



April 2018
ICAL Survey Committee Report
ICAL Regulatory Insufficiencies
(Includes January, February and March 2018 data)

Total Surveys Reviewed: 92

Insufficiency Free Surveys: 50

Total Insufficiencies Cited: 66

Average Number of Insufficiencies Cited per Facility: 2.5

Total Fines: \$10,500

of Recertification surveys: 41 (9 insufficiency free)

of Complaint surveys: 37 (26 insufficiency free)

of Self-Reports survey: 19 (12 insufficiency free)

52.2(2)a Dependent adult abuse reporting

- Reported Suspected Dependent Adult Abuse - Program failed to report allegation of suspected dependent adult abuse to the Department within 24 hours or the next business day as required **\$500 fine**

67.2-Program policies and procedures including incident reporting

- Program failed to follow policy and procedures for completion of incidents reports, including timely completion of appropriate follow up to incidents. Client was slapped across the face by another tenant and staff failed to report it or fill out incident report
- Program failed to follow their policies and procedures related to medication management. There were 11 empty syringes of morphine with the caps missing on the syringes. The narcotic count was accurate, but the syringes were empty. Program failed to document the effectiveness of a prn medication that was given.

67.3(1) Tenant rights-respect, dignity

- Tenant Rights - Program failed to ensure tenant was treated with consideration, respect, and full recognition of personal dignity and autonomy. The Program followed physician order to administer tenants' medications. Medications were removed from the tenant's apartment. Tenant did not want program to administer his/her medications
- Tenant Rights - To be treated with consideration, respect, and full recognition of personal dignity and autonomy. Tenant had exhibited behaviors of frequent

dressing/undressing. The tenant's family member declined to authorize the tenant's clothing be removed from the apartment as requested by the program. Program removed clothing in a dresser from the apartment. Program was cited for failing to obtain permission from family to remove his/her clothing

67.3(2) Tenant rights

- Program failed to provide adequate and appropriate care, treatment and services, task sheets were not being filled out correctly by staff and tenant did not get reminded or escorted to meals
- Program failed to provide services that were adequate and appropriate regarding visual checks

67.3(4) Tenant rights free from physical/mental abuse

- Program failed to consistently provide an environment free from mental and physical abuse specifically related to tenant to tenant abuse. Tenant became very territorial of common area space and repeated shoved and or yelled at other tenants or staff who invaded their perceived space. One tenant suffered a subdural hematoma because of being pushed to the floor and subsequently died. Other tenants expressed fear of the tenant. Another tenant often exhibited aggressive behaviors toward other tenants and staff which included yelling and striking out at others. Still another tenant exhibited sexual behaviors toward other tenants and staff **\$10,000 fine**

67.4(5) Program notification to the Department

- Program failed to report an attempted suicide without injury to the department within 24 hours or the next business day

67.5(6)b Medications-nurse delegation

- Program failed to ensure staff received nurse delegated training on tasks within 30 days of employment.

67.5(6)d Medications

- Program failed to ensure medications and treatments were administered as ordered. Staff failed to document they administered an oral medication. Staff failed to document daily dressing change

67.9(1) Sufficient number of staff

- Program failed to provide a sufficient number of trained staff always to fully meet tenant needs. Tenant complained they did not get perineal care on third shift because staff rushed to quick. Tenant pendant response was longer than 15 minutes and sometimes exceeding 30 minutes

67.9(4)a Staffing-nurse delegation procedures

- Staffing - The program's newly hired RN failed to ensure staff were sufficiently trained to meet the tenant needs within 60 days of the RNs employment

67.9(4)b Staffing-nurse delegation procedures

- Program failed to ensure staff received nurse delegated training on tasks within 30 days of employment
- One staff member had no training or nurse delegation documentation within 30 days of hire

67.9(4)c Staffing-nurse delegation procedures

- Program failed to provide training on ADL's for non-certified staff
- Program did not have training records for all staff on personal care tasks that were assigned
- Failure to provide training for non-certified staff prior to assigning ADL tasks

67.9(4)d Staffing-nurse delegation

- Staff assigned to apply transdermal patches and SL Nitro had no training for these tasks documented

67.9(4)g Staffing

- Program failed to communicate in writing an occurrence that differed from a tenant's normal health, functional and cognitive status. Tenant reported someone from the opposite sex groped them and it was not reported by staff.
- Staffing - Program failed to ensure written communication regarding a change in a tenant's health status was available

67.9(6)

- Program failed to ensure staff completed dependent adult abuse training within six months of hire

67.19(3) Record checks

- Staff who was rehired did not have background checks completed during the three-month gap in employment
- Record Checks - Review of the staffs' Single Contact License and Background Check form revealed the background checks were completed after hire
- Not all staff have start of employment within 30 days of conducting the criminal background check
- No record check completed before employee was hired

67.19(9) Criminal/abuse convictions: notification of criminal convictions/abuse

- Program failed to verify within 7 days the information given by an employee of a criminal conviction.

69.22(1) Evaluations prior to occupancy

- No cognitive evaluations completed on 2 tenants prior

69.22(2) Evaluation of tenant w/in 30 days of occupancy or upon change in condition

- Two tenants did not have physical, cognitive or functional assessments documented within 30 days of occupancy
- failed to complete evaluations within 30 days of occupancy and as needed with significant change
- No documentation of complete evaluations for all tenant who have significant changes in condition
- Program failed to complete an evaluation within 30 days of occupancy
- Program failed to complete evaluations with significant change of condition
- Evaluation of Tenant - Program failed to complete a comprehensive evaluation with significant change. Comprehensive assessment was not completed when he/she moved to the memory care unit and required additional services

69.23(1)c(1) Criteria for admission/retention of tenants

- Program failed to discharge tenants who were dangerous to other tenants

69.26(1) Service plans

- Service plans not specific to tenant needs such as tenant removal of electronic bracelet, daily packing of belongings behavior, need for dietary supplements due to weight loss, seizure activity and staff interventions needed, and medication administration by program
- Program failed to update service plans as needed and failed to develop service plans to identify the specific needs of tenants
- Program failed to update service plans as needed and failed to develop service plans to identify the specific needs of tenants
- Program failed to update service plans whenever changes were needed to meet the specific service needs of tenant. Tenant service plan was not updated when the tenant admitted to hospice
- Program failed to develop service plans based on evaluations, failed to develop service plans designed to meet the specific needs, and failed to update service plans as needed. Clients care plans did not reflect the history of cellulitis, edema, weight gain, compression hose, and outburst. Tenants care plan did not have hospice care

69.26(2) Development of service plan prior to occupancy

Program failed to develop preliminary service plans prior to tenants signing the occupancy agreement

69.26(3) Service plans-updated every 30 days

- Service plans were not updated within 30 days of occupancy for two tenants
- Service Plan - No attempt to obtain the tenant's signature was indicated
- Program failed to update service plans within 30 days of taking occupancy and failed to obtain signatures when a significant change triggered the review and update of the service plan
- Program failed to obtain signatures by all parties on service plans

69.26(4)a Service plans

- Program did not develop service plans to meet tenant needs such as daily consumption of alcohol with falls, no indication that staff would be applying transdermal patches or administer SL Nitro
- Service plans did not identify the need to assist four tenants who were exhibiting aggressive behaviors toward other tenants or staff
- Service plans not specific to tenant needs such as exit seeking behaviors and elopement, nitroglycerin administration, pain management, turning and repositioning
- Service Plan - Program failed to develop service plans that reflected all identified needs. Service plan did not reflect the routine refusals for bathing and the history of falls. Service plan did not reflect issues related to lightheadedness. In addition, there was no mention of relationship with Tenant #1 or Tenant #2's overnight location which would assist staff should he/she request assistance during the night.
- Program failed to update service plans within 30 days of taking occupancy and failed to obtain signatures when a significant change triggered the review and update of the service plan
- The service plan did not indicate he/she was at risk for falls or include interventions to prevent falls. The service plan did not include therapy services. The service plan did not include the tenant's hallucinations, refusal of cares, inappropriate toileting behaviors or sexual comments. The service plan did not indicate skin issues or need for treatment
- The tenant's service plan noted the diabetic ulcer on the foot, but did not contain information regarding the size of the wound, the frequency and type of dressing or the orders for antibiotics when initiated or discontinued. Service plan did not reflect information about an ankle brace and the need to ice the ankle, inappropriate conversation or actions toward staff, or issues regarding guilt over family issues and verbal self-control. The service plan was not updated to reflect the self-administration of Temazepam. The service plan was not updated to indicate fracture, use of a sling/immobilizer to the right arm, use of an ACE wrap to the right ankle/foot or the need for range of motion to the elbow and wrist.
- Program failed to develop individualized service plans to reflect tenant's identified needs and references for assistance. MAR did not include orders to crush medication or dissolve in water
- Service Plan - Program failed to ensure service plans included identified needs. Service plan did not include therapy services for Tenant
- Program failed to develop service plans to reflect the identified needs and preferences of the client. Tenants care plan did not mention them going into other tenant's room and using their bathroom or laying on their bed. Tenant ran out of door and exited the dementia door looking for their spouse in the general population, the alarm sounded, and staff responded. Tenant who was having loose stools and on medications did not have it on the service plan
- Service Plan - Program failed to ensure all identified needs were addressed in the service plan. Behaviors of wandering or exit seeking were not addressed

69.27(1)c Nurse review

- Tenant did not receive a nurse review at least every 90 days and whenever there are changes in the tenant's health status
- Program failed to complete nurse reviews every 90 days

69.28(3)c Food service menu planning

- Program failed to ensure planned menus provided 100% of the recommended dietary allowances. Menus had not been signed by a dietician

69.28(5) Food service

- One staff member had no training on safe food handling before being assigned this task
- Failure to train all staff prior to assigning to food service duties
- Program failed to provide orientation on sanitation and safe food handling prior to staff handling food

69.30(1) Dementia training

- Dementia Specific Education - Program failed to provide 8 hours of dementia training within 30 days of employment
- Dementia Specific Education for Personnel - Program failed to ensure staff received a minimum of eight hours of dementia specific education and training within 30 days of employment
- 2 staff members did not complete 8 hours of dementia specific needed for memory care unit within 30 days of hire

69.30(5) Dementia specific hands on training

- Dementia Specific Education - Program failed to provide hands-on dementia training within 30 days of employment