



**October 2020**  
**ICAL Survey Committee Report**  
**ICAL Regulatory Insufficiencies**  
(Includes July, August and September 2020 data)

**Total Surveys Conducted: 5**

**No Deficiencies: 8**

**Total Deficiencies Cited (tags): 8**

**Average Number of Insufficiencies Cited per Facility: 1.6**

**Total Fines: \$8,000**

<b># of Certification Surveys:</b>	<b>0 (0 Deficiency Free)</b>
<b># of Recertification Surveys:</b>	<b>0 (0 Deficiency Free)</b>
<b># of Complaint/Incident Investigation Surveys:</b>	<b>5 (0 Deficiency Free)</b>
<b># of Infection Control Surveys:</b>	<b>5 (0 Deficiency Free)</b>

**Program Policies and Procedures-A003**

- Program failed to follow standard Operating Procedure for preventing respiratory outbreak. When staff arrived to the building, walked thru the general population area to the memory care unit to be screened for COVID symptoms, but wore a mask that did not cover their nose.

**Tenants' Rights- A013**

- Program failed to provide adequate and appropriate services to meet the needs of one tenant. Tenant did not have staff assistance to help evacuate when a fire alarm was going off and her care plan indicated that the tenant's preference was verbal notification for evacuation. **\$1,500**
- Program failed to ensure adequate and appropriate care, treatment, and services for 3 of 6 tenants. One male tenant was found to have a GDS of 5 and had several sexual encounters with 2 different tenants, one which was consensual and one that was not. Even after several different encounters the tenant was not monitored when the initial behavior began. **\$6,500**

**67.4(3) Notification to Department -A024**

- Program failed to notify the department of a pattern of behaviors resulting in injury committed by 1 of 3 tenants. The tenant was found on multiple occasions engaging in sex with other women which was not consensual with all the women.

**Staffing – A055**

- It could not be determined if the program ensured sufficient staff to respond to personal emergency response pendants in a timely manner for 2 of 3 residents. One tenant pushed pendant and response times ranged from 23 min- 753 minutes. Tenant #2 response times were- 34 min-109 minutes. Program had no policy to ensure the personal emergency response system functioned properly.

**Nurse Review – A096**

- Program failed to assess and document the health status of tenants every 90 days.

**Medications – A147**

- Program failed to administer medications as prescribed. The resident received the wrong dosage of medication for 12 days as the pharmacy entered the additional 100mg of medication in error and the RN approved the order without a prescription for the new dosage.

**Life Safety – A230**

- The program failed to have a policy/procedure for the alarm system affecting one tenant. Incident report stated that the Resident Assistant went into tenant's apartment, but they could not locate the tenant. The police were contacted and the tenant was returned to the program. The incident report indicated the building and exit doors were checked when the tenant could not be located at 7:30 AM. The tenant showed the Program Nurse how he exited the door and climbed over the secured fence. Program had no policy for documenting door alarm checks to ensure they functioned properly on a regular basis.