



July 2019
ICAL Survey Committee Report
ICAL Regulatory Insufficiencies
(Includes April, May and June 2019 data)

Total Surveys Conducted: 82

No Deficiencies: 48

Total Deficiencies Cited (tags): 90

Average Number of Insufficiencies Cited per Facility: 2.6

Total Fines: \$8,250

of Certification surveys: 7 (4 deficiency free)

of Recertification surveys: 43 (27 deficiency free)

of Complaint/Incident Investigation surveys: 43 (25 deficiency free)

67.19(3)

- Failure to complete a criminal history, dependent adult and child abuse check on an employee prior to employment. **(A118)**
- Failure to perform criminal history and public safety checks prior to employment. **(A118)**
- Failure to obtain an evaluation from DHS after further research was needed from a check. **(A121)**
- Program failed to obtain a criminal history check prior to employment. **(A118)**
- Program failed to complete background checks prior to employment **(A118)**

67.19(4)

- Failure to ensure a staff member was employed within 30-days of receipt of background check. **(A124)**

67.19(5)

- Program failed to ensure approval was received from DHS prior to hire multiple staff members. Employees began their employment prior to approval from DHS. **(A125)**

67.2 Program Policies and Procedures

- Post-hospitalization with admitting diagnoses including pneumonia and sepsis, a tenant didn't receive Prednisone as ordered; was given five days late. A second tenant received meds three days late. An incident report was not completed on these med errors. A third tenant returned to the program and discharge summary orders weren't provided and noted until two days after return. **(A003)**
- Program was not following their own policies and procedures with incident reports. Incident reports were not completed for several tenants. **(A003)**

- Failure to follow own policies and procedures with incident reports. Incomplete reports **(A003)**
- Program not following their own policies and procedures. Program didn't complete incident reports for more than one occasion that necessitated it. **(A003)**
- Program failed to follow their own policies and procedures pertaining to incident reports. **(A003)**
- Failed to follow policy and procedures for door alarms for a tenant who resides in memory care unit. Staff heard a faint alarm but failed to respond. The tenant eloped and staff found tenant outdoors in cold weather without a coat. **(A003)**
- Failure to consistently record all incidents on a printed incident form. **(A008)**
- Program failed to follow their policy regarding reporting of incidents, including how to address unusual occurrences. Failed to complete an incident report for a tenant's exit-seeking behavior. **(A008)**
- Program not following own policies and procedures with incident reports. **(A008)**

67.3(1) Tenants' Rights

- Program failed to ensure confidentiality of tenant's medical records. **(A014)**
- Program failed to ensure all staff treat tenants with consideration and respect. **(A012)**
- Staff did not treat tenants with respect and dignity regarding their concerns on food. **(A012)**

67.3(2)

- Tenant rights were not followed where tenants are to receive care and treatment that is adequate and appropriate. **(A013)**
- Program failed to ensure that tenants received adequate care per their service plan. **(A013)**
\$2,000 FINE
- Program failed to ensure tenants received appropriate care. **(A013)**
- Program failed to provide housekeeping services that were adequate and appropriate. **(A013)**
- Tenant rights- program failed to provide adequate treatment and services that potentially affected all tenants. Tenants complained during tenant meeting of being served green liver. Kitchen manager stated she was unsure why it turned green but served it anyway. **(A013)**
- Program failed to provide appropriate services to several residents. Frequency of safety checks were not noted for multiple residents who required them. **(A013)**
- Failed to provide timely care to a tenant after a fall whom needed stitches. **(A013)**

67.3(5)

- Failure to respond to tenants' concerns regarding an automatic opener/push button for the front entrance of the building. Tenants repeatedly requested the button and the program didn't respond timely. **(A016)**

67.5(6)b

- Program did not follow its own medication policy by not keeping meds in a secured location. **(A037)**

67.5(6)d

- Failure to consistently administer medications as prescribed for a tenant. Service plan and tenant's functional/health evaluations stated tenant needed Hydrocodone four times daily for chronic back pain. MAR indicated staff didn't administer Hydrocodone and noted there

were no pills available at the program. Another note indicated the pharmacy delivered the med late, so it was not given to the tenant. **(A147)**

67.6(6)b

- Failure to store administered meds in a secure location only accessible to staff responsible for administration of the meds. Tenant's eyedrops were stored in an unlocked drawer. **(A037)**

67.9(1) Staffing

- Failure to have sufficient number of staff available at all times to meet tenant needs. **(A055)**

67.9(3)

- Failure to maintain documentation of delegations for staff, no documentation found. **(A057)**

67.9(4)

- Staff were not delegated by the nurse within 60-days of hire date of the nurse. **(A058)**
- Program failed to follow nurse delegation being completed within 30-days of hire for staff. **(A059)**

67.9(4)b

- Failure to ensure multiple direct care staff received delegation training within 30-days of employment. **(A059)**

67.9(6)

- Staff were not trained within 6-months of hire for Dependent Adult Abuse. **(A149)**
- Failure to ensure dependent adult abuse training was completed as required for a staff member employed longer than six months. **(A149)**

67.13(4)

- Failure to implement a plan of correction. **(A094)**

69.21(3)

- Program failed to update occupancy agreements when residents moved apartments. **(A033)**
- Occupancy agreements were not updated/re-signed for tenants when new criteria for admission and retention was put into place and effective. **(A033)**

69.22 Evaluation of Tenant

- Failure to complete functional, cognitive, and health evaluation within 30-days of occupancy for multiple residents. **(A037)**
- Program completed a cognitive evaluation for a tenant with a significant change in condition but failed to complete functional and health evaluations. **(A037)**
- Thirty-day evaluation of tenants were signed/dated greater than 30-days of initial move in. **(A122)**
- Program failed to complete evaluations of tenants within 30-days of occupancy. **(A037)**
- Program failed to complete health evaluations when a change of condition was needed. **(A037)**
- Cognitive, health and functional evaluations were not completed annually. **(A036)**

- Program failed to complete required evaluations on tenants with significant changes. **(A037)**
- Program didn't conduct initial functional, health and cognitive evaluations within 30-days of occupancy. **(A037)**
- Failure to evaluate tenants as needed whom had significant change in cognitive status. **(A037)**
- Failure to complete evaluations with significant change for multiple tenants. Significant changes in behavior and medications not noted. **(A037)**

69.23(1)

- Failure to obtain signed authorizations including release of medical information/media. **(A068)**
- Criteria for Admission-program had a tenant exceeding level of care requiring maximum assistance with ADL's. **(A047)**

69.23(1)b

- Program failed to discharge or transfer tenants whom require a routine 2-person assist. **(A039)**

69.23(1)i

- Failure to discharge or transfer a tenant who required maximal assistance for ADL's. **(A047)**

69.25(1) Tenant Documents

- Failure to ensure nurse's notes were completed after incident reports were completed. **(A071)**
- Failed to document physician's order for wound care. MARS reflected an order for Duoderm 4x4 dressing to upper back to be changed twice weekly. But didn't reflect an earlier order to replace the Duoderm as needed if leaking out of the edges. **(A071)**
- Program failed to maintain valid authorizations for release of medical information. **(A069)**
- Failure to maintain task sheets for tenants unable to advocate on their own behalf. **(A079)**

69.25(1)i

- Failure to document nurse's notes for multiple residents. Incomplete notes where they were taken. **(A 071)**
- Failure to maintain documentation and completion of physician ordered treatments. **(A071)**
- Failure to document nurse's notes for multiple residents. Nurse's notes not completed for UTI, new order for a back brace and behavior. **(A071)**

69.26(1) Service Plans

- Program failed to develop, and update service plans based on required assessments. **(A083)**
- Service plans were not updated as required for residents needs per evaluations. **(A037)**
- Failure to ensure service plans developed based on evaluations, designed to meet tenant's needs and updated as necessary. **(A083)**

69.26(3)

- Failure to update a tenant's service plan with a significant change. Program didn't update the plan when the resident exhibited exit-seeking behaviors. **(A085)**
- Program failed to update tenant service plans within 30-days of occupancy. **(A085)**
- Failure to update service plans with significant changes for multiple tenants. One service plan did not reflect admission to hospice and additional assistance for activities of daily living. The other tenant's service plan did not indicate the need for toilet risers, or address behaviors. **(A085)**
- Program failed to update service plans following a significant change. **(A085)**
- Services plans not updated 30-days after occupancy took place or as needed with significant change. **(A086)**

69.26(4)

- Services plans not reflecting care and treatment per the resident needs. **(A089)**
- Program failed to develop service plans to reflect the identified needs of tenants. **(A089)**
- Service plans did not address outside providers of tenants. **(A091)**
- Program failed to identify needs on service plan for tenant related to a managed risk agreement. Tenant's service plan did not identify issues with care needs and strengthening as indicated in the Managed Risk Agreement. **(A089)**

69.26(4)a

- Service plan was not developed to reflect tenant's needs. Tefluid restriction missing from the plan. **(A089)**
- Failure to ensure tenants' service plans addressed the needs/preferences for assistance. **(A089)**
- Program failed to develop service plans to reflect the identified needs of tenants. **(A089)**
- Service plans were not individualized to reflect tenant's specific identified needs/preferences. **(089)**

69.26(4)c

- Program failed to indicate outside providers on service plans. **(A091)**

69.27(1) Nurse Review

- Program failed to complete nurse reviews at least every 90-days. **(A094)**

69.27(1)c

- Nurse reviews not completed to assess/document tenant's health status every 90-days. **(A096)**
- Program failed to complete nurse reviews at least every 90-days. **(A096)**
- Failed to ensure nurse reviews were completed for multiple tenants with personal or health-related care. Nurse reviews were not completed every 90-days. **(A096)**

69.28(5) Food Service

- Training for staff regarding sanitation and safe food handling- more than two months after hire. No record of orientation on sanitization and safe food handling for several employees. **(A106)**

69.28(6)

- Failure to provide food at room temperatures. Tenants voiced concerns over food being too cold and late servings. **(A205)**

69.30(1) Dementia- Specific Education for Personnel

- Failure to provide 8-hours dementia-specific training within 30-days of employment for multiple staff. **(A121)**
- Failed to complete 8-hours of dementia-specific education and training as required for multiple staff employed longer than 30 days. **(A121)**

69.30(3)

- Failure to ensure that staff received 8-hours of dementia-specific training annually. **(A123)**

69.30(5)

- Failure to ensure hands-on training was included in dementia specific training. **(A083)**

69.32(2)

- Failure to have an operating alarm system connected to each exit door in a dementia-specific program. **(A138)**