



**January 2018**  
**ICAL Survey Committee Report**  
**ICAL Regulatory Insufficiencies**

(Includes October, November and December 2017 data)

**Total Surveys Reviewed: 71**  
**Insufficiency Free Surveys: 52**  
**Total Insufficiencies Cited: 59**  
**Average Number of Insufficiencies Cited per Facility: 3.11**  
**Total Fines: \$7,500**  
**# of Recertification surveys: 41 (9 insufficiency free)**  
**# of Complaint surveys: 20 (5 insufficiency free)**  
**# of Self-Reports survey: 16 (5 insufficiency free)**

**67.2**

- Policies and procedures: tenant eloped from program and was found almost 3 miles away in a parking lot after an hour search. Staff used an alarmed door to exit the building on breaks. Because that door alarm was frequently sent to staff pagers, staff members did not routinely respond to that door alarm because most assumed it was staff exiting building, not tenants. Tenant exited this door. **\$3,000 fine.**
- Program Policies and Procedures - Program failed to complete an investigation of the allegation related to dependent adult abuse **\$2,000 fine.**
- Program policies and procedures - Program failed to follow policy and procedures for completion of incident reports. Program did not complete an incident report when tenant had a death grip on staff and started to choke the staff for several minutes. Program did not complete incident report when tenant bit staff member and slapped another tenant. Incident report form not completed with behavioral incidents.

**67.3(1)**

- Tenant rights--staff told tenant they could not have hamburger because he/she refused food earlier in the evening, staff was yelling and tone aggressive; another separate incident of staff member yelling at tenant in their apartment.

**67.3(2)**

- Tenant Rights - to receive care treatment and services which are adequate and appropriate. Program failed to consistently provide adequate and appropriate care to prevent elopement behavior **\$2,000 fine.**
- Tenant rights: tenant with Wandergard bracelet and GDS of 4 exited program without staff knowledge. Door that tenant exited did not have a Wandergard alarm in place. Only 1 out of 6 doors in program have Wandergard in place.

- Tenant rights: AL staff member gave medications belonging to the tenant's spouse to the other spouse which lived in the same apartment. Tenant was sent out for medical evaluation.
- Tenant Rights - Program failed to provide services that were adequate and appropriate. Tenant was admitted to the hospital and was in intensive care unit (ICU) for Ketoacidosis. An insulin drip was started. Apartments were not documented as cleaned. Two occupied apartments had not been cleaned at all in September. Complaints regarding lack of bathing services. Program did not follow their policy for skin evaluations.

**67.9(4)a**

- Staffing - New program nurse failed to ensure staff was sufficiently trained and competent in all tasks within 60 days of hire.

**67.9(4)b**

- Staffing: no evidence for 3 staff members that they had received training and nurse del

**67.5(6)b**

- Medications: program failed to ensure medications were adequately secured, medications were stored in an unlocked cupboard.

**67.5(6)c**

- Medications: program failed to document medication administration. Client did not have a MAR to ensure the correct administration of medications and doses.

**67.5(6)d**

- Medications: topical ointment application to tenant as ordered by physician not documented for a for a period of six weeks.
- Medications: program failed to administer medications consistent with physician orders. Medication with stop date was still administered.
- Medications - Program failed to provide medications and treatments as prescribed by the physician. There were 15 documented medication errors between 8/12 and 10/21. Orders following a tooth extraction were not documented as completed. The patch was not applied and removed per physician order, the patch was not applied and removed per physician order, Treatment orders were not followed, Tenant complained of soreness in the left calf, but the pain was not severe. Tenant was admitted to the hospital with a blood clot in the left leg, Administration of insulin without a physician order. Not following physician order related to insulin.

**67.9(3)**

- Staffing: program failed to maintain training records for delegation of medication administration.
- Staffing: program failed to maintain training records for delegation of medication administration.

**67.9(6)**

- Staffing: staff did not have documentation to show sanitation and safe food handling was

completed prior to serving and/ or preparing food.

**67.19(3)**

- Record checks: program failed to obtain a complete criminal history background check prior to employment.

**67.19(3)c**

- Record checks: program failed to ensure completion of Department of Human Services evaluation of a crime prior to hire.
- Record Checks - Program failed to obtain evaluation form from the Department of
- Record check: program failed to obtain a complete criminal history background check prior to employment.
- Record check: program failed to ensure completion of Department of Human Services evaluation of a crime prior to hire.

**69.3**

- Dementia Specific Education - Program failed to complete the required dementia training within 30 days of employment.

**69.4(6)**

- Non-accredited program--application: program failed to have a policy and procedure related to the administration of as needed medications which potentially affected all the tenants that received medication administration.

**69.22(1)**

- Tenant evaluation: program failed to consistently ensure completion of cognitive and health assessments prior to occupancy.
- Tenant evaluation: program failed to complete GDS when the initial cognitive evaluation indicated moderate risk and decline.

**69.22(2)**

- Tenant evaluation: program failed to consistently complete comprehensive assessments, including functional, cognitive, and health assessments within 30 days of occupancy.
- Tenant evaluation: program failed to complete cognitive, health and functional assessment evaluations as needed with significant change.
- Evaluation of Tenant - Program failed to ensure tenants reviewed were evaluated as needed with a significant change. Tenant's aggressions were a new significant change that required increased staff awareness and possibly increased supervision and/or a review of tenant's health and medication regimen.

**69.23(1)b**

- Criteria for tenet admission/retention: program failed to discharge a tenant requiring an excessive level of care, client was more than a one-person transfer.

**69.23(1)c(1)**

- Criteria for Admission/Retention of Tenants - tenant who displayed aggressive and

unmanageable verbal abuse.

**69.23(1)g**

- Criteria for Admission/Retention of Tenants - Program failed to discharge a tenant who exceeded criteria for admission and retention in an assisted living program. Inability to manage incontinence.

**69.25**

- Tenant documents--Physician's order directed to dress coccyx with Puracol plus AG and cover with Tegaderm every other day, but the order not transcribed to the treatment administration record.

**69.25(1)i**

- Tenant Documents - Program failed to document nurses' notes written by exception. Entries in nurse's notes were not timely and nurse's notes were not written by exception for tenant.
- Service Plans - Program failed to ensure identified needs were addressed within the service plan. Service plan was not amended to include new behavior and staff interventions.
- Tenant Documents - Program failed to complete 90-day nurse reviews, failed to complete nurses notes with exception. Failed to complete notes regarding when tenant left the program for the ER and the reason for evaluation, tenant left unit looking for spouse. Nurse failed to document the incident when it occurred, nurse failed to complete notes when the ATB therapy was completed, nurse failed to document related to aggressive behaviors until eight days later,

**69.26(1)**

- Service plans: program failed to develop service plans to designed to meet the specific service needs as determined by evaluation. Evaluations not completed prior to update of the service plan.
- Service plan: program failed to develop a preliminary service plan designed to meet the specific service needs as determined by evaluations. Initial cognitive and health assessments were not completed prior to admission to the program.
- Service plan: program failed to ensure service plans were updated based on evaluations to meet the specific needs.

**69.26(1)q**

- Tenant Documents - when the tenant is unable to advocate on the tenant's own behalf or the tenant has multiple service providers, including hospice care providers, accurate documentation of the completion of routine personal or health-related care is required on task sheets. Program failed to consistently ensure task sheets for personal and/or health-related care were developed and completed for tenants who could not advocate for themselves.

**69.26(2)**

- Service plan: program failed to consistently ensure preliminary service plans developed

prior to taking occupancy.

**69.26(3)**

- Service plans: program failed to update tenant service plans within 30 days of admission.
- Service plan: program failed to consistently update tenant service plans within 30 days of a tenant's occupancy and with a significant change.

**69.26(3)a**

- Service plans: not all service plans were signed by tenant and/or responsible parties

**69.26(4)a**

- Service Plans - The tenant's identified needs and preferences for assistance. Program failed to develop service plans to reflect the identified needs of tenants. Service plan failed to reflect tenant's wandering behaviors **\$500 fine**.
- Service plans: program failed to consistently develop service plans to reflect identified tenant needs. Tenants plans failed to identify client had chronic pain or that staff applied Fentanyl patch.
- Service plans: program failed to develop individuals service plans to include identified needs and preferences of tenants.
- Service Plans - Program failed to develop service plans that reflected the identified needs. Did not reflect the treatment and issue with toes/feet, service Plan did not reflect the abdominal rash and treatment completed three times daily.
- Service Plan did not reflect scheduled toileting assistance.
- Service Plan did not reflect the treatment or dryness of arms/legs.
- The service plan did not reflect the extent of Tenant behavior.
- The service plan did not reflect the extent of behaviors and interventions related to the behavior.
- Service plan did not reflect bathing services.
- Service plan did not reflect UTI or need for PT.

**69.26(4)a**

- Service plan: program failed to consistently develop service plans to reflect identified tenant needs. Tenants plans failed to identify client had chronic pain or that staff applied Fentanyl patch.

**69.26(4)c**

- Service Plans - Program failed to consistently ensure service plans indicated providers of OT, PT.

**69.28(5)**

- Food service: program failed to provide training to staff on sanitation and safe food handling prior to the handling of food.

**69.29(4)c**

- Staffing - Program failed to ensure tenants' service plans included direction to staff regarding supervision of tenants. Service plan did not provide direction to staff regarding

how and/or when to check on tenants who resided in the memory care unit.

**69.30(1)**

- Dementia Specific Education for Personnel - staff did not have 8 hours of dementia specific training.

**69.30(3)a**

- Dementia Specific Education - Program failed to ensure all staff with direct contact with tenants completed at least 8 hours of dementia training annually.

**69.32(2)**

- Life Safety - An operating alarm system shall be connected to each exit door in a dementia-specific program. Program failed to ensure an operational door alarm system as required for a dementia-specific program.

**69.34(2)**

- Activities: program failed to plan activities that were consistent with the programs statement and occupancy policies, which potentially affected all tenants. No activities were scheduled on Monday's or Saturdays.

**231C**

- Written occupancy agreement: could not be located for tenant when surveyor asked staff