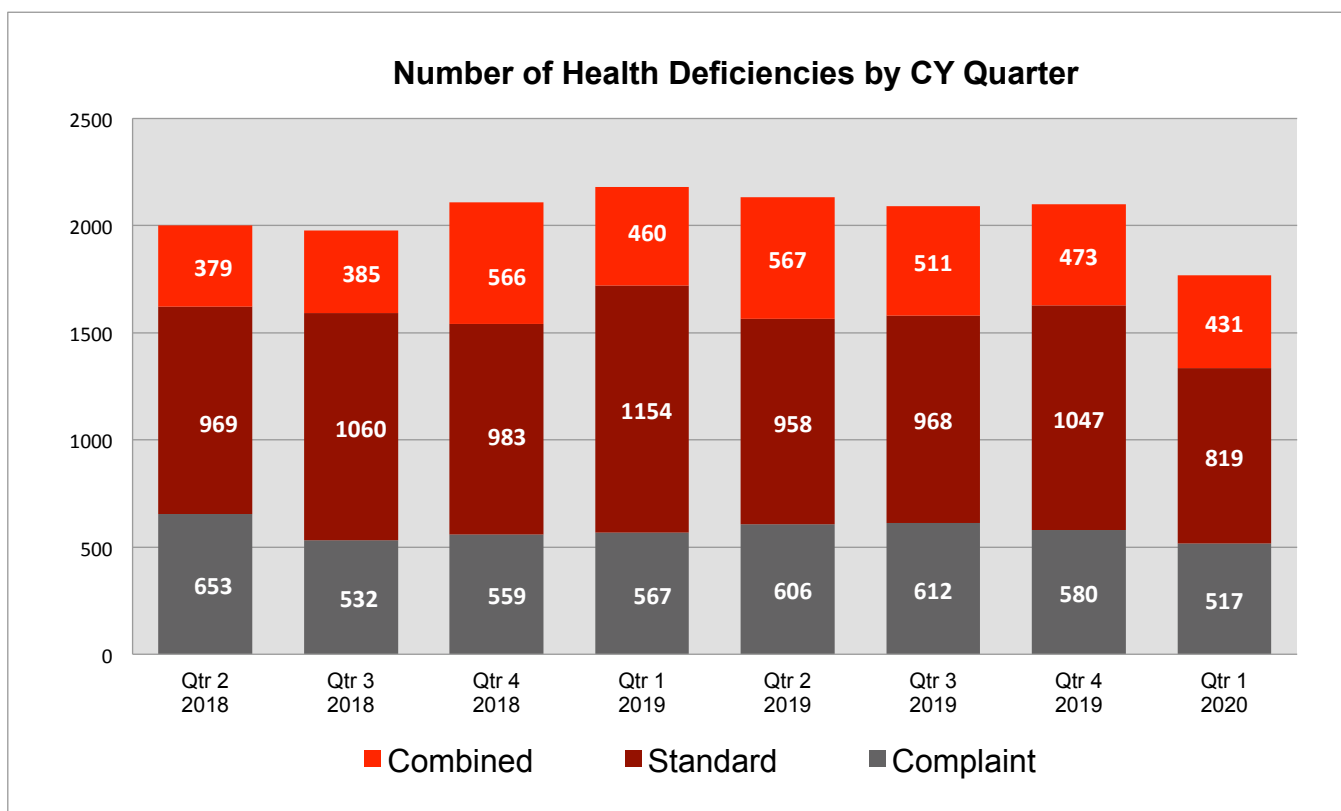
Tracking Nursing Home Surveys and Deficiencies

Most recent data from Quarter 1, 2020: January 1, 2020 through March 31, 2020
Historical data range: April 1, 2018 through March 31, 2020

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.

Number of Surveys by CY Quarter

Quarter	Complaint	Standard	Combined
Qtr 2 2018	877	177	48
Qtr 3 2018	782	179	51
Qtr 4 2018	804	157	58
Qtr 1 2019	795	183	51
Qtr 2 2019	855	150	70
Qtr 3 2019	975	151	56
Qtr 4 2019	886	149	53
Qtr 1 2020	738	135	52

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.

Number of Health Deficiencies by CY Quarter

	Combined	Standard	Complaint
Qtr 2 2018	379	969	653
Qtr 3 2018	385	1060	532
Qtr 4 2018	566	983	559
Qtr 1 2019	460	1154	567
Qtr 2 2019	567	958	606
Qtr 3 2019	511	968	612
Qtr 4 2019	473	1047	580
Qtr 1 2020	431	819	517

■ Combined   ■ Standard   ■ Complaint

The above chart shows the total number of health deficiencies cited within each CY quarter.
Combined deficiencies are those that are attributed to both and the complaint survey.

Deficiency Free Surveys

Nursing Facilities with Deficiency Free Standard Health Surveys by CY Quarter							
Quarter 2 2018	Quarter 3 2018	Quarter 4 2018	Quarter 1 2019	Quarter 2 2019	Quarter 3 2019	Quarter 4 2019	Quarter 1 2020
5	3	4	6	1	1	3	1

The above chart shows the total number of health deficiencies cited within each CY quarter.
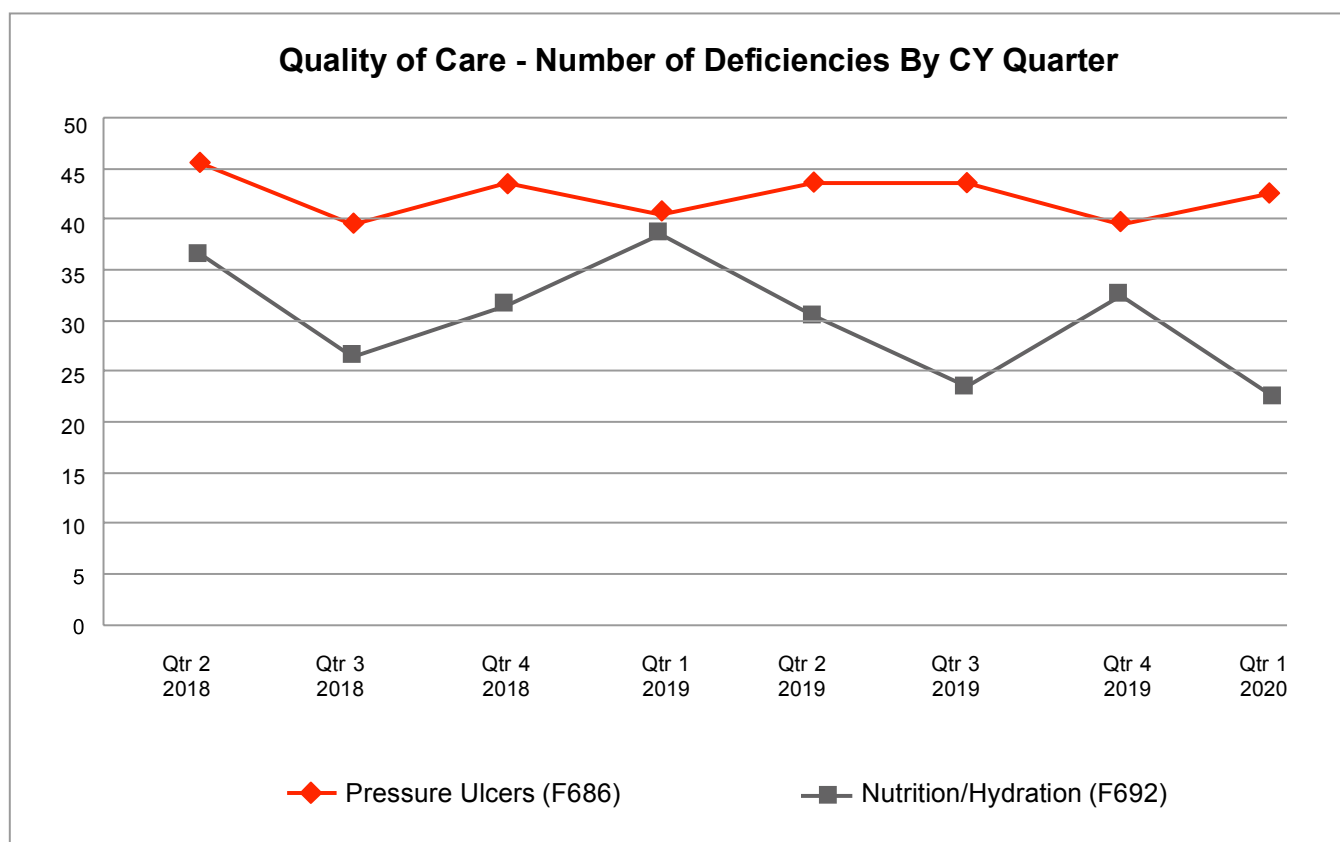Combined deficiencies are those that are attributed to both the standard and the complaint survey.

Name of Licensed/Certified Facilities

Name	Exit Date
Mercy Health – Lima Skilled Nursing Unit	01/02/2020

Quality of Care - Number of Deficiencies By CY Quarter

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

Quality of Life - Number of Deficiencies by CY Quarter
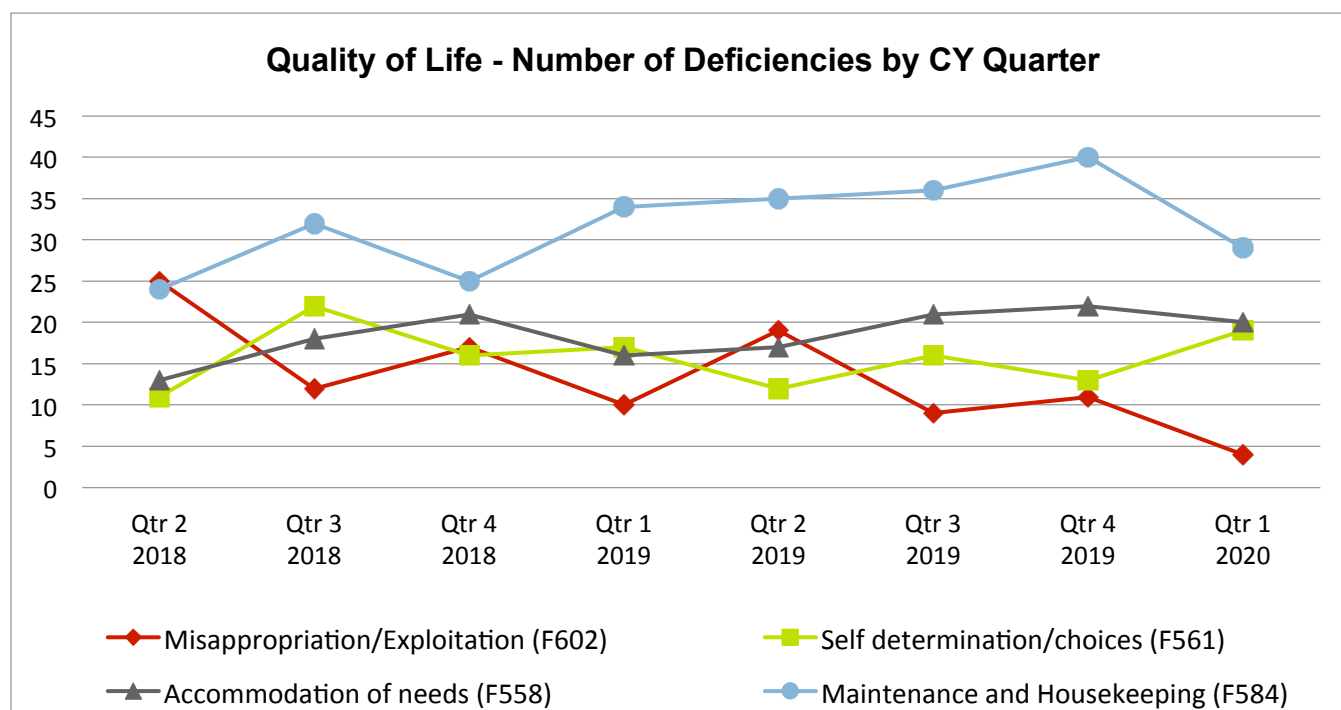
The above chart shows the total number of deficiencies per tag for all standard and complaint surveys conducted within

Tracking Nursing Home Deficiencies G Level and Above

Most recent data from Quarter 1, 2020: January 1, 2020 through March 31, 2020

Historical data range: April 1, 2018 through March 31, 2020

Deficiencies Of Harm Level Severity by CY Quarter

Quarter	Complaint Survey	Standard Survey	Combined Survey
Qtr 2 2018	23	18	2
Qtr 3 2018	18	22	
Qtr 4 2018	27	19	4
Qtr 1 2019	20	25	
Qtr 2 2019	33	15	4
Qtr 3 2019	24	19	1
Qtr 4 2019	26	25	5
Qtr 1 2020	13	13	

■ Complaint Survey ■ Standard Survey ■ Combined Survey
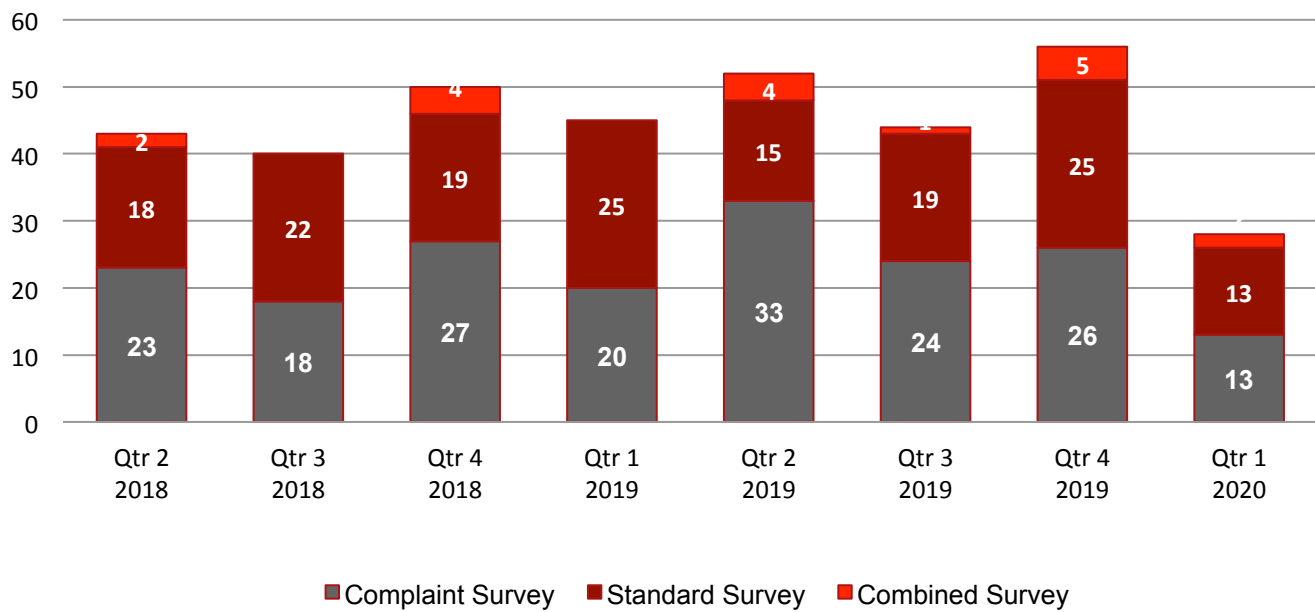
Percent of Harm Level Severity Deficiencies out of all deficiencies

Quarter	Percent
Qtr 2 2018	2.1%
Qtr 3 2018	2.0%
Qtr 4 2018	2.4%
Qtr 1 2019	2.1%
Qtr 2 2019	2.4%
Qtr 3 2019	2.1%
Qtr 4 2019	2.7%
Qtr 1 2020	1.6%

Tracking Nursing Home Immediate Jeopardies

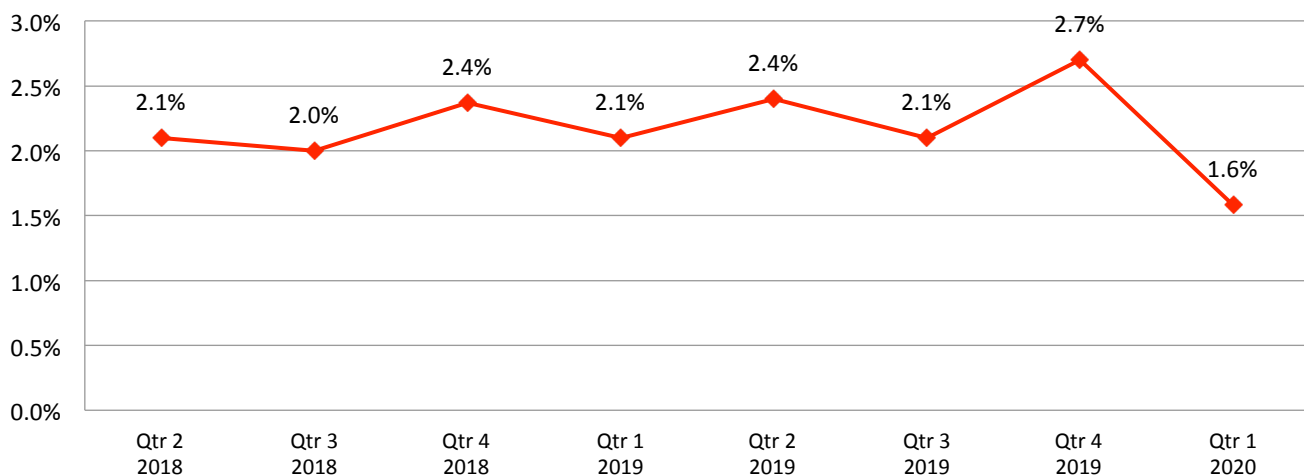**Most recent data from Quarter 1, 2020: January 1, 2020 through March 31, 2020**

Historical data range: April 1, 2018 through March 31, 2020

Immediate jeopardy (IJ) is interpreted as a crisis situation in which the health and safety of the residents is at risk. Immediate jeopardy is a situation in which the provider's noncompliance with one or more requirements has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident. A facility is required to remove an immediate jeopardy within 23 days or the facility's participation in the Medicare/Medicaid programs will be terminated.

Immediate Jeopardy by CY Quarters								
	Quarter 2 2018	Quarter 3 2018	Quarter 4 2018	Quarter 1 2019	Quarter 2 2019	Quarter 3 2019	Quarter 4 2019	Quarter 1 2020
Number of IJs Cited	21	26	22	22	35	21	29	19
Number of Unique Surveys with IJs cited	18	19	15	13	25	15	16	14

Facilities with Immediate Jeopardies	
Catherine's Care Center, Inc.	The Laurels of Canton
Country Club Retirement Center IV	Mary Scott Nursing Center
Fairfax Health Care Center	Meadows of Leipsic
Franciscan Care Center Sylvania	Oakhill Manor Care Center
Harmony Court Rehab and Nursing	Oaks at Northpointe
Lake Pointe Rehabilitation and Nursing Center	SKLD Defiance Illuminate HC Defiance
Landerbrook Transitional Care	Vista Center at the Ridge

*The following facilities had more than one Immediate Jeopardy citation reported for a single survey:
CAMBRIDGE CARE AND REHABILITATION (2), COMMUNITY CARE AND REHABILITATION (5), EAGLE POINTE SKILLED NURSING & REHAB (3), HEARTLAND OF WESTERVILLE (4), HIGHLAND OAKS HEALTH CENTER (2), IVY WOODS HEALTHCARE AND REHABILITATION CENTER (3)
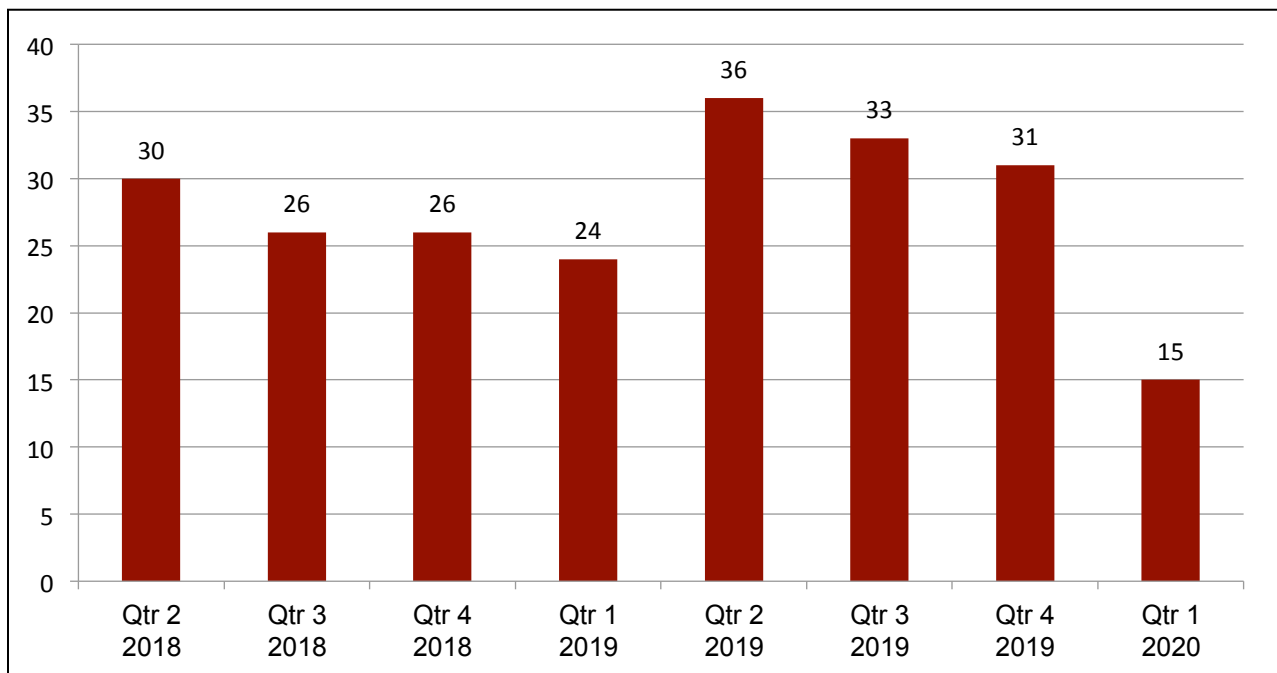
Tracking Nursing Home Civil Money Penalties

Most recent data from Quarter 1, 2020: January 1, 2020 through March 31, 2020

Historical data range: April 1, 2018 through March 31, 2020

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 out- comes 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 jeop- ardy. 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 1, 2020: January 1, 2020 through March 31, 2020

Historical data range: April 1, 2018 through March 31, 2020

Federal Minimum Nursing Standards - Number of Deficiencies by CY Quarter								
	Qtr 2 2018	Qtr 3 2018	Qtr 4 2018	Qtr 1 2019	Qtr 2 2019	Qtr 3 2019	Qtr 4 2019	Qtr 1 2020
# Sufficient Staff (F725, F726) Cites	26	33	24	37	27	27	17	22
# RN 8 hrs per day 7 days a week (F727) Cites	13	14	10	29	28	16	15	17

Tracking Nursing Home Complaints and Allegations

Most recent data from Quarter 1, 2020: January 1, 2020 through March 31, 2020

Historical data range: April 1, 2018 through March 31, 2020

Complaint intake was chosen as a domain to monitor trends in the residents' and their families' perception of quality of care in the long term care facility. The allegation categories that were chosen provide a snapshot of the overall stay of a resident in the facility.

Total Number of:	Qtr 2 2018	Qtr 3 2018	Qtr 4 2018	Qtr 1 2019	Qtr 2 2019	Qtr 3 2019	Qtr 4 2019	Qtr 1 2020
Complaints	1246	1142	1154	1167	1316	1518	1269	1556
Substantiated Complaints*	332	281	333	275	358	400	331	279

Number of Nursing Home Complaints by Allegation Category	Qtr 2 2018	Qtr 3 2018	Qtr 4 2018	Qtr 1 2019	Qtr 2 2019	Qtr 3 2019	Qtr 4 2019	Qtr 1 2020
Injury of Unknown Origin	26	29	32	23	21	34	23	35
Admission, Transfer & Discharge Rights	85	54	71	69	75	81	78	128
Dietary Services	139	122	131	156	183	180	173	213
Physical Environment	223	234	213	214	264	350	289	339
Facility Staffing	285	254	234	248	266	295	284	302
Resident Safety/Falls	120	120	122	149	127	132	129	127
Res Meds Not Given According To Physician Instructions	89	60	63	98	95	117	134	179
Resident Meds Improperly Administered	32	25	17	24	22	27	42	28

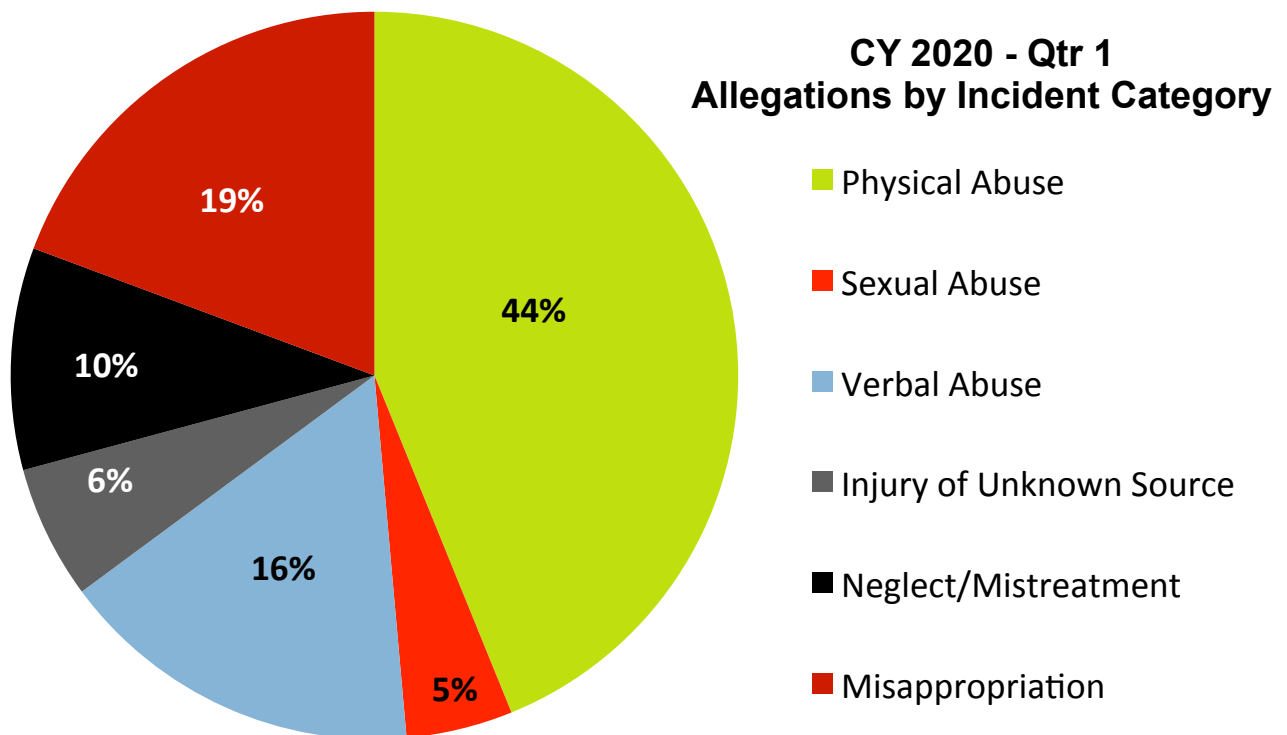For CY 2017, the complaint unit received 4,842 complaints and 1,086 have been substantiated (22.42%). For CY 2018, the complaint unit received 4,826 complaints and 1,250 have been substantiated (25.90%). For CY 2019, the complaint unit received 5,270 complaints and 1,364 have been substantiated (25.88%). For CY 2020, the complaint unit received 1,556 complaints and 279 have been substantiated (17.93%).

Tracking Nursing Home Self Reported Incidents (SRIs)

Most recent data from Quarter 1, 2020: January 1, 2020 through March 31, 2020

Historical data range: April 1, 2018 through March 31, 2020

Facility Self Reported Incidents (SRIs) are required to be immediately reported for all alleged violations involving abuse, neglect, mistreatment, injuries of unknown source, and misappropriation of resident property, regardless of whether the allegation is verified.

CY 2020 - Qtr 1
Allegations by Incident Category

- Physical Abuse
- Sexual Abuse
- Verbal Abuse
- Injury of Unknown Source
- Neglect/Mistreatment
- Misappropriation

Pie chart values: 44%, 5%, 16%, 6%, 10%, 19%

Self-Reported Incidents by CY Quarter								
	Qtr 2 2018	Qtr 3 2018	Qtr 4 2018	Qtr 1 2019	Qtr 2 2019	Qtr 3 2019	Qtr 4 2019	Qtr 1 2020
Total Incidents	4,120	4,126	3,956	3,825	4,105	4,265	4,044	3,679

Incidents By Perpetrator and CY Quarter

Category/Qtr Year	Qtr 22018	Qtr 32018	Qtr 42018	Qtr 12019	Qtr 22019	Qtr 32019	Qtr 42019	Qtr 12020
Staff	1,265	1,235	1,257	1,183	1,243	1,245	1,250	1,173
Resident	1,660	1,656	1,512	1,446	1,613	1,731	1,588	1,432
Family/Visitor	135	146	138	136	138	125	135	124
Unknown	1,090	1,125	1,077	1,086	1,144	1,193	1,104	986
Total Perpetrators	**4,150**	**4,162**	**3,984**	**3,851**	**4,138**	**4,294**	**4,077**	**3,715**

Number of Allegations by Incident Category and CY Quarter

Category/Qtr Year	Qtr 2 2018	Qtr 3 2018	Qtr 4 2018	Qtr 1 2019	Qtr 2 2019	Qtr 3 2019	Qtr 4 2019	Qtr 1 2020
Physical Abuse	1,819	1,910	1,777	1,667	1,816	1,933	1,844	1,648
Sexual Abuse	180	179	189	202	212	204	202	178
Verbal Abuse	708	630	677	594	642	672	623	612
Injury of Unknown Source	252	265	249	248	264	269	233	223
Neglect/Mistreatment	386	372	341	355	438	381	431	371
Misappropriation	888	903	851	857	843	909	831	726
Total Allegations	**4,233**	**4,259**	**4,084**	**3,923**	**4,215**	**4,368**	**4,164**	**3,758**

Residential Care Facility Data

Most recent data from Quarter 1, 2020: January 1, 2020 through March 31, 2020

Historical data range: April 1, 2018 through March 31, 2020

Number of Annual Inspections and Complaint Investigations per Quarter

Qtr/Year	Complaints	Annuals	Combined
Qtr 3 2018	111	178	30
Qtr 4 2018	155	143	31
Qtr 1 2019	158	151	12
Qtr 2 2019	182	41	12
Qtr 3 2019	196	113	34
Qtr 4 2019	178	252	33
Qtr 1 2020	132	83	4
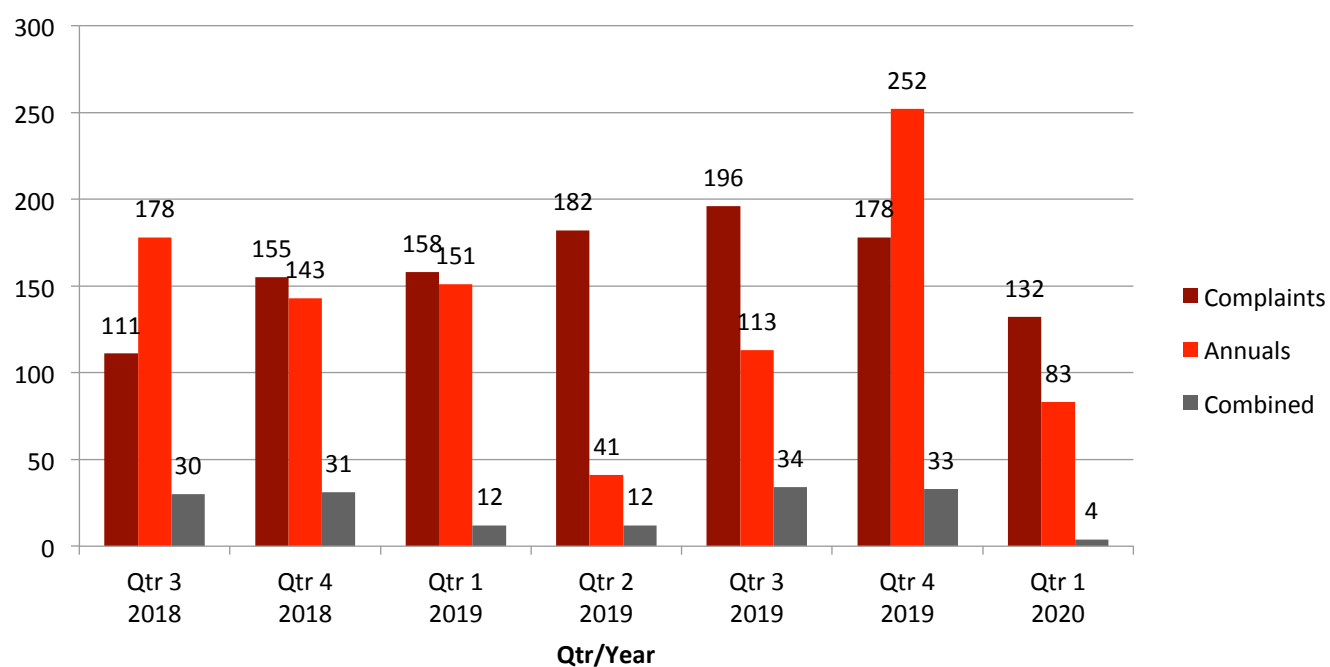
Number of Violations per Quarter

Chart legend: ■ Complaints ■ Annuals ■ Combined

Qtr/Year	Complaints	Annuals	Combined
Qtr 3 2018	49	158	58
Qtr 4 2018	78	206	62
Qtr 1 2019	108	310	25
Qtr 2 2019	112	93	49
Qtr 3 2019	208	124	71
Qtr 4 2019	93	419	66
Qtr 1 2020	122	233	49
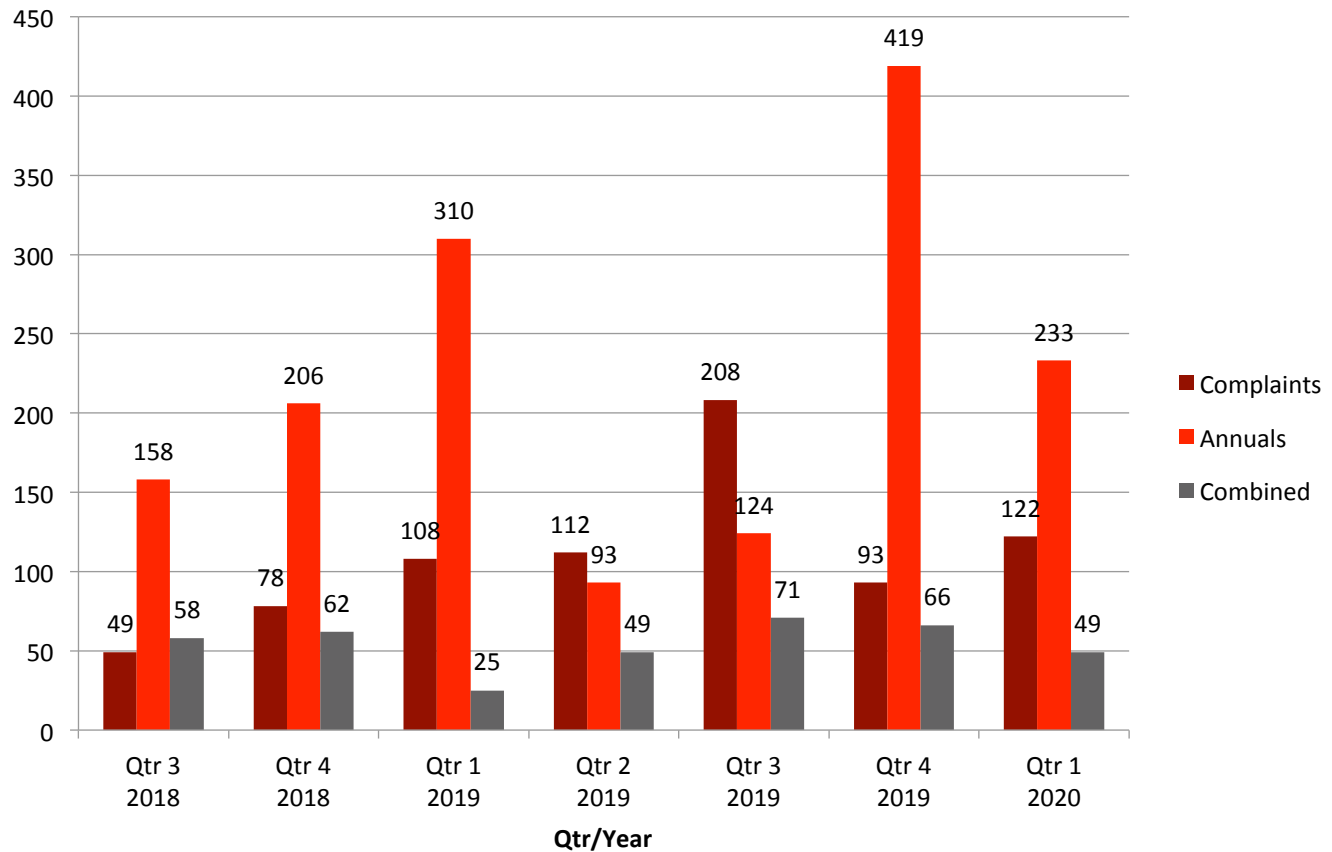
Real and Present Danger

Three (3) facilities had a Real and Present Danger designation for the reported quarter:

- KINGSTON RESIDENCE OF SYLVANIA (2345R)
- SPRINGFIELD ASSISTED LIVING (1986R)
- WOODRIDGE HEALTHCARE (1809R)

HHA Data

Most recent data from Quarter 1, 2020: January 1, 2020 through March 31, 2020

I - General Provider Data:*

Medicare Certified Facilities	Newly Certified Q1 2020	Closed Since Last Report	State Licensed	Newly Licensed Q1 2020
771	7	5	NA	NA

II - Number of Surveys Completed: **

Calendar Year	Initial Survey	Recertification Survey	Complaint Investigation
CY 2020	0	48	34
CY 2019	0	171	253
CY 2018	1	210	256

III - Complaint Data Q1 2020:

# of Complaints Received	# of Complaints Received Year to Date
40	40

IV - Allegation Distribution Q1 2020:

Number of Investigated Allegations	Number Substantiated	Number Unsubstantiated	Allegations Pending Determination
60	17	43	0

V – Allegation Categories Q1 2020:

Allegation	Number	Substantiated
Administration/Personnel	3	0
Admission, Transfer & Discharge Rights	1	0
Educational Services	0	0
Falsification of Records/Reports	2	0
Fraud/False Billing	2	0
Infection Control	0	0
Misappropriation of Property	10	2
Nursing Services	2	0
Other	1	1
Patient/Client Abuse	0	0
Patient/Client Neglect	0	0
Patient/Client Rights	0	0
Physical Environment	0	0
Quality of Care/Treatment	28	12
Quality of Life	0	0
Resident/Patient/Client Abuse	4	1
Resident/Patient/Client Rights	7	1

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

Calendar Year	Average Number Deficiencies	Programs/Percentage Deficiency Free
CY 2020	0.65	28 agencies or 58.33%
CY 2019	1.44	78 agencies or 45.61%
CY 2018	1.67	91 agencies or 43.12%

VII - Top Ten "G" Deficiency Tags Cited by Frequency Q1 2020 (all surveys):

TAG	TITLE	FREQUENCY
G0536	A review of all current medications	6
G0572	Plan of care	4
G0808	Onsite supervisory visit every 14 days	3
G0814	Non-skilled direct observation every 60 days	2
G0574	Plan of care must include the following	2
G0578	Conformance with physician orders	2
G0800	Services provided by HH aide	2
G0608	Coordinate care delivery	1
G0948	Responsible for all day-to-day operations	1
G0710	Provide services in the plan of care	1
G0514	RN performs assessment	1
G0548	Within 48 hours of the patient's return	1
G0580	Only as ordered by a physician	1
G0534	Patient's needs	1
G0512	Standard: Initial assessment visit.	1
G0590	Promptly alert relevant physician of changes	1
G0528	Health, psychosocial, functional, cognition	1

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

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

VII - Top Ten "E" Deficiency Tags Cited by Frequency Q1 2020 (all surveys):

TAG	TITLE	FREQUENCY
E0039	EP Testing Requirements	7
E0037	EP Training Program	5
E0006	Plan Based on All Hazards Risk Assessment	4
E0004	Develop EP Plan, Review and Update Annually	2
E0029	Development of Communication Plan	2
E0001	Establishment of the Emergency Program (EP)	1
E0017	HHA Comprehensive Assessment in Disaster	1
E0019	Homebound HHA/Hospice Inform EP Officials	1
E0021	HHA- Procedures for Follow up Staff/Pts.	1
E0032	Primary/Alternate Means for Communication	1

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

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

Hospice Data

Most recent data from Quarter 1, 2020: January 1, 2020 through March 31, 2020

I - General Provider Data:*

Medicare Certified Facilities	Newly Certified Q1 2020	Closed Since Last Report		State Licensed	Newly Licensed Q1 2020
140	1	0		142	0

II - Number of Surveys Completed:**

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

III - Complaint Data Q1 2020:

# Complaints Received	# Complaints Received Year to Date
3	3

IV - Allegation Distribution Q1 2020:

Number of Investigated Allegations	Number Substantiated	Number Unsubstantiated	Allegations Pending Determination
6	2	4	0

V – Allegation Categories Q1 2020:

Allegation	Number	Substantiated
Administration/Personnel	1	1
Admission, Transfer & Discharge Rights	1	0
Death – General	0	0
Dietary Services	0	0
Falsification of Records/Reports	0	0
Pharmaceutical Services	0	0
Quality of Care/Treatment	3	1
Quality of Life	0	0
Resident/Patient/Client Rights	1	0
State Licensure	0	0

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

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

VII – Top Ten "L" Deficiency Tags Cited by Frequency Q1 2020 (all surveys):

TAG	TITLE	FREQUENCY
L0728	FIRE PROTECTION	4
L0719	HOSPICES THAT PROVIDE INPATIENT CARE DIRECTLY	3
L0652	SERVICES	1
L0733	INFECTION CONTROL	1
L0656	HOSPICE MULTIPLE LOCATIONS	1
L0672	CONTENT	1
L0505	EXERCISE OF RIGHTS/RESPECT FOR PROPRTY/PERSON	1
L0579	PREVENTION	1
L0505	EXERCISE OF RIGHTS/RESPECT FOR PROPERTY/PERSON	1
L0518	RIGHTS OF THE PATIENT	1
L0543	PLAN OF CARE	1
L0656	HOSPICE MULTIPLE LOCATIONS	1
L0700	LABEL DISPOSE STORAGE DRUGS	1

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

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

VII – Top Ten "P" Deficiency Tags Cited by Frequency Q1 2020 (all surveys):

TAG	TITLE	FREQUENCY
P0120	Governing Body	2
P0175	Job Descriptions	1
P0180	Patient Property	1
P0195	Staff Performance Evaluations	1
P0210	Interdisciplinary Team	1
P0225	Interdisciplinary Plan of Care Policy	1
P0375	Scope of Services	1
P0425	Inpatient Facility patient Accommodations	1
P0435	Clinical Record Entries Comprehensive/Signed	1
P0520	Criminal Records Check Log Maintenance	1

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

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