

Otr 3 Fiscal Year 2010 Nebraska Assisted Living Survey Data					
Top 10					
	Total Allegations	58			
	Total Surveys	21			
Rank	Tag #	Reg Grouping	Regulation Text	# Cites	Frequency of Cite
1	4-006.10C	Food Safety	The assisted-living facility must store, prepare, protect, serve and dispose of food in a safe and sanitary manner and in accordance with the Food Code.	5	24%
2	4-006.09B	Administration of Medications	The assisted-living facility must establish and implement policies and procedures to ensure residents receive medications only as legally prescribed by a medical practitioner, in accordance with the Five Rights and prevailing professional standards. The assisted-living facility must ensure that a registered nurse reviews and documents the review of medication administration policies and procedures at least annually.	4	19%
3	4-006.02	Administration	Each assisted-living facility must have an administrator who is responsible for the overall operation of the facility. The administrator is responsible for planning, organizing, and directing the day to day operation of the assisted-living facility. The administrator must report all matters related to the maintenance, operation, and management of the assisted-living facility and be directly responsible to the licensee or to the person or persons delegated governing authority by the licensee.	3	14%
3	4-006.11	Resident Care	Each assisted-living facility must provide residents care and services in accordance with their established resident service agreements which maximize the residents' dignity, autonomy, privacy and independence.	3	14%
4	4-006.03	Staff Requirements	The facility must maintain a sufficient number of staff with the required training and skills necessary to meet the resident population's requirements for assistance or provision of personal care, activities of daily living, health maintenance activities, supervision and other supportive services, as defined in Resident Service Agreements.	2	10%
4	4-006.03A1	Criminal Background Checks	The facility must complete criminal background checks on each member of the unlicensed direct care staff of the facility.	2	10%
4	4-006.03A2	Registry Checks	The facility must check each unlicensed direct care staff for adverse findings on the following registries: 1. Nurse Aide Registry; 2. Adult Protective Services Central Registry; 3. Central Register of Child Protection Cases; and 4. Nebraska State Patrol Sex Offender Registry.	2	10%
4	4-006.04A	Grievances	Each assisted-living facility must establish and implement a process for addressing all grievances received from residents, employees and others.	2	10%
4	4-006.06	Resident Service Agreements	The assisted-living facility must evaluate each resident and must have a written service agreement negotiated with the resident and authorized representative, if applicable, to delineate the services to be provided to meet the needs identified in the evaluation.	2	10%
4	4-006.09B1c	Provision of Meds by Med Aides	When the facility utilizes persons other than a licensed health care professional in the provision of medications, the facility must follow 172 NAC 95 Regulations Governing the Provision of Medications by Medication Aides and Other Unlicensed Persons and 172 NAC 96 Regulations Governing the Medication Aide Registry.	2	10%
4	4-006.09C	Handling of Medications	Each assisted-living facility must have procedures to ensure that residents receive medications as prescribed by a medical practitioner including a method for verifying the identity of each resident.	2	10%
4	4-006.11D	Special Populations Services	Each assisted-living facility that provides services to special populations such as, but not limited to, those individuals with disabilities, mental impairments, dementia, or other disorders must: 1. Evaluate each resident to identify the abilities and special needs; 2. Ensure the administrator and staff assigned to provide care are trained to meet the special needs of those residents. Such training must be done by a person(s) qualified by experience and knowledge in the area of special services being provided; 3. Prepare and implement each resident service agreement to address the special needs; and 4. Provide a physical environment that maintains the safety and dignity of residents and accommodates residents' special needs, such as physical limitations, and visual and cognitive impairments.	2	10%
4	4-006.12A1	Content	Entries in the permanent resident record must be dated, legible and indelible. The author of each entry must be identified and authenticated. Authentication must include signature, written initials or computer entry.	2	10%

2010 Quarter 3 - Assisted Living Survey Allegations

Sorted by Regulation

21 Facilities Surveyed - 58 Total Allegations.					
Survey Mth	Reg §	Allegations	Result	Type	Entered
May	4-006.02	Failed to report, investigate and put preventive measures in place during an investigation of allegation of abuse and neglect for 1 resident of 12 sampled resident and 2 un-sampled residents.	Substantiated	Complaint	6/16/2010
April	4-006.02	Failed to report an allegation of misappropriation of resident property to Adult Protective Services involving 1 of 12 sampled residents.	Substantiated	Compliance	6/24/2010
May	4-006.02	Failed to report to Adult Protective Services, failed to investigate allegations of abuse or neglect and implement interventions to protect residents for 3 residents of 12 sampled residents.	Substantiated	Complaint	6/30/2010
April	4-006.03	Failed to complete criminal background checks on 3 employees and failed to complete Registry checks for the Adult Protective Services and Child Protective Services on 5 employees.	Substantiated	Compliance	6/8/2010
May	4-006.03	Failed to ensure that the staff had the regulatory required pre-employment screening done and also failed to ensure that all staff had the required training to be in compliance with Title 175 Chapter 4 Section 4-006.03.	Substantiated	Compliance	6/28/2010
June	4-006.03A1	Failed to complete criminal background checks on two non-licensed direct care staff members.	Substantiated	Complaint	7/11/2010
May	4-006.03A1	Failed to do a criminal background check on one employee Nursing Assistant A (NA-A) and Child and Adult Protective Service registry checks on NA-A.	Substantiated	Compliance	6/30/2010
May	4-006.03A2	Failed to have evidence that the Nebraska State Patrol Sex Offender Registry checks were completed for 7 out of 7 sampled direct care staff.	Substantiated	Compliance	6/15/2010
June	4-006.03A2	Failed to do Nebraska State Patrol Sex Offender Registry checks for two staff members.	Substantiated	Complaint	7/11/2010
May	4-006.03B1	Failed to have evidence of completion of the required training for infection control practices; emergency procedures including advanced directives; reporting procedures for abuse, neglect, and misappropriation of money or property; and the facility's disaster preparedness plan within 2 weeks of employment for 8 of 8 sampled direct care staff.	Substantiated	Compliance	6/15/2010
April	4-006.04	Failed to protect the resident rights by being free of misappropriation of 1 resident's van being borrowed by staff and B) the facility failed to ensure resident rights were provided to 1 resident.	Substantiated	Compliance	6/24/2010
May	4-006.04A	Failed to implement grievance procedures as 3 of 5 sampled residents interviewed indicated their complaints regarding the food and/or housekeeping/maintenance issues were not resolved.	Substantiated	Compliance	6/8/2010
May	4-006.04A	Failed to post the number for the Department of Health and Human Services as required.	Substantiated	Compliance	6/30/2010
May	4-006.05	Failed to implement a process to measure consumer satisfaction. The facility census was 45 and the survey sample size was 5.	Substantiated	Compliance	7/2/2010
April	4-006.06	Failed to review and update the Resident Service Agreement as the resident's needs changed for 1 resident from a resident sample size of 4.	Substantiated	Compliance	6/8/2010
April	4-006.06	Failed to ensure a written Resident Service Agreement was completed for 1 resident.	Substantiated	Compliance	6/24/2010
December	4-006.06A	Failed to prepare and implement a resident service agreement for one resident (Resident 5) on admission and after an acute hospital admission.	Substantiated	Compliance	5/25/2010
April	4-006.07A	Failed to ensure 1 resident met their standard Resident Service Agreement Admission Criteria.	Substantiated	Compliance	6/24/2010
April	4-006.07A1	Failed to have a current list of drugs, devices, biologicals, and supplements being taken or being used by such person, including dosage, instructions for use, and reported use on an annual basis from the resident sample size of 4.	Substantiated	Compliance	6/8/2010
May	4-006.07B	Failed to ensure 2 residents of 12 sampled residents met facility established retention requirements.	Substantiated	Complaint	6/30/2010
April	4-006.07C	Failed to ensure complex nursing interventions were not performed by on duty staff for 2 assisted living residents of 7 sampled.	Substantiated	Compliance	6/24/2010
April	4-006.09	Failed to ensure that 1 Medication Aide was on the Medication Aide Registry.	Substantiated	Compliance	5/12/2010
April	4-006.09A2	Failed to ensure proper storage of medications stored in resident's room for 2 residents from a sample size of 4.	Substantiated	Compliance	6/8/2010
May	4-006.09A3	No self-administration safety assessment was completed for 1 resident prior to allowing a narcotic medication at the bedside. Sample size was 5	Substantiated	Compliance	7/2/2010
April	4-006.09B	Failed to administer medications according to professional standards for 10 residents.	Substantiated	Complaint	5/14/2010

Survey Mth	Reg §	Allegations	Result	Type	Entered
April	4-006.09B	Failed to ensure that the residents received their medications in accordance with the Five Rights and Professional Standards.	Substantiated	Compliance	5/12/2010
June	4-006.09B	Failed to ensure that policies for medication administration were reviewed annually by a registered nurse.	Substantiated	Complaint	7/11/2010
May	4-006.09B	Failed to ensure medications were administered in accordance with professional standards for 2 residents of 18 residents in which medication was administered too.	Substantiated	Complaint	6/30/2010
April	4-006.09B1a	Failed to have an assessment to determine if residents were capable of self administering their medication. This effected an residents.	Substantiated	Complaint	6/7/2010
April	4-006.09B1c	Failed to ensure that there was written evidence of the acceptance of responsibility for direction and monitoring of medication aides and failed to ensure that there was written evidence of recipient safety determination for 3 out of 3 sampled residents who received their medications from medication aides.	Substantiated	Compliance	6/1/2010
May	4-006.09B1c	Failed to: 1) identify that Medication Aide registration had expired for 1 staff member; and 2) prevent a Medication Aide with an expired registration from providing medications to residents.	Substantiated	Compliance	7/2/2010
May	4-006.09C	Failed to protect one resident from ingesting and overdosing on medications which were received in the mail.	Substantiated	Complaint	6/30/2010
May	4-006.09C	Facility failed to document their investigations and follow up of medication errors on the incident report or in the nurses' notes. Staff interview and record review was used to make this determination.	Substantiated	Compliance	6/28/2010
April	4-006.10A1	Failed to provide planned and written menus based on the Food Guide Pyramid to meet daily nutritional requirements. The facility failed to maintain menus for a period not less than 14 days of food actually served.	Substantiated	Compliance	6/8/2010
May	4-006.10C	Failed to ensure storage of food to prevent cross contamination and failed to ensure the cleanliness of walls, vents, and equipment, including refrigerators, freezers, and ovens. The facility also failed to ensure that dietary staff washed hands when soiled and used disposable gloves for only one task during food preparation and service. These failure increased the risk of food contamination and-potential food borne illness for the residents.	Substantiated	Compliance	6/15/2010
April	4-006.10C	Failed to prepare and serve food in a safe and sanitary manner.	Substantiated	Compliance	5/12/2010
May	4-006.10C	Failed to ensure that eggs were cooked to a safe temperature, or that pasteurized egg products were used for soft cooked eggs offered to residents.	Substantiated	Compliance	7/2/2010
April	4-006.10C	Failed to store, protect and prepare food in a safe and sanitary manner as evidenced by prepared food in the refrigerators with no label indicating contents or date prepared, expired milk, and food spillage on shelves and interior doors. This has the potential to effect an residents in the facility. Sample size was 2 plus 1 non-sampled.	Substantiated	Complaint	6/7/2010
May	4-006.10c	Failed to ensure meals were served in a sanitary manner in the memory support cottages in accordance with the Nebraska Food Code.	Substantiated	Complaint	6/30/2010
May	4-006.11	Failed to provide care as outlined in the Resident Service Agreement for 1 resident of 12 sampled residents.	Substantiated	Complaint	6/16/2010
April	4-006.11	Failed to notify family of a change of condition for 1 resident of 7 sampled.	Substantiated	Compliance	6/24/2010
May	4-006.11	Failed to provide services according to the Resident Service Agreement for Resident 5. The sample size was 8	Substantiated	Complaint	7/2/2010
May	4-006.11A	Failed to follow up on an incident and take action to prevent reoccurrence for 1 of 12 sampled residents.	Substantiated	Complaint	6/16/2010
December	4-006.11D	Failed to provide training to meet the special needs of 1 resident of 3 sampled.	Substantiated	Compliance	5/25/2010
May	4-006.11D	Failed to prepare and implement each resident service agreement to address the resident's special needs for 2 of 12 sampled residents.	Substantiated	Complaint	6/30/2010
May	4-006.12A	Failed to develop and maintain a permanent medical record for 1 of 6 sampled residents.	Substantiated	Complaint	6/30/2010
December	4-006.12A1	Failed to ensure that monthly summary documentation was contained in the resident record for 2 out of 3 sampled residents.	Substantiated	Compliance	5/25/2010
May	4-006.12A1	Failed to document unusual incident in 1 resident of 12 sampled resident records.	Substantiated	Complaint	6/30/2010

Survey Mth	Reg §	Allegations	Result	Type	Entered
May	4-006.13	<p>Failed to maintain all areas in good repair as:</p> <ul style="list-style-type: none"> -The wood trim on the windows, the soffit, and the pillars on the exterior surface of the building were paint chipped, splintered and worn. -4 large bags of empty pop cans and an accumulation of leaves were located adjacent to the front entrance of the building. -The exterior surfaces of the 2 front entrance doors were wood splintered across the bottom of the doors. -The interior and exterior paint surface on the 2 front entrance doors was marred and chipped. -The 2 large chandeliers in the resident dining room contained a dust accumulation. -One of the Laundry Room floors was soiled with dust, water and soap spills; the inside rim of the washer contained a 1/2 inch deposit of dry laundry detergent, lint and soil; the wall behind the 2 compartment sink, the counter top and the sink contained a buildup of water, soap and soil deposits. -The inside rim of the washer in the another Laundry Room contained a buildup of dry laundry detergent. -Resident room entrance doors and the door trim were paint chipped and marred in one Wing. -The faucet handle and toilet seat were loose in Resident Room 6. -The walls in the Beauty Shop were marred and paint chipped. -The interior and exterior surfaces of the kitchen cabinets, refrigerator and freezer were soiled with food spills and/or food particles. The burners and the surface on the stove top contained a burned on carbon residue. The inside and outside surface of 2 ovens were soiled with burned on food spillage. The range hood contained a sticky and greasy residue. A 4 inch by 5 inch piece of the kitchen counter top was missing exposing a rough particle wood surface. The compartment sink contained a water soil deposit. The finish on a 6 foot by 3 foot area of the wall behind the kitchen sink was missing exposing a non cleanable particle wood surface. The compartment sink in the kitchen contained a water and soil buildup. The corner on the wall adjacent to the refrigerator was broken out with the metal flashing exposed in an approximate 2 foot area. The kitchen walls were marred and paint chipped. -Total sample size was 4. 	Substantiated	Compliance	6/8/2010
June	4-006.13A	Failed to maintain the facility in a safe, clean and homelike environment related to broken ceiling tiles in the hallway, broken or missing wall board in all resident rooms and the bathing room, and surface mold on the ceiling in the bathing room. Sample size was 4.	Substantiated	Complaint	7/11/2010
May	4-006.13C	Failed to ensure water temperatures to laundry equipment were maintained above 140 degrees Fahrenheit (F) when the facility laundered bed and bath linens and personal clothing items for more than one resident together.	Substantiated	Compliance	6/18/2010
May	4-006.13E3	Failed to ensure bathing water temperatures were maintained below 115 degrees F.	Substantiated	Compliance	6/17/2010
May	4-006.1a	Failed to have policies in place in the facility to provide emergency care provisions/hospital transfer, policy for medication distribution, and policy for skin care and use of outside Home Health Agency for nursing treatments/assessments. Facility census 35. Sample 6 residents.	Substantiated	Complaint	6/30/2010
April	4-006.3C2	Failed to provide written evidence of policy and procedure manual for medications and failed to provide written evidence a Registered Nurse reviewed Medication Administration policies and procedures at least annually.	Substantiated	Compliance	6/8/2010
April	4-00609E	Failed to ensure medications were stored in locked areas and accessible only to authorized personnel.	Substantiated	Complaint	6/11/2010
May	4-007.03i1	Failed to ensure the window in 1 residents room was operable.	Substantiated	Complaint	6/30/2010
May	12-006.02	Failed to follow policies and procedures for reporting incidents of abuse.	Substantiated	Compliance	6/9/2010
March	12-006.09	Failed to clarify dosage for oxygen administration for 1 resident. The survey sample was 3.	Substantiated	Complaint	6/1/2010

Survey Mth	Reg §	Allegations	Result	Type	Entered
Summary					
Facility	# Allegations				
1	2				
2	1				
3	2				
4	1				
5	3				
6	3				
7	6				
8	3				
9	2				
10	6				
11	3				
12	1				
13	3				
14	1				
15	1				
16	4				
17	1				
18	4				
19	2				
20	2				
21	7				
	58				