



July 2018
ICAL Survey Committee Report
ICAL Regulatory Insufficiencies
(Includes April, May and June 2018 data)

Total Surveys Reviewed: 68

Insufficiency Free Surveys: 42

Total Insufficiencies Cited: 80

Average Number of Insufficiencies Cited per Facility: 3.08

Total Fines: \$11,000

of Recertification surveys: 34 (23 insufficiency free)

of Complaint surveys: 29 (13 insufficiency free)

of Self-Reports surveys: 9 (6 insufficiency free)

of Complaints/Self-Reports surveys: 5 (3 insufficiency free)

52.2(2)a Dependent adult abuse reporting

- Reporting Suspected Dependent Adult Abuse- program failed to report an allegation of suspected dependent adult abuse to the department as required.

52.22(b)

- Reporting Suspected Dependent Adult Abuse- program failed to report suspected dependent adult abuse to the department.

67.2-Program policies and procedures including incident reporting

- Program Policies and Procedures - Program failed to complete incident reports for tenants who showed aggression and sexual behaviors **\$7,000 fine.**
- Program policies and procedure- program failed to ensure incident reports were signed by the person in charge
- Program policies and procedures- program failed to ensure incident reports were completed for all unusual circumstances. Tenant with behaviors of trying to inappropriate touch other residents and staff and no incident reports filled out.
- Program policies and procedures- program failed to ensure incident reports were completed according to policy and procedure. Incident report had check boxes that reflected staff (unnamed) were witnesses and location of the incident was outside (no specific location provided.) one tenant found in other tenants with no clothes on and no incident report filled out.
- Program policies and procedures - Program failed to report an allegation of abuse within 24 hours or the next business day.
- Program Policies and Procedures - Staff member brought a child to work without permission of the supervisor in violation of program.

- Program Policies and Procedures - Program did not record an incident of hypoglycemia and subsequent emergency treatment on an incident report form,

67.3(1) Tenant rights-respect, dignity

- tenant rights- program failed to ensure tenants reviewed were treated with consideration, respect, and dignity. Staff reported being afraid of Staff A and being pulled out of bed and manhandled **\$2,000 fine**

67.3(2) Tenant rights

- Tenant Rights - Program failed to ensure appropriate supports and supervision to ensure tenant safety. Program also failed to ensure appropriate medical follow up after a potential sexual assault. Program also did not preserve disposable undergarments for examination after potential sexual assault. Potential victim was found in state of undress and the victim's clothes and undergarments were found in potential perpetrator's apartment.
- Tenant Rights - Program failed to ensure appropriate supports and supervision to ensure tenant safety. Orders for tenant requiring oxygen not noted, dated or signed, multiple gaps in MAR for inhaler administration, no documentation of nebulizer cleaning, multiple gaps on MAR's for task assigned that were not documented.
- Tenant Rights - 22 tenants experienced a variety of medication issues including meds not documented as administered, meds and treatments not administered as ordered, missing medications, meds not given at prescribed times, one tenant had the wrong med left in a medication cup in the apartment and another tenant who waited two hours for a colostomy bag change.

67.5(7) Narcotics protocol shall be developed by a nurse

- Medications-program failed to develop a protocol for narcotics for 2 of 2 tenants

67.5(6)d Medications

- Medications-program failed to administer Miralax for 8 days; tenant became impacted and required an enema.
- Medications - Staff did not administer the correct amount of sliding scale insulin ordered by physician on 13 occasions.

67.9(2)

- Program failed to ensure all program staff were able to implement emergency procedures. Interview of staff A revealed she did not know the procedure for evacuating the building.

67.9(4)a Staffing-nurse delegation procedure

- Staffing- newly hired DON failed to ensure staff reviewed were competent to perform tasks associated with tenants' health and personal related cares.
- Staffing - Newly hired program nurse did not assess competency of all staff within 60 days of hire.

67.9(4)d Staffing-nurse delegation

- Staffing- program failed to ensure staff received nurse delegated training for a nephrostomy tube site dressing change.

67.9(6) Dependent adult abuse training

- staffing- program failed to ensure staff completed dependent adult abuse training within six

months of employment.

67.19(3) Record checks

- Record checks-admin claimed sister facility conducted background check but couldn't produce documentation.

67.33(3) Tenant rights

- Tenant Rights- program failed to consistently ensure the privacy of tenants. Staff admitted to sending medical information via text messages by personal cell phone.

67.19(5) Approval to work-conviction

- Record checks- program failed to obtain an evaluation from DHS to determine if employment was prohibited for a staff with criminal conviction.
- Record Checks - one portion of tenant evaluation not completed prior to tenant admission to program.
- Record Checks - Program did not complete criminal background check for one employee prior to hire

69.4(12)

- Nonaccredited program content. - program failed to follow the policy regarding evacuation of the building and failed to develop a policy for natural disasters.

69.22(1) Evaluations prior to occupancy

- Evaluation prior to occupancy: documentation of initial assessment could not be located by administrator.
- Evaluation of tenant- program failed to ensure thorough evaluations were completed prior to occupancy.

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

- Evaluation-not completed annually; eg 3/23/2017 to 6/20/2018
- Tenant evaluation-Administrator could not find documentation.
- Evaluation of tenant- Program failed to complete evaluations within 30 days of occupancy and with a significant change in condition.
- Evaluation of Tenant- program failed to complete functional, cognitive, and health evaluations as needed with significant changes. Record review showed when tenant began showing signs of unmanageable in incontinence an evaluation was not completed. Tenant with sore on hip which home care was providing care for was not on the careplan.
- Evaluation of Tenant - Program did not complete needed assessments as needed with residents exhibiting significant change of condition including multiple episodes of erratic and aggressive behaviors.
- Evaluation of Tenant - Evaluation of tenants within 30 days of occupancy not completed.
- Evaluation of Tenant - Tenant evaluation within 30 days of occupancy not completed for 3 tenants

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

- Criteria for admission/retention of tenants- program failed to discharge who exceeded level of care.

69.24(1)a Involuntary transfer

- Involuntary Transfer from Program - Program transferred a tenant to the attached nursing facility as ordered by the hospice nurse without providing written notice to tenant regarding the need for transfer as required in the occupancy agreement

69.25(1)i

- Tenant documents- program failed to complete timely completion of nurses' notes.
- Tenant documents - Communication book showed multiple examples of resident to resident contact and incidents that were not documented in the resident individual records for several residents.
- Tenant Documents - no nursing notes were located for an incident where tenant had episode of hypoglycemia which required emergency treatment.

69.26(1) Service plans

- Program failed to ensure care, treatment and services were adequate and appropriate. Tenant came back from ER with orders for sliding scale insulin which the tenant could not do, and the program stated universal workers could not do this either, so insulin was put on hold and a meeting set for the next day **\$2,000 fine**.
- Service Plans- program failed to update service plans as needed. Tenants care plan did not reflect new orders from the ER.
- Assessments and service plans could not be located by administrator.
- Service plans- program failed to update service plans as warranted by needed changes. A transfer study was initiated due to problems with transfer and service plan was not updated.
- Service Plans - no entries on service plans for inappropriate sexual and other behaviors, falls, use of neck brace.
- Service Plans - Tenant service plan did not accurately reflect the tenant's need for grooming, a move to Memory Care unit or need for medication administration

69.26(2) Development of service plan prior to occupancy

- Initial service plans could not be located for 2 residents.
- Program failed to ensure preliminary service plans were developed and signed prior to signing the occupancy agreement.

69.26(3) Service plans-updated every 30 days

- Administrator admitted program failed to update service plans accordingly to reflect Hospice care, services and provider.
- Service plans- program failed to update service plans as needed for significant change. Service Plans- program failed to update service plans within 30 days of occupancy and as needed with significant change. Orders received for comfort care thru hospice were not updated on careplan. Careplan not updated to reflect increased pain and medication changes to address that. No service plan developed within 30 days of occupancy could be located.
- Service plans- program RN failed to update tenant service plans with change of condition. Tenant had reddening groin area and treatment but no update of care plans. Tenant was bedbound needing assistance with dressing, grooming and incontinence care and care plan did not reflect this.

69.26(4) Service plans

- Service plans-Administrator failed to incorporate other providers of services.

- Service Plans- program failed to identify tenant needs and preferences for assistance in service plans. Service plan did not identify what POA had requested.
- Service Plan--program failed to identify service providers in service plans. There was no mention of physical therapy that had been started and stopped in the tenant service plan.
- Service Plans- program failed to ensure tenant's needs were addressed in service plans. Client had been refusing shower and clothing changes.
- Service plans- program failed to develop service plans that reflected the tenants' identified needs. Resident with an order for nutritional supplement 4X/daily and no record of it being given. Residents record did not reveal refusal of wound cream or cushion boot.
- Service plans- program failed to develop service plans that reflected the tenants' identified needs. Tenants careplans failed to reflect the comments often made by tenant regarding dying and interventions. Tenants service plan failed to reflect hypoglycemic episodes.
- Service Plans - Service plans did not reflect changes in tenant needs such as dressings for skin tears, walker use, need for gait belt use, no update of plan to reflects tenant changes related to UTI and constipation after ER visit.
- Service Plans - service plan did not detail actual tenant's alcohol use and family's request for more additional alcohol for tenant or tenant's lack of participation in daily activities due to excessive alcohol consumption, another plan lacked documentation regarding tenant's multiple falls from wheelchair due to hypersomnia and subsequent injuries, a third service plan did not document a tenant's wounds, referral to the wound clinic and subsequent treatment.

69.27(1)a Nurse review every 90 days or with change in condition

- Nurse review-program consistently failed to complete nurse reviews at least every 90 days
- Nurse Review- Program failed to complete a nurse review regarding significant change in condition.
- Nurse Review- program failed to complete 90 nurse reviews.
- Nurse Review - Nurse reviews not completed every 90 days or after significant changes.

69.27(1)c Nurse review

- Nurse review-program failed to conduct nurse review for significant change in condition (hospitalization)
- Nurse Review- program failed to complete nurse reviews every 90 days or as needed with changes in health status. A resident with an order for Aspirin and Eliquis was not given both as ordered, a resident with order for UTI was not assessed for S/S after the antibiotic was stopped.

69.28(5) Food service

- Safe food handling training not conducted for 4 of 4 staff.
- Food Service - No record of staff training for meal service prior to assignment of that duty for 3 staff members.
- Food Service - Dietary Manager had not completed a food protection program as required.

69.30(1) Dementia training

- Dementia Specific Education - 7 staff members lacked dementia specific education as required within 30 days of employment.
- Dementia Specific Education - 6 staff members did not have required dementia specific education within 30 days of hire
- Dementia Specific Education - 2 staff members did not have annual dementia education as

required.

69.39 Respite care

- Respite Care Services - Tenant received respite services in excess of 60 days in a 12-month period
- Respite Care Services- Service plans not updated for specific tenant issues while receiving respite care services.
- Respite Care Services - No respite care contract for tenant receiving respite services.
- Respite Care Services - Program admitted and continued to provide respite services for a tenant despite exhibition of sexually aggressive behavior.

69.25(1) Tenant documents

- Tenant documents- program failed to complete timely completion of nurses' notes.

231C.5(1) Written occupancy agreement

Written occupancy agreement: tenant admitted 5/31/2016, occupancy agreement signed by tenant 8/31/201