



January 2019
ICAL Survey Committee Report
ICAL Regulatory Insufficiencies
(Includes October, November and December 2018 data)

Total Surveys Conducted: 63
No Deficiencies: 49
Total Deficiencies Cited (tags): 79
Average Number of Insufficiencies Cited per Facility: 1.2
Total Fines: \$4,500
 # of Certification surveys: 13 (5 deficiency free)
 # of Recertification surveys: 26 (14 deficiency free)
 # of Complaint/Incident Investigation surveys: 40 (28 deficiency free)

<p>67.19(3) Record Checks</p> <ul style="list-style-type: none"> • Employee background check was conducted after date of hire. (A 118)
<p>67.2 Program Policies and Procedures</p> <ul style="list-style-type: none"> • Failure to follow policy and procedure regarding completion of incident reports. • Program did not properly document staff performing blood glucose checks and readings, assistance with insulin administration and sliding scale dosage administered on MAR. (A 003) • Fail to ensure staff follow policy/procedure regarding provision of checks per tenants' service plan. Fail to ensure incident reports completed related to tenant behaviors per policy. (A 003) • Program failed to follow its policy regarding the communication of occurrences that differed from normal health, functional, and cognitive status for tenants who refused cares. (A 003) • (1)e Failure to complete an incident report in the case of an unusual occurrence. (A 008)
<p>67.3: Tenants' Rights</p> <ul style="list-style-type: none"> • (1) Program advised all tenants that they would have to change pharmacy to the pharmacy of program choice. This was not addressed in the occupancy agreement. (A 012) • (1) Staff posted video on social media of tenant. (A 012) • (1) Failed to treat tenants with consideration, respect, and full recognition of personal dignity and autonomy. Tenants not allowed to share food at the dining room table with other tenants, tenants were not allowed to bring a beverage from their own apartment to meals, tenants were not allowed to use the dining room for certain activities, tenants were not allowed to shut the doors in the community room during an activity, tenants were not

allowed to pick up a boxed meal for another tenant in the refrigerator in the community room and deliver it to them, tenants not allowed second helpings at meals. No written policies or rules for the items above. **(A 012)**

- **(2)** Fail to consistently provide adequate, appropriate services for tenants. **(A 013) \$2,500 FINE**
- **(2)** Failure to consistently provide adequate and appropriate services. Lack of offering food or meals. Lack of timeliness for breathing treatments. Tenant's end of life cares weren't documented for a time period and family presence confirmed the lack of cares. **(A 013)**

67.5 Medications

- **(6)c** Failure to consistently ensure all staff were aware of the backup system to document medications if the electronic medication administration record system malfunctioned. **(A 038)**
- **(6)d** Program did not administer medications as ordered by physician for tenant with chronic UTI's. Failed to administer Bactrim as ordered for UTI. Tenant condition declined and was soon after hospitalized with sepsis requiring significant treatment measures. **(A 039) \$2,000 FINE**
- **(7)** Medications - Facility was administering narcotics and did not have a policy and protocol for administration of narcotics. **(A 039)**

67.9(4) Staffing

- **(b)** Failure to ensure staff reviewed were trained by program's delegating RN within 30-days of beginning employment. **(A 059)**
- **(c)** Incomplete documentation of staff training and competency records. **(A 060)**
- **(c)** Fail to ensure noncertified staff receiving training on ADLs, including toileting assistance and perineal care. **(A 060)**
- **(c)** Fail to ensure uncertified staff received nurse delegated training on ADLs including dressing/undressing. **(A 060)**
- **(d)** Program failed to ensure staff received nurse delegated training on all medications administered and treatments completed. **(A 061)**

67.9 (6) Staffing

- Fail to provide training related to identification and reporting of dependent adult abuse. **(A 149)**

67.19 Record Checks

- **(3)** Fail to complete DHS evaluations of pre-employment record checks with potential criminal records. **(A 118)**
- **(3)** Program failed to complete criminal history background check and child and dependent adult abuse registries background check prior to employment. **(A 118)**
- **(4)** Fail to ensure staff employment w/in 30 days of receipt of background check results. **(A 124)**

69.21(3) Occupancy Agreement

- Occupancy agreement didn't include most current criteria for admission/retention of tenants as required **(A 033)**

69.22(2) Evaluation of Tenant

- (1) Failure to complete cognitive evaluations prior to admission. (A 036)
- (2) Failure to update evaluation as needed with significant change. (A 037)
- (2) Program failed to complete annual evaluations of all tenants as required. (A 037)
- (2) Program failed to document complete evaluation of tenant with change in condition which included lower extremity thrombophlebitis. (A 037)
- (2) Fail to consistently complete evaluations w/in 30 days of occupancy and annually. (A 037)
- (2) Program did not complete evaluation of tenant within 30 days of occupancy (A 037)
- (2) Failed to evaluate functional, cognitive, health status following significant change. (A 037)
- (2) Comprehensive assessments of tenants within 30 days of occupancy and with significant changes were not completed for all tenants. (A 037)
- (2) Fail to complete a comprehensive assessment w/in 30 days or w/ significant change. (A 037)

69.24(1) Involuntary Transfer Program

- (a) Failure to notify the tenant or tenant's legal representative of the reason for involuntary discharge and transfer. (A 050)
- (b) Program did not notify physician and tenant advocate not notified by certified mail. (A 051)
- (b) Failure to notify the LTC Ombudsman and the tenant's treating physician of involuntary transfer via certified mail. (A 051)

69.25(1) Tenant Documents

- (i) No documentation of tenant seizure/fall in nurse's notes, new prn medication orders. (A 071)
- (i) Program failed to document nurse's notes by exception. No clinical notes related to the initiation/discontinuation of PT services or planned surgeries and follow-up. Clinical notes didn't reflect documentation of alleged behaviors as indicated in the involuntary transfer notice. (A 071)

69.23(1)g Criteria for Admission/Retention of Tenants

- Failure to follow the criteria for admission and retention of tenants by retaining a tenant with w/ unmanageable incontinence. (A 045)

69.26 Service Plans

- (1) Failed to develop service plans based on evaluations as required for tenants. (A 083)
- (1) Program failed to have signatures of staff who developed the service plan. (A 083)
- (1) Fail to update service plans following significant change (no evidence plan updated to include dietary requirements or need to weight daily. No evidence the plan was updated to include the treatment to the bed sore or the need to stay off her coccyx as much as possible. (A 083)
- (1) Program did not update tenants' service plans with changes in conditions, falls, new diagnoses, new medication orders and the specific needs of tenants. (A 083)
- (1) Program did not update tenants service plans on an annual basis. (A 083)
- (1) Service plan was developed prior to completion of all required assessments. (A 083)
- (2) Fail obtain signatures from all parties who developed service plan prior to occupancy. (A 084)

- **(2)** Program failed to have signatures of staff who developed the service plan. **(A 084)**
- **(2)** Failure to ensure all persons who developed the initial service plan, as well as the tenant or tenant's representative, signed the plan to indicate agreement for residents. **(A 084)**
- **(3)** Service plan was not updated when tenant who was independently administering meds had significant change and required help with med administration. **(A 085)**
- **(3)** Failure to ensure tenants received update to their initial service plan within 30 days. **(A 085)**
- **(3)a** Failure to update service plans. **(A 086)**
- **(3)d** Failure to ensure all persons who developed the 30-day service plan signed the plan to indicate participation/agreement. **(A 224)**
- **(4)** Service plan did not reflect history of falls and interventions. Service plan failed to reflect the use of the gloves in a bottle lotion, to be applied three times per day for dry skin. Service plan failed to reflect history of yeast infections, once the current infection was resolved and removed from service plan. Plan failed to reflect history of unresponsive episodes. **(A 089)**
- **(4)a** Fail to ensure service plans reflect identified needs (incontinence, use of incontinent products, medication boxes, AFO brace, history of food drop or Fentanyl patch or if assistance was needed with those tasks. Fail to reflect perineal care, independence and noncompliance at times with blood glucose monitoring and insulin injections or open areas on toe and buttocks. Deep brain stimulator and if any assistance needed related to device. Chest pain, SOB, anxiety, or any interventions for these diagnoses. Alleged behavioral concerns or interventions. **(A 089)**
- **(4)a** Fail to develop service plans that reflect identified needs of tenants. **(A 089)**
- **(4)a** Program failed to develop service plans that reflected identified needs (Discontinuation of the Mepilex dressing or initiation of the protectant cream; interventions on the service plan specific to behavior; Refusal to shower and to change clothes). **(A 089)**
- **(4)a** Program failed to ensure tenant's needs were reflected on the service plan (wound care instructions, medication refusal, refusal to shower, refusal to change clothing). **(A 089)**
- **(4)a** Program failed to develop service plans that reflect all identified needs (supplements and weight loss, staff assistance with SQ injections twice daily for GI bleeding prevention or the administration of Warfarin, mobility needs). **(A 089)**
- **(4)a** Fall interventions weren't on service plan for tenant who had history of seven falls. **(A 089)**
- **(4)a** Tenant required ground meat due to missing teeth; no intervention on service plan. **(A 089)**
- **(4)a** Program failed to develop service plans that reflected identified needs (storage of Nitrostat, exit seeking behaviors, crushed medications, Nitrostat and the service). **(A 089)**
- **(4)a** Program failed to develop service plan for nausea and treatment or the URI and treatment. Daily oral cares provided, periods of apnea, Nitroglycerin for chest pain. Hospital bed and over-the-bed table; difficulty swallowing medications and transfer assistance as needed. **(A 089)**
- **(4)c** Failure to include all providers on the service plan. **(A 091)**
- **(4)c** Fail to include outside providers on service for tenants receiving hospice services. **(A 091)**
- **(4)d** Failure to include a list of planned and spontaneous activities in service plans. **(A 092)**

69.27 Nurse Review

- **(1)** Program did not consistently perform nurse reviews at least every 90 days. **(A 094)**
- **(1)c** Fail to complete nurse review, assess/doc health status at least every 90-days. **(A 096)**
- **(1)c** Program failed to complete nurse reviews as needed by licensed nurse for fall that resulted in hospitalization/sutures; for incidents resulting in hospitalization, hit head, had an injury) **(A 096)**

69.28(5) Food Service

- Fail to ensure staff had orientation on sanitation/safe food handling prior to handling. **(A 104)**
- Program did not provide sanitation, safe food handling training for staff prior to assigned food handling duties. **(A 104)**

69.30 Dementia- Specific Education for Personnel

- **(1)** Program failed to ensure staff received eight hours of dementia-specific education and training within 30 days of employment. **(A 121)**
- **(1)** Staff members did not have 8 hrs of dementia specific education w/in 30 days of hire. **(A 121)**
- **(1)** Failure to provide 8 hrs. of dementia-specific education and training within 30 days of either employment or the beginning date of the contract. **(A 121)**
- **(5)** Failure to provide nads on dementia specific training for staff. **(a 125)**
- **(5)** No record that staff members had "hands-on" dementia training **(A 125)**

69.35(1) Structural Requirements

- Large stains- common area carpets, soiled lobby furniture, dirty elevator, laundry rooms. **(A 154)**

No Tag Specified in Report

- **(231C.5) Written Occupancy Agreement-** Program failed to deliver notice in writing to tenants 30 days prior to scheduled change, modifications to the transportation services for medical appointments listed in the occupancy agreement.
- **(231C.5) Written Occupancy agreement-** Program did not notify tenants in writing at least 30 days prior to change of onsite meal provider.
- **(231C.5) Written Occupancy Agreement-** Failure to have the occupancy agreement signed prior to admission to the program