



October 2018
ICAL Survey Committee Report
ICAL Regulatory Insufficiencies
(Includes July, August and September 2018 data)

Total Surveys Reviewed: 81
Insufficiency Free Surveys: 61
Total Insufficiencies Cited: 52
Average Number of Insufficiencies Cited per Facility: 2.6
Total Fines: \$4,000
 # of Recertification surveys: 37 (26 insufficiency free)
 # of Complaint surveys: 28 (21 insufficiency free)
 # of Self-Reports surveys: 9 (8 insufficiency free)
 # of Complaints/Self-Reports surveys: 7 (6 insufficiency free)

<p>67.13(4) Exit Interview, Final Report and POC</p> <ul style="list-style-type: none"> Program failed to implement a Plan of Correction by the specified effective date in the area of tenants' rights. \$1,500 FINE
<p>67.19(4) Record Checks</p> <ul style="list-style-type: none"> Program failed to complete a background check within 30 days of hire.
<p>67.2 Program Policies and Procedures</p> <ul style="list-style-type: none"> Program had policy that required children visiting to have adult supervision. On several occasions an employee, with permission of the supervisor, brought child to work when day care was unavailable. Incident Reports not completed for tenant with behaviors. Incident Reports not completed for tenant with falls. Program did not complete incident reports for tenant injury and ER visit.
<p>67.3 Tenants Rights</p> <ul style="list-style-type: none"> (2) Program failed to ensure tenants consistently received adequate and appropriate services. Program missed medications for a resident. (2) Program failed to provide care, treatment and services that were appropriate as follows: improper use of gloves when administering crushed medications, tenant who was handed applesauce with crushed meds gave them to another tenant at table, staff failed to assist tenant who was incontinent prior to tenant coming to meal with other tenants, exhaust fans in tenant units did not function. (2) Program failed to provide care, treatment and services that were adequate and appropriate after a fall. \$2,500 FINE

<ul style="list-style-type: none"> • (2) Two cognitively impaired residents were found nude or partially clothed in one tenant's apartment. Staff did not report the incident and did not complete incident report. A similar incident occurred the next day and interventions were put in place. • (3) Staff member discussed a tenant's medical condition with other tenants in presence of DIA surveyor.
<p>67.5(6) Medications</p> <ul style="list-style-type: none"> • (a) Universal worker administered Lovenox injection to wrong tenant. The program's policy and procedure allowed UW's to administer insulin via pens, but not Lovenox. • (d) MAR's showed large numbers of gaps in medication administration documentation • (d) Program failed to administer medications according to doctor's orders.
<p>67.9 Staffing</p> <ul style="list-style-type: none"> • (1) Tenants were being awakened at 4:30 am for breakfast service at 6:45 am because there was not enough staff available to allow tenants to sleep later in the dementia unit. • (4) No nurse delegation completed for assisting tenant with C-PAP machine. • (4) Staff response times to tenant requests for assistance as recorded in the call light system varied from 1 hour to 12 hours. One record showed the pull cord was activated when tenant was not in building during hospital stay. • (5) AL Program manager was the Social Security Representative Payee for three tenants with limited funds and family involvement.
<p>67.19(3) Record Checks</p> <ul style="list-style-type: none"> • Program failed to complete DAA checks prior to employment • Program failed to complete DHS evaluation for employee with child abuse record • Program failed to have DHS evaluation of employee with a criminal record completed prior to hire
<p>68.22(2) Evaluation of Tenant</p> <ul style="list-style-type: none"> • Program staff did not perform cognitive evaluations when tenants had significant change of condition.
<p>69.21(3) Occupancy Agreement</p> <ul style="list-style-type: none"> • Program failed to update occupancy agreement to reflect changes regarding additional criteria for admission and retention of tenants. In this case, criteria to include urinating or defecating in unacceptable places. Rules have changed in the past few years; therefore, agreements must be updated.
<p>69.22(2) Evaluation of Tenant</p> <ul style="list-style-type: none"> • Program failed to complete evaluations within 30 days of occupancy and at least annually thereafter. • Service plan was not developed within 30 days of occupancy, evaluations were not completed with significant changes in conditions that included behaviors, falls, refusal of medication, weight loss and need for wound care.
<p>69.25(1)c Tenant Documents</p> <ul style="list-style-type: none"> • Program failed to complete incident reports for inappropriate sexual and aggressive behaviors of tenants.

69.23(1)g Criteria for Admission/Retention of Tenants

- Program failed to transfer a resident with unmanageable incontinence despite a scheduled toileting and assistance plan. Tenant was often wet and urinated in inappropriate places.

69.26 Service Plans

- **(1)** Service plans did not contain references to inappropriate behaviors, refusals of care, instructions to alleviate pain, etc.
- **(2)** Program failed to ensure service plan was signed prior to occupancy.
- **(3)** Program did not update service plans within 30 days of admission and with significant changes for 6 residents.
- **(4)a** Program failed to develop service plans to reflect the identified service needs of tenants. Tenant with history of falls, recurrent UTI's and night time staff needs were not reflected on the service plan.
- **(4)a** Program failed to update service plan to be reflective of tenant needs as follows: occupational therapy not on plan, history of falls not on plan, no documentation of resident's risk for elopement, plan did not address treatment of UTI, plan did not reflect tenant falls and interventions, need for toileting assistance, refusal of assistance with bathing and issues with apartment cleanliness.
- **(4)b** Medications and treatments needed were not listed on service plan.
- **(4)d Program** did not provide reference to tenant's planned and spontaneous activities on service plan for tenants who were unable to plan their own activities.

69.27 Nurse Review

- **(1)b** Program failed to ensure health professionals' orders were current.
- **(1)c** Program failed to complete comprehensive nurse reviews every 90 days as required. Reviews were missing information.

69.28(5) Food Service

- Two dietary staff members did not have orientation on safe food handling prior to working with tenant food.
- Program did not have one person directly responsible for food service that had completed a state approved food protection course; not all dietary staff were oriented to sanitation and safe food handling prior to work in food service roles.

69.30 Dementia- Specific Education for Personnel

- **(1)** Program did not ensure that all staff working in a dementia specific program have 8 hours of dementia education within 30 days of employment.
- **(5)** Program did not have "hands-on" dementia specific training for staff within 30 days of hire.

69.34(1) Activities

- A structured activities program was not provided within the dementia unit.

69.35(1) Structural Requirements

- **(1)b** Program failed to maintain properly functioning alarm system; Door alarm system had not functioned correctly for approximately one year. Staff used wrong codes when responding to a potential elopement that lead to two separate elopements when tenants wandered off property.

- **(1)c** Program did not have single-action lockable entrance doors on tenant apartments. The dead bolt did not release with single action of the door lever.