

**ICAL Survey Committee Report
RCF Deficiencies Report
4th Quarter 2016 (October, November, December)**

**Total Surveys Reviewed: 16
Insufficiency Free Surveys: 9
Total Insufficiencies Cited: 20
Average Number of Insufficiencies Cited per Facility: 1.25
Total Fines: \$2,500**

Cited deficiencies were:

| Tag | Description of Deficiency | No. | Fine |
|------------|--|------------|--------------|
| 50.7(4) | Reporting to DIA—resident eloped four times, none were reported to the department. | 1 | \$500 |
| 57.7(5)b | Be responsible for compliance with all applicable laws and with the rules of the department—facility failed to provide dependent adult abuse training for two staff members within six months of hire. | 1 | |
| 57.11(6) | TB testing not completed and physical not completed. | 2 | |
| 57.11(7) | Physician’s orders called for medication administration “with meals”; staff were administering medications before mealtime. | 1 | |
| 57.12(2)a | Personnel policies, dietary—resident with peanut allergy given peanut butter cookie during snack | 1 | |
| 57.13(1)a | Admissions, transfer and discharge—facility failed to secure a written order signed by physician specifying the level of care prior to admission. | 1 | |
| 57.14(11)a | Involuntary transfer—staff thought resident was not returning from a home visit and gave room to a new resident, the old resident returned and was placed with new roommate. | | |
| 57.16(2)c | Medical examination-resident. 1) No documentation two-step TB testing was conducted on three of four residents. | 2 | |

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|-----------|--|---|---------|
| 57.19(2)l | Medications—list of medications provided by family did not match that listed in medications minder; Hospice nurse set of resident’s medications, administrator had no way of knowing it was accurate. | 1 | |
| 57.22(2) | Facility failed to develop a preliminary services plan within 48 hours of admission for five of six residents admitted. | 1 | |
| 57.22(3) | <ul style="list-style-type: none"> • Orientation and service plans—service plan noted resident could “become physically aggressive towards others; none of the three goals in the service plan addressed aggression towards others. • Resident’s record revealed a care conference was held to determine goals on 7/20/2016 which was outside of the 30 day time period, and lacked documentation that the resident was invited to participate in the care conference. | 2 | \$2,000 |
| 57.34(3)c | <ul style="list-style-type: none"> • Resident safety—resident with severe cognitive issues hit and kicked another resident; bullying him/her • Resident reported another resident touched him/her on their “private parts” through clothing in the smoking patio. | 2 | |
| 57.36(2) | Maintenance-vanity is shower room had two broken drawers and two broken doors; discolored vinyl and missing tiles. | 1 | |
| 59.5(1) | Baseline TB screening for health care workers. 1) No documentation two-step TB testing not conducted on all employees. 2) No two-step TB testing completed on employees 3) No two-step TB testing completed on employees. | 2 | |
| 59.8(2) | Baseline TB screening for residents. (1 No documentation two-step TB testing was conducted on residents. (2 No two-step TB testing was completed for residents. | 2 | |