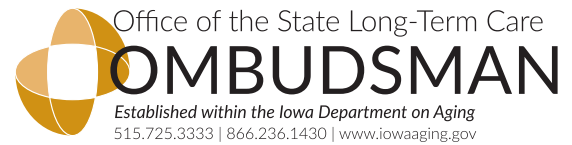




Reading and Understanding a Nursing Facility's Survey/ Statement of Deficiencies



WHO IS RESPONSIBLE FOR INSPECTING IOWA'S NURSING FACILITIES?

In Iowa, the Department of Inspections and Appeals (DIA) is the state regulatory agency responsible for inspecting nursing facilities and reporting the survey findings in the statement of deficiencies.

Within the DIA, the section that performs the inspections is the Health Facilities Division. To contact the Division, write to:

Iowa Dept. of Inspections and Appeals Health Facilities Division
Lucas State Office Building
321 E. 12th Street
Des Moines, Iowa 50319-0083

You may also call (515) 281-4115 or visit https://dia-hfd.iowa.gov/DIA_HFD/Home.do.

WHERE CAN I FIND REPORTS OF FACILITY INSPECTIONS?

Nursing facilities are required by law to have a copy of their statement of deficiencies on display in a public location.

The DIA also allows the public to view inspection reports and final findings of complaint investigations online at https://dia-hfd.iowa.gov/DIA_HFD/Process.do.

WHAT IS A STATEMENT OF DEFICIENCIES?

A statement of deficiencies is a document containing the DIA Health Facilities Division's comprehensive inspection of a nursing facility. It documents identified non-compliance with federal certification requirements using a federal tag (F-tag) numbering system along with a detailed explanation of each deficiency. The inspection is necessary for the nursing facility to continue to receive funding from Medicare and Medicaid. There is also a statement of deficiencies that documents any identified areas of non-compliance with state licensure rules. The statement of deficiencies serves as a tool for the facility to use to correct issues that are not up to minimal standards of care as mandated by the state and federal governments.

WHAT IS AN F-TAG NUMBER?

A federal tag (or F-tag) number corresponds to a specific regulation within the Code of Federal Regulations. For example, "F312" refers to the regulation requiring nursing facilities to provide dependent residents with care. State regulations will also appear on a statement of deficiencies with an identifying number from the Iowa Administrative Code and the corresponding F-tag number.

WHAT F-TAG NUMBERS WILL TELL THE MOST ABOUT HOW THE FACILITY CARES FOR INDIVIDUAL RESIDENTS?

F-tag numbers that relate to resident care/quality of life can be grouped into four broad categories:

- **Resident Behavior & Facility Practice** tags (F221-225) cover areas such as abuse and neglect and physical or chemical restraints
- **Quality of Life** tags (F240-258) cover areas such as activities (social and recreational), dignity (e.g., appropriate dress), accommodation of needs, homelike environment and social services.
- **Quality of Care** tags (F309-333) cover areas such as nutrition, hydration, medications, pressure sores and activities of daily living (e.g., eating, bathing, etc.)
- **Staffing** tag (F353) covers numbers and kinds of staff present in the facility and the effect a low number of staff or inadequately trained staff have on residents' health, care and safety.

(Please see reverse for a partial list of the F-tags found in each of these four categories.)

HOW WILL DEFICIENCIES BE CORRECTED?

The statement of deficiencies includes a table that lists the F-tag number; the citation for federal regulations regarding the F-tag number and at least one example of how the facility was deficient or violated the regulation; the facility's plan to correct the deficiency cited during the survey; and, if necessary, the date the correction is expected to be completed. (Please see reverse for a sample statement of deficiencies.)

PARTIAL LIST OF F-TAGS RELATING TO RESIDENT CARE/QUALITY OF LIFE BY CATEGORY:

RESIDENT BEHAVIOR & FACILITY PRACTICE

- F221** Use of physical restraints
- F222** Use of chemical restraints
- F223** Right to be free from all abuse
- F224** Mistreatment, neglect or misappropriation of resident property
- F225** Resident abuse reporting record system and employing individuals found guilty of abuse, neglect or mistreatment of residents
- F226** Policies and procedures to prevent abuse and neglect

QUALITY OF LIFE

- F240** Residents' quality of life
- F241** Resident dignity
- F242** Resident choice in activities and schedule
- F243** Resident and family groups' freedom to meet
- F245** Participate in community activities

- F249** Qualified activity professionals
- F250** Social service needs
- F251** Qualified social worker
- F252** Homelike environment
- F253** Housekeeping
- F254** Clean linens
- F256** Adequate lighting
- F257** Comfortable temperature level
- F258** Comfortable sound level

QUALITY OF CARE

- F309** Highest practicable level of care provided
- F310** Activities of daily living maintained
- F311** Appropriate treatment and services
- F312** Dependent resident receiving appropriate care
- F313** Vision or hearing services available
- F315** Urinary incontinence, catheter use and urinary tract infection prevention

- F317** Maintain appropriate range of motion
- F318** Range of motion treatment
- F319** Appropriate mental treatment and social adjustment services
- F320** Development of avoidable mental and social adjustment problems
- F322** Appropriate naso-gastric treatment
- F323** Hazard-free environment
- F325** Adequate nutrition maintained
- F327** Adequate hydration maintained
- F328** Care received for injections, ostomy care, foot care, etc.
- F329** Unnecessary drugs used
- F332** Medication error of 5% or more
- F333** Significant medication error occurred

STAFFING

- F353** Necessary staff or training to meet all residents' needs

SAMPLE STATEMENT OF DEFICIENCIES:

- (1) Facility ID number
- (2) Date survey was completed
- (3) Facility name
- (4) Facility address
- (5) F-tag number or state rule cited
- (6) Citation from regulations regarding the F-tag number or state rule cited
- (7) Summary of incident(s) that supports how the facility was deficient or violated the regulation *(If a resident is involved, the individual will be identified by gender or number to protect his/her privacy and ensure confidentiality.)*
- (8) Facility's plan to correct the deficiency cited during the survey
- (9) Date by which the correction is expected to be completed

(X4) ID PREFIX TAG		SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
5		6 7			8		9

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1

(X2) MULTIPLE CONSTRUCTION
A. BUILDING 4
B. WING 4

(X3) DATE SURVEY COMPLETED 2

NAME OF FACILITY 3

STREET ADDRESS, CITY, STATE, ZIP CODE 4

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

FORM CMS-2567 (02/99) Previous Versions Obsolete

If continuation sheet Page ____ of ____