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# State of Nevada Department of Health and Human Services

## Citations and Deficiencies in Certain Group Homes and Other Residential Facilities

Division of Public and Behavioral Health  
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*Helping people. It's who we are and what we do.*

Agenda Item VIII B (SILVER)  
Meeting Date: 11-13-19



# Agenda

1. Definition of Residential Facility for Groups
2. What is not included in that definition
3. Terms and definitions
4. Citation Summary
5. Multiple Citations at a Facility
6. Survey/Citation Process
7. Phases of Facility Penalties
8. Centers for Medicare/Medicaid Services (federal) Penalties
9. Public Reporting of Citations



# “Residential Facility for Groups” defined

- “An establishment that furnishes food, shelter, assistance and limited supervision to a person with an intellectual disability or with a physical disability or a person who is aged or infirm. The term includes, without limitation, an assisted living facility.”
- Nevada Revised Statutes Chapter 449.017
- Nevada Administrative Code 449.156

# “Residential Facility for Groups” does not include:

- An establishment which provides care only during the day;
- A natural person who provides care for no more than two persons in his or her own home;
- A natural person who provides care for one or more persons related to him or her within the third degree of consanguinity or affinity;
- A halfway house for recovering alcohol and drug abusers; or
- A home in which community-based living arrangement services or supported living arrangement services are provided by a provider of such services during any period.



# Definitions

- Deficiency – a finding that a facility failed to meet one or more federal or state requirements. Identified by a tag number according to the regulation set used by the surveyor during the survey.
  - “F” Tags are federal regulations for Skilled Nursing Facilities.
  - “Y” Tags are state regulations for Residential Facilities for Groups.
  - “K” Tags are federal regulations for Life Safety Code in a Skilled Nursing Facility.
  - “Z” Tags are state regulations for Skilled Nursing Facilities.
- Citation – Term interchangeable with “deficiency.”  
The actual documentation of the deficient practice.



# Definitions

- Scope (state licensure) – Evaluated by surveyor per criteria under Nevada Administrative Code Chapter 449.9986.
  - Level 1 = one or an isolated number of unrelated incidents in the sample surveyed; deficiency involves 20% or less of the recipients sampled in a facility.
  - Level 2 = a pattern of incidents at the facility, including any deficiencies involving recipients who require particular kinds of care, treatment or service. Involves more than 20% but not more than 50% of the recipients sampled in a facility.
  - Level 3 = a sufficient number or percentage of recipients or staff or with sufficient regularity over time that it may be considered systemic or pervasive in or by the facility. Involves more than 50% of recipients sampled in a facility.



# Definitions

- Severity – actual or potential harm to recipients.  
(Nevada Administrative Code Chapter 449.99861)
  - Level 1 = No harm is likely to occur to a recipient. No negative recipient impact has occurred or is likely to occur. The ability of a recipient to achieve the highest practicable physical, mental or psychosocial well-being has not been and is not likely to be compromised.
  - Level 2 = indirectly threaten the health, safety, rights, security, welfare or well-being of a recipient. A potential for harm, as yet unrealized, exists. If continued over time, a negative impact on one or more recipients or a violation of one or more recipients' rights would occur or would be likely to occur or the ability of one or more recipients to achieve the highest practicable physical, mental or psychosocial well-being would be, or would likely be, compromised.



# Definitions

- Level 3 = creates a condition or incident in the operation or maintenance of a facility that directly or indirectly threatens the health, safety, rights, security, welfare or well-being of one or more recipients. A negative impact on one or more recipients has occurred or can be predicted with substantial probability. Violation of a partial or complete ban on admissions imposed on a facility, violation of a limitation on occupancy of a residential facility or failure to implement a directed plan of correction.
- Level 4 = create a condition or incident that has resulted in or can be predicted with substantial probability to result in death or serious harm to a recipient. “Serious harm” includes serious mental harm, serious impairment of bodily functions, serious dysfunction of any bodily organ or part, life-threatening harm or death.





# Definitions

- Statement of Deficiencies – report provided to a facility with the outcome and/or documented evidence of the investigation of identified deficient practices for a facility.
- Plan of Correction – a facility that receives a Statement of Deficiencies with identified deficient practices has 10 calendar days to provide its Plan of Correction, which is to include:
  - How the facility will correct the specific findings.
  - What measure or systemic changes will be put in place to ensure the deficient practice does not recur.
  - How the corrective actions will be monitored to ensure the deficient practices will not recur.
  - The date the corrective action will be completed.
  - Provide attachments for all supporting documents.
  - How the facility will correct and identify other areas having potential to be affected by the deficient practice.



# Frequently Cited Deficiencies in Residential Facilities for Groups

	Number of citations	Average Severity	Average Scope
Medication/Over-the-Counter Medications, Supplements, Change Order	33	2.03	1.24
Maintenance and Contents of Separate File	29	2.00	1.21
Medical Care of Resident After Illness	23	2.00	1.35
Medication: Storage	23	2.00	1.73
Administration of Medication Maintenance	19	1.79	1.26
Alzheimer's Care Application for Endorsement	17	2.00	1.63
Personnel Files - Background Checks	16	1.94	1.50

- Cited 10 or more times July 15-Oct. 12, 2019

# Frequently Cited Deficiencies in Residential Facilities for Groups

	Number of citations	Average Severity	Average Scope
Maintenance and Contents of Separate File	16	2.00	1.31
Personnel File - Tuberculosis Screening	15	1.93	1.53
Medication - Destruction	15	2.00	1.13
Alzheimer 's Care Standards for Safety	15	2.00	2.69
Health& Sanitation-odors-hazards-insects-dirt	14	2.14	2.79
Health & Sanitation - Maintain Int/ext	14	2.00	1.86
Permits-Comply with NAC 446 on Food Service	13	2.00	2.46
Elder Abuse Training	12	2.00	1.80

- Cited 10 or more times July 15-Oct. 12, 2019

# Frequently Cited Deficiencies in Residential Facilities for Groups

	Number of citations	Average Severity	Average Scope
Written Policy on Admissions	11	2.00	1.00
Medication Administration – NRS 449.0302	11	2.00	1.00
Medication Administration-Accuracy & Report	10	2.00	1.70
Medication Administration - Plan	10	2.00	1.20

- Cited 10 or more times July 15-Oct. 12, 2019

# Multiple Citations at a Facility

- Most inspections/investigations reveal multiple citations, so this isn't out of the ordinary.
- Severity and scope of citations are better indicators because they tell us how serious those citations are.
- In Residential Facilities for Groups, the facility's grade is based on totals of the severity/scope scores, so multiple citations could add up to a poor grade.
- In other facility types multiple low-severity citations will just require the facility to supply an acceptable Plan of Correction (POC), while a single high-severity citation will mean administrative sanctions.
- Repeat citations could also lead to sanctions.

# Survey/Citation Process

- Regular (periodicity) survey or complaint survey
  - Periodicity survey: Almost all facility types (not deemed) require unannounced surveys according to a predetermined time frame for facility type. This ranges from annually to every six years.
  - Complaint investigation: Prioritized according to the allegations; prioritization level will determine the timeframe a surveyor must enter the facility to begin the investigation. Also unannounced.
- Investigations include observations, interviews (staff and resident/patient/client), medical record review, and facility document review (most often facility policies). Based on the surveyors' investigation, they will determine compliance or noncompliance with regulations.
- The facility receives the Statement of Deficiencies approximately 10 business days after exit (whether there are any citations or not; SOD may state "no deficiencies").

# Survey/Citation Process (cont'd)

- Facility submits Plan of Correction
  - Directed Plan of Correction – a type of enforcement action used for several types of scenarios when facility is having a hard time bringing themselves back into compliance or the facility continues to have a repeated deficiencies; allows regulators to direct the facility on how they can come back into compliance.
- POC is reviewed by the surveyor or facility supervisor, accepted or rejected.
- Monitor facility (observe, advise or supervise a facility on as-needed basis to ensure compliance with POC).



# Phases of Facility Penalties

- Monitoring
- Monetary fines
- Ban on admissions
- Limit on occupancy
- Temporary management
- Suspension, summary suspension
- Revocation of license (business closed, movement of residents)





# Additional Remedies from Centers for Medicare and Medicaid Services (CMS)

- Termination of provider agreement
- Appointment to the special focus program (for long-term care facilities only)



# Public Reporting of Citations and Plans of Correction

- Released after approval of facility's Plan of Correction
- Online at [findahealthfacility.nv.gov](http://findahealthfacility.nv.gov)
- Search by specific facility, facility type, location
- CMS citations must be requested via Freedom of Information Act (FOIA) filing with that agency



# Questions?



# Contact Information

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