

# Arizona Department of Health Services Skilled Nursing Facility Update

May 19 2023

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ARIZONA DEPARTMENT  
OF HEALTH SERVICES

*Health and Wellness for all Arizonans*

# ADHS Mission and Vision

- Our Vision
  - ***Health and Wellness for all Arizonans***
- Our Mission
  - ***To promote, protect and improve the health and wellness of individuals and communities in Arizona***
- Our Tools
  - **State Licensing Statutes and Rules**
  - **Medicare Participation Requirements**



# ADHS Public Health Licensing

- Promote and Support Public Health and Safety
- Primary Focus
  - Health and Safety of Patients/Residents
  - Evidence Based Outcome Survey
  - Facility conforming to their own policies and procedures
- Goals
  - Deficiency Free Arizona
  - Patient/Resident focused
  - Collaboration



# Objectives

- Discuss current state licensing and Medicare certification topics and trends in Long Term Care
- Complaint Process
- Facility Reported Incidents
- Top 10 frequently cited deficiencies in AZ and the nation for health surveys



# Staffing- Long Term Care Licensing

- Team Leader Positions- 5
- Surveyor Positions- 16 of 34
- Support Staff Positions- 2 of 3
- ICF/IID 11 Facilities and 144 Skilled Nursing Facilities and Nursing Supported Group Homes 50

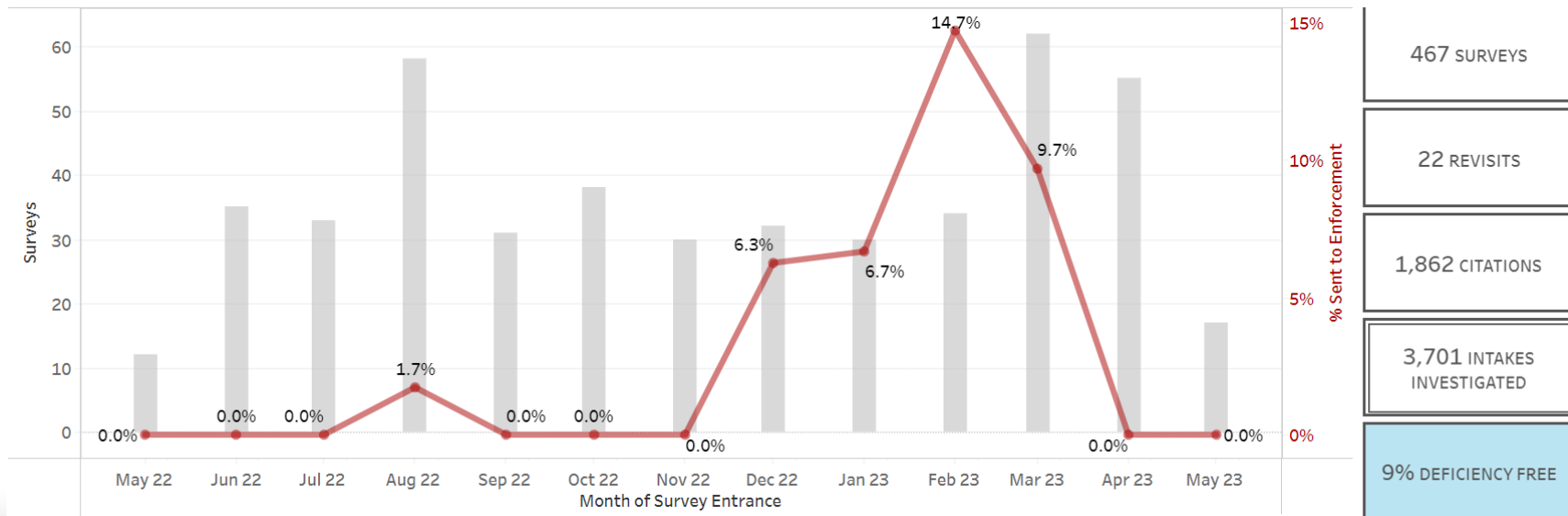


# Long Term Care 3/1/22 to 2/28/23

- Total Nursing Homes: 141
- Current Average Survey Timeframe for Arizona: 22.7 months
- National Average: 21.2 months
- CMS Measure is 12.9 months



# Deficiency Free Surveys 9% between May 2022 to May 2023



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# Survey Statistics March 2022-February 2023

- Deficiency Free Surveys – AZ – 9.6% and National – 6.7%
- On-site hours (Census 49-95) – AZ – 92.2 hours and National – 112.5 hours
- On-site hours (Census 96-174) – AZ – 120.7 hours and National – 136.6 hours
- # of investigations per survey – AZ – 48.3, National – 45





# Survey Statistics March 2022-February 2023

- % of investigations cited – AZ – 14.6%, National 17.8%
- Average number of deficiencies cited – AZ – 6.35, National – 6.72
- % if tags downgraded (lower scope/severity) or removed by IDR/IIDR – AZ – 36.6%, National – 27.2%



# Survey Statistics March 2022-February 2023

- % of surveys identifying G, H or I scope and severity cited – AZ – 2.6%, National 12%
- % of surveys Identifying J, K or L scope and severity cited – AZ – 0.9%, National 3.9%



# Regulatory Complaint Challenges

- Increased number of complaints coming in to BLTC
  - Number of incidents/complaints filed with the Department continue to increase trending between 450-550 per month in last Q of 2022 and that number has increased to average of 650-750 in 2023 since January
- Self-Reports lacking relevant information can impact how BLTC prioritizes a complaint.
  - Is the resident safe?
  - Was there a harmful outcome?
  - What actions did facility take to mitigate damage and protect resident?
- Resources to conduct investigations are limited- we are actively hiring!
- We have an initiative to get all of the complaints investigated in accordance with CMS timeframes.



# Regulatory Complaint Challenges

- Complaint investigations with recertification surveys extends the survey and increases the probability of deficiencies at “G” level and above. We are currently conducting intake investigations with recertification surveys.
- Number of unable to substantiated vs substantiated complaints increasing
- % of Intakes prioritized as IJ where the associated survey resulted in citation 40% Arizona and 47.2% National Average
- % of Intakes prioritized as Non-IJ High where the associated survey resulted in citation 32.2% Arizona and 46.3% National Average



# Complaint Process

- % of IJ Intakes with Survey Started within 2 Days- 83.3% Arizona and 91% National Average. This means we have surveyors onsite quickly.
- With current CMS guidelines complaints are being prioritized at higher severity levels.



# Complaint Prioritization

162  
INTAKES RECEIVED  
CURRENT MONTH

658  
INTAKES RECEIVED  
LAST MONTH

189  
INTAKES INVESTIGATED  
CURRENT MONTH

229  
INTAKES INVESTIGATED  
LAST MONTH

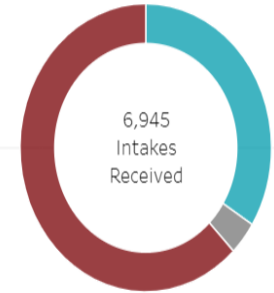
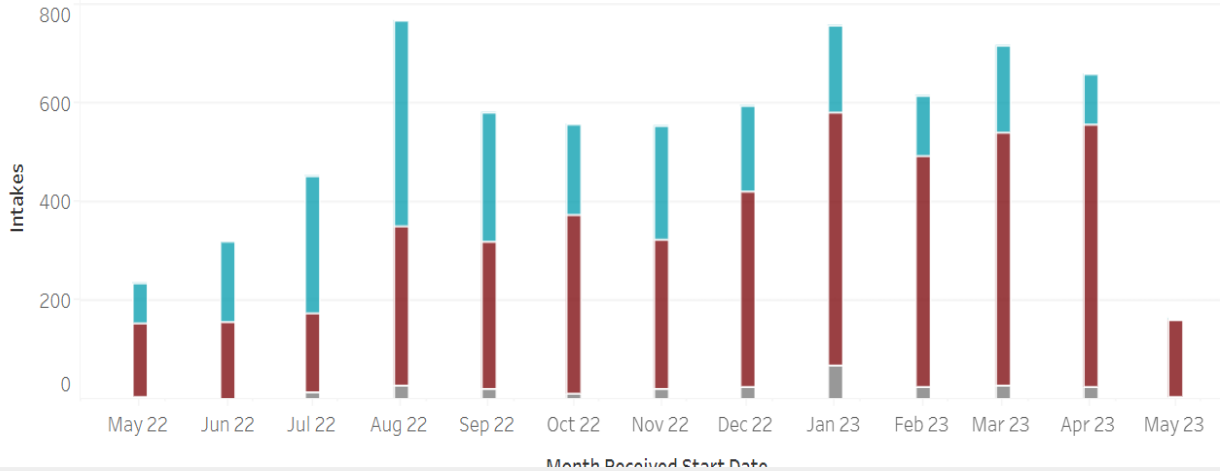
13  
A & B INTAKES RECEIVED  
CURRENT MONTH

116  
A & B INTAKES RECEIVED  
LAST MONTH

INTAKES RECEIVED BETWEEN 5/9/2022 AND 5/9/2023 BY

Investigation Status ▼

■ Investigated
 ■ No Invest Req
 ■ Uninvestigated



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# Provider Complaint Challenges

- Unannounced investigations
- Extended surveys
- Enforcement action
- Risk exposure
- Negative media activity



# Solutions

- Extend complaint management beyond the regulatory process
- Partner with Licensees/Providers who are accountable to address complaints, identify deficient practices and correct the failures identified as part of their Quality Assurance and Performance Improvement (QAPI)





# Solutions

- Provide accurate relevant information with self reports.
- If you have questions about self reporting please reach out to our office we want to answer your questions!
- Take internal and external complaints seriously in your QAPI process.

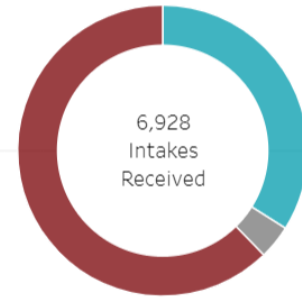
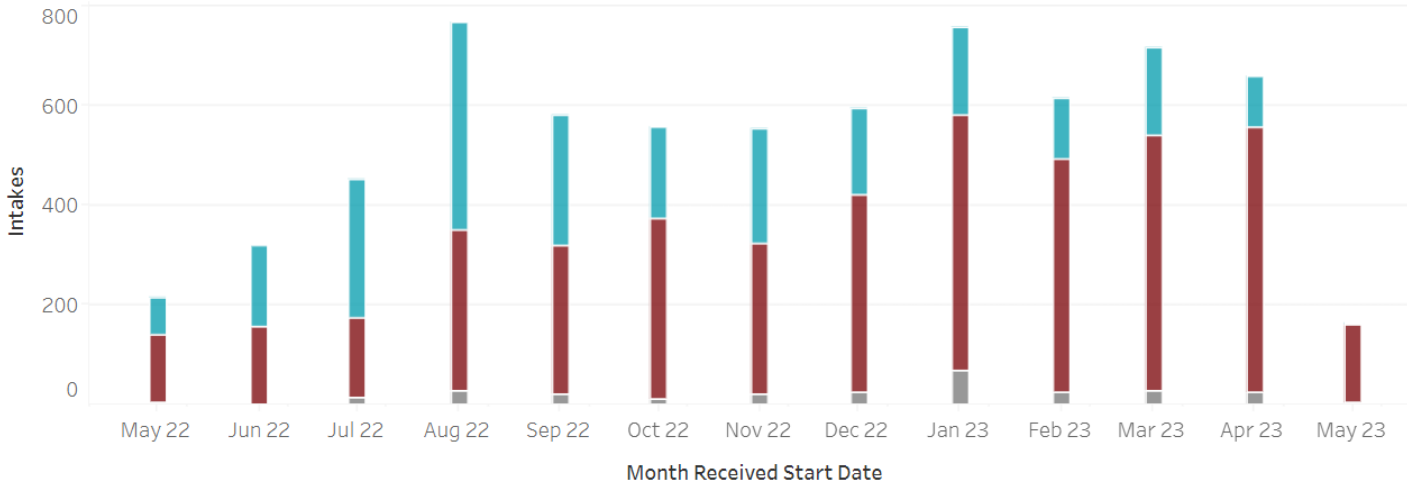


# Long Term Care Complaints May 2022 – May 2023

- Nursing Homes
  - Total Received: 6,928
  - # of complaint investigated: 2,352
  - # not requiring investigation: 263



# Long Term Care Complaints May 2022 – May 2023



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# Long Term Care Complaints March 2022- Feb 2023

- Nursing Homes
  - Substantiated % of Intakes prioritized as IJ where the associated survey resulted in citation was 40% in AZ and national average is 47.2%
  - Substantiated % of Intakes prioritized as Non-IJ High where the associated survey resulted in citation 32.2% in AZ and 46.3% national average.



# Facility Reported Incidents (FRI)

- Initial Event Reporting
  - On-line - use the form at:  
<https://app3.azdhs.gov/PROD-AZHSComplaint-UI>
  - LTC Main number, 602-364-2690 or after hours number 602-364-2677
  - Scan and email – [lrc.licensing@azdhs.gov](mailto:lrc.licensing@azdhs.gov)
  - Fax: 602-324-0993



# Facility Reported Incident

- Initial Event Reporting
  - Initial reports are prioritized and triaged as received Monday – Friday
  - State regulations require you to report unexplained or unexpected deaths. A.R.S. § 11-593



# Facility Reported Incident

- What to include in the initial report:
  - Name of the resident(s); DOB
  - Name of accused staff if appropriate
  - What happened
  - When did the event happen
  - Was there any injury?
  - Was law enforcement, APS, Legal Representative or Family notified?
  - What has been done by facility to protect the resident and prevent a similar situation from happening in the future?



# Facility Reported Incident

- What to include in the initial report:
  - Is an investigation ongoing?
  - Who to contact if there are questions?
  - How are residents being kept safe?





# Facility Reported Incident

- MUST BE REPORTED WITHIN 2 HOURS OF OCCURRENCE OR DISCOVERY
  - Allegations of abuse
  - Suspicious or possible abuse or neglect related allegations
  - Injuries of unknown origin,
  - Events with a significant injury
  - Crime is suspected or has occurred



# Facility Reported Incident

- Report within 24 hours
  - Misappropriation of property
  - Less serious allegations that do not involve injury
  - Not criminal in nature



# Facility Reported Incident

- Five Day Report
  - Investigative summary can be submitted by Email:  
[lrc.licensing@azdhs.gov](mailto:lrc.licensing@azdhs.gov) or fax: 602-324-0993



# Facility Reported Incident

- Investigative Summary to include:
  - The facility staff response
  - State Reportable Event Record (recommended)
  - Staff and resident interview statements
  - Any additional pertinent records, police reports etc.
  - A conclusion based on the facility investigation:  
Substantiated or Unable to Substantiate.



# F888 COVID-19 Vaccination of Facility Staff

- When a surveyor or team enters the facility you will be given an Entrance Conference Worksheet.
- Follow the instruction on #33-#36
- Please be advised CMS has not rescinded this tag!!



# F888 COVID-19 Vaccination of Facility Staff

33. Numbered list of resident cases of confirmed COVID-19 over the last 4 weeks. Indicate whether any resident cases resulted in hospitalization or death. *(if applicable for a full review of F888)*
34. COVID-19 Healthcare Staff Vaccination Policies and Procedures *(if applicable for a full review of F888)*.
35. COVID-19 Staff Vaccination Matrix *(if applicable for a full review of F888)*. Note: Facility's may complete the COVID-19 Vaccination Matrix for Staff or provide a list containing the same information as required in the staff matrix.
36. *List of contract companies that provide services to the facility/residents. Identify the name of the contract company; whether the company provides direct care or non-direct care; how often services are provided (e.g., daily, weekly); the approximate number of contract staff provided by the company; and information on how the facility ensures contractor staff are compliant with the vaccination requirement. (if applicable for a full review of F888)*



# F888 COVID-19 Vaccination of Facility Staff

Comparison to NHSN data						
Total number of staff completely vaccinated (6)	Total staff	% Current staff received completed vaccination	Posted NHSN % staff received completed vaccination	% Difference		
		#DIV/0!		#DIV/0!		
Within 30-59 days following issuance of memo						
Total number of staff partially vaccinated (5)	Total number of staff completely vaccinated (6)	Granted or pending medical exemption (8)	Granted or pending non-medical exemption (9)	Temporary delay per CDC (10)	Total staff	% Current staff vaccinated
						#DIV/0!
After 60 days following issuance of memo						
Total number of staff completely vaccinated (6)	Granted Medical exemption (8)	Granted Non-medical exemption (9)	Temporary delay per CDC (10)	Total staff	% Current staff vaccinated	
					#DIV/0!	



# Updates QSO-20-39-NH

- On April 10, 2023, the President signed legislation that ended the COVID-19 national emergency. On May 11, 2023, the COVID-19 public health emergency is expected to expire. While the PHE will end, CMS still expects facilities to adhere to infection prevention and control recommendations in accordance with accepted national standards





# Updates QSO-20-39-NH

- Please familiarize yourself with the memo!!
- [www.cms.gov/files/document/qso-20-39-nh-revised.pdf](http://www.cms.gov/files/document/qso-20-39-nh-revised.pdf)
- CMS Has not revoked the F888 tag!!



# Top Ten Cited Deficiencies

## May 2022- May 2023

TOP CITATIONS		
Reporting - National Health Safety Network	483.80(g)(1)(i)-(ix)(2)	73
Reporting - National Heal..	483.80(g)(1)(i)-(viii)(2)	57
Services Provided Meet Professional Standards	483.21(b)(3)(i)	30
Infection Prevention & Co..	483.80(a)(1)(2)(4)(e)(f)	29
Food Procurement, Store/Prepa	483.60(i)(1)(2)	23
Treatment/Svcs to Preve..	483.25(b)(1)(i)(ii)	23
Services Provided Meet Professional Standards	483.21(b)(3)(i)	20
Free of Accident Hazards..	483.25(d)(1)(2)	19
Quality of Care	483.25	17
ADL Care Provided for De..	483.24(a)(2)	17



# Top Ten Cited Deficiencies

## May 2022- May 2023

- #1 and #2 -F884: COVID-19 Reporting to CDC as required at §483.80(g)(1)-(2) Review for F884 will be conducted offsite by CMS Federal surveyors (state surveyors should not cite this F-tag). Following an initial reporting grace period granted to facilities, CMS will receive the CDC NHSN COVID-19 reported data and review for timely and complete reporting of all data elements. Facilities identified as not reporting will receive a deficiency citation at F884 on the CMS-2567 with a scope and severity level at an F (no actual harm with a potential for more than minimal harm that is not an Immediate Jeopardy [IJ] and that is widespread; this is a systemic failure with the potential to affect a large portion or all of the residents or employees), and be subject to an enforcement remedy imposed as described below.



# Top Ten Cited Deficiencies May 2022-May 2023

- #3 and #7 – F658 Services Provided Meet Professional Standards
- Ensure services provided by the nursing facility meet professional standards of quality



# Top Ten Cited Deficiencies

## May 2022- May 2023

- **#4 – F880 Infection Prevention and Control**
  - \* Determine if the facility's infection control program includes investigation, control, and prevention of foodborne illness.
  - \* Determine if the facility has practices in place to prevent the spread of infection, including proper hand washing techniques.



# Top Ten Cited Deficiencies

## May 2022- May 2023

- #5 - F812 Food Procurement, Store/Prepare/Serve-Sanitary
- Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards



# Top Ten Cited Deficiencies

## May 2022- May 2023

- #6 – F686 Treatment/Svcs to Prevent/Heal Pressure Ulcers
- §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that— (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual’s clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.



# Top Ten Cited Deficiencies May 2022-May 2023

- #8- F689- Free of Accident Hazards/Supervision
- Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.





# Top Ten Cited Deficiencies

## May 2022-May 2023

- #9- F684 Quality of Care
- Provide appropriate treatment and care according to orders, resident's preferences and goals.



# Top Ten Cited Deficiencies

## May 2022-May 2023

- #10- F677- ADL Care Provided
- §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.
- Appropriate treatment and services includes all care provided to residents by staff, contractors, or volunteers of the facility to maximize the resident's functional abilities. This includes pain relief and control, especially when it is causing a decline or a decrease in the quality of life of the resident.





# THANK YOU

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