# RCF Survey Committee Report
# RCF Regulatory Insufficiencies
# 2nd Quarter 2019

**Total Surveys Reviewed: 27**
**Insufficiency Free Surveys: 8**
**Total Insufficiencies Cited: 48**
**Average Number of Insufficiencies Cited per Facility: 1.7**
**Total Fines: $500**

**# of Recertification surveys: 16 (5 insufficiency free)**
**# of Complaints/Incident Investigation surveys: 15 (5 insufficiency free)**

**50.7(4) Additional Notification**

- Failure to report an elopement to the dept on the next business day following elopement. **(C 147)**

**50.9(3) Background Checks**

- Facility failed to complete child and dependent abuse registry checks prior to employment. **(C 203)**

**57.6 Special Classification- Memory Care**

- Staff were not trained within a 30-day period after hire in specialized in memory care. **(R 226)**
- No documentation of 6-hour memory care training was provided in staff files. **(R 248)**

**57.7(5)b General Requirements**

- Failure to notify the department of an elopement. **(R 266)**

**57.10 Administrator**

- **(2)b** Failure to ensure admin obtained 10 contact hours of educational programs per year. **(R 296)**
- **(2)c** Failure to ensure educational programming for employees with direct resident contact was completed. **(R 297)**

**57.11(5) Personnel**

- **(3)** Failure to comply with requirements related to conducting background checks for personnel found in Iowa Admin code. Failure to complete child and dependent adult abuse checks. **(R 358)**
- **(5)** Failure to ensure overnight staff were awake at all times on duty. **(R 364)**
- **(5)** Facility failed to ensure personnel shall be awake at all times while on duty. **(R 364)**

- **(6)** Facility failed to ensure physicals were completed prior to hire; failure to comply with requirements related to TB testing for personnel found in Iowa Code. **(R 372)**
- **(6)** Failure to screen and test for tuberculosis on staff. **(R 372)**
- **(7)** Facility failed to ensure all orders were followed. Resident had order for daily weights and to notify doctor of 3lb. gain in 24 hours and chart did not reveal weight were recorded. **(R373)**

**57.12 General Policies**

- Facility failed to ensure the procedure regarding documentation of head checks was followed. Police returned the resident within an hour. **(R 412)**
- Failure to ensure facility had a policy regarding supervision of residents. **(R 412)**

**57.13(1) Admission, Transfer, Discharge**

- Facility was admitting residents prior to receiving written orders. **(R 456)**
- Written orders said resident accepted due to higher LOC needs and that they were able to provide those needs, resident had already been in AL and RCF is not higher level of care than AL. **(R 456)**
- Facility failed to ensure written level of care orders were received prior to admission. **(R 456)**

**57.14(4) Involuntary discharge or Transfer**

- Facility discharged a resident with no written notice. **(R 486)**

**57.16(2) Medical Examinations**

- Not administering TB testing on new residents. **(R 580)**
- Facility failed to complete baseline TB screenings and testing. **(R 580)**

**57.17(1) Records**

- Failure to ensure condition upon discharge was documented for multiple residents. **(R 616)**
- Facility failed to ensure primary care provider orders were obtained on a quarterly basis. **(R 608)**

**57.19 Drugs**

- **(2)** Medications may not be given without an order, for one resident 32 doses of medication were given without an order **(R 716)**
- **(2)** Medications leaving the building with residents must be in non-child resistant container with proper identification; resident left building with medication in unmarked pill bottle. **(R 720)**
- **(4)** Failure to ensure multiple residents who injected their own insulin had been certified by the primary care provider to do so. **(R 746)**
- **(4)** Resident was self injecting insulin but no findings of documentation stating resident was capable of injecting independently. **(R 746)**
- **(4)** Failure to maintain accurate inventory of schedule II drug. Liquid morphine 4ml off. **(R 758)**
- **(4)** Facility failed to maintain documentation of medication administration. Residents MAR could not be located and thought the paper copy had accidentally destroyed. **(R 766)**

**57.22 Orientation and Service Plan**

- Facility failed to ensure initial service plans were completed within 48-hours of admission. **(R 826)**
- Failure to ensure assessed needs were addressed on Individual Program Plan. **(R 828) $500 FINE**
- Failure to address assessed needs in the service plan. **(R 828)**
- Facility failed to ensure comprehensive service plans were implemented within 30-days of admission. No 30-day service plan could be located. **(R 828)**
- Failure to ensure comprehensive, integrated service plans were developed within 30 days of admission. **(R 828)**
- Failure to modify Individual Program Plan upon a change in condition. **(R 834)**
- Failure to ensure current and former residents reviewed had service plans amended as needs changed. Resident had been admitted to hospice and the service plan did not indicate it. **(R 834)**

**57.34 Safety**

- Safety issues with regards to emergency exit light not working, extension cord was found, sewer drain was leaking, Ice and snow was noted on the back steps. **(R 1008)**
- Failure to ensure supervision is adequate for all residents. **(R 1024)**

**57.35(3) Housekeeping**

- Failed to keep the basement in clean orderly condition, free of unserviceable furniture and equipment and accumulations of refuse. **(R 1038)**
- Failed to keep the basement in clean orderly condition, free of unserviceable furniture and equipment and accumulations of refuse. **(R 1038)**

**57.36(2) Maintenance**

- Failed to maintain the building in good repair. **(R 1058)**
- Failed to maintain the building in good repair. **(R 1058)**

**57.44 Respite Care Services**

- Respite care does not include crisis stabilization services, tenant was admitted from attached AL for therapy as it was cheaper at the RCF. **(R 1194)**
- Respite contract must state length of time services are needed; facility failed to do so. **(R 1202)**

**59.1(1) Baseline TB Screening Procedures for Facilities**

- Fail to complete baseline screening including assessment for current symptoms of active TB. **(V 145)**

**59.8(2) Baseline TB Screening Procedures for Resident**

- Fail to assess for symptoms of TB/initiate baseline TB screening on residents at admission. **(V 235)**
- Fail to assess for symptoms of TB/initiate baseline TB screening on residents at admission. **(V 235)**