



# F0684 Quality of Care

Amy Stackman, RN, Quality Improvement Specialist  
Danyce Seney, RN, BSN, IP, RAC-CTA, CPHQ, Quality Improvement Specialist, HCQIP

*This material was prepared by the IPRO QIN-QIO, a Quality Innovation Network-Quality Improvement Organization, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. 12SOW-IPRO-TA-AA-23-1133.*



■ Healthcentric  
Advisors  
■ Qlarant

QIN-QIO  
Quality Innovation Network -  
Quality Improvement Organizations  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
EQUALITY IMPROVEMENT & INNOVATION GROUP

# F-TAG LEADERBOARD

1 F0884 NHSN Reporting

2 F0689 FREE OF ACCIDENTS

3 F0080 INFECTION PREVENTION

4 F0684 QUALITY OF CARE

5 F0812 FOOD STORAGE/PREP/SERVE

6 F0656 DEV/IMP COMP CARE PLANS

7 F0677 ADL CARE

8 F0761 LABEL/STORE DRUGS BIOLOGICALS

9 F0686 PRESSURE ULCERS

10 F0609 REPORTING ALLEGED VIOLATIONS

# Learning Objectives

---

1. Define quality of care.
2. Review the importance of “process.”
3. Identify key areas of non-compliance.
4. Consider areas for improvement.

# Process

---

Every survey summary of deficiencies follow the same pattern.

- State Operations Manual – F-tag.
- Facility Policy and Procedure regarding that F-tag topic.
- MDS Documentation specific to resident that impacts that topic.

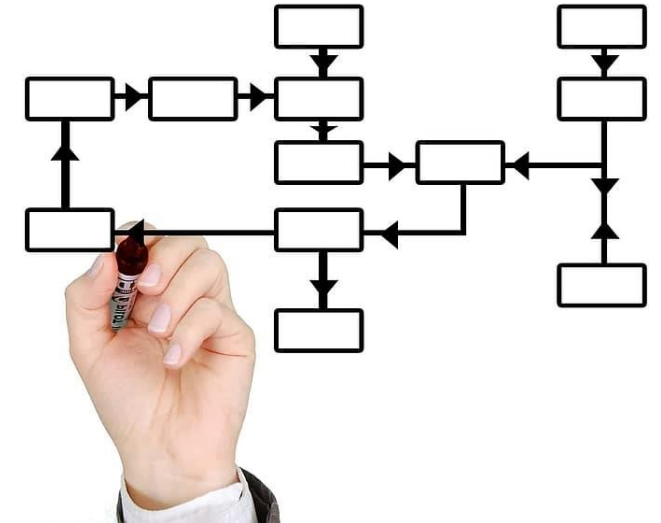
To mitigate each topic:

- What is your facility process to review State Operations Manual?
- What is your facility process to update and review your Policy and Procedures?
- What is your facility process to review and update this particular topic area?

# Think About

Do you have processes in place?

How often do you review your policies/ procedures, processes, care plans?





# F0684 Quality of Care



Quality of care is a **fundamental principle** that applies to **all treatment and care** provided to facility residents. Based on the comprehensive assessment of a resident, the **facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.**

# F0684 Guidance

---

- Use guidance at F684 for review of concerns which have caused or have a potential to cause a negative outcome to a resident's physical, mental, or psychosocial health or wellbeing **that is not specifically addressed by any other tag** at §483.25.
- Additionally, **F684 contains guidance for end of life and hospice care.**

# Intent of F0684

*Quality of Care*

- To ensure facilities **identify and provide needed care and services** that are **resident centered**, in accordance with the **resident's preferences, goals for care** and professional **standards of practice** that will **meet each resident's physical, mental, and psychosocial** needs.
- Nursing homes must **place priority on identifying what each resident's highest practicable well-being** is in each of the areas of physical, mental and psychosocial health.
- Each **resident's care plan** must reflect **person-centered care**, and **include resident choices, preferences, goals, concerns/needs, and describe the services and care** that is being provided.



# Key elements of non-compliance

---

To cite deficient practice at F684, the surveyor's investigation will generally show that the **facility failed to do any one of the following that** impacted one or more residents' physical, mental, and/or psychosocial well-being :

1. Facility **failed to provide needed care or services resulting in an actual or potential decline.**
2. Facility failed to provide needed care or services **resulting in one or more residents' failure to improve and/or attain their highest practicable level.**
3. Facility **failed to recognize and/or assess risk factors** placing the resident at risk for specific conditions and/or problems.

# Key elements of non-compliance (cont'd)

---

4. Facility failed to **implement resident-directed care and treatment** consistent with assessment and care plan, preferences, choices, rights, advance directives (if any, and if applicable, according to State law), goals, physician orders, and professional standards of practice, causing a negative outcome, or placing the resident at risk for specific conditions and/or problems.
5. Facility failed to **monitor, evaluate** the resident's **response** to interventions, and/or **revise** the interventions as appropriate, causing a negative outcome, or placing the resident at risk for specific conditions and/or problems.
6. Facility failed to **Inform and educate** the resident **who decides to decline care** about risks/benefits of such declination; and offer alternative care options and take steps to minimize further decline, causing a negative outcome, or placing the resident at risk for specific conditions and/or problems.

# Think About

Questions regarding regulation,  
intent or key elements of non-  
compliance?



■ Healthcentric  
Advisors  
■ Qlarant

QIN-QIO  
Quality Innovation Network -  
Quality Improvement Organizations  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
EQUALITY IMPROVEMENT & INNOVATION GROUP

# F0684 Survey summary statement

) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684  Level of Harm - Minimal harm or potential for actual harm  Residents Affected	Provide appropriate treatment and care according to orders, resident's preferences and goals.  **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**  Based on observation, review of the clinical record, facility policy and interviews for reviewed for accidents, the facility failed to follow physician's orders [MEDICAL RECORD OR

# Current consistent findings

---

- Following ED visit or Admission
  - *Medications/ treatments, including Oxygen/ antibiotics- not continued or addressed/ordered*
- Following and carrying out MD orders- *not done, no documentation*
- Treatments signed for – *not observed as completed*
- Assessments
- Devices
- Documentation
- Weights
- Transfers

# Think About

## Thoughts for Improvement:

1. Ensure interventions from Care Plan are on nurse aide assignments.
2. Review resident MAR, TAR, Care Plans and Orders to ensure items match.
3. Review process for when person returns from ED/Admission to ensure changes are implemented, communicated and documented

Questions?

Comments?

Discussion?



■ Healthcentric  
Advisors  
■ Qlarant

QIN-QIO  
Quality Innovation Network -  
Quality Improvement Organizations  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
EQUALITY IMPROVEMENT & INNOVATION GROUP



# For resources

---

- [SOM - Appendix PP \(cms.gov\) PG 282](#)
- [Revised Long-Term Care Surveyor Guidance | CMS](#)



■ **Healthcentric  
Advisors**  
■ **Qlarant**

**QIN-QIO**  
Quality Innovation Network -  
Quality Improvement Organizations  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
IQUALITY IMPROVEMENT & INNOVATION GROUP

# Contact us

## We're Here to Help!

### Health Centric Advisors (HCA)

MA, CT, ME, NH, VT, RI

Marguerite McLaughlin

[mmclaughlin@healthcentricadvisors.org](mailto:mmclaughlin@healthcentricadvisors.org)

Director of Education, Task 1 Nursing Home Lead

Joshua Clodius

[jclodius2@healthcentricadvisors.org](mailto:jclodius2@healthcentricadvisors.org)

Quality Improvement Specialist

Kristin-Rae Delsesto,

[kdelsesto@healthcentricadvisors.org](mailto:kdelsesto@healthcentricadvisors.org)

Quality Improvement Specialist

Mary Ellen Casey

[mcasey@healthcentricadvisors.org](mailto:mcasey@healthcentricadvisors.org)

Sr. Quality Improvement Manager

Nelia Odom

[nodom@healthcentricadvisors.org](mailto:nodom@healthcentricadvisors.org)

Quality Improvement Manager

### Island Peer Review Organization (IPRO)

NY, NJ, OH

Melanie Ronda

[mronda@ipro.org](mailto:mronda@ipro.org)

Assistant Director & Nursing Home Lead

Danyce Seney

[DSeney@ipro.org](mailto:DSeney@ipro.org)

Quality Improvement Specialist

Amy Stackman

[astackman@ipro.org](mailto:astackman@ipro.org)

Quality Improvement Specialist

Tammy Henning

[thenning@ipro.org](mailto:thenning@ipro.org)

Quality Improvement Specialist

Maureen Valvo

[mvalvo@ipro.org](mailto:mvalvo@ipro.org)

Senior Quality Improvement Specialist:

David Johnson

[djohnson@ipro.org](mailto:djohnson@ipro.org)

Senior Quality Improvement Specialist

### Qlarant

MD, DE, DC

Charlotte Gjerloev,

[gjerloevc@qlarant.com](mailto:gjerloevc@qlarant.com)

Director

Shirlynn Shafer

[shafers@qlarant.com](mailto:shafers@qlarant.com)

Project Manager II

Darlene Shoemaker

[shoemakerd@qlarant.com](mailto:shoemakerd@qlarant.com)

Quality Improvement Consultant

Vicky Kilby

[kilbyv@qlarant.com](mailto:kilbyv@qlarant.com)

Quality Coordinator II



■ Healthcentric  
Advisors

■ Qlarant

QIN-QIO  
Quality Innovation Network -  
Quality Improvement Organizations  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
QUALITY IMPROVEMENT & INNOVATION GROUP