

LHH's First Two "Root Cause Analysis" (RCA) Reports

Root Causes From LHH's Deficiencies Leading to Its Decertification

Category	Root Causes	RCA #1	RCA #2
1	Quality Assurance & Performance Improvement	5	
	Root Cause 1: QAPI Program not aligned to skilled nursing facility (SNF) setting		
	Root Cause 2: Lack of strong QAA Committee oversight		
	Root Cause 3: Direct-care staff and medical staff not active in QAPI activities		
	Root Cause 4: QAPI policies and procedures not current to Phase 3		
	Root Cause 5: Lack of QAPI competencies by middle management and staff		
	Root Cause 6: Facility assessment not properly operationalized (New Monitoring Survey RCA Root Cause)		1
2	Infection Prevention and Control	7	
	Root Cause 1: Lack of nursing involvement		
	Root Cause 2: Misaligned IPC facility risk assessment		
	Root Cause 3: Non-compliant policies and procedures		
	Root Cause 4: Inadequate EHR		
	Root Cause 5: Lack of adequate staff and level of competency		
	Root Cause 6: Insufficient hand hygiene and personal protective equipment (PPE) audits		
	Root Cause 7: Lack of effective IPC education to all staff		
3	Behavioral Health and Substance Abuse	4	
	Root Cause 1: Lack of behavioral health and SUD experience		
	Root Cause 2: Care plans not consistently updated with SUD needs		
	Root Cause 3: Understaffed Behavioral Emergency Response Team		
	Root Cause 4: Security staff not trained on LHH policies and procedures		
4	Medication Management and Administration	4	
	Root Cause 1: Medication self-administration policies not routinely followed		
	Root Cause 2: Non-compliance with safe medication management practices		
	Root Cause 3: Lack of interdisciplinary team collaboration		
	Root Cause 4: Lack of herbal supplement safety verification processes		
5	Resident Rights and Freedom from Harm	8	
	Root Cause 1: Lack of consistent leadership rounding		
	Root Cause 2: Lack of proactive intervention to prevent abuse		
	Root Cause 3: Unnecessary physical restraint use		
	Root Cause 4: Low staff and resident awareness of grievance process		
	Root Cause 5: Lack of SNF resident-centered, best practice interventions		
	Root Cause 6: Lack of strong accountability standards		
	Root Cause 7: Ineffective resident council meetings		
	Root Cause 8: Lack of formalized restorative nursing program		
	Root Cause 9: Lack of regulatory knowledge of bed hold and transfer/discharge (New Monitoring Survey RCA Root Cause)		1
	Root Cause 10: Resident activities not fully resumed after COVID-19 (New Monitoring Survey RCA Root Cause)		1
6	Comprehensive Care Plans and Quality of Care	7	
	Root Cause 1: Ineffective care planning by interdisciplinary team		
	Root Cause 2: Lack of MDS Department oversight and accountability		
	Root Cause 3: LHH not using consistent nursing assignment		
	Root Cause 4: Limited care planning participation by nurse leaders		
	Root Cause 5: EHR not optimized for SNF setting		
	Root Cause 6: Limited access by direct-care staff to care plan information		
	Root Cause 7: Lack of specialized skills to individualize care plans		
7	Competent Staff, Training, and Quality of Care	6	
	Root Cause 1: Lack of leadership with SNF experience, regulatory knowledge		
	Root Cause 2: Lack of care rounds to reinforce training and knowledge		
	Root Cause 3: Lack of accountability for mandatory educational requirements		
	Root Cause 4: Lack of focused scope of work in Department of Education and Training (DET)		
	Root Cause 5: Adult learning approaches absent in training		
	Root Cause 6: LHH leadership not members of SNF associations		

Category	Root Causes	RCA #1	RCA #2
8	Emergency Preparedness Program (EPP)	6	
	Root Cause 1: Lack of alternative communication methods during emergencies		
	Root Cause 2: Lack of leadership involvement in the EPP		
	Root Cause 3: Hazard vulnerability exercises not routinely conducted		
	Root Cause 4: EPP resources not readily accessible to staff		
	Root Cause 5: Staff not adequately trained for emergencies		
	Root Cause 6: Resident and Visitors Unaware of Emergency Plan		
	Root Cause 7: Fire drill feedback not provided to staff to drive improvement (New Monitoring Survey RCA Root Cause)		1
9	Fire and Life Safety (New Monitoring Survey RCA Category)		4
	Root Cause 1: Lack of fire and life safety awareness		
	Root Cause 2: Ineffective work order management process		
	Root Cause 3: Lack of code compliance knowledge		
	Root Cause 4: Ineffective preventative maintenance program		
10	Resident Quality of Care (New Monitoring Survey RCA Category)		4
	Root Cause 1: Lack of a functioning wound care program		
	Root Cause 2: Lack of effective IDT wound care communication		
	Root Cause 3: Inconsistent tube-feeding management		
	Root Cause 4: Inconsistent resident pain assessment documentation		
11	Food and Nutrition Services (New Monitoring Survey RCA Category)		4
	Root Cause 1: Menu management system not routinely verified		
	Root Cause 2: Lack of IDT collaboration around nutritional status		
	Root Cause 3: EHR documentation incomplete and inaccurate due to a lack of staff knowledge and inconsistent practices on data entry. Optimization opportunities need to be evaluated.		
	Root Cause 4: Use of outdated clinical nutrition standards of practice		
Total:		47	16
			63

Source: "Root Cause Analysis Report 1" prepared by HSAG Consultant, dated 12/1/2022, and "Root Cause Analysis Report 2" prepared by HSAG Consultant, dated 1/31/2023.