

**RCF Survey Committee Report
RCF Regulatory Insufficiencies
3rd Quarter 2018**

Total Surveys Reviewed: 12

Insufficiency Free Surveys: 5

Total Insufficiencies Cited: 25

Average Number of Insufficiencies Cited per Facility: 2.08

Total Fines: \$0

of Recertification surveys: 6 (1 insufficiency free)

of Complaint surveys: 3 (1 insufficiency free)

of Self-Reports surveys: 2 (0 insufficiency free)

of Complaints/Self-Reports surveys: 3 (1 insufficiency free)

<p>57.10(2) Administrator</p> <ul style="list-style-type: none">• Failure to maintain records of the participants who attended in-service training dating back to the last survey to present.
<p>57.11(7) Personnel</p> <ul style="list-style-type: none">• Failure to ensure all PCP orders were implemented as required. Staff administered injection late for one resident - no awareness of why it was late; For a second resident, there was no documentation on the MAR citing resident's refusal to take medication.
<p>57.13(2) Discharge or Transfer</p> <ul style="list-style-type: none">• Failure to notify PCP of discharge.• Failure to obtain a written order from the PCP when sending unused Rx with discharged residents.
<p>57.16(2) Medical Examinations</p> <ul style="list-style-type: none">• Failure to comply with requirements for TB testing; Failure to complete screenings.
<p>57.17(1) Records</p> <ul style="list-style-type: none">• Failure to ensure primary care provider orders were completed accurately and signed on a quarterly basis for nine residents in placement over three months.• Failure to document condition after discharge.• Failure to document what happened to the belongings and/or medication of discharged residents.
<p>57.19(1) Drug Storage</p> <ul style="list-style-type: none">• Failure to ensure drug storage was inspected every three months as required.
<p>57.22 Orientation and Service Plan</p> <ul style="list-style-type: none">• (2) Failure to address known health and safety concerns within the initial service plans. No record of resident's agitation or fearfulness in service plan.• (3) Failure to address all assessed service needs of within the service plan for ten residents.• (3) Failure to ensure reviews of service plans included written reports for five residents; Failure to ensure service reviews were completed on a quarterly basis.

- **(3)** Failure to address priority need areas and include documentation procedures within a 30-day service plan.
- **(3)** Failure to include measurable goals with dates of initiation and anticipated duration of services.
- **(3)** Failure to ensure objectives, initiation of goals and anticipated duration of goals were included in service plans.

57.23(1) Resident Activities Program

- **(b)** Failure to ensure six residents had measurable activity goals. New Director did not realize an activity goal was necessary for each resident.

57.25(1) Dignity Preserved

- Failure to ensure residents were treated in a respectful manner.

57.34 Fire Safety

- **(1)** Failure to meet fire safety rules and regulations: chain lock used on front door; Yellow flashing light on fire alarm panel- alarm company called, replaced batteries and recommended dated fire alarm panel be replaced.
- **(3)** Failure to ensure residents' oxygen tanks are stored in an upright position.
- **(3)** Failure to provide adequate supervision for resident. Staff neglected to use gait belt when necessary.

59.8(2) Baseline TB screening

- Failure to complete baseline TB testing.