



**January 2021**  
**ICAL Survey Committee Report**  
**ICAL Regulatory Insufficiencies**  
(Includes October and November 2020 data)

**Total Surveys Conducted: 28**

**No Deficiencies: 4**

**Total Deficiencies Cited (tags): 31**

**Average Number of Insufficiencies Cited per Facility: 3.1**

**Total Fines: \$1,000**

**# of Certification Surveys: 1 (0 Deficiency Free)**

**# of Recertification Surveys: 5 (0 Deficiency Free)**

**# of Complaint/Incident Investigation Surveys: 17 (0 Deficiency Free)**

**# of Infection Control Surveys: 5 (4 Deficiency Free)**

**A003**

- The program failed to follow its policy and procedures regarding gloves and handwashing.
- Failed to follow its policies and procedure for medication management and narcotic medications. Program did not consistently count narcotics at shift change and when administering a narcotic. Narcotics kept in DON office was not counted. Three tenants were affected.

**A008**

- Program failed to ensure incident reports were completed for accidents or unusual occurrences - regarding tenants' aggressive behaviors to two staff members, pushing a staff member against the wall, and grabbing another by her wrist and the color of her shirt. Regarding another tenant with fall, hitting her head.

**A013**

- The program failed to ensure treatment and services were adequate for a resident who with significant weight loss. **\$1,000.**
- Program failed to provide adequate and appropriate cares and services - regarding visual checks, skin treatments, bathing and COVID screen.
- Program failed to provide adequate care, treatment and services - regarding behaviors and redirecting, lost hearing aids and not replacing them, debris all over the living room, dirty kitchen floor and counters, and strong odor in the bedroom and bathroom; dried feces all over the toilet, floor, and wall and a dirty sink and shower, dirty bathroom, and excessive black mildew buildup in the toilet, weekly housekeeping and laundry not being provided. Manager confirmed staff failed to complete housekeeping weekly for the past few months but ensured

staff cleaned an apartment right away if a tenant complained. He addressed issues with staff as they arose, but failed to see improvement.

**A037**

- Program failed to evaluate tenant's functional, cognitive and health status as needed with significant changes or at least annually - regarding weight loss, pain management, behaviors, medications needing crushed, hospice services, wound care, and incontinence. Six residents did not have significant changes completed.
- Program failed to complete evaluations as needed with significant change - regarding hospice services and therapy services being discontinued, changing bathing services, skin issues, UTIs were not completed.

**A039**

- The program failed to follow their internal policy regarding narcotics reconciliation. Narcotics were not being counter per their own policy.

**A055**

- Program failed to ensure a sufficient number of available staff to meet the needs - regarding housekeeping and laundry needs.

**A058**

- The program failed to review delegations within 60 days of the RN's hire date, leaving staff working without being delegated.

**A059**

- The program failed to complete nurse delegations within 30 days of employment leaving staff members working without being delegated.

**A060**

- The program failed to ensure uncertified staff were trained to meet the needs of the residents, leaving staff doing insulin injections who have not been trained to do so.

**A071**

- The program failed to document nurse's notes on several residents when needed.

**A076**

- The program failed to ensure the required paperwork was in the file re: power of attorney paperwork.

**A083**

- Program failed to ensure service plans were based on evaluations conducted and addressed specific services - regarding weight loss, pain management, behaviors, medications needing crushed, hospice services, wound care, and incontinence.

**A084**

- The program failed to develop a preliminary service plan prior to occupancy by having the occupancy agreement signed 5 days ahead of the service plan.

**A085**

- The program failed to ensure service plans were updated when a significant change occurred.
- Program failed to update service plan as needed with significant change - regarding hospice services and therapy services being discontinued, changing bathing services, skin issues and UTIs.

**A089**

- Program failed to ensure service plans indicated identified needs and preference - regarding the need to manage incontinence, and bathing assistance.

**A094**

- The program failed to ensure nurse reviews were completed when a significant change occurred.

**A096**

- Program failed to ensure comprehensive nurse reviews were completed every 90-days or as needed - regarding fall with a head injury, returned from geriatric psychiatry unit, increase in behaviors, and increase in falls.

**A121**

- Program failed to ensure at least eight hours of dementia training within 30 days of employment. 2 staff members were hired did not receive 8 hours of training within 30 days of hire.

**A123**

- Program failed to ensure staff received at least eight hours of dementia training annually. Two staff members did not receive 8 hours of dementia training annually.

**A125**

- Program failed to include hands on dementia training. Four staff members did not receive hands on dementia training.

**A146**

- The program failed to ensure restraints were not utilized when holding a residents arms down during a covid test.

**A149**

- The program failed to ensure that staff were given the appropriate dependent adult abuse training required by the state.
- Program failed to ensure training related to the identification and reporting of dependent adult abuse. 2 staff members were hired did not receive training.

**A154**

- Program failed to maintain a clean and sanitary building - regarding one apt. a strong odor of cat urine was present; cat had frequently urinated and defecated on the carpet for several months. Another apt. strong urine was present, incontinence pads on the furniture, also tenant left containers of urine in the apt. and urinated in his briefs.

- Program failed to ensure the building was kept clean and sanitary - regarding tenant apt. revealed debris all over the living room carpet, dirty kitchen floor and counter, a strong odor in his bedroom and bathroom. The bathroom revealed dried feces all over the toilet, floor, and wall and a dirty sink and shower. Another tenant's apt. revealed a dirty bathroom and excessive black mildew buildup in the toilet. Public bathroom revealed fecal matter on the side of the toilet. Reveal staff failed to clean and sanitize tables and chairs after lunch. The floor was sticky when walked on. Tenants complained about laundry and housekeeping not completed timely.