April 2019
ICAL Survey Committee Report
ICAL Regulatory Insufficiencies

(Includes January, February and March 2019 data)

Total Surveys Conducted: 57
No Deficiencies: 37
Total Deficiencies Cited (tags): 49
Average Number of Insufficiencies Cited per Facility: .85
Total Fines: $7,000

# of Certification surveys: 5 (2 deficiency free)
# of Recertification surveys: 23 (16 deficiency free)
# of Complaint/Incident Investigation surveys: 39 (23 deficiency free)

67.2 Program Policies and Procedures

- Program failed to follow policies and procedures on incident reports. **A 008**
- Failure to follow program's policy on incident reporting. Client found with bump on head, yet no documentation of an investigation. The tenant exited side door, was difficult to redirect, no incident report filled out. Tenant very combative with care, throwing punches, biting/kicking with no incident report filled out. **A 003**
- Failure to provide incident reports and following their own policies and procedures in providing appropriate documentation. **A 003**
- Program did not complete Incident Reports in accordance with their policy re: behaviors and incidents. **A 003**
- Failure to ensure procedures regarding medication administration was followed by staff observed passing medications. **A 003**

67.3 Tenants' Rights

- Tenants weren't treated with consideration, respect, dedication after several complained about one specific staff member; findings were that several tenants and staff had complained about how one staff in particular had been treating tenants. **A 012**
- Program failed to ensure tenants received adequate and appropriate care. **A 013**
- Tenant Rights - To receive care, treatment and services which are adequate and appropriate. Program failed to discuss discharge planning. Nurse did not provide adequate education to Tenant regarding possible discharge if weakness continued to increase and when he refused physical therapy. **A 013**
- Service plan directed staff to utilize a gait belt during transfer. Staff admitted they did not use the gait belt as directed in the service plan and stated that a gait belt wasn't used because there wasn't one in the room. Resulted in the tenant falling forward and hitting

head on the floor. Tenant had a head laceration and was transferred to the emergency room to receive 20 sutures. **A 013 $2,000 FINE**

- Program could not provide documentation of weekly cleaning as stated in the service plan and OA. **A 013**

67.5 Medications

- Program failed to document medications as administered. There were many blanks where no one initialed the med was given. It could not be determined if the orders for the administration of the meds were followed. **A 038**
- Failure to administer tenant's meds as prescribed by a physician. Wrong medications were placed in a resident's cabinet and administered to the resident. The resident received another resident's medications and became very ill. **A 147 $1,500 FINE**

67.9 Staffing

- Program failed to provide a sufficient number of trained staff to fully meet a tenant's identified needs. Exit-seeking tenant left building; staff could not get him to return so went back inside; took staff an hour to search for tenant; police brought him back; he was found 7 blocks away. **A 055 $3,500 FINE**
- Program failed to ensure staff passing medications received delegation training within 30 days. No record of delegation could be found. **A 059**
- Program failed to complete nurse delegated training within 30 days of hire. **A 059**
- Staff were not trained and did not have nurse delegations done within 30 days of hire, and documentation that was provided was not dated. **A 060**
- Nurse delegation not completed to ensure staff received training re: administration of medications. **A 061**
- Program failed to provide means of written communication for all staff. **A 064**
- Failure to maintain written communication log for period of not less than 3 years. **A 064**

69.22 Evaluation of Tenant

- Failure to evaluate a tenant prior to a tenant signing the occupancy agreement. **A 036**
- Program failed to complete evaluations prior to admission. **A 036**
- Failure to complete comprehensive assessment within 30 days of admission. **A 037**
- Failure to complete comprehensive assessment within 30 days/at least annually. **A 037**
- Failure to ensure evaluations were completed as needed with significant change. (Wound care, weight loss) **A 037**
- Failure to complete evaluation with significant change in condition. **A 037**

69.25(1) Tenant Documents

- Incident reports were not available on missing medications and/or treatments. **A 077**

69.26 Service Plans

- Failure to ensure service plan addressed tenant needs, including history of falls. **A 083**
- Failure to make changes to service plan following a significant change. Client who was diagnosed with a bladder infection and admitted to the hospital did not have that documented on their service plan. **A 083**
- Service Plans not updated; needed to reflect tenant's service needs in re: to behaviors and interventions, hospice services, transfers, toileting, refusals, medical/condition changes, treatments, varying needs day to day. **A 083**

- Failure to develop service plans based on evaluations. **A 083**
- Failure to develop service plans based on evaluations, failed to have service plans updated as needed. Service plan not updated with self-administration of lubricating tears, preference to be in a state of undress in apartment/cleanliness issues following BM. Didn't reflect discontinuation of PT/OT, administration of Nitroglycerin, time tenant spent outside of memory care unit. Preference for finger foods, initiation/discontinuation of PT/OT. Side rails, toilet riser, gait belt (non-traditionally used as seatbelt). **A 083**
- Plan undated/unsigned by HC professional that participated in development. **A 084**
- Failure to ensure a preliminary service plan was completed prior to occupancy. **A 084**
- Failure to ensure service plans addressed all needs of tenants. Not including history of falls, history of UTI's and history of antibiotic therapy. **A 089**
- Failure to develop service plans to reflect identified needs of the tenants. Tenant had large weight gain and order for weekly weights and service plan was not updated to incorporate this, and weights were not obtained weekly. Tenant's care plan did not reflect use of a wheelchair or need for 2- person transfer at times. **A 089**
- Failure to develop individualized service plan to identify the needs/preferences of tenant. Tenant had an order of protection and it was not on the service plan. **A 089**
- Service plans failed to reflect treatments on physician's orders on residents. **A 089**
- Service plans not updated as needed to reflect tenants service needs re: behaviors including anxiety, depression, aggression, physical aggression, inappropriate sexual behaviors, verbal outbursts. **A 089**
- Failure to develop individualized service plans based on needs/preferences. Plan didn't include medical diagnosis and treatments for pacemaker, diabetes, and cellulitis. **A 089**
- Failure to develop service plans that reflected identified needs. Service plan was not updated to reflect discharge from outside agency when it occurred. Service plan did not reflect current status with management of oxygen care, didn't reflect hospital bed or raised toilet seat. Plan was not updated to reflect discharge from PT/OT services. **A 089**

69.27 Nurse Review

- Failure to consistently ensure all participants in development of service plans sign the plan. Failure to complete a quarterly review. **A 094**
- Failure to do nurse reviews on falls when incident reports were present. **A 096**

69.28 Food Service

- Failure to train all staff prior to food service duties. **A 104**
- Failure to appropriately store food and drink according to requirements. **A 109**
- Failure to appropriately store food and drink according to requirements. **A 109**

69.30 Dementia- Specific Education for Personnel

- Program failed to complete 8 hours of dementia-specific education. **A 121**
- Dementia specific training shall include hands on training. 4 of 7 staff had 8 hours of dementia training but no hands-on training was included in that training. **A 125**

69.33 Transportation

- Failure to provide all safety items needed for transportation vehicles. **A 148**

69.35(1) Structural Requirements

- Failure to install all locks on all tenant dwellings. **A 155**

- Failure to ensure a well-maintained building, as evidenced by the failure of a secondary alarm system to monitor wandering activity. **A 154**