

## Long-Term Care Facility Inspection Findings

The Office of Inspector General's (OIG) Division of Health Care is responsible for regulating all health care facilities in Kentucky, including long-term care facilities. OIG inspectors conduct annual inspections, known as surveys, of the state's long-term care facilities to make sure that individual facilities meet state and federal standards which indicate specifically how care must be provided to facility residents. The areas looked at by OIG inspectors include but are not limited to quality of care, quality of life, residents' rights, dietary services, infection control, and the facility's physical environment. Long-term care facilities that do not meet all of these standards must correct the "deficiencies" or the facility may face a variety of sanctions.

NOTE: Although the OIG team surveys both state licensure and federal certification requirements, the "statement of deficiencies" posted on the website is specific to certification deficiencies only.

A "deficiency" is a determination by the OIG's team of inspectors that a long-term care facility has violated one or more specific certification regulations. Deficiencies range in scope and severity as illustrated on the [Federal Scope and Severity Grid](#). Alleged deficiencies are recorded on the "Statement of Deficiencies, Form CMS-2567". The facility is given an opportunity to submit a written plan of correction which details how and when each deficiency will be corrected.

### PLEASE TAKE NOTICE:

When reviewing the Statement of Deficiencies, Form CMS-2567, it is important to remember that long-term care facilities have the right to appeal the OIG's findings and penalties imposed. Such appeals may be pending at the time the CMS-2567 is reviewed. On appeal, the OIG's survey findings may be upheld or reversed, or a settlement may be reached in which fines are reduced.

It is also important to note that the CMS-2567 shows only a one-time "snapshot" of facility compliance with established standards. To more fully assess the quality of care provided by a facility, it is important that current and past survey reports be reviewed. Copies of the CMS-2567 are also available at each facility.

### How to Review a Long-Term Care Facility's Survey Findings/Statement of Deficiencies, Form CMS-2567

The following information is intended to help you read and understand the CMS-2567:

- 1) "ID Prefix Tag" - Each deficiency listed within the applicable regulation is assigned a tag number to use for reference. For example, the letter "F" followed by a three digit number is used to identify the specific deficiency.
- 2) "SS=" - For every tag number/deficiency listed, there is assigned a scope and severity (SS) level which is listed directly under the tag number. Scope describes how many persons are affected by the deficiency. Severity indicates the level of harm to health or safety. To determine the scope and severity of a deficiency, please refer to the [Federal Scope and Severity Grid](#).
- 3) "Summary Statement of Deficiencies" - The specific regulatory requirement for which a facility was found not to be in compliance is recorded in this column followed by a statement documenting actual observations made by the surveyor(s).
- 4) "Provider's Plan of Correction" - When a facility is cited for deficiencies, the administration of the facility is required to complete a written Plan of Correction in this column explaining how and when the non-compliance will be corrected.

**Long-term Care  
Scope and Severity Grid/Deficiency Categorization**

Each deficiency contains an alphabetical ranking to identify the seriousness of the deficient practice found by surveyors. The rankings are based on the following table:

**Federal Scope and Severity Grid**

Level 4	J	K	L
Level 3	G	H	I
Level 2	D	E	F(w/SQC) F (no SQC)
Level 1	A	B	C
	Isolated	Pattern	Widespread
Substantial Compliance A, B, C		Not in Substantial Compliance J, K, L G, H, I F with SQC D, E, F (no SQC)	

**Substandard Quality of Care (SQC)**

Scope/severity of F, H, I, J, K, L in one of the following regulatory groupings:

- 42 CFR 483.13 Resident Behavior & Facility Practices (Data Entry Tags F221-F226)  
[http://edocket.access.gpo.gov/cfr\\_2010/octqtr/42cfr483.13.htm](http://edocket.access.gpo.gov/cfr_2010/octqtr/42cfr483.13.htm)
- 42 CFR 483.15 Quality of Life (Data Entry Tags F240-F258)  
[http://edocket.access.gpo.gov/cfr\\_2010/octqtr/42cfr483.15.htm](http://edocket.access.gpo.gov/cfr_2010/octqtr/42cfr483.15.htm)
- 42 CFR 483.25 Quality of Care (Data Entry Tags F309-F333)  
[http://edocket.access.gpo.gov/cfr\\_2010/octqtr/42cfr483.25.htm](http://edocket.access.gpo.gov/cfr_2010/octqtr/42cfr483.25.htm)

**Immediate Jeopardy**

Scope/severity of J, K, L

***For Scope/Severity clarification, see “Deficiency Categorization” as follows:***

## DEFICIENCY CATEGORIZATION

Guidance on Severity Levels. – There are four severity levels. Level 1, no actual harm with potential for minimal harm; Level 2, no actual harm with potential for more than minimal harm that is not immediate jeopardy; Level 3, actual harm that is not immediate jeopardy; Level 4, immediate jeopardy to resident health or safety. These four levels are defined accordingly:

1. Level 1 is a deficiency that has the potential for causing no more than a minor negative impact on the resident(s).
2. Level 2 is noncompliance that results in no more than minimal physical, mental and/or psychosocial discomfort to the resident and/or has the potential (not yet realized) to compromise the resident's ability to maintain and/or reach his/her highest practicable physical, mental and/or psychosocial well-being as defined by an accurate and comprehensive resident assessment, plan of care, and provision of services.
3. Level 3 is noncompliance that results in a negative outcome that has compromised the resident's ability to maintain and/or reach his/her highest practicable physical, mental and psychosocial well-being as defined by an accurate and comprehensive resident assessment, plan of care, and provision of services. This does not include a deficient practice that only could or has caused limited consequence to the resident.
4. Level 4 is immediate jeopardy, a situation in which immediate corrective action is necessary because the facility's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident receiving care in a facility.

Guidance on Scope Levels. – Scope has three levels: isolated; pattern; and widespread. The scope levels are defined accordingly:

- Scope is isolated when one or a very limited number of residents are affected and/or one or a very limited number of staff are involved, and/or the situation has occurred only occasionally or in a very limited number of locations.
- Scope is a pattern when more than a very limited number of residents are affected, and/or more than a very limited number of staff are involved, and/or the situation has occurred in several locations, and/or the same resident(s) have been affected by repeated occurrences of the same deficient practice. The effect of the deficient practice is not found to be pervasive throughout the facility.
- Scope is widespread when the problems causing the deficiencies are pervasive in the facility and/or represent systemic failure that affected or has the potential to affect a large portion or all of the facility's residents. Widespread scope refers to the entire facility population, not a subset of residents or one unit of a facility. In addition, widespread scope may be identified if a systemic failure in the facility (e.g., failure to maintain food at a safe temperature) would be likely to affect a large number of residents and is, therefore, pervasive in the facility.