

**ICAL Survey Committee Report
RCF Deficiencies Report
2nd Quarter 2017**

Total Surveys Reviewed: 12
Insufficiency Free Surveys: 6
Total Insufficiencies Cited: 20
Average Number of Insufficiencies Cited per Facility: 1.7
Total Fines: \$1,000

Cited deficiencies included:

Tag	Description of Deficiency	No.	Fine
481-50.9(3)	<ul style="list-style-type: none"> • Background Checks - Criminal history and DAA background checks not completed on 22 of 26 employees. • Background Checks - DHS evaluation of employees with criminal history not completed prior to hire. • Background Checks - 2 employees were on child abuse registry and not evaluated by DHS prior to employment. 	3	\$500
481-57.7(5)b	General Requirements - 10 staff members did not have required abuse training within six months of hire.	1	
418-57.11(3)	Personnel - 22 employees did not have criminal background checks performed.	1	\$500
481-57.11(6)	Personnel - Employee physical exams not completed every four years.	1	
481- 57.13(2) & d	<ul style="list-style-type: none"> • Facility failed to document notification to primary care providers of discharge for two of five former residents reviewed. • Facility failed to document sending face sheet, service plan, and orders of any primary care provider and any upcoming appointments sent with resident upon discharge. 	2	

481-57.16(2)c	Medical Examinations - Facility failed to perform required TB testing on 10 residents.	1	
481-57.17(1)o & r	<ul style="list-style-type: none"> Records: Facility failed to note residents' condition at discharge and include in residents' documentation. Facility failed to document the disposition of personal belongings upon discharge for three of five residents. 	2	
481-57.17(3)d	Records - Facility did not complete resident incident report for 1 fall.	1	
481-57.19(3)a	Drugs - Unqualified and untrained staff member was administering medications.	1	
481-57.36(2)	Maintenance - Missing pipe coverings, missing wall covering, stained and moist ceiling tiles, paint chipped walls, vent hanging from ceiling.	1	
481-57.22(3)a	Orientation and Service Plan - service plans did not contain dates of initiation of services and expected duration for several residents.	1	
481-57.22(3)c	<ul style="list-style-type: none"> Orientation and Service Plan - facility did not add the use of leg brace and walker following resident surgery. Orientation and Service Plan - Resident service plan had no goals in place to decrease falls which had been a problem. Orientation and Service Plan - Service plan not modified after resident elopement. 	3	
481-57.23(1)b	Resident Activities Program - Two resident service plans did not identify goals for activities.	1	
418-59.8(2)	Baseline TB Screening for Residents - Facility failed to complete baseline TB screening on 8 residents.	1	