

TOP MISSOURI SNF DEFICIENCIES, STATEMENT OF DEFICIENCIES & EFFECTIVE PLANS OF CORRECTION

MANHA 2026 CONVENTION

MICHELLE LEIPHAM LNHA, LPN

CHIEF OPERATING OFFICER

ASPIRE SENIOR LIVING

OBJECTIVES

- Review Missouri deficiency trends (QI 2026)
- How to read a Statement of Deficiency
- Review effective Plans of Correction
- Understand the Survey Process

TOP HEALTH DEFICIENCIES

- **January 1, 2026 – March 31, 2026**
- F880 Infection Control (73)
- F658 Professional Standards (60)
- F761 Medication Storage (42)
- F689 Accidents (40)
- F812 Food Safety (40)

INFECTION CONTROL (F880)

- Enhanced Barrier Precautions (EBP)
 - Signage, PPE, Education
- Failure to Isolate
- Hand Hygiene
 - Training w/ return demonstration
- Abt Stewardship
 - Surveillance logs
 - Identifying possible trends

PROFESSIONAL STANDARDS (F658)

Psychotropic Medications

- Without proper diagnoses
- Inappropriate Medication Use
 - No supporting assessments, diagnoses, or care plan
- Lab tests not addressed timely
 - Physician notification
- Failure to follow care plans

MEDICATION STORAGE (F76 I)

- Failure to Refrigerate vaccines
- Refrigerator temps not logged
- Medications without labels
- Insulin vials not dated
 - Discarded within 28 days unless manufactures specifies differently
- Expired meds in E-kit
- Storing topical ointments with oral meds/injectable
- Medications left on dining room table & bedside

ACCIDENTS (F689)

- Failing to assess fall risk
 - Need for equipment
- Trip Hazards
 - Walkways, cluttered halls, night lights not working
- Failing to assess equipment
 - Mechanical lifts
- Inadequate Supervision
- Care Plans not updated
 - Interventions for each separate incident

FOOD (F812)

- Refrigerator temps not logged
- Food not dated
- Proper storage technique
 - Is meat thawing on top shelf?
 - Raw meat not left to thaw at room temperature
- Food temps not logged
- Hand Hygiene
- Unpasteurized eggs not used in foods that are not fully cooked

TOP LIFE SAFETY DEFICIENCIES

- **January 1, 2026 – March 31, 2026**
- K353 Sprinkler System (33)
- K712 Fire Drills (22)
- K920 Power Cords (19)
- K363 Corridor doors (17)
- K161 Building Construction (13)

SPRINKLER SYSTEM (K353)

- Missing documentation
 - Quarterly and annual testing
- 5-year internal pipe inspections
- Sprinkler heads
 - Obstructed by storage, painted, rusted or dirty
- Broken or missing escutcheon rings
- Missing spare sprinkler heads or wrenches onsite

FIRE DRILLS (K712)

- Missing documentation
 - Once per quarter on each shift
- Must be held at varying times
- Failure to transmit fire alarm signal
 - Include documentation that signal was received
- Document simulated conditions for noc shift
- One fire drill in 13 months must be conducted with the laundry as a simulated condition

POWER CORDS (K920)

- Daisy Chaining
 - Plugging extension cords into one another to reach longer distance
- Using non-hospital grade power strips
 - What does your policy say?
- High Draw Appliances
 - Plugging refrigerators, power chairs or medical equipment into an extension cord
- Using extension cords as a substitution for permanent wiring
 - Should a qualified person add more outlets?

CORRIDOR DOORS (K363)

- Must close properly and latch
- Clearance between the bottom of the door and the floor is too large
- Do not utilize doorstops, wedges, or objects to prevent door from closing
- Penetrations or holes in doors
 - Typically from removed hardware

BUILDING CONSTRUCTION (KI61)

- Maintain one hour fire resistance in ceilings and walls
- Holes in sheet rock
- Holes in fire walls in attic
 - Typically from removing or adding equipment or wiring and not filling the gap
 - Need to check ceilings and walls after contractor are in your building

TOP EMERGENCY PREPAREDNESS DEFICIENCIES

- **January 1, 2026 – March 31, 2026**
- E004 Develop A Plan (8)
- E039 EP Testing Requirements (5)
- E015 Subsistence Needs (5)
- E007 EP Program Patient Population (3)
- E041 Emergency Power (3)

DEVELOP A PLAN (E004)

- Review and document annual update of EOP
- Document risk assessments for all hazards
 - Local and community based
- Leadership teams must be current
 - Do they know what area they are delegated?
- Collaboration with local, state, and federal emergency management
 - Tribal management depending on location

EP TESTING REQUIREMENTS (E039)

- Annual Emergency Disaster Drill
 - Community Based Exercise
 - Table Top Exercise
 - Relevant to your facility hazards
- Missing After Action Reports
 - Improvement plan included

SUBSISTENCE NEEDS (E015)

- Provision of needs for staff and residents
 - Evacuation and Shelter in Place
 - Food, Water, and Medical Supplies
- Temperatures to protect staff and residents
 - Monitor and document temps
 - Location of thermometers
- Backup Energy plans
 - Generator, solar, power banks
- Vendor contracts
 - Food, water, medical supplies, sewage

EMERGENCY PROGRAM (E007)

- Hazard Vulnerability Assessment (HVA)
- Patient Population Considerations
 - How will the facility manage “at risk” residents?
- Continuity of Operations
 - How will facility maintain operations if leadership is incapacitated?
- Clearly outline limitations of care the facility can provide during emergencies
 - Some facilities do not have generators, what will you do for power?

EMERGENCY POWER (E04 I)

- Generator
 - 30-minute load testing
 - Transfer switch failures
 - Must transfer power within 10 seconds
- Improper maintenance
 - Inspect, maintain, and document generator operations
- Missing Essential Circuits for Emergency Power
 - Not properly routing emergency power to critical areas and exit signs
- Alternate Source of Energy
 - Solar Power, Portable Generator from EMS, Battery Banks

SURVEY PROCESS

- Entrance conference and initial tour
- Resident sample selection
- Observation periods and interviews
- Clinical record review
- Medication pass observations
- Kitchen

SURVEY PROCESS

- Infection control
 - Every department
- Environmental review
- Daily surveyor meetings
- Exit conference
- Statement of deficiencies
- Plan of Correction
- Revisit

STATEMENT OF DEFICIENCY (SOD)










- Specific citations
 - F tags
 - K Tags
 - E tags
- Scope and severity
- Resident listing


STATEMENT OF DEFICIENCY (SOD)

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES		PRINTED: 04/29/2024 FORM APPROVED OMB NO. 0938-0391		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ████████	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/16/2024	
NAME OF PROVIDER OR SUPPLIER ████████████████████		STREET ADDRESS, CITY, STATE, ZIP CODE ████████████████████ ████████████████████		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 880 SS=D	<p>Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p>	F 880		
	<p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation and interview, facility staff failed to use appropriate infection control procedures to prevent or reduce the risk of spreading bacteria, when staff failed to wash or sanitize their hands in between glove changes when providing wound care for four residents (Resident #1, #2, #3, and #4) of four sample residents. The facility census was 62.</p>			

SCOPE & SEVERITY GRID

Assessment Factors Used to Determine the Seriousness of Deficiencies Matrix

	Isolated	Pattern	Widespread
Immediate jeopardy to resident health or safety	J PoC Required 	K PoC Required 	L PoC Required 
Actual harm that is not immediate	G PoC Required	H PoC Required 	I PoC Required 
No actual harm with potential for more than minimal harm that is not immediate jeopardy	D PoC Required	E PoC Required	F PoC Required 
No actual harm with potential for minimal harm	A <u>No</u> PoC Required  No remedies Commitment to Correct Not on CMS-2567	B PoC Required 	C PoC Required 

 *Standard quality of care* means one or more deficiencies related to participation requirements under §483.10 “Resident rights”, paragraphs (a)(1) through (a)(2), (b)(1) through (b)(2), (e) (except for (e)(2), (e)(7), and (e)(8)), (f)(1) through (f)(3), (f)(5) through (f)(8), and (i) of this chapter; §483.12 of this chapter “Freedom from abuse, neglect, and exploitation”; §483.24 of this chapter “Quality of life”; §483.25 of this chapter “Quality of care”; §483.40 “Behavioral health services”, paragraphs (b) and (d) of this chapter; §483.45 “Pharmacy services”, paragraphs (d), (e), and (f) of this chapter; §483.70 “Administration”, paragraph (p) of this chapter, and §483.80 “Infection control”, paragraph (d) of this chapter, which constitute either immediate jeopardy to resident health or safety; a pattern of or widespread actual harm that is not immediate jeopardy; or a widespread potential for more than minimal harm, but less than immediate jeopardy, with no actual harm.

 Substantial compliance

PLAN OF CORRECTION (POC)

- Answer the 4 questions
 - **How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:**
 - **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:**
 - **What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur:**
 - **How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The plan of correction is integrated into the quality assurance system.**

PLAN OF CORRECTION (POC)

- **How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:**
 - All residents in the facility have the potential to be affected by the alleged deficient practice.

PLAN OF CORRECTION (POC)

- **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:**
 - This section addresses the residents that were specifically cited in the SOD.
 - Surveyors will provide you a list of names with correlating numbers.
 - Staff will wash or sanitize their hands in between glove changes when providing wound care for residents #1, #2, #3, and #4.

PLAN OF CORRECTION (POC)

- **What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur:**
 - This section addresses what the facility will change so the deficient practice does not happen again.
 - Education
 - Who is providing the education?
 - Who is being educated?
 - All staff
 - Licensed nurses
 - IDT
 - Return demonstration?

PLAN OF CORRECTION (POC)

- **How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The plan of correction is integrated into the quality assurance system.**
 - This is the QA portion of the plan of correction.

PLAN OF CORRECTION (POC)

- Maintenance staff and/or designee will perform audits for compliance r/t not using surge protectors or outlet extenders 5 x week for 2 weeks, 2 x week for 2 weeks, weekly x 4 weeks then monthly to determine compliance.
- The audit findings r/t not using surge protectors or outlet extenders will be reported monthly by the Maintenance staff and/or designee during the Quality Assurance Meeting for 3 months or until substantial compliance is achieved.

PLAN OF CORRECTION (POC)

- Weak: “Staff reeducated”
- Strong: “Licensed nursing staff completed education r/t fall intervention documentation on 6-9-26”
- Monitoring and accountability must be clearly defined
- Surveyors expect a measurable and sustainable plan
 - DON/designee will audit 5 records weekly x4 weeks then monthly x2 months.

PLAN OF CORRECTION (POC)

- Correct the specific deficient practice
 - Use their words
 - SOD states facility failed as evidenced by
 - “ _____ ”
- Choose a realistic Date of Compliance
 - Typically is Day 45
- Do you need to move the date up to avoid DPNA?
- Independent Dispute Resolution (IDR)
 - Submit request with POC

PLAN OF CORRECTION

- Starts during survey
 - Take notes
 - Keep a timeline of completed items
- Involves the entire team
 - Invite team members to the exit conference
- QAPI
 - Medical Director
 - Ombudsman

SURVEY TOOLS

- Critical Element Pathways
- Survey Readiness Binders
- Mock Surveys
- Daily Stand-Up Meetings
- Daily Clinical Meetings
- Angel Rounds
- Grievance Policy

AI

- Know your company policy
 - Does your company have a policy?-
- Upload SOD
 - Review, review, review

LEADERSHIP TAKEAWAYS

- Deficiencies = system failures
- Infection control is top risk
- The best survey preparation is operational excellence practiced every day.
- Culture impacts survey outcomes
- Know your facility policies

CLOSING

- Know the Process
 - Ask questions
- Engage your team in the process
- Involve your management team
 - Draw on their experience
- Preparation must be daily—not reactive
 - Do not make your lack of preparation someone else's emergency

QUESTIONS

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CONTACT INFORMATION

Michelle Leipham

816-738-3033

michelle@aspireseiorliving.health