



2006 Long Term Care Report

Tennessee Department of Health
Division of Health Care Facilities



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
CORDELL HULL BLDG.
425 5TH AVENUE NORTH
NASHVILLE TENNESSEE 37247

PHIL BREDESEN
GOVERNOR

SUSAN R. COOPER, MSN, RN
COMMISSIONER

MEMORANDUM

DATE: August 29, 2007

TO: The Honorable Phil Bredesen, Governor
The Honorable Ron Ramsey, Lieutenant Governor
The Honorable Jimmy Naifeh, Speaker of the House of Representatives

FROM: Susan R. Cooper, MSN, RN, Commissioner, Department of Health *SLC*

SUBJECT: 2006 Nursing Home Inspection and Enforcement Activities

Attached is the report mandated by the Nursing Home Compassion, Accountability, Respect and Enforcement Reform Act of 2003.

This report includes the following:

- A. Executive Summary
- B. Nursing Home Oversight
- C. Top 10 deficiencies cited for skilled facilities, nursing facilities and dually certified dealing with health issues
- D. Top 10 deficiencies cited for skilled facilities, nursing facilities and dually certified facilities dealing with fire safety issues
- E. List of state civil penalties assessed
- F. List of federal civil penalties recommended/received
- G. Nurse Aide Registry and Abuse Registry activity
- H. Nursing Home Sprinkler Status
- I. Deficiency Free Surveys
- J. Unusual Event Report
- K. Complaint Log
- L. Copy of the Nursing Home Compassion, Accountability, Respect and Enforcement Reform Act of 2003

Please feel free to contact me if you should have any questions.

EXECUTIVE SUMMARY

Deficiencies cited in nursing home facilities in the State of Tennessee for 2006 are consistent with the deficiencies cited across the eight southeastern states (CMS Region IV) and the nation. The average number of deficiencies cited in Tennessee per nursing home was 6.0, compared to 10.5 nationwide and 8.4 within Region IV.

Of the 330 licensed nursing homes in Tennessee, the following was ascertained:

- Thirty (30) nursing homes had no deficiencies cited.
- Nine (9) nursing homes are in bankruptcy.
- Twenty-three (23) nursing homes were cited with Immediate Jeopardy substandard level of care, which is a 35% increase from 2005.
- Twenty (20) nursing homes were cited with substandard level of care.
- Thirty-nine (39) nursing homes were cited with Federal Civil Penalties for a total assessed amount of \$2,021,699.50.
- Thirty-three (33) nursing homes were cited with State Civil Penalties for a total assessed amount of \$23,420.00.

The number and types of complaints received by the Department of Health are monitored and maintained on a federal software program. The software program tracks complaints on all health care facilities. The following statistical data is derived from the program:

- There are currently 330 nursing homes in the state of Tennessee.
- There were 2,059 complaints received during 2006 for all health care facilities.
- The nursing home complaints totaled 1,027, or 50% of the total complaints, which is a 15% reduction from 2005.
- There were 300 nursing homes with one or more complaints filed constituting 91% of the total nursing homes.
- There were twenty-three (23) nursing homes with ten (10) or more complaints constituting 6.9% of the total nursing homes.
- The number of nursing homes with substantiated complaints:
 - 2002 – 100 nursing homes or 29% of all nursing homes
 - 2003 – 165 nursing homes or 40% of all nursing homes
 - 2004 – 134 nursing homes or 39% of all nursing homes
 - 2005 – 120 nursing homes or 36% of all nursing homes
 - 2006 – 141 nursing homes or 42.7% of all nursing homes
- The percentage of substantiated complaints in all facility types:
 - 2002 – 27% of total complaints received
 - 2003 – 28% of total complaints received
 - 2004 – 30% of total complaints received
 - 2005 – 28% of total complaints received
 - 2006 – 22% of total complaints received

The reporting of unusual events/incidents is required by the Health Data Reporting Act of 2002 (Tenn. Code Ann. §68-11-211) and is also monitored by the Department.

- The number of unusual events/incidents reported in 2006 for all facilities was 7,385.
- Unusual incidents reported by nursing homes were 3,826 or 51.8% of the total number of incidents reported.
- Reported incidents in nursing homes have declined from year 2001 to 2006 by 9% (3,826 reported in 2001 and 3,457 reported in 2006).

CHANGES IN 2006 AFFECTING NURSING HOME OVERSIGHT:

NURSING HOME QUALITY INITIATIVE 2006

In 2006, the Centers for Medicare and Medicaid Services (CMS) continued the National Nursing Home Improvement Coalition. In April of 2006, CMS was asked to develop a plan to address the Government Performance and Results Act of 1993 (GPRA) Goals. A major focus was to develop regional coalitions. The CMS Region IV Office in Atlanta developed a plan for collaboration outreach efforts with CMS Central Office staff, other CMS Regional Offices, State Survey Agencies, Quality Improvement Organizations, Provider Associations and the Ombudsman. The CMS Regional IV Office in Atlanta convened conference calls with State Survey Agency Directors and Quality Improvement Organizations. It was identified that a need existed for a face-to-face meeting to include Nursing Home Associations and Ombudsman representatives. The first face-to-face meeting was held in Atlanta on December 12, 2006. Many success stories by the QIO organizations were given during this meeting that described the reductions of restraints and pressure ulcers in nursing homes. The coalition made plans for additional face-to-face meetings to be held in 2007.

In September 2006 a new coalition based, two-year campaign was launched. This campaign is designed to improve the quality of care and quality of life for those living or recuperating in America's nursing homes.

The campaign's coalition includes long-term care providers, caregivers, medical and quality improvement experts, government agencies, consumers and others. Tennessee is modeling on the success of other quality initiatives, including Quality First, the Nursing Home Quality Initiative (NHQI), the culture change movement, and other quality initiatives. Participating nursing homes will work on at least three of eight measurable goals:

Goal 1: Nursing home residents receive appropriate care to prevent and minimize pressure ulcers.

Objectives: By September 2008:

- a) The national average for high risk pressure ulcers is below 10%.
- b) 30% of nursing homes will regularly report rates of high risk pressure ulcers below 6%.
- c) No nursing home will report a rate of high risk pressure ulcers that exceeds 24%.
- d) Compared to June 2006, approximately 50,000 fewer residents will have pressure ulcers.

Goal 2: Nursing home residents are independent to the best of their ability and rarely experience daily physical restraints.

Objectives: By September 2008:

- a) The national average of the daily use of physical restraints will be at or below 5%.
- b) 50% of nursing homes will regularly report rates of daily use of physical restraints below 3%.
- c) No nursing home will report a rate of daily use of physical restraints that exceeds 19%.
- d) Compared to June 2006, approximately 30,000 fewer residents will be physically restrained daily.

Goal 3: Nursing home residents who live in a nursing home longer than 90 days infrequently experience moderate or severe pain.

Objectives: by September 2008:

- a) The national average of moderate or severe pain experienced by long-stay residents will be at or below 4%.
- b) 30% of nursing homes will regularly report rates of moderate to severe pain for long-stay residents under 2%.
- c) No nursing home will report a rate of moderate or severe pain that exceeds 20%.
- d) Compared to June 2006, approximately 40,000 fewer long-stay residents will suffer from moderate or severe pain.

Goal 4: People who come to nursing homes after staying in the hospital only sometimes experience moderate to severe pain.

Objectives: By September 2008:

- a) The national average of moderate or severe pain experienced by post-acute residents will be at or below 15%.
- b) 30% of nursing homes will regularly report rates of moderate or severe pain for post-acute residents below 10%.
- c) No nursing home will report a rate of moderate or severe pain that exceeds 46%.
- d) Compared to June 2006, approximately 130,000 fewer post-acute care residents will suffer from moderate or severe pain.

Goal 5: Most nursing homes will set individualized targets for clinical quality improvement.

Objectives: By September 2008:

- a) 90% of nursing homes will set annual clinical quality targets using the target setting system at www.nhqi-star.org.
- b) 50% of nursing homes will set annual targets for clinical quality improvements that are at least 25% lower than their rate at that time.

Goal 6: Nearly all nursing homes assess resident and family experience of care and incorporate this information into their quality improvement activities.

Objectives: By September 2008:

- a) The national average of nursing homes that regularly assess resident experience of care and incorporate into their quality improvement activities exceeds 80%.

- b) 1.281 million residents will now be asked about their experience and satisfaction with the care provided to them in the nursing home.
- c) Regularly assessing family member experience of care and incorporating this information into nursing home quality improvement activities will be measured, and become the usual experience in nursing homes nationally.

Goal 7: Most nursing homes measure staff turnover and develop action plans as appropriate to improve staff retention.

Objectives: By September 2008:

- a) The national average of nursing homes that regularly measure staff turnover and develop action plans to reduce the rate of turnover (including setting targets for staff turnover) exceeds 80%.
- b) The national average for [measured] staff turnover (RN, LPN, CNA) will be reduced by 15%.
- c) Approximately 35,000 fewer nursing home nursing staff will leave their jobs each year.

Goal 8: Being regularly cared for by the same caregiver is critical to quality of care and quality of life. To maximize quality as well as resident and staff relationships, the majority of nursing homes will employ “consistent assignment”.

Objectives: By September 2008:

- a) One-third of nursing homes will have adopted “consistent assignment” among CNAs.
- b) 5,300 nursing homes will have adopted “consistent assignment” among CNAs.

	Tennessee (TN)	Nation
Participating nursing homes:	81	4,103
Percentage of participating nursing homes:	24.8%	25.8%
Ranking of goals selected by nursing homes:	#1 = Goal 6 #2 = Goal 1 #3 = Goal 7 #4 = Goal 2 #5 = Goal 3 #6 = Goal 8 #7 = Goal 4 #8 = Goal 5	#1 = Goal 6 #2 = Goal 1 #3 = Goal 3 #4 = Goal 4 #5 = Goal 2 #6 = Goal 7 #7 = Goal 8 #8 = Goal 5
Participating consumers:	16	515

Tennessee nursing homes currently have a 1% lower participation rate than the nation in this new coalition.

The Quality Improvement Organization in Tennessee is currently working with the 81 nursing homes participating in this coalition. The QIO works with each nursing home by providing quality improvement tools and instructions that reflect the three goals selected. After use of the tools and revising the approaches to the goals, the nursing homes evaluate their own progress. Best practices are shared with other nursing homes through a teleconference call with all members each month. A listserv has also been set up for the nursing homes that participating to continually share information and best practices. Health Care Facilities is a member of this coalition and participates both on the listserv and the teleconference calls.

Quality measures are utilized in public reporting on CMS's nursing home compare website www.medicare.gov and are available to the public.

TENNESSEE NURSING HOME SUMMARY OF OVERSIGHT ACTIVITIES SPREADSHEET

	2004	2005	2006
Total Nursing Homes	338	335	330
Homes Cited with “Immediate Jeopardy”	30	17	23
Homes Cited with Substandard Level of Care	6	22	20
Average Number of Deficiencies Cited	6.9	6.71	6.0
Number of Federal Civil Penalties	46	40	39
Total Amount of Federal Penalties	\$831,369	\$747,245	\$2,021,699.50
Number of State Civil Penalties	66	44	33
Total amount of State penalties	\$47,545	\$27,680	\$23,420
Nursing Homes with one (1) or more complaints	239	234	300
% of Nursing Homes with one (1) or more complaints	70%	70%	91%
Nursing Homes with \geq ten (10) complaints	20	28	23
Nursing Homes with \geq ten (10) complaints	6%	8%	6.9%
Nursing Homes with \geq twenty (20) complaints	3	9	3
% of total Nursing Homes with \geq twenty (20) complaints	1%	3%	0.9%
Number of Nursing Homes with substantiated complaints	134	120	141
% of total Nursing Homes with substantiated complaints	39%	28%	42.7%
Number of substantiated complaints in all facility types	508	478	411
% of substantiated complaints for all facility types	30%	28%	22%
Number of Unusual Incidents Reported	4,919	6,764	7,419
Total Nursing Home Incidents	2,987	3,709	3,906
% of Total Number of Incidents	61%	55%	53%

MONTHLY REPORT OF LICENSED FACILITIES AND BEDS

December, 2006

FACILITY TYPE	# OF LICENSED FACILITIES	# OF LICENSED BEDS
HOSPITALS	143	23,676
NURSING HOMES	330	37,903
HOMES FOR THE AGED	130	2,508
ASSISTED CARE LIVING FACILITIES	198	11,632
*ALCOHOL AND DRUG FACILITIES	237	1,770
RESIDENTIAL HOSPICE	<u>3</u>	<u>56</u>
SUB-TOTAL	1,041	77,545
HOME HEALTH AGENCIES	158	-0-
ESRD	128	-0-
HOME MEDICAL EQUIPMENT	307	-0-
HOSPICE	59	-0-
PROFESSIONAL SUPPORT SERVICES	159	-0-
AMBULATORY SURGICAL TREATMENT CTR	161	-0-
OUT PATIENT DIAGNOSTIC CENTERS	24	-0-
BIRTHING CENTERS	<u>3</u>	<u>-0-</u>
	999	-0-
TOTAL	2,040	77,545

*Alcohol and Drug Facilities by Licensed Bed Types:

Halfway House Treatment Facilities	469
Residential Detox Treatment Facilities	210
Residential Rehab Treatment Facilities	1,091
 Total:	 1,770

Methadone Clinics (9 licensed facilities)

Top Ten “Health Deficiencies” Cited 2006
 COMPARISON OF DEFICIENCY PATTERNS IN FREQUENCY OF OCCURANCE SEQUENCE
 DEFICIENCY LISTINGS FOR **Distinct Part SNF/NF FACILITIES**

TOTALS ARE BASED ON THE CURRENT
 SURVEY FOR ACTIVE PROVIDERS ONLY

REGION: ATLANTA DEFICIENCY TYPE: ALL SEQUENCE: BASED ON DEFICIENCIES FOR THE STATE OF: TENNESSEE

**TOTAL # FACILITIES→

	TN 119	REGION 650	NATION 2,840
F280 Development/prep/review of comprehensive care plans	48 37.8%	141 21.4%	447 14.5%
F309 Quality of Care	45 34.5%	191 26.8%	1,156 31.9%
F281 Services Provided Meet Professional Standards	45 33.6%	282 38.5%	1,014 29.6%
F324 Supervision/devices to prevent accidents	41 27.7%	148 19.5%	970 27.0%
F371 Store/Prepare/Distribute Food Under Sanitary Conditions	34 27.7%	304 43.5%	1,084 34.7%
F157 Inform of Accidents/Significant Changes/Transfers/Etc.	30 22.7%	103 14.8%	532 15.7%
F323 Facility Is Free Of Accident Hazards	27 21.0%	135 19.8%	729 23.6%
F315 Resident Not Catheterized Unless Unavoidable	27 22.7%	150 22.2%	541 17.6%
F332 Medication Error Rates of 5% or More	22 22.7%	110 16.3%	466 14.9%
F431 Proper labeling of Drugs and Biologicals	22 16.8%	129 18.8%	378 12.1%

TOP TEN “HEALTH DEFICIENCIES” CITED 2006
 COMPARISON OF DEFICIENCY PATTERNS IN FREQUENCY OF OCCURANCE SEQUENCE

Top Ten "Health Deficiencies" Cited 2006

COMPARISON OF DEFICIENCY PATTERNS IN FREQUENCY OF OCCURANCE SEQUENCE
DEFICIENCY LISTINGS FOR **Dually Certified SNF/NF FACILITIES**

TOTALS ARE BASED ON THE CURRENT
SURVEY FOR ACTIVE PROVIDERS ONLY

REGION: ATLANTA DEFICIENCY TYPE: ALL SEQUENCE: BASED ON DEFICIENCIES FOR THE STATE OF: TENNESSEE

**TOTAL # FACILITIES →

	TN	REGION	NATION
	158	1,833	11,460
F280 Development/prep/review of comprehensive care plans	66 38.6%	344 16.9%	1,686 13.1%
F281 Services provided meet professional standards	64 31.0%	710 32.5%	4,252 30.6%
F309 Quality of Care	63 35.47%	648 29.6%	4,222 29.3%
F324 Supervision/devices to prevent accidents	56 30.4%	441 19.3%	3,173 21.09%
F431 Proper Labeling of Drugs and Biologicals	52 29.7%	332 17.2%	1,483 12.3%
F441 Infection Control	49 30.4%	312 16.5%	2,341 18.9%
F315 Urinary Incontinence	45 25.9%	367 18.4%	2,486 19.5%
F332 Medication Errors	42 24.7%	265 13.7%	1,341 11.0%
F371 Sanitary Conditions/Food Prep and Service	42 24.7%	737 37.4%	4,084 33.5%
F425 Facility Provides Drugs and Biologicals	36 21.5	337 16.9%	1,667 13.1%

TOP TEN "HEALTH DEFICIENCIES" CITED 2006

COMPARISON OF DEFICIENCY PATTERNS IN FREQUENCY OF OCCURANCE SEQUENCE

Top Ten "Health Deficiencies" Cited 2006

COMPARISON OF DEFICIENCY PATTERNS IN FREQUENCY OF OCCURRENCE SEQUENCE
DEFICIENCY LISTINGS FOR SKILLED NURSING FACILITIES

TOTALS ARE BASED ON THE CURRENT
SURVEY FOR ACTIVE PROVIDERS ONLY

REGION: ATLANTA DEFICIENCY TYPE: ALL SEQUENCE: BASED ON DEFICIENCIES FOR THE STATE OF: TENNESSEE

**TOTAL # FACILITIES→

	TN	REGION	NATION
	27	158	871
F280 Store/Prepare/Distribute Food Under Sanitary Conditions	9 33.3%	78 48.1%	269 29.8%
F441 Infection Control	6 22.2%	26 15.8%	130 14.2%
F281 Services Provide Meet Professional Standards	4 14.8%	48 27.8%	185 18.9%
F280 Development /Prepare/Review of Comprehensive Care Plan	3 11.1%	17 10.1%	56 6.1%
F372 Dispose Garbage & Refuse Properly	3 11.1%	10 6.3%	27 3.1%
F309 Quality of Care	3 11.1%	25 14.6%	174 18.2%
F444 Wash hands when indicated	3 11.1%	18 11.4%	65 7.5%
F514 Clinical Records Meet Professional Standards	2 7.4%	19 12.0%	116 12.2%
F332 Medication Error Rates of 5% or More	2 7.4	15 9.5	66 6.8
F164 Personal Privacy/Confidentiality of Records	2 7.4	17 10.1	56 5.8

TOP TEN "HEALTH DEFICIENCIES" CITED 2006

COMPARISON OF DEFICIENCY PATTERNS IN FREQUENCY OF OCCURRENCE SEQUENCE

Top Ten “Health Deficiencies” Cited 2006

COMPARISON OF DEFICIENCY PATTERNS IN FREQUENCY OF OCCURANCE SEQUENCE
DEFICIENCY LISTINGS FOR NURSING FACILITIES

TOTALS ARE BASED ON THE CURRENT
SURVEY FOR ACTIVE PROVIDERS ONLY

REGION: ATLANTA DEFICIENCY TYPE: ALL SEQUENCE: BASED ON DEFICIENCIES FOR THE STATE OF: TENNESSEE

**TOTAL # FACILITIES→

	TN 26	REGION 74	NATION 958
F280 Development/prep/review of comprehensive care plans	14 42.3%	23 28.4%	128 12.5%
F309 Quality of Care	13 42.3%	23 28.4%	232 21.5%
F324 Supervision/devices to prevent accidents	13 42.3%	20 23.0%	287 23.9%
F441 Infection Control	9 34.6%	27 33.8%	180 16.8%
F514 Clinical Records Meet Professional Standards	8 26.9%	20 25.7%	144 13.9%
F221 Right To Be Free From Physical Restraints Not Required for Treatment	8 30.8%	14 18.9%	118 11.9%
F425 Facility Provides Drugs & Biologicals	7 26.9%	11 14.9%	112 10.9%
F332 Medication Error Rates of 5% or More	7 26.9%	10 13.5%	97 10.1%
F431 Proper labeling of Drugs and Biologicals	7 26.9%	14 18.9%	108 11.1%
F272 Comprehensive Assessments	6 15.4%	9 9.5%	122 11.7%

TOP TEN “HEALTH DEFICIENCIES” CITED 2006

COMPARISON OF DEFICIENCY PATTERNS IN FREQUENCY OF OCCURANCE SEQUENCE

Top Ten "LIFE SAFETY CODE" Deficiencies Cited 2006
 COMPARISON OF DEFICIENCY PATTERNS IN FREQUENCY OF OCCURRENCE SEQUENCE
 DEFICIENCY LISTINGS FOR **DISTINCT PART SNE/NF FACILITIES**

TOTALS ARE BASED ON THE CURRENT
 SURVEY FOR ACTIVE PROVIDERS ONLY

REGION: ATLANTA DEFICIENCY TYPE: ALL SEQUENCE: BASED ON DEFICIENCIES FOR THE STATE OF: TENNESSEE

TAG NO. **TOTAL # FACILITIES →

	TN 119	REGION 650	NATION 2,840
K0018 CORRIDOR DOORS	48 37.0%	123 18.0%	1,015 33.1%
K0130 MISC.(functioning fire safety equipment, locking hardware, improper separation new construction/renovation areas, training of employees fire safety equipment, dryer lint buildup)	40 33.6%	71 10.8%	202 6.9%
K0067 VENTILATING EQUIPMENT	36 30.3%	73 11.1%	566 19.2%
K0050 FIRE DRILLS	28 23.5%	65 9.8%	401 12.7%
K0025 SMOKE PARTITION CONSTRUCTION	27 22.7%	64 9.8%	600 20.2%
K0062 SPRINKLER SYSTEM MAINTENANCE	26 21.8%	86 13.4%	665 22.3%
K0029 HAZARDOUS AREAS-SEPARATION	25 21.0%	73 10.8%	706 23.8%
K0052 TESTING OF FIRE ALARM	25 21.0%	80 12.2%	295 10.0%
K0064 PORTABLE FIRE EXTINGUISHERS	24 20.2%	33 5.1	213 7.2
K0141 NO SMOKING SIGNS WHERE OXYGEN USED	21 17.6	27 4.2%	67 2.4%

Top Ten "LIFE SAFETY CODE" Deficiencies Cited 2006

COMPARISON OF DEFICIENCY PATTERNS IN FREQUENCY OF OCCURRENCE SEQUENCE
DEFICIENCY LISTINGS FOR DUALY CERTIFIED SNF/NF FACILITIES

TOTALS ARE BASED ON THE CURRENT
SURVEY FOR ACTIVE PROVIDERS ONLY

REGION: ATLANTA DEFICIENCY TYPE: ALL SEQUENCE: BASED ON DEFICIENCIES FOR THE STATE OF: TENNESSEE

TAG NO. **TOTAL # FACILITIES →

	TN	REGION	NATION
	158	1,833	11,460
K0018 CORRIDOR DOORS	58 34.8%	367 18.9%	3,802 31.4%
K0067 VENTILATING EQUIPMENT	42 26.6%	169 9.1%	1,255 10.7%
K0130 MISC.(functioning fire safety equipment, locking hardware, improper separation new construction/renovation areas, training of employees fire safety equipment, dryer lint buildup)	39 24.7%	157 8.5%	1,080 9.2%
K0062 SPRINKLER SYSTEM MAINTENANCE	35 22.2%	260 13.3%	2,523 21.0%
K0038 EXIT ACCESS	33 20.3%	231 11.8%	2,118 17.7%
K0050 FIRE DRILLS	31 19.6%	145 7.7%	1,702 14.1%
K0029 HAZARDOUS AREAS-SEPARATION	25 15.8%	312 15.8%	2,950 24.5%
K0056 AUTOMATIC SPRINKLER SYSTEM	23 14.6%	248 13.0%	2,013 16.9%
K0052 TESTING OF FIRE ALARM	21 13.3%	208 10.9%	1,277 10.7%
K0141 NO SMOKING SIGNS WHERE OXYGEN USED	18 11.4%	50 2.6%	183 1.6%

Top Ten "LIFE SAFETY CODE" Deficiencies Cited 2006
 COMPARISON OF DEFICIENCY PATTERNS IN FREQUENCY OF OCCURRENCE SEQUENCE
 DEFICIENCY LISTINGS FOR NURSING FACILITIES

TOTALS ARE BASED ON THE CURRENT
 SURVEY FOR ACTIVE PROVIDERS ONLY

REGION: ATLANTA DEFICIENCY TYPE: ALL SEQUENCE: BASED ON DEFICIENCIES FOR THE STATE OF: TENNESSEE

TAG NO. **TOTAL # FACILITIES →

	TN	REGION	NATION
	26	74	958
K0018 CORRIDOR DOORS	9 34.6.00%	13 17.6%	328 32.6%
K0038 EXIT ACCESS	9 34.6%	15 20.3%	213 207%
K0072 FURNISHINGS AND DECORATIONS	6 23.1%	6 8.1%	65 6.5%
K0147 ELECTRICAL WIRING AND EQUIPMENT	5 19.2%	9 12.2%	196 19.6%
K0050 FIRE DRILLS	5 19.2%	10 13.5%	166 15.6%
K0067 VENTILATING EQUIPMENT	5 19.2%	6 8.1%	124 12.6%
K0029 HAZARDOUS AREAS-SEPARATION	4 15.4%	7 9.5%	246 24.4%
K0130 MISC.(functioning fire safety equipment, locking hardware, improper separation new construction/renovation areas, training of employees fire safety equipment, dryer lint buildup)	4 15.4%	5 6.8%	69 7.2%
K0025 SMOKE PARTITION CONSTRUCTION	4 15.4%	7 9.5%	203 20.0%
K0066 SMOKING REGULATIONS	4 15.4%	4 5.4%	122 12.6%

Top Ten "LIFE SAFETY CODE" Deficiencies Cited 2006
 COMPARISON OF DEFICIENCY PATTERNS IN FREQUENCY OF OCCURRENCE SEQUENCE
 DEFICIENCY LISTINGS FOR SKILLED NURSING FACILITIES

TOTALS ARE BASED ON THE CURRENT
 SURVEY FOR ACTIVE PROVIDERS ONLY

REGION: ATLANTA DEFICIENCY TYPE: ALL SEQUENCE: BASED ON DEFICIENCIES FOR THE STATE OF: TENNESSEE Skilled Nursing Facilities

TAG NO. **TOTAL # FACILITIES →

TN 27 REGION 158 NATION 871

	TN	REGION	NATION
	27	158	871
K0018 CORRIDOR DOORS	6 22.2%	9 5.7%	215 23.2%
K0130 MISC.(functioning fire safety equipment, locking hardware, improper separation new construction/renovation areas, training of employees fire safety equipment, dryer lint buildup)	6 22.2%	8 5.1%	70 7.8%
K0029 HAZARDOUS AREAS-SEPARATION	5 18.5%	8 5.1%	143 15.6%
K0050 FIRE DRILLS	4 14.8%	16 10.1%	109 12.2%
K0064 PORTABLE FIRE EXTINGUISHERS	4 14.8%	5 3.2%	47 5.0%
K0052 TESTING OF FIRE ALARM	4 14.8%	12 10.1%	59 6.8%
K0067 VENTILATING EQUIPMENT	4 14.8%	5 3.2%	52 5.6%
K0054 SMOKE DETECTOR MAINTENANCE	3 11.1%	6 3.8%	71 7.8%
K0062 SPRINKLER SYSTEM MAINTENANCE	3 11.1%	10 6.3%	150 16.3%
K0020 STAIRWAY ENCLOSURES AND VERTICAL SHAFTS	3 11.1%	4 2.5%	69 7.3%

HEALTH CARE FACILITIES
NURSING HOMES
STATE CIVIL MONETARY PENALTIES

REGIONAL OFFICE	TYPE OF SURVEY		DATE OF SURVEY	3 DAY NOTICE	8 DAY NOTICE	TYPE OF PENALTY			DATE ASSESSED	HEARING DATE	SUSPENSION LIFTED	AMOUNT OF PENALTY ASSESSED	AMOUNT OF PENALTY RECEIVED	DATE PAID
	A, F, C	EAST				A	B1	B2						
		C	01/03/06					1						
		A	01/12/06					1						
1		A	01/19/06					1						
1		A	01/19/06					1						
1		A	01/19/06					2						
1		A	01/25/06					2	01/27/06			\$600.00	\$600.00	03/06/06
1		C	01/25/06					1						
1		A	01/26/06					1						
1		A	01/26/06					1						
1		A	01/27/06					1						
			06/30/05						07/06/05			Prior to 2006	\$2,500.00	01/30/06
1		C	01/30/06	02/02/06	02/09/06		1		02/02/06		02/03/06	\$1,500.00	\$1,500.00	03/03/06
		A	02/01/06					2						
		A	02/02/06					2						
1		A	02/02/06					1						
1		A	02/02/06					1						
1		C	02/03/06					1	02/06/06			\$600.00	\$600.00	03/06/06
1		A	02/07/06					2						
1		A	02/08/06					1						
			11/18/05						11/18/05			Prior to 2006	\$300.00	02/08/06
1		A	02/09/06					2						
1		A	02/09/06					2						
1		A	02/15/06					1						
1		A	02/23/06					1						
1		A	02/23/06					7						
1		A	02/23/06					2						
1		A	02/23/06					2						
1		A	03/02/06					2	03/06/06			\$1,080.00	\$1,080.00	03/13/06
1		A	03/02/06					1						
1		A	03/03/06					1						
1		A	03/09/06					1	03/10/06			\$270.00	\$270.00	03/27/06
1		A	03/09/06					4						

Type of Survey:
"A" - Annual
"F" - Follow-Up
"C" - Complaint

**HEALTH CARE FACILITIES
NURSING HOMES
STATE CIVIL MONETARY PENALTIES**

REGIONAL OFFICE	TYPE OF SURVEY		DATE OF SURVEY	3 DAY NOTICE	8 DAY NOTICE	TYPE OF PENALTY			DATE ASSESSED	HEARING DATE	SUSPENSION LIFTED	AMOUNT OF PENALTY ASSESSED	AMOUNT OF PENALTY RECEIVED	DATE PAID
	A, F, C	EXIT				A	B1	B2						
	WEST	MIDDLE	EAST											
			1	A	05/25/06									
1				A	05/26/06	06/01/06	06/08/06	1		06/01/06		\$1,500.00	\$1,500.00	06/20/06
			1	C	05/30/06									
			1	A	05/31/06									
	1			A	05/31/06									
			1	A	06/01/06									
			1	A	06/07/06									
1				A	06/07/06					06/09/06		\$270.00	\$270.00	06/16/06
1				A	06/08/06	06/13/06	06/20/06	1		06/13/06	06/29/2006	\$1,500.00	\$1,500.00	06/15/06
	1			A	06/13/06									
			1	A	06/14/06									
			1	A	06/16/06	06/21/06	06/28/06	1		06/21/06	07/07/2006	\$1,500.00	\$1,500.00	07/20/06
			1	A	06/21/06									
			1	A	06/22/06									
			1	A	06/28/06					06/30/06		\$600.00	\$600.00	07/13/06
			1	A	06/29/06					06/30/06		\$270.00	\$270.00	07/11/06
			1	C	06/29/06									
			1	A	07/06/06									
			1	A	07/06/06									
			1	A	07/12/06									
			1	C	07/17/06									
			1	A	07/18/06									
			1	A	07/19/06									
			1	A	07/19/06									
			1	A	07/19/06									
			1	A	07/26/06					07/28/06		\$900.00	\$900.00	08/23/06
			1	A	07/27/06					07/31/06		\$270.00	\$270.00	08/08/06
			1	A	07/27/06									
			1	A	08/02/06									
			1	C	08/03/06									
1				A	08/03/06	08/08/06	08/15/06	1		08/08/06	08/24/2006	\$2,700.00	\$2,700.00	08/14/06
			1	A	08/08/06									

Type of Survey:
 "A" - Annual
 "F" - Follow-Up
 "C" - Complaint

2006

**HEALTH CARE FACILITIES
NURSING HOMES
STATE CIVIL MONETARY PENALTIES**

REGIONAL OFFICE	TYPE OF SURVEY		DATE OF SURVEY	3 DAY NOTICE	8 DAY NOTICE	TYPE OF PENALTY				DATE ASSESSED	HEARING DATE	SUSPENSION LIFTED	AMOUNT OF PENALTY ASSESSED	AMOUNT OF PENALTY RECEIVED	DATE PAID	
	A, F, C	EXIT				A	B1	B2	C							P
	WEST	MIDDLE	EAST													
				08/08/06												
1		A		08/09/06												
1		A		08/10/06												
	1	C		08/14/06	08/17/06	08/24/06				08/14/06			\$540.00	\$540.00		08/22/06
	1	A		08/21/06	08/24/06	08/31/06				08/17/06			\$1,500.00	\$1,500.00		08/30/06
	1	A		08/21/06	08/24/06	08/31/06				08/24/06			\$1,500.00			
	1	A		08/22/06									\$5,000.00			
	1	A		08/23/06						08/25/06			\$300.00	\$300.00		09/07/06
	1	A		08/25/06												
	1	C		08/29/06												
	1	A		08/31/06												
	1	A		09/06/06												
	1	A		09/07/06												
	1	A		09/13/06												
	1	A		09/13/06												
	1	A		09/20/06												
	1	A		09/21/06												
	1	A		09/27/06												
	1	C		10/02/06												
	1	A		10/04/06												
	1	F		10/05/06						10/09/06			\$600.00			
	1	A		10/11/06												
	1	A		10/11/06												
	1	A		10/11/06												
	1	A		10/11/06												
	1	A		10/12/06						10/16/06			\$300.00	\$300.00		11/02/06
	1	C		10/12/06												
	1	A		10/18/06	10/23/06	10/30/06				10/23/06		11/07/2006	\$1,500.00	\$1,500.00		11/22/06
	1	A		10/24/06												
	1	A		10/25/06												
	1	A		10/25/06												
	1	C		10/31/06						11/02/06			\$300.00			

Type of Survey:
 "A" - Annual
 "F" - Follow-Up
 "C" - Complaint

HEALTH CARE FACILITIES
NURSING HOMES
STATE CIVIL MONETARY PENALTIES

REGIONAL OFFICE	TYPE OF SURVEY		DATE OF SURVEY	3 DAY NOTICE	8 DAY NOTICE	TYPE OF PENALTY			DATE ASSESSED	HEARING DATE	SUSPENSION LIFTED	AMOUNT OF PENALTY ASSESSED	AMOUNT OF PENALTY RECEIVED	DATE PAID
	A, F, C	EXIT				A	B1	B2						
WEST	MIDDLE	EAST												
	1		A	11/01/06				1						
	1		A	11/01/06				1						
1			A	11/02/06				1						
1			A	11/08/06				1						
	1		A	11/08/06				1						
		1	C	11/13/06				1						
1			A	11/16/06				2						
1			A	11/29/06				1						
1			A	12/05/06				1						
	1		A	12/06/06				1						
69	26	40						10	0	0	178	23		
												\$27,770.00	\$23,420.00	

Type of Survey:
 "A" - Annual
 "F" - Follow-Up
 "C" - Complaint

Federal CMP LOG
2006

WTRO	MTRO	ETRO	*Origin of Visit	*Refer to CMS SMA	Date of Survey	Date Forwarded to CMS/SMA	Scope and Severity	Date of Imposition	*Type of Penalty (D or PI)	Appeal Y/N	Recommended Penalty Amount	# of Days	Total Penalty	Amount Received
X			R	X	01/19/2006	01/24/2006	IJ	01/19/2006	PI		\$3,050	5	15,250.00	15,250.00
	X		C	X	01/30/2006	02/02/2006	IJ	01/30/2006	PI		\$3,050	1	1,982.50	1,982.50
	X		R	X	02/07/2006	02/09/2006	GG	03/23/2006	D		\$50	56	1,820.00	1,820.00
X			R	X	02/21/2006	03/31/2006	IJ	02/21/2006	PI		\$3,050	28	55,510.00	55,510.00
X			R	X	03/02/2006	03/07/2006	GG	03/02/2006	D		\$300	14	2,730.00	2,730.00
	X		R	X	03/23/2006	05/01/2006	GG	05/15/2006	D		\$50	60	1,950.00	1,950.00
X			C	X	04/11/2006	04/12/2006	IJ/GG	04/11/2006	PI	open	\$3,050	16	51,850.00	4,550.00
	X		R/C	X	04/12/2006	04/13/2006	G	06/07/2006	D		\$50	91	4,550.00	4,550.00
		X	C	X	04/27/2006	05/07/2006	GG	04/27/2006	D		\$300	1	195.00	195.00
		X	R	X	05/11/2006	05/16/2006	IJ	04/26/2006	PI		\$3,500	35	79,625.00	79,625.00
	X			X	05/25/2006	05/26/2006	IJ	05/25/2006	D		\$3,050	105	320,250.00	0.00
X			R	X	05/26/2006	05/31/2006	IJ	05/26/2006	PI		\$3,750	24	58,500.00	58,500.00
		X	C	X	05/26/2006	05/31/2006	GG	05/26/2006	D		\$3,100	11	4,257.50	4,257.50
		X	R	X	06/07/2006	06/17/2006	GG	06/07/2006	D		\$300	19	5,700.00	3,705.00
	X		R	X	06/07/2006	06/08/2006	G	06/05/2006	D		\$50	78	2,535.00	2,535.00
		X	R	X	06/07/2006	06/08/2006	GG	06/07/2006	D		\$300	19	3,705.00	3,705.00
X			R	X	06/08/2006	06/18/2006	IJ	06/08/2006	PI		\$22,850	21	22,850.00	0.00
	X		C	X	06/16/2006	06/20/2006	IJ	06/14/2006	PI		\$4,500	9	26,325.00	26,325.00
	X		R	X	07/11/2006	07/16/2006	GG	06/28/2006	D		\$700	63	44,100.00	44,100.00
	X		R	X	07/11/2006	07/21/2006	G	07/10/2006	D		\$50	73	3,650.00	3,650.00
		X	R	X	07/18/2006	07/19/2006	G	07/18/2006	D		\$150	44	4,290.00	4,290.00
	X		C	X	07/18/2006	07/19/2006	GG	08/29/2006	D		\$3,750	158+	578,900.00	0.00
		X	R	X	07/26/2006	08/02/2006	IJ	07/25/06	PI		\$3,100	25	2,762.50	2,762.50
		X	C	X	07/31/2006	08/01/2006	G	10/03/2006	D		\$250	57	9,262.50	9,262.50
X			R	X	08/03/2006	08/04/2006	IJ	03/20/2006	PI	yes	\$3,250	144+	456,400.00	0.00
		X	R	X	08/08/2006	08/09/2006	G	08/08/2006	D		\$3,350	42+	21,645.00	21,645.00
	X		C	X	08/21/2006	08/25/2006	IJ	08/11/2006	PI		\$3,150	61	150,650.00	150,650.00
			R	X	08/16/2006	08/16/2006	G	08/16/2006	D		\$5,850	60	5,850.00	5,850.00
X			R	X	08/24/2006	08/25/2006	GG	08/24/2006	D		\$300	68	20,400.00	20,400.00
		X	C	X	09/27/2006	09/28/2006	G	09/27/2006	D		\$300	8	1,560.00	1,560.00
		X	R	X	09/27/2006	09/28/2006	GG	09/27/2006	D		\$300	17	3,315.00	3,315.00

NURSE AIDE REGISTRY ABUSE REGISTRY ACTIVITY REPORT

	JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	TOTAL
Nurse Aide Registry													
New Applicants	425	373	355	373	485	461	457	635	387	430	496	404	5281
Renewals	1079	1385	1187	1163	1097	1114	1269	1557	1588	1555	1904	2094	16992
Reciprocities	68	85	98	74	87	90	95	102	86	88	82	57	1012
Verifications	31	25	37	17	11	17	16	25	33	18	26	12	268
Challenges Requested	40	45	86	67	40	68	40	73	51	49	32	25	616
Challenges Granted	28	32	57	48	54	58	30	51	33	39	28	21	479
Deceased	0	0	0	0	0	0	0	0	0	70	0	0	70
Total Revoked C.N.A.	0	3	1	1	2	2	4	2	0	0	1	0	16
Abuse Registry													
Number Placed	11	22	3	12	11	15	15	4	9	1	9	8	120
Number Removed	2	0	0	1	3	1	1	1	0	1	1	0	11
Abuse Registry Total	1065	1087	1090	1101	1109	1123	1135	1138	1147	1146	1154	1162	1162
Department of Health	2	3	1	4	3	1	6	2	1	1	1	0	25
DMHDD	0	0	0	0	0	0	0	0	0	0	0	0	0
DMRS	9	19	0	8	7	12	8	0	8	0	6	8	85
TBI	0	0	2	0	1	2	1	2	0	0	2	0	10
Adult Protective Services/DHS	0	0	0	0	0	0	0	0	0	0	0	0	0
Department of Children's													
Services	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	11	22	3	12	11	15	15	4	9	1	9	8	120

Facilities Sprinklered Status Nursing Homes

May-07

Note: Nursing Homes not appearing on this list are fully sprinklered. Newly sprinklered facilities will be removed the month following inspection approval.

Note: Smoke detector installation, signage, and posting requirements for the following facilities is being confirmed upon survey.

*Exempt: T.C.A. 68-11-235 exempts nursing homes that choose to completely replace the facility as an alternative to sprinklering the existing facility. These facilities have obtained approval from the Health Services and Development Agency and have submitted plans to the Department for such. The replacement facility must be in construction beyond the footing stage within three (3) years of July 1, 2004.

Small project - Denotes facility almost completely sprinklered except for small area not requiring submission of sprinkler plans.

EAST TENNESSEE REGION: Nursing Homes

Facility Name	City	Number of # of Stories	Beds	Date Plans Submitted to DOH	Date Plans Approved by DOH	Sprinkler System Installation Due Date	COMMENTS
ST BARNABAS NURSING HOME	CHATTANOOGA	4	87	09/08/2005	02/07/2007	02/07/2008	CN0308-069A for NH replacement

Total Facilities: 0

Total Exempt & scheduled for replacement: 1

MIDDLE TENNESSEE REGION: Nursing Homes

Facility Name	City	Number of # of Stories	Beds	Date Plans Submitted to DOH	Date Plans Approved by DOH	Sprinkler System Installation Due Date	COMMENTS
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Total Facilities: 0

Total Exempt & scheduled for replacement: 0

WEST TENNESSEE REGION: Nursing Homes

Facility Name	City	Number of # of Stories	Beds	Date Plans Submitted to DOH	Date Plans Approved by DOH	Sprinkler System Installation Due Date	COMMENTS
BAILEY PARK COMMUNITY LIVING CENTER	HUMBOLDT	1	50	03/16/2005	09/09/2005	03/09/2007	Def. cited waiting on POC
BRIARWOOD COMMUNITY LIVING CENTER	LEXINGTON	1	55	04/05/2005	04/12/2005	10/12/2006	Completed, awaiting inspection
COURT MANOR	MEMPHIS	1	98	CN0603-017	To be replaced in 2007-08		
HARDIN HOME	SAVANNAH	1	39	08/04/2005	11/28/2005	05/28/2007	
LAUDERDALE COMM LIVING CENTER	RIPLEY	1	61	04/05/2005	11/05/2005	05/05/2007	
WHITEHAVEN COMMUNITY LIVING	MEMPHIS	1	92	04/05/2005	05/06/2005	11/06/2006	Def. cited waiting on POC

Total Facilities: 5

Total Exempt & scheduled for replacement: 1

Statewide: 336
Nursing Homes

Total Currently Not Sprinklered: 5

Total Exempted & scheduled for replacement: 2

Pending Onsite/Revisit: 4

CN0603-017 - To be replaced in 2007-08 - Have certificate of need to replace facility in 2007-08
CN0308-069A - To be replaced in 2007-08 - Have certificate of need to replace facility in 2007-08

Deficiency Free Surveys 2006:

East Tennessee Regional Office:

Name of Facility	Date of Survey
Asbury Place at Kingsport	10/04/2006
Etowah Health Care Center	11/12/2006
Princeton TCU at Northside	01/19/2006
Greeneville Care & Rehab	02/02/2006
Brakebill Nursing Home	06/07/2006
Sunbridge Care& Rehab Hillside	07/12/2006
Lakebridge Heathcare Center	08/03/2006
Hancock Manor	08/09/2006
Hermitage Healthcare Nursing Home	08/09/2006
Asbury Place at Kingsport	10/04/2006
Baptist Hospital of ET TCU	08/08/2006
Tacoma TCU	06/15/2006
Siskin Hospital Subacute Rehab Program	06/29/2006
Fairpark Healthcare Center	07/06/2006
Pine Ridge Care Center	08/17/2006
NHC Farragut	08/30/2006
Durham-Hensley Nursing Home	11/15/2006
John M. Reed Nursing Home	09/07/2006

Middle Tennessee Regional Office:

Name of Facility	Date of Survey
NHC Pulaski	01/11/2006
Jackson Park	10/17/2006
Adams Place	02/23/2006
Mabry	04/12/2006
Quality Care	11/29/2006
Maury SNF	09/19/2006
Erlanger Bledsoe	09/25/2006
The Bridge Monteagle	12/06/2006
The Palace	05/10/2006

West Tennessee Regional Office:

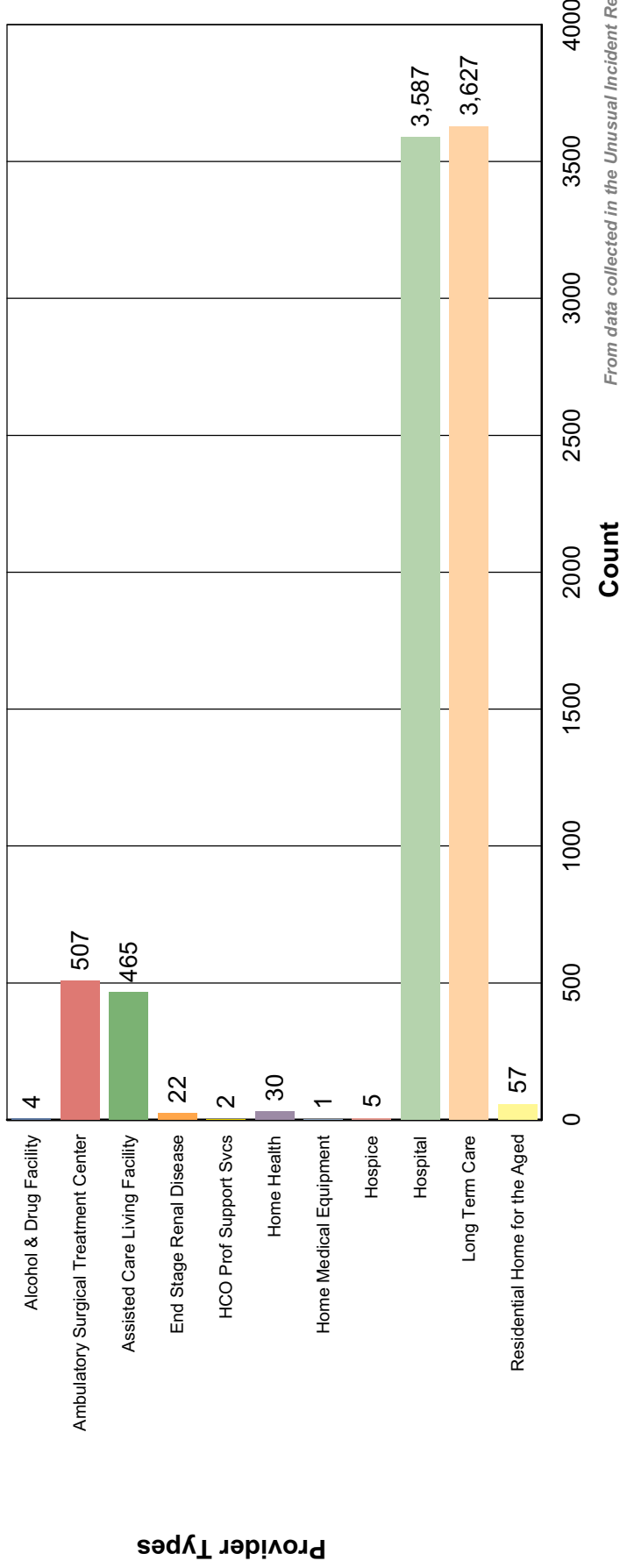
Name of Facility	Date of Survey
Huntingdon Health & Rehab.	01/12/2006
NHC Lawrenceburg	05/03/2006
Westwood Health Care Center	11/13/2006

Reported Events from: 01/01/2006 to 12/31/2006

All Provider Types

Unusual Event Reports

Statewide Totals of Primary Occurrence Code by Provider Type



From data collected in the Unusual Incident Reporting System

Printed: 08/23/2007

Occurrence Code Description	Total Occurrences	Percentage
901 - Other	1,609	20.71%
751 - Falls with Fractures	1,220	15.70%
819 - Unexpected Operation/RTOR	1,148	14.78%
808 - Post-Op Wd Infection	688	8.86%

803 - Hemorrhage/Hematoma	509	6.55%
968 - Physical Abuse	467	6.01%
970 - Verbal Abuse	336	4.32%
801 - Repair/Removal of Organ	308	3.96%
964 - Altercations	297	3.82%
915 - Death	169	2.18%
972 - Misappropriation of Funds	122	1.57%
969 - Sexual Abuse	118	1.52%
971 - Neglect/Self Neglect	79	1.02%
933 - Termination of Services	73	0.94%
936 - All Other Fires	65	0.84%
601 - Neurological Deficit	63	0.81%
935 - Facility Fire	55	0.71%
918 - Impairment of Limb	51	0.66%
701 - Burns	50	0.64%
913 - Retained Foreign Body	50	0.64%
806 - Displacement/Breakage of Device	47	0.60%
301 - Necrosis/Infection	35	0.45%
303 - Pneumothorax	32	0.41%
911 - Wrong Patient/Wrong Site Surgery	29	0.37%
963 - Rape of Patient/Staff	20	0.26%

201 - Aspiration	15	0.19%
855 - Incorrect Procedure	14	0.18%
109 - Medication Near Death	14	0.18%
922 - Suicide/Attempted Suicide	13	0.17%
923 - Elopement	11	0.14%
932 - External Disaster	8	0.10%
108 - Medication Harm	8	0.10%
602 - Peripheral Neurological	7	0.09%
966 - Restraint	7	0.09%
917 - Loss of Limb or Organ	6	0.08%
934 - Poisoning	5	0.06%
854 - Repair Circumcision	5	0.06%
853 - Ruptured Uterus	4	0.05%
851 - Hysterectomy/Pregnancy	3	0.04%
403 - Wrong Type Blood	3	0.04%
962 - Adult Abduction	2	0.03%
110 - Medication Death	2	0.03%
302 - Volume Overload	2	0.03%

Total Statewide Occurrences for All Provider Types: 7,769

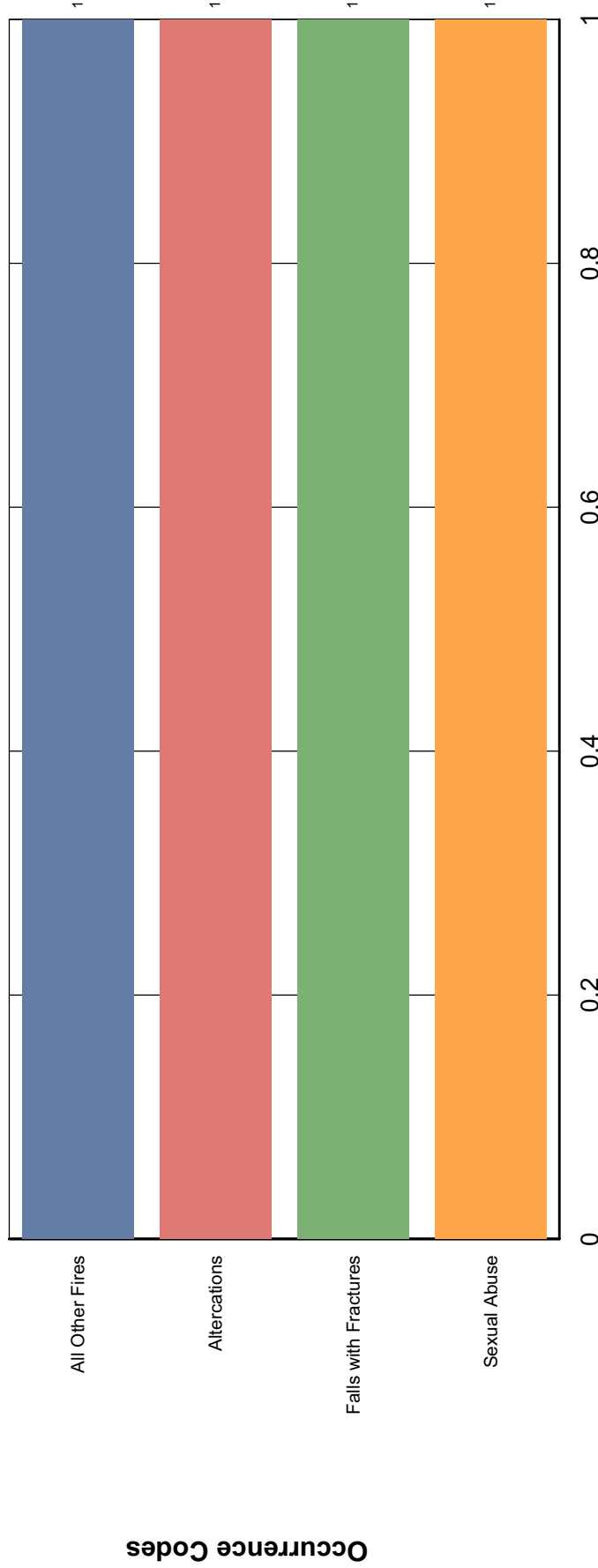
Please note that after a facility reports an event, only those events deemed "reportable" by the state are counted. To be reportable, an event must result in patient harm. All "over reporting" is excluded. All events are counted by their report date and not date of occurrence. Only the primary occurrence code on a reported event is counted and secondary codes are ignored on this report. Complete descriptions of the occurrence codes can be found in the *Interpretive Guidelines for Reporting Unusual Events*.



Reported Events from: 01/01/2006 to 12/31/2006
for Alcohol & Drug Facility

Unusual Event Report

Statewide Distribution of Primary Occurrence Code by Provider Type



From data collected in the Unusual Incident Reporting System

Occurrence Code Description	Total Occurrences	Percentage	Total Occurrences All Providers	Percentage of All Providers
936 - All Other Fires	1	25.00%	70	1.43%
964 - Altercations	1	25.00%	296	0.34%
751 - Falls with Fractures	1	25.00%	1,296	0.08%
969 - Sexual Abuse	1	25.00%	117	0.85%

Please note that after a facility reports an event, only those events deemed "reportable" by the state are counted. To be reportable an event must result in patient harm. All "over reporting" is excluded. All events are counted by their report date and not date of occurrence. Only the primary occurrence code on a reported event is counted and secondary codes are ignored on this report. Complete descriptions of the occurrence codes can be found in the *Interpretive Guidelines for Reporting Unusual Events*.

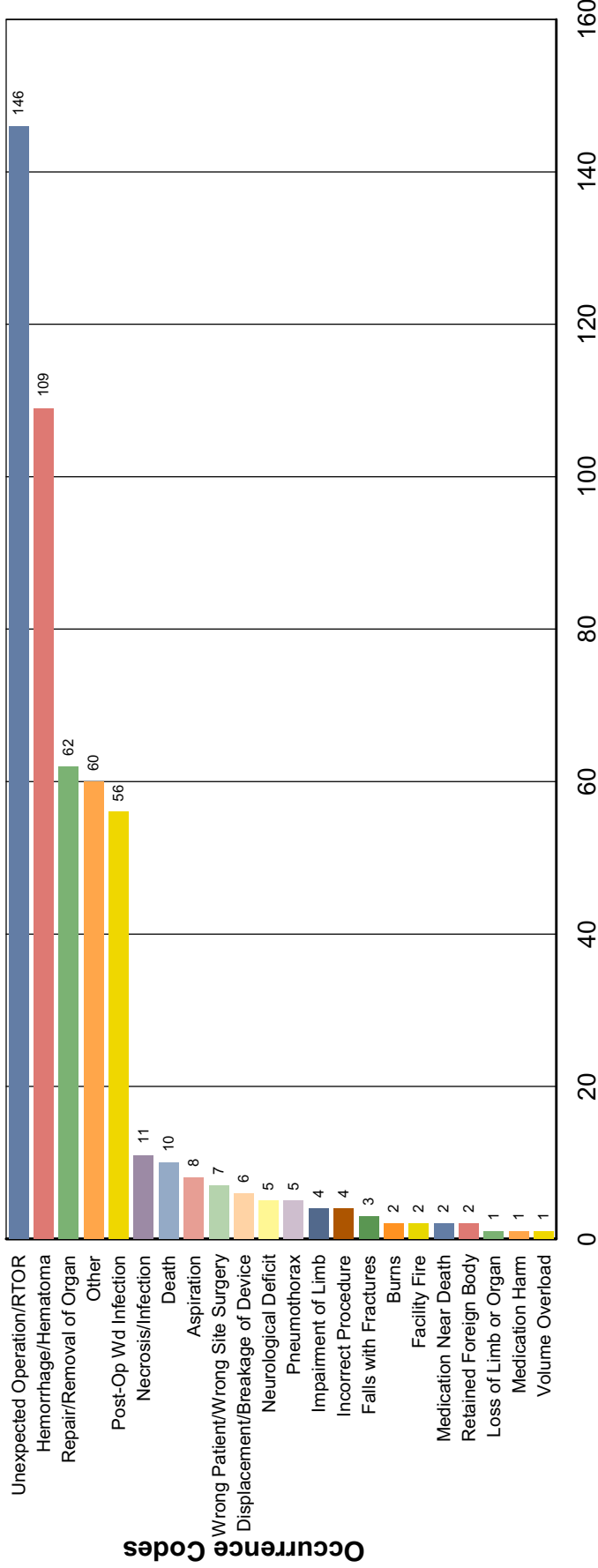
Total Occurrences for Provider Type: Alcohol & Drug Facility
counting Reported Events from: 01/01/2006 to 12/31/2006 4

Please note that after a facility reports an event, only those events deemed "reportable" by the state are counted. To be reportable an event must result in patient harm. All "over reporting" is excluded. All events are counted by their report date and not date of occurrence. Only the primary occurrence code on a reported event is counted and secondary codes are ignored on this report. Complete descriptions of the occurrence codes can be found in the *Interpretive Guidelines for Reporting Unusual Events*.

Reported Events from: 01/01/2006 to 12/31/2006
for Ambulatory Surgical Treatment Center

Unusual Event Report

Statewide Distribution of Primary Occurrence Code by Provider Type



Count From data collected in the Unusual Incident Reporting System

Occurrence Code Description	Total Occurrences	Percentage	Total Occurrences All Providers	Percentage of All Providers
819 - Unexpected Operation/RTOR	146	28.80%	1,310	11.15%
803 - Hemorrhage/Hematoma	109	21.50%	602	18.11%
801 - Repair/Removal of Organ	62	12.23%	339	18.29%
901 - Other	60	11.83%	1,610	3.73%
808 - Post-Op Wd Infection	56	11.05%	781	7.17%

Please note that after a facility reports an event, only those events deemed "reportable" by the state are counted. To be reportable an event must result in patient harm. All "over reporting" is excluded. All events are counted by their report date and not date of occurrence. Only the primary occurrence code on a reported event is counted and secondary codes are ignored on this report. Complete descriptions of the occurrence codes can be found in the *Interpretive Guidelines for Reporting Unusual Events*.

Occurrence Code Description	Total Occurrences	Percentage	Total Occurrences All Providers	Percentage of All Providers
301 - Necrosis/Infection	11	2.17%	43	25.58%
915 - Death	10	1.97%	172	5.81%
201 - Aspiration	8	1.58%	20	40.00%
911 - Wrong Patient/Wrong Site Surgery	7	1.38%	27	25.93%
806 - Displacement/Breakage of Device	6	1.18%	58	10.34%
601 - Neurological Deficit	5	0.99%	76	6.58%
303 - Pneumothorax	5	0.99%	37	13.51%
918 - Impairment of Limb	4	0.79%	55	7.27%
855 - Incorrect Procedure	4	0.79%	14	28.57%
751 - Falls with Fractures	3	0.59%	1,296	0.23%
701 - Burns	2	0.39%	54	3.70%
935 - Facility Fire	2	0.39%	53	3.77%
109 - Medication Near Death	2	0.39%	15	13.33%
913 - Retained Foreign Body	2	0.39%	50	4.00%
917 - Loss of Limb or Organ	1	0.20%	5	20.00%
108 - Medication Harm	1	0.20%	8	12.50%
302 - Volume Overload	1	0.20%	2	50.00%

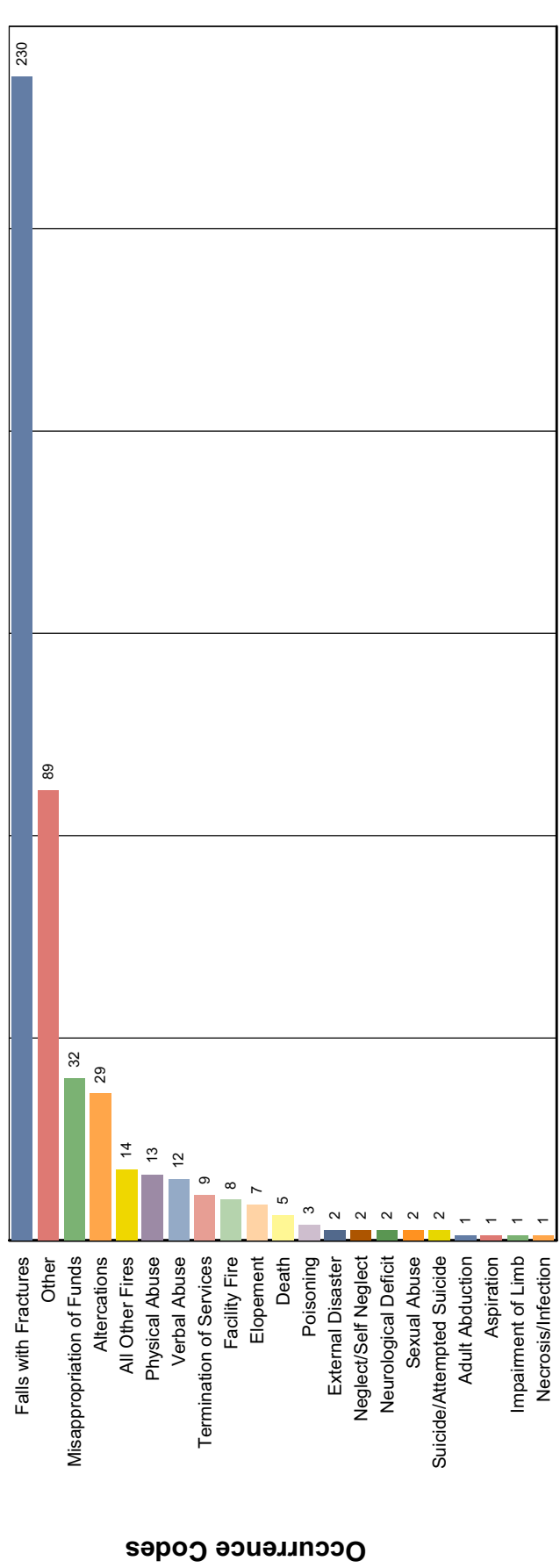
Total Occurrences for Provider Type: Ambulatory Surgical Treatment
Center 507
counting Reported Events from: 01/01/2006 to 12/31/2006

Please note that after a facility reports an event, only those events deemed "reportable" by the state are counted. To be reportable an event must result in patient harm. All "over reporting" is excluded. All events are counted by their report date and not date of occurrence. Only the primary occurrence code on a reported event is counted and secondary codes are ignored on this report. Complete descriptions of the occurrence codes can be found in the *Interpretive Guidelines for Reporting Unusual Events*.

Reported Events from: 01/01/2006 to 12/31/2006
for Assisted Care Living Facility

Unusual Event Report

Statewide Distribution of Primary Occurrence Code by Provider Type



From data collected in the Unusual Incident Reporting System

Occurrence Code Description	Total Occurrences	Percentage	Total Occurrences All Providers	Percentage of All Providers
751 - Falls with Fractures	230	49.46%	1,296	17.75%
901 - Other	89	19.14%	1,610	5.53%
972 - Misappropriation of Funds	32	6.88%	120	26.67%
964 - Altercations	29	6.24%	296	9.80%
936 - All Other Fires	14	3.01%	70	20.00%

Please note that after a facility reports an event, only those events deemed "reportable" by the state are counted. To be reportable an event must result in patient harm. All "over reporting" is excluded. All events are counted by their report date and not date of occurrence. Only the primary occurrence code on a reported event is counted and secondary codes are ignored on this report. Complete descriptions of the occurrence codes can be found in the *Interpretive Guidelines for Reporting Unusual Events*.

Occurrence Code Description	Total Occurrences	Percentage	Total Occurrences All Providers	Percentage of All Providers
968 - Physical Abuse	13	2.80%	475	2.74%
970 - Verbal Abuse	12	2.58%	368	3.26%
933 - Termination of Services	9	1.94%	79	11.39%
935 - Facility Fire	8	1.72%	53	15.09%
923 - Elopement	7	1.51%	17	41.18%
915 - Death	5	1.08%	172	2.91%
934 - Poisoning	3	0.65%	6	50.00%
932 - External Disaster	2	0.43%	9	22.22%
971 - Neglect/Self Neglect	2	0.43%	73	2.74%
601 - Neurological Deficit	2	0.43%	76	2.63%
969 - Sexual Abuse	2	0.43%	117	1.71%
922 - Suicide/Attempted Suicide	2	0.43%	12	16.67%
962 - Adult Abduction	1	0.22%	2	50.00%
201 - Aspiration	1	0.22%	20	5.00%
918 - Impairment of Limb	1	0.22%	55	1.82%
301 - Necrosis/Infection	1	0.22%	43	2.33%

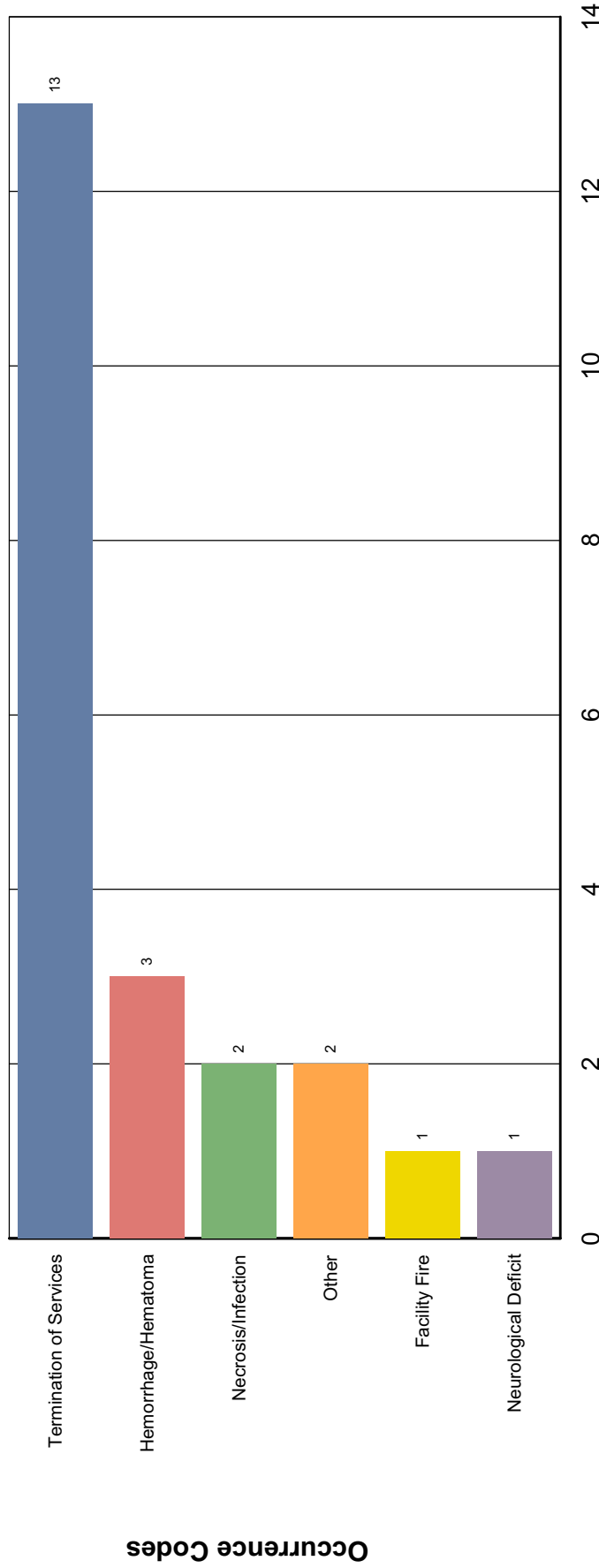
Total Occurrences for Provider Type: Assisted Care Living Facility
counting Reported Events from: 01/01/2006 to 12/31/2006 **465**

Please note that after a facility reports an event, only those events deemed "reportable" by the state are counted. To be reportable an event must result in patient harm. All "over reporting" is excluded. All events are counted by their report date and not date of occurrence. Only the primary occurrence code on a reported event is counted and secondary codes are ignored on this report. Complete descriptions of the occurrence codes can be found in the *Interpretive Guidelines for Reporting Unusual Events*.

Reported Events from: 01/01/2006 to 12/31/2006
for End Stage Renal Disease

Unusual Event Report

Statewide Distribution of Primary Occurrence Code by Provider Type



From data collected in the Unusual Incident Reporting System

Occurrence Code Description	Total Occurrences	Percentage	Total Occurrences All Providers	Percentage of All Providers
933 - Termination of Services	13	59.09%	79	16.46%
803 - Hemorrhage/Hematoma	3	13.64%	602	0.50%
301 - Necrosis/Infection	2	9.09%	43	4.65%
901 - Other	2	9.09%	1,610	0.12%
935 - Facility Fire	1	4.55%	53	1.89%

Please note that after a facility reports an event, only those events deemed "reportable" by the state are counted. To be reportable an event must result in patient harm. All "over reporting" is excluded. All events are counted by their report date and not date of occurrence. Only the primary occurrence code on a reported event is counted and secondary codes are ignored on this report. Complete descriptions of the occurrence codes can be found in the *Interpretive Guidelines for Reporting Unusual Events*.

Occurrence Code Description	Total Occurrences	Percentage	Total Occurrences All Providers	Percentage of All Providers
601 - Neurological Deficit	1	4.55%	76	1.32%

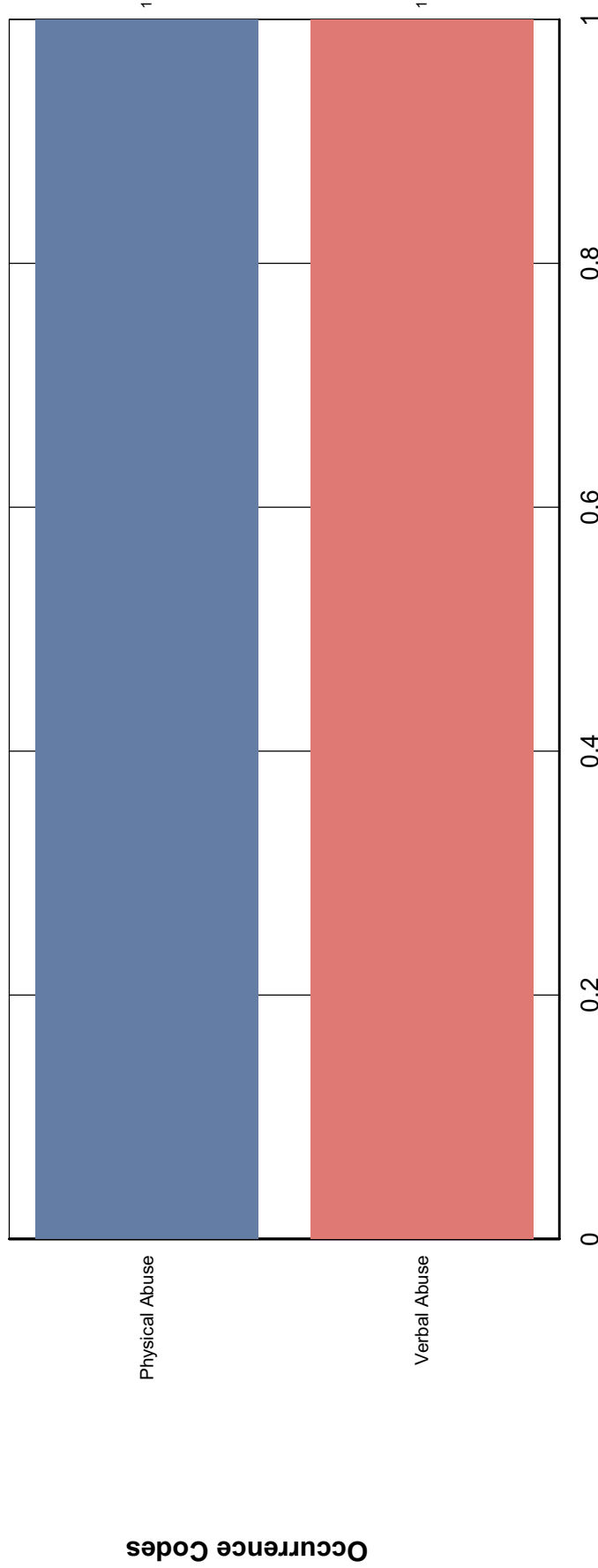
Total Occurrences for Provider Type: End Stage Renal Disease
 counting Reported Events from: 01/01/2006 to 12/31/2006 **22**

Please note that after a facility reports an event, only those events deemed "reportable" by the state are counted. To be reportable an event must result in patient harm. All "over reporting" is excluded. All events are counted by their report date and not date of occurrence. Only the primary occurrence code on a reported event is counted and secondary codes are ignored on this report. Complete descriptions of the occurrence codes can be found in the *Interpretive Guidelines for Reporting Unusual Events*.

Reported Events from: 01/01/2006 to 12/31/2006
for HCO Prof Support Svcs

Unusual Event Report

Statewide Distribution of Primary Occurrence Code by Provider Type



Count From data collected in the Unusual Incident Reporting System

Occurrence Code Description	Total Occurrences	Percentage	Total Occurrences All Providers	Percentage of All Providers
968 - Physical Abuse	1	50.00%	475	0.21%
970 - Verbal Abuse	1	50.00%	368	0.27%

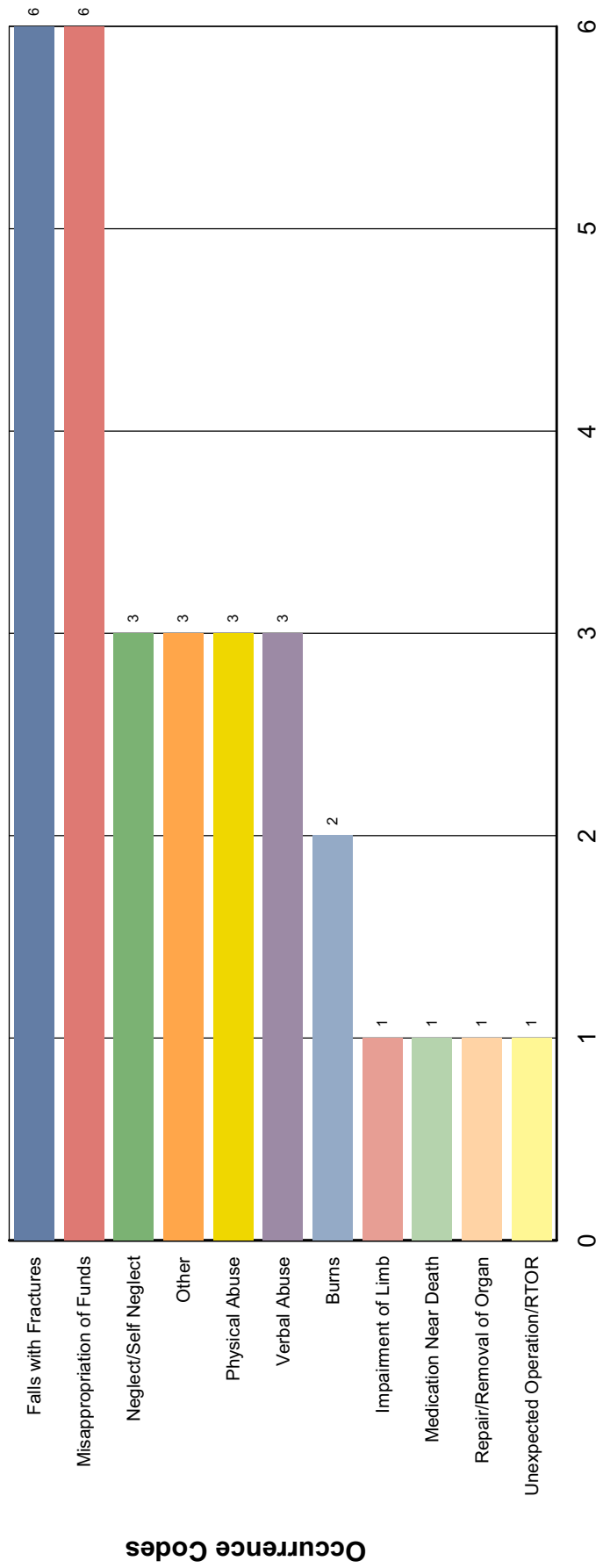
Total Occurrences for Provider Type: HCO Prof Support Svcs
counting Reported Events from: 01/01/2006 to 12/31/2006 2

Please note that after a facility reports an event, only those events deemed "reportable" by the state are counted. To be reportable an event must result in patient harm. All "over reporting" is excluded. All events are counted by their report date and not date of occurrence. Only the primary occurrence code on a reported event is counted and secondary codes are ignored on this report. Complete descriptions of the occurrence codes can be found in the *Interpretive Guidelines for Reporting Unusual Events*.

Reported Events from: 01/01/2006 to 12/31/2006
for Home Health

Unusual Event Report

Statewide Distribution of Primary Occurrence Code by Provider Type



From data collected in the Unusual Incident Reporting System

Occurrence Code Description	Total Occurrences	Percentage	Total Occurrences All Providers	Percentage of All Providers
751 - Falls with Fractures	6	20.00%	1,296	0.46%
972 - Misappropriation of Funds	6	20.00%	120	5.00%
971 - Neglect/Self Neglect	3	10.00%	73	4.11%
901 - Other	3	10.00%	1,610	0.19%
968 - Physical Abuse	3	10.00%	475	0.63%

Please note that after a facility reports an event, only those events deemed "reportable" by the state are counted. To be reportable an event must result in patient harm. All "over reporting" is excluded. All events are counted by their report date and not date of occurrence. Only the primary occurrence code on a reported event is counted and secondary codes are ignored on this report. Complete descriptions of the occurrence codes can be found in the *Interpretive Guidelines for Reporting Unusual Events*.

Occurrence Code Description	Total Occurrences	Percentage	Total Occurrences All Providers	Percentage of All Providers
970 - Verbal Abuse	3	10.00%	368	0.82%
701 - Burns	2	6.67%	54	3.70%
918 - Impairment of Limb	1	3.33%	55	1.82%
109 - Medication Near Death	1	3.33%	15	6.67%
801 - Repair/Removal of Organ	1	3.33%	339	0.29%
819 - Unexpected Operation/RTOR	1	3.33%	1,310	0.08%

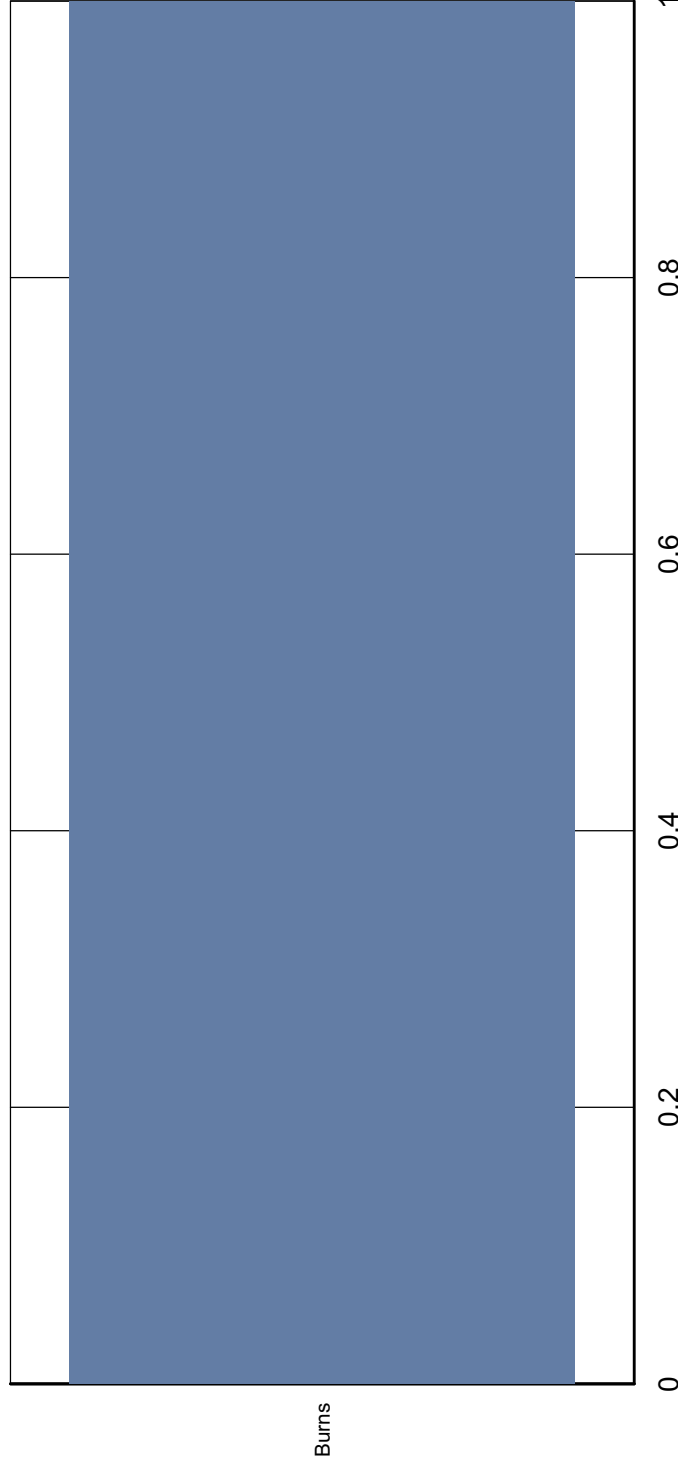
Total Occurrences for Provider Type: Home Health
counting Reported Events from: 01/01/2006 to 12/31/2006 30

Please note that after a facility reports an event, only those events deemed "reportable" by the state are counted. To be reportable an event must result in patient harm. All "over reporting" is excluded. All events are counted by their report date and not date of occurrence. Only the primary occurrence code on a reported event is counted and secondary codes are ignored on this report. Complete descriptions of the occurrence codes can be found in the *Interpretive Guidelines for Reporting Unusual Events*.

Reported Events from: 01/01/2006 to 12/31/2006
for Home Medical Equipment

Unusual Event Report

Statewide Distribution of Primary Occurrence Code by Provider Type



From data collected in the Unusual Incident Reporting System

Occurrence Code Description	Total Occurrences	Percentage	Total Occurrences All Providers	Percentage of All Providers
701 - Burns	1	100.00%	54	1.85%

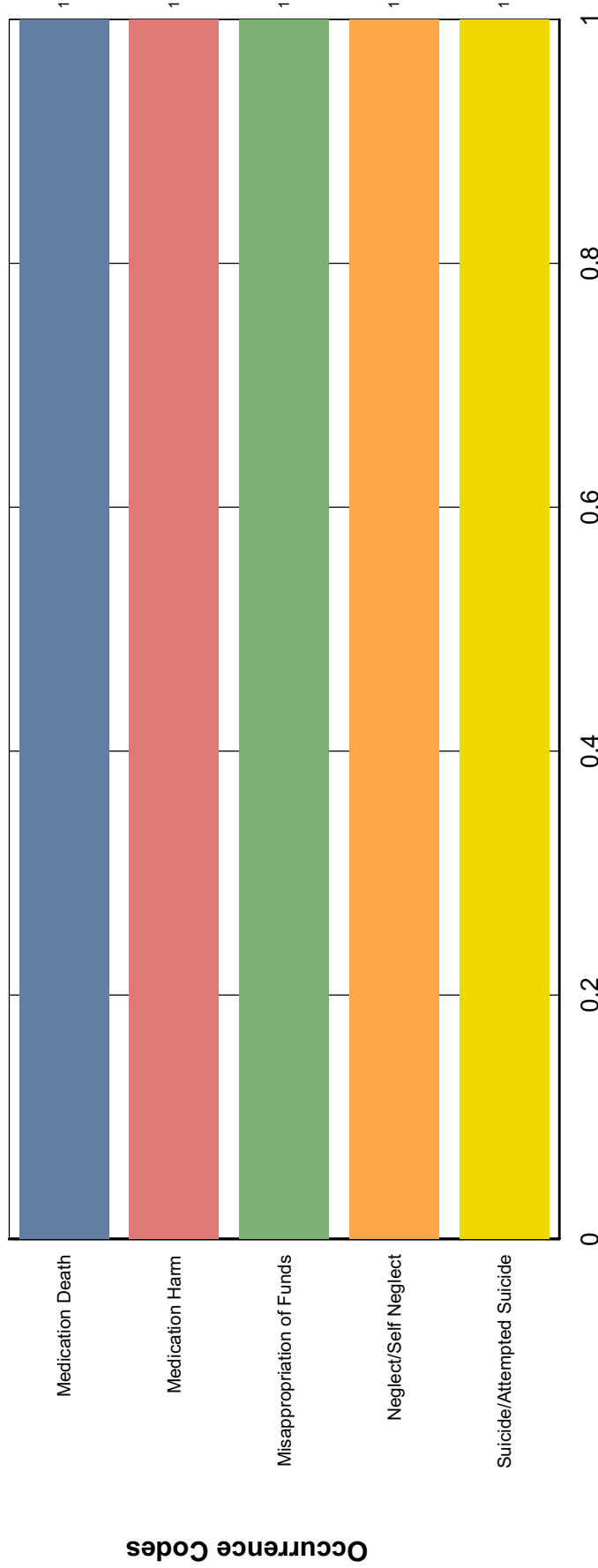
Total Occurrences for Provider Type: Home Medical Equipment 1
 counting Reported Events from: 01/01/2006 to 12/31/2006 1

Please note that after a facility reports an event, only those events deemed "reportable" by the state are counted. To be reportable an event must result in patient harm. All "over reporting" is excluded. All events are counted by their report date and not date of occurrence. Only the primary occurrence code on a reported event is counted and secondary codes are ignored on this report. Complete descriptions of the occurrence codes can be found in the *Interpretive Guidelines for Reporting Unusual Events*.

Reported Events from: 01/01/2006 to 12/31/2006
for Hospice

Unusual Event Report

Statewide Distribution of Primary Occurrence Code by Provider Type



From data collected in the Unusual Incident Reporting System

Occurrence Code Description	Total Occurrences	Percentage	Total Occurrences All Providers	Percentage of All Providers
110 - Medication Death	1	20.00%	1	100.00%
108 - Medication Harm	1	20.00%	8	12.50%
972 - Misappropriation of Funds	1	20.00%	120	0.83%
971 - Neglect/Self Neglect	1	20.00%	73	1.37%
922 - Suicide/Attempted Suicide	1	20.00%	12	8.33%

Please note that after a facility reports an event, only those events deemed "reportable" by the state are counted. To be reportable an event must result in patient harm. All "over reporting" is excluded. All events are counted by their report date and not date of occurrence. Only the primary occurrence code on a reported event is counted and secondary codes are ignored on this report. Complete descriptions of the occurrence codes can be found in the *Interpretive Guidelines for Reporting Unusual Events*.

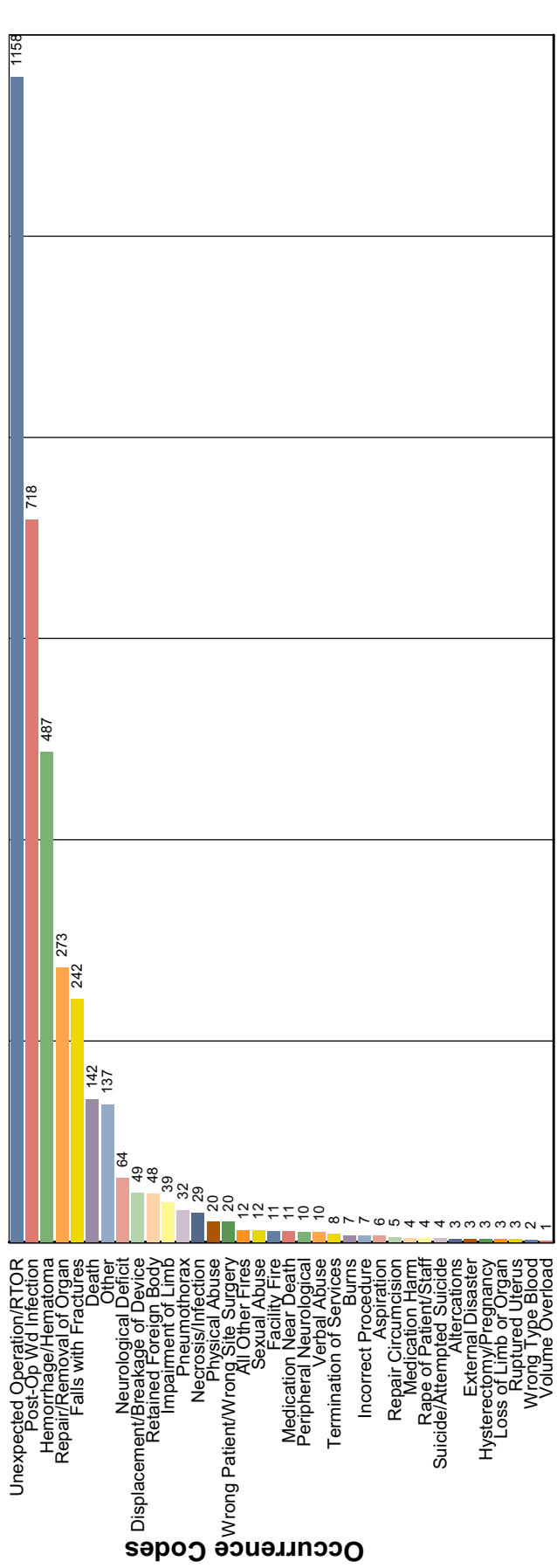
Total Occurrences for Provider Type: Hospice
counting Reported Events from: 01/01/2006 to 12/31/2006 **5**

Please note that after a facility reports an event, only those events deemed "reportable" by the state are counted. To be reportable an event must result in patient harm. All "over reporting" is excluded. All events are counted by their report date and not date of occurrence. Only the primary occurrence code on a reported event is counted and secondary codes are ignored on this report. Complete descriptions of the occurrence codes can be found in the *Interpretive Guidelines for Reporting Unusual Events*.

Reported Events from: 01/01/2006 to 12/31/2006
for Hospital

Unusual Event Report

Statewide Distribution of Primary Occurrence Code by Provider Type



From data collected in the Unusual Incident Reporting System

Occurrence Code Description	Total Occurrences	Percentage	Total Occurrences All Providers	Percentage of All Providers
819 - Unexpected Operation/RTOR	1,158	32.28%	1,310	88.40%
808 - Post-Op Wd Infection	718	20.02%	781	91.93%
803 - Hemorrhage/Hematoma	487	13.58%	602	80.90%
801 - Repair/Removal of Organ	273	7.61%	339	80.53%
751 - Falls with Fractures	242	6.75%	1,296	18.67%

Please note that after a facility reports an event, only those events deemed "reportable" by the state are counted. To be reportable an event must result in patient harm. All "over reporting" is excluded. All events are counted by their report date and not date of occurrence. Only the primary occurrence code on a reported event is counted and secondary codes are ignored on this report. Complete descriptions of the occurrence codes can be found in the Interpretive Guidelines for Reporting Unusual Events.

Occurrence Code Description	Total Occurrences	Percentage	Total Occurrences All Providers	Percentage of All Providers
915 - Death	142	3.96%	172	82.56%
901 - Other	137	3.82%	1,610	8.51%
601 - Neurological Deficit	64	1.78%	76	84.21%
806 - Displacement/Breakage of Device	49	1.37%	58	84.48%
913 - Retained Foreign Body	48	1.34%	50	96.00%
918 - Impairment of Limb	39	1.09%	55	70.91%
303 - Pneumothorax	32	0.89%	37	86.49%
301 - Necrosis/Infection	29	0.81%	43	67.44%
968 - Physical Abuse	20	0.56%	475	4.21%
911 - Wrong Patient/Wrong Site Surgery	20	0.56%	27	74.07%
936 - All Other Fires	12	0.33%	70	17.14%
969 - Sexual Abuse	12	0.33%	117	10.26%
935 - Facility Fire	11	0.31%	53	20.75%
109 - Medication Near Death	11	0.31%	15	73.33%
602 - Peripheral Neurological	10	0.28%	10	100.00%
970 - Verbal Abuse	10	0.28%	368	2.72%
933 - Termination of Services	8	0.22%	79	10.13%
701 - Burns	7	0.20%	54	12.96%

Please note that after a facility reports an event, only those events deemed "reportable" by the state are counted. To be reportable an event must result in patient harm. All "over reporting" is excluded. All events are counted by their report date and not date of occurrence. Only the primary occurrence code on a reported event is counted and secondary codes are ignored on this report. Complete descriptions of the occurrence codes can be found in the *Interpretive Guidelines for Reporting Unusual Events*.

Occurrence Code Description	Total Occurrences	Percentage	Total Occurrences All Providers	Percentage of All Providers
855 - Incorrect Procedure	7	0.20%	14	50.00%
201 - Aspiration	6	0.17%	20	30.00%
854 - Repair Circumcision	5	0.14%	5	100.00%
108 - Medication Harm	4	0.11%	8	50.00%
963 - Rape of Patient/Staff	4	0.11%	17	23.53%
922 - Suicide/Attempted Suicide	4	0.11%	12	33.33%
964 - Altercations	3	0.08%	296	1.01%
932 - External Disaster	3	0.08%	9	33.33%
851 - Hysterectomy/Pregnancy	3	0.08%	3	100.00%
917 - Loss of Limb or Organ	3	0.08%	5	60.00%
853 - Ruptured Uterus	3	0.08%	3	100.00%
403 - Wrong Type Blood	2	0.06%	2	100.00%
302 - Volume Overload	1	0.03%	2	50.00%

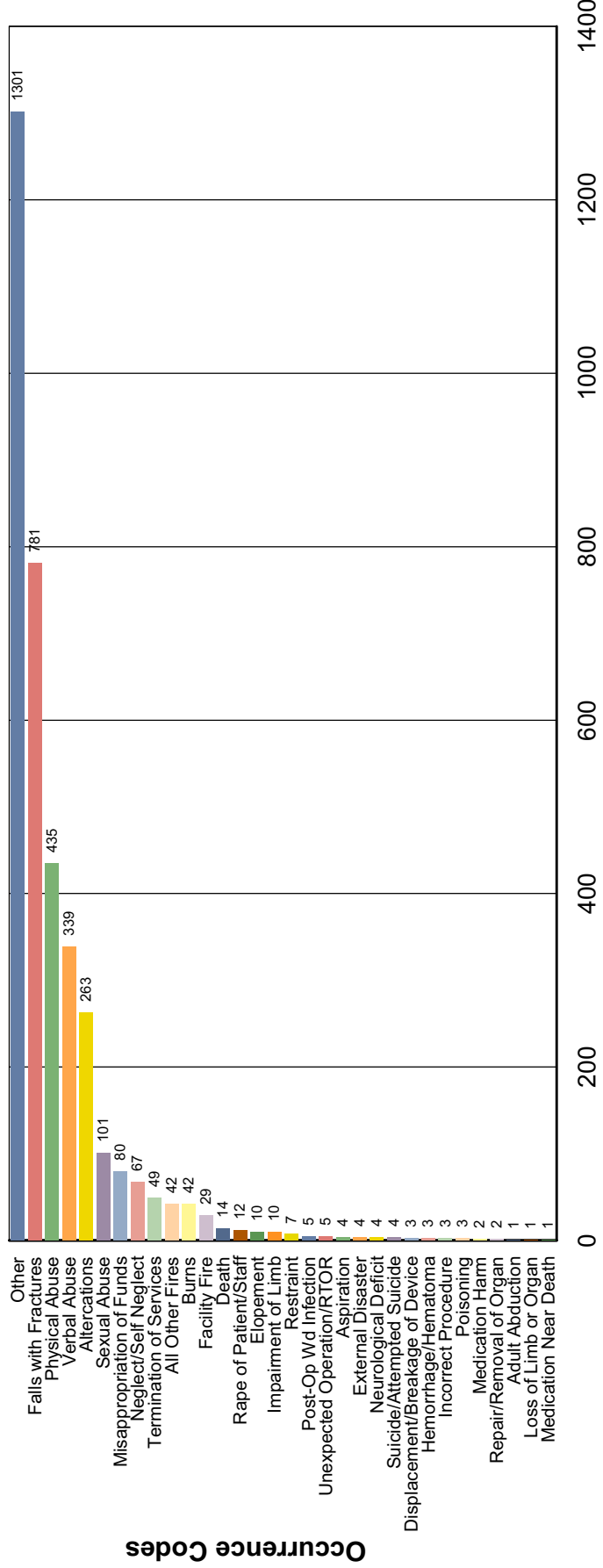
Total Occurrences for Provider Type: Hospital
 counting Reported Events from: 01/01/2006 to 12/31/2006 **3,587**

Please note that after a facility reports an event, only those events deemed "reportable" by the state are counted. To be reportable an event must result in patient harm. All "over reporting" is excluded. All events are counted by their report date and not date of occurrence. Only the primary occurrence code on a reported event is counted and secondary codes are ignored on this report. Complete descriptions of the occurrence codes can be found in the *Interpretive Guidelines for Reporting Unusual Events*.

Reported Events from: 01/01/2006 to 12/31/2006
for Long Term Care

Unusual Event Report

Statewide Distribution of Primary Occurrence Code by Provider Type



Count *From data collected in the Unusual Incident Reporting System*

Occurrence Code Description	Total Occurrences	Percentage	Total Occurrences All Providers	Percentage of All Providers
901 - Other	1,301	35.87%	1,610	80.81%
751 - Falls with Fractures	781	21.53%	1,296	60.26%
968 - Physical Abuse	435	11.99%	475	91.58%
970 - Verbal Abuse	339	9.35%	368	92.12%
964 - Altercations	263	7.25%	296	88.85%

Please note that after a facility reports an event, only those events deemed "reportable" by the state are counted. To be reportable an event must result in patient harm. All "over reporting" is excluded. All events are counted by their report date and not date of occurrence. Only the primary occurrence code on a reported event is counted and secondary codes are ignored on this report. Complete descriptions of the occurrence codes can be found in the *Interpretive Guidelines for Reporting Unusual Events*.

Occurrence Code Description	Total Occurrences	Percentage	Total Occurrences All Providers	Percentage of All Providers
969 - Sexual Abuse	101	2.78%	117	86.32%
972 - Misappropriation of Funds	80	2.21%	120	66.67%
971 - Neglect/Self Neglect	67	1.85%	73	91.78%
933 - Termination of Services	49	1.35%	79	62.03%
936 - All Other Fires	42	1.16%	70	60.00%
701 - Burns	42	1.16%	54	77.78%
935 - Facility Fire	29	0.80%	53	54.72%
915 - Death	14	0.39%	172	8.14%
963 - Rape of Patient/Staff	12	0.33%	17	70.59%
923 - Elopement	10	0.28%	17	58.82%
918 - Impairment of Limb	10	0.28%	55	18.18%
966 - Restraint	7	0.19%	7	100.00%
808 - Post-Op Wd Infection	5	0.14%	781	0.64%
819 - Unexpected Operation/RTOR	5	0.14%	1,310	0.38%
201 - Aspiration	4	0.11%	20	20.00%
932 - External Disaster	4	0.11%	9	44.44%
601 - Neurological Deficit	4	0.11%	76	5.26%
922 - Suicide/Attempted Suicide	4	0.11%	12	33.33%

Please note that after a facility reports an event, only those events deemed "reportable" by the state are counted. To be reportable an event must result in patient harm. All "over reporting" is excluded. All events are counted by their report date and not date of occurrence. Only the primary occurrence code on a reported event is counted and secondary codes are ignored on this report. Complete descriptions of the occurrence codes can be found in the *Interpretive Guidelines for Reporting Unusual Events*.

Occurrence Code Description	Total Occurrences	Percentage	Total Occurrences All Providers	Percentage of All Providers
806 - Displacement/Breakage of Device	3	0.08%	58	5.17%
803 - Hemorrhage/Hematoma	3	0.08%	602	0.50%
855 - Incorrect Procedure	3	0.08%	14	21.43%
934 - Poisoning	3	0.08%	6	50.00%
108 - Medication Harm	2	0.06%	8	25.00%
801 - Repair/Removal of Organ	2	0.06%	339	0.59%
962 - Adult Abduction	1	0.03%	2	50.00%
917 - Loss of Limb or Organ	1	0.03%	5	20.00%
109 - Medication Near Death	1	0.03%	15	6.67%

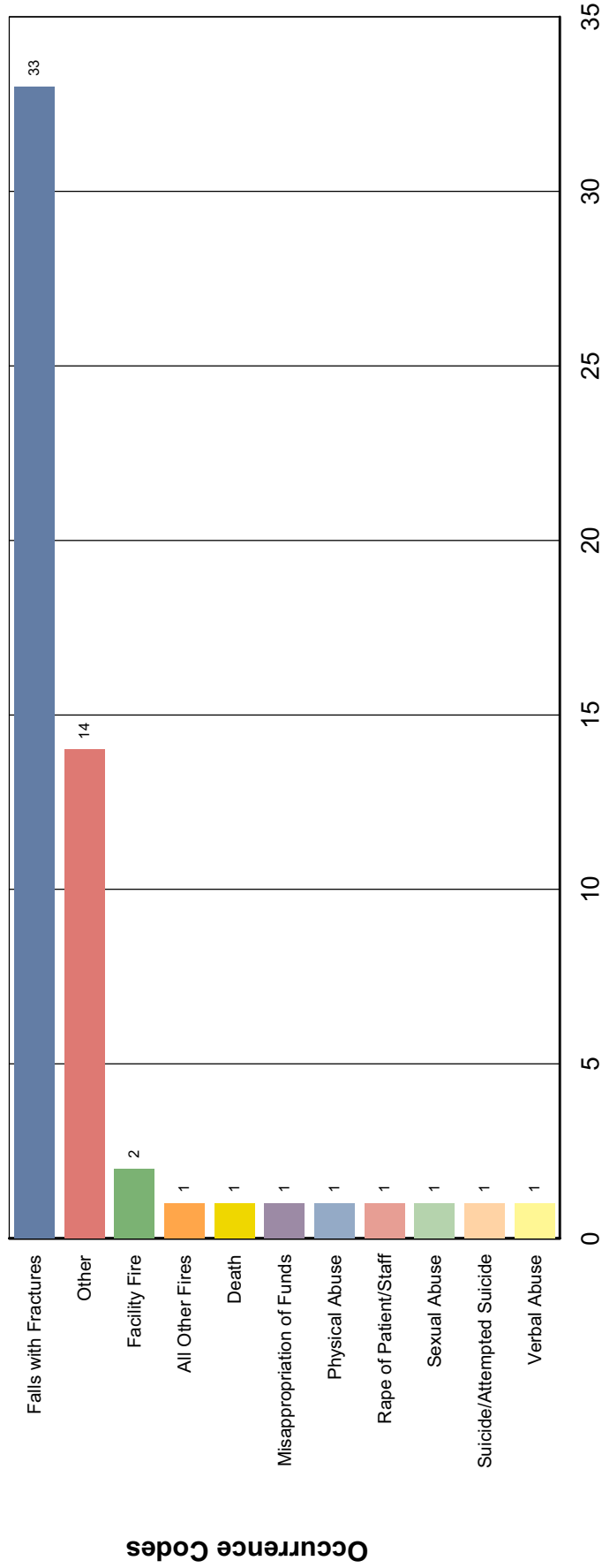
Total Occurrences for Provider Type: Long Term Care
 counting Reported Events from: 01/01/2006 to 12/31/2006 **3,627**

Please note that after a facility reports an event, only those events deemed "reportable" by the state are counted. To be reportable an event must result in patient harm. All "over reporting" is excluded. All events are counted by their report date and not date of occurrence. Only the primary occurrence code on a reported event is counted and secondary codes are ignored on this report. Complete descriptions of the occurrence codes can be found in the *Interpretive Guidelines for Reporting Unusual Events*.

Reported Events from: 01/01/2006 to 12/31/2006
for Residential Home for the Aged

Unusual Event Report

Statewide Distribution of Primary Occurrence Code by Provider Type



From data collected in the Unusual Incident Reporting System

Occurrence Code Description	Total Occurrences	Percentage	Total Occurrences All Providers	Percentage of All Providers
751 - Falls with Fractures	33	57.89%	1,296	2.55%
901 - Other	14	24.56%	1,610	0.87%
935 - Facility Fire	2	3.51%	53	3.77%
936 - All Other Fires	1	1.75%	70	1.43%
915 - Death	1	1.75%	172	0.58%

Please note that after a facility reports an event, only those events deemed "reportable" by the state are counted. To be reportable an event must result in patient harm. All "over reporting" is excluded. All events are counted by their report date and not date of occurrence. Only the primary occurrence code on a reported event is counted and secondary codes are ignored on this report. Complete descriptions of the occurrence codes can be found in the *Interpretive Guidelines for Reporting Unusual Events*.

Occurrence Code Description	Total Occurrences	Percentage	Total Occurrences All Providers	Percentage of All Providers
972 - Misappropriation of Funds	1	1.75%	120	0.83%
968 - Physical Abuse	1	1.75%	475	0.21%
963 - Rape of Patient/Staff	1	1.75%	17	5.88%
969 - Sexual Abuse	1	1.75%	117	0.85%
922 - Suicide/Attempted Suicide	1	1.75%	12	8.33%
970 - Verbal Abuse	1	1.75%	368	0.27%

Total Occurrences for Provider Type: Residential Home for the Aged
counting Reported Events from: 01/01/2006 to 12/31/2006 57

Please note that after a facility reports an event, only those events deemed "reportable" by the state are counted. To be reportable an event must result in patient harm. All "over reporting" is excluded. All events are counted by their report date and not date of occurrence. Only the primary occurrence code on a reported event is counted and secondary codes are ignored on this report. Complete descriptions of the occurrence codes can be found in the *Interpretive Guidelines for Reporting Unusual Events*.

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT.	OCT.	NOV.	DEC.	YTD	05	04	03
TOTAL COMPLAINTS	152	137	157	116	123	171	170	213	163	131	126	111	1770	1733	1836	2059
PRIORITY OF COMPLAINT																
Total Priority 1	17	20	18	19	27	41	29	39	36	24	25	22	317	254	221	210
Total Priority 2	68	67	77	54	66	88	98	108	76	76	74	65	917	885	1085	1050
Total Priority 3	67	50	62	43	30	42	43	63	51	28	26	24	529	586	516	767
Total Priority 4	0	0	0	0	0	0	0	2	0	1	1	0	4	6	12	26
Total Priority 5	0	0	0	0	0	0	0	1	0	2	0	0	3	2	2	6
PERCENTAGES																
Priority 1 - 2 days	17	20	18	19	27	41	29	39	36	24	25	22	317	254	221	210
% of Total	11.18%	14.60%	11.46%	16.38%	22%	24%	17%	18%	22%	18%	20%	20%	18%	15%	12%	10%
Priority 2 - 10 days	68	67	77	54	66	88	98	108	76	76	74	65	917	885	1,085	1,050
% of Total	44.74%	48.91%	49.04%	46.55%	54%	51%	58%	51%	47%	58%	59%	59%	52%	51%	59%	51%
Priority 3 - 20-90 days	67	50	62	43	30	42	43	63	51	28	26	24	529	586	516	767
% of Total	44.08%	36.50%	39.49%	37.07%	24%	25%	25%	30%	31%	21%	21%	22%	30%	34%	28%	37%
Priority 4 - Next Survey	0	0	0	0	0	0	0	2	0	1	1	0	4	6	12	26
% of Total	0.00%	0.00%	0.00%	0.00%	0%	0%	0%	1%	0%	1%	1%	0%	0%	0%	1%	1%
Priority 5 - Do not Investigate	0	0	0	0	0	0	0	1	0	2	0	0	3	2	2	6
% of Total	0.00%	0.00%	0.00%	0.00%	0%	0%	0%	0%	0%	2%	0%	0%	0%	0%	0%	0%
Patient/Resident Abuse	18	29	13	121	18	28	21	27	28	26	19	17	365	253	255	291
Patient/Resident Neglect	63	56	63	52	46	79	67	54	51	41	42	33	647	765	897	885
Patient/Resident Rights	55	44	76	62	71	69	84	90	64	61	63	66	805	585	582	522
Refused Emergency Care	1	1	1	1	8	2	1	8	4	4			27	23	39	35
Environment (living)	29	15	19	16	10	28	29	22	15	11	18	10	222	246	209	323
Care or Services	142	115	132	109	114	152	150	170	134	113	115	101	1547	2079	2153	1902
Dietary/Food Services	20	17	16	15	9	15	12	20	10	13	13	8	168	234	202	230
Misuse Funds/Property	3	2	1	3	4	5	4	5	5	1	2	3	38	37	35	45
Unqualified Nurse Aide		0		1		0			1				2	1	27	2
Falsification of Records/Re	1	8	5		1	6	4	4		3	2	3	37	25	23	21
Unqualified Personnel/Staff	13	7	15	15	5	12	13	8	2	5	6	6	107	80	107	48
Specimen Handling	2	4		3	3	3	4	2	1		5	3	30	24	22	20
Wrong Diagnosis		0				0							0	0	9	1
Errors in Test Results (Lab		1				0							1	0	2	2
Death/Transfusion Death		4	4	3	3	3	2	1	1		1	1	23	74	72	72
Other (specify)	48	51	51	43	43	68	55	118	74	56	58	42	707	918	883	454
Total	395	354	396	444	335	470	446	529	390	330	344	293	4726	5344	5517	4853

Priority 1 = 2 days
 Priority 2 = 10 days
 Priority 3 = 20-90 days
 Priority 4 = next survey
 Priority 5 = do not investigate

	239	139	159	117	123	167	162	214	160	112	144	129	1,865	1,774	1,854	2,075
Birthing Centers																
ACLF	15	6	8	6	6	7	15	18	15	6	10	15	127	126	133	123
HHA	10	4	7	3	7	9	11	9	6	5	2	5	78	47	30	35
Hospice		1		1			1	2		1		2	8	16	8	16
HIV													0	0	0	0
HME		1	1	1	1	4	4	10	11	7	11	12	62	8	10	6
Pediatric Emergency Care																
CLIA		2			1			2		2	1		8	4	9	7
ICF/IR	3	3	3	3	3	7	3	4	8	10	10	1	52	100	242	297
ESRD	3	2	3	1	1	3	2	2	1			1	18	25	20	11
OPT								2					2	0	1	2
Rural Health Clinic													0	0	0	2
Professional Support Services																
CORF													0	1	1	
PRTF													0	1	1	
Unlicensed	2	1	2	2	2	1	2	7	12	8	1	3	41	30	21	18
TOTAL																
TOTAL # OF SURVEY INSPECTIONS	445	462	519	439	491	501	424	550	495	474	455	365	5620	5894	5544	5159
Initial	9	9	11	28	22	14	10	12	7	8	7	7	144	203	323	228
Annual	170	164	184	173	194	192	149	192	193	171	186	147	2115	2019	1796	1470
Complaints	134	132	160	134	133	141	133	160	184	164	159	124	1758	1685	1670	2057
Follow-Ups	109	142	138	85	114	123	103	154	90	113	80	69	1320	1623	1450	1226
Renovation/Final	23	15	26	19	28	31	29	32	21	18	23	18	283	364	305	178
# OF COMPLAINT VISITS COMPLETED	134	132	160	101	133	141	79	160	184	164	159	124	1671	1685	1670	2042
# OF COMPLAINTS SUBSTANTIATED	26	36	43	18	38	35	23	40	43	38	42	29	411	478	508	573
% OF SUBSTANTIATED COMPLAINTS	19%	27%	27%	18%	29%	25%	29%	25%	23%	23%	26%	23%	25%	28%	30%	28%

Evening: 7pm-12pm
 Night: 12pm-7pm
 Weekend: Sat Sun

Priority 1 = 2 days
 Priority 2 = 10 days
 Priority 3 = 20-90 days
 Priority 4 = next survey
 Priority 5 = do not investigate

CHAPTER NO. 169

SENATE BILL NO. 694

**By Henry, Ramsey, Crutchfield, Graves, Trail, Haynes,
Harper, Kilby, McNally, Cooper, Burks, McLeary**

Substituted for: House Bill No. 1135

**By Briley, Mr. Speaker Naifeh, Sherry Jones, Harmon, Borchert, Chumney, Rinks, Shaw,
Armstrong, Maddox, Shepard, Pinion, Hackworth, Litz, Yokley, Fitzhugh, Tindell,
Sontany, Pruitt, Langster, Coleman, Cobb, Bone, Brenda Turner, Henri Brooks, Hood,
Garrett, Michael Turner, Ferguson, Cooper, Newton, Vaughn, Kent, Todd, Sargent,
Godsey, Hargett, Walker, Patton, DuBois, Dunn, Harry Brooks, Bittle, Wood, Montgomery,
Crider, Pleasant, John DeBerry, Brown, Head, Davidson, Ulysses Jones, McMillan, West,
Winningham, Fraley, Curtiss, Hargrove, Miller, McDonald, Towns**

AN ACT to amend Tennessee Code Annotated, Title 63; Title 68 and Title 71, relative to nursing home facilities and services.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. This act shall be referred to as the "Nursing Home Compassion, Accountability, Respect and Enforcement Reform Act".

SECTION 2. Tennessee Code Annotated, Section 68, Chapter 1, Part 1, is amended by adding the following language, designated as a new Section 68-1-120:

Section 68-1-120. The commissioner shall submit a report by not later than February 1 of each year to the Governor and to each House of the General Assembly regarding the department's nursing home inspection and enforcement activities during the previous year. The report shall analyze trends in compliance with nursing home standards and residents' rights by nursing homes in the state, and shall be limited to identifying those trends through aggregate and quantitative data only. In preparing the report, the commissioner may utilize quantitative data compiled by nursing homes pursuant to federal or state regulations. The commissioner shall ensure that the report is promptly made available to the public by dissemination via the Internet and that the report is available for members of the public to copy.

SECTION 3. Tennessee Code Annotated Section 68-11-207, is amended by adding the following new subsection, to be designated as a new subsection (e):

(e)(1) In addition to the authority granted above, the board shall have the authority to place a facility on probation. To be considered for probation, a facility must have had at least two (2) separate substantiated complaint investigation surveys within six (6) months, where each survey had at least one deficiency cited at the level of substandard quality of care or immediate jeopardy, as those terms are defined at 42 C.F.R. § 488.301. None of the surveys can have been initiated by an unusual event or incident self reported by the facility.

(2) If a facility meets those criteria, the board may hold a hearing at its next regularly scheduled meeting to determine if the facility should be placed on probation. Prior to initiating such a hearing, the board shall provide notice to the facility detailing what specific non-compliance the board has identified that the facility must respond to at the probation hearing.

(3) Prior to imposing probation, the board may consider and address in its findings all factors which it deems relevant, including, but not limited to, the following:

(A) What degree of sanctions is necessary to ensure immediate and continued compliance; and

(B) Whether the non-compliance was an unintentional error or omission, or was not fully within the control of the facility; and

(C) Whether the nursing home recognized the non-compliance and took steps to correct the identified issues, including whether the facility notified the department of the non-compliance either voluntarily or as required by state law or regulations; and

(D) The character and degree of impact of the non-compliance on the health, safety and welfare of the patient or patients in the facility; and

(E) The conduct of the facility in taking all feasible steps or procedures necessary or appropriate to comply or correct the non-compliance; and

(F) The facility's prior history of compliance or non-compliance.

(4) If the board places a facility on probation, the facility shall detail in a plan of correction those specific actions, which when followed, will correct the non-compliance identified by the board.

(5) During the period of probation, the facility must make reports on a schedule determined by the board. These reports must demonstrate and explain to the board how the facility is implementing the actions identified in its plan of correction. In making such reports, the board shall not require the facility to disclose any information protected as privileged or confidential under any state or federal law or regulation.

(6) The board is authorized at any time during the probation to remove the probational status of the facility's license, based upon information presented to it showing that the conditions identified by the board have been corrected and are reasonably likely to remain corrected.

(7) The board must rescind the probational status of the facility if it determines that the facility has complied with its plan of correction as submitted and approved by the board, unless the facility has additional non-compliance that warrants an additional term of probation as defined in § 68-11-207(e)(1).

(8) A single period of probation for a facility shall not extend beyond twelve (12) months. If the board determines during or at the end of the probation that the facility is not taking steps to correct non-compliance or otherwise not responding in good faith pursuant to the plan of correction, the board may take any additional action as authorized by law.

(9) The hearing to place a facility on probation including all proceedings under this subsection and judicial review of the board's decision shall be in accordance with the Uniform Administrative Procedures Act, compiled in Title 4, Chapter 5.

(10) The provisions in this act in no way relieve any party from the responsibility to report suspected adult abuse, neglect and/or exploitation to, or to share information with, the Adult Protective Services Program in accordance with the provisions of the Tennessee Adult Protection Act, Tennessee Code Annotated, Title 71, Chapter 6, Part 1.

SECTION 4. Tennessee Code Annotated, Section 68-11-801, is amended by adding the following new subsection, to be designated as follows:

(e) The imposition of a state civil penalty pursuant to this section and the decision to impose such shall not be affected by either the imposition or withholding of a federal sanction under the provisions of Title XVIII (42 U.S.C. § 1395 et seq.) or XIX (42 U.S.C. § 1396 et seq.) of the Social Security Act.

SECTION 5. Tennessee Code Annotated, Section 68-11-811, is amended by deleting from subsection (a) the language "five thousand dollars (\$5,000)" and substituting instead "seven thousand five hundred dollars (\$7,500)"; by deleting from subsection (b) the language "one thousand dollars (\$1,000)" and substituting instead "one thousand five hundred dollars (\$1,500)"; by deleting from subsection (c) the language "two hundred fifty dollars (\$250)" and substituting instead "two hundred fifty dollars (\$250) and not more than four hundred dollars (\$400)".

SECTION 6. Tennessee Code Annotated, Section 68-11-210, is amended by adding the following language, to be designated as a new subsection (d):

(d) Any nursing home that files for federal bankruptcy protection shall immediately inform the Commissioner of Health regarding its financial condition and the status of the legal proceedings. In overseeing a facility that has filed for federal bankruptcy protection, the Department of Health shall follow any existing policies or regulations pertaining to any special inspection or oversight of such a facility. The fund established by § 68-11-827 may be used for the purpose of protecting the residents of such a nursing home, if the facility's non-compliance with the conditions of continued licensure, applicable state and federal statutes, rules, regulations and contractual standards threatens the residents' continuous care, the residents' property, the nursing home's continued operation, or the nursing home's continued participation in the medical assistance program of Title 71, Chapter 5. The commissioner shall inform the attorney general and reporter regarding the status of the legal proceedings.

SECTION 7. Tennessee Code Annotated, Section 71-6-103(d), is amended by replacing the semicolon at the end of subsection (d)(2) with a period and adding the following language to the end of the subsection:

The Commissioner of Health, upon becoming aware through personal knowledge, receipt of a report or otherwise, of confirmed exploitation, abuse, or neglect of a nursing home resident, shall report such instances to the Tennessee Bureau of Investigation for a determination by the bureau as to whether the circumstances reported constitute abuse of the Medicaid program or other criminal violation.

SECTION 8. Tennessee Code Annotated, Title 71, Chapter 5, Part 1, is amended by adding the following language, which shall be designated as a new section:


71-5-195. The comptroller of the treasury, in conjunction with any appropriate TennCare drug utilization review committees, shall study the use of prescription drugs in nursing homes and the costs of those prescription drugs for residents of nursing homes. The study shall examine prescription use overall, and shall focus on any practices that would improve the quality of resident care while reducing costs to the TennCare program. By January 1, 2005, the comptroller of the treasury shall deliver its report to the Speakers of the respective Houses of the General Assembly.

SECTION 9. If any provision of this act or the application of it to any person or circumstance is held invalid, such invalidity shall not affect other provisions or application of the act that can be given effect without the invalid provision or application, and to that end the provisions of this act are declared to be severable.

SECTION 10. This act shall take effect on July 1, 2003, the public welfare requiring it.

PASSED: May 12, 2003


JOHN S. WILDER
SPEAKER OF THE SENATE


JIMMY NAIFEH, SPEAKER
HOUSE OF REPRESENTATIVES

APPROVED this 21st day of May 2003


PHIL BREDESEN, GOVERNOR