

Citation Frequency Report

Selection Criteria

Display Options: Display top 25 tags

Provider and Supplier Type(s): Dually Certified SNF/NFs - Medicare and Medicaid, Distinct Part SNF/NFs - Medicare and Medicaid, Skilled Nursing Facilities (SNFs) - Medicare Only, Nursing Facilities - Medicaid Only

State: Minnesota

Scope and Severity: Greater than or Equal to D

Survey Purpose: Standard

Survey Focus: Health

Year Type: Fiscal Year

Year: 2018

Quarter: Full Year

Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
Totals represent the # of providers and surveys that meet the selection criteria specified above.			Minnesota Active Providers = 379	Total Number of Surveys = 361
F0880	Infection Prevention & Control	163	42.7%	45.2%
F0689	Free of Accident Hazards/Supervision/Devices	88	23.0%	24.4%
F0686	Treatment/Svcs to Prevent/Heal Pressure Ulcer	86	22.7%	23.8%
F0677	ADL Care Provided for Dependent Residents	84	21.6%	23.3%
F0684	Quality of Care	80	20.8%	22.2%
F0761	Label/Store Drugs and Biologicals	64	16.9%	17.7%
F0609	Reporting of Alleged Violations	63	16.6%	17.5%
F0688	Increase/Prevent Decrease in ROM/Mobility	58	15.3%	16.1%
F0550	Resident Rights/Exercise of Rights	58	15.3%	16.1%
F0641	Accuracy of Assessments	52	13.7%	14.4%
F0656	Develop/Implement Comprehensive Care Plan	49	12.9%	13.6%
F0758	Free from Unnec Psychotropic Meds/PRN Use	49	12.9%	13.6%
F0554	Resident Self-Admin Meds-Clinically Approp	46	11.9%	12.7%
F0812	Food Procurement, Store/Prepare/Serve Sanitary	45	11.9%	12.5%
F0625	Notice of Bed Hold Policy Before/Upon Trnsfr	44	11.6%	12.2%
F0755	Pharmacy Srvcs/Procedures/Pharmacist/Records	43	11.1%	11.9%
F0690	Bowel/Bladder Incontinence, Catheter, UTI	42	11.1%	11.6%
F0561	Self-Determination	39	10.3%	10.8%
F0657	Care Plan Timing and Revision	38	10.0%	10.5%

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F0578	Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir	36	9.5%	10.0%
F0584	Safe/Clean/Comfortable/Homelike Environment	36	9.5%	10.0%
F0676	Activities Daily Living (ADLs)/Mntn Abilities	33	8.7%	9.1%
F0756	Drug Regimen Review, Report Irregular, Act On	33	8.7%	9.1%
F0623	Notice Requirements Before Transfer/Discharge	32	8.4%	8.9%
F0580	Notify of Changes (Injury/Decline/Room, etc.)	31	8.2%	8.6%