

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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 STATE OF HAWAII
 LIC-H-CHCA LICENSES

Facility's Name: Halawa Care Home LLC	CHAPTER 100.1
Address: 99-626 Halawa Drive, Aiea, Hawaii 96701	Inspection Date: April 16, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p>FINDINGS SCG [redacted] - No physical examination. The SCG participated in the [redacted] fire drill. Submit a copy with the plan of correction (POC).</p>	<p>ECG [redacted] is NO LONGER my substitutes effective [redacted]</p> <p>NEXT TIME i will do physical for all the substitutes caregivers before they start working for me and annually thereafter.</p>	<p>5/30/15</p> <p>MRC</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p>FINDINGS SCG [redacted] & SCG [redacted] - No annual tuberculosis (TB) clearance.</p>	<p>ECG [redacted] + SCG [redacted] updated 4/17/15 see attached copy.</p> <p>I will make sure to follow my checklist for all SCG initial and annual tuberculosis & clearance.</p>	<p>5/30/15</p> <p>MRC</p>

	<p>Submit a copy with the POC.</p> <p>SCG [redacted] - No initial two step TB clearance. Submit a copy with the POC.</p> <p>SCG [redacted] - No TB clearance. Submit a copy with the POC.</p> <p>SCG [redacted] - No screening for symptoms consistent with pulmonary TB. Submit a copy with the POC.</p>	<p>SCG [redacted] had initial two step Clearance 4/29/15 a copy attached</p> <p>SCG [redacted] NO LONGER my SCG</p> <p>SCG [redacted] NO LONGER my SCG</p> <p>I will make sure to follow my checklist for all the SCG of initial & annual Pulmonary TB</p>	<p>5/30/15</p> <p>MRC</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4)</p> <p>The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p>FINDINGS</p> <p>No documentation that the primary care giver trained substitute care givers.</p>	<p>I did train ^{MRC} my SCG to make prescribe medication available and to properly record medication they are trained immediately when they start to work for me and I just missed documenting it.</p> <p>In the future I will document all my training w/ my SCG.</p>	<p>5/30/15</p> <p>MRC</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (f)</p> <p>A minimum of three meals shall be provided at regular intervals in each twenty four hour period. There shall be no more than fourteen hours between a substantial evening meal and breakfast.</p> <p>FINDINGS</p> <p>Dinner is served at 4:30 p.m. and breakfast at 7:30 a.m. No snack provided unless the resident asks.</p>	<p>Dinner is served at 6:00pm, snack 8:00 pm, breakfast 7:00am. Lunch 12 pm.</p> <p>Meals times have always been the same at the start but SCG give the wrong information to the surveyor.</p>	<p>5/30/15</p> <p>MRC</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (e)</p> <p>A metal stem thermometer shall be available for checking cold and hot food temperatures.</p>	<p>I always had a digital metal stem thermometer, it was just over 100k at the time of survey.</p>	<p>5/30/15</p> <p>MRC</p>

	<p>FINDINGS No metal stem thermometer to check cold and hot food temperatures.</p>	<p>From now on I will always have my thermometer available for checking hot and cold food temperatures.</p>	<p>5/30/15 MRC</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p>FINDINGS Toxic chemicals were not secured; the locking device on the storage cabinet located outside of the home (exit to area of refuge) was not engaged.</p>	<p>Toxic chemicals are now secured w/ the locking devices enga</p> <p>From now on i will always secure all toxic chemical.</p>	<p>5/30/15 MRC</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS Resident [redacted] - No signed physician order for [redacted] documented in the [redacted] progress notes as ordered by the physician. Resident [redacted] - "[redacted]" was ordered on [redacted] however, the [redacted] and [redacted] medication records reflected "PRN." Resident [redacted] - No physician order for "[redacted]" reflected on the medication record as initiated [redacted]. Resident [redacted] - "[redacted]" was ordered on [redacted] however, the [redacted] medication record did not reflect the change to "[redacted]". Resident [redacted] - "[redacted]"</p>	<p>RES [redacted] signed physician order for mupirocin dated 8/27/14 & obtained [redacted] copy attached. I've been giving it every night since patient needed it. REC [redacted] was ordered [redacted] insomnia. copy attached. RES [redacted] physician order for [redacted] is available copy attached. It was in file but just missed by sursregor. REC [redacted] I missed documenting the change from [redacted] but I was giving [redacted] from the time ordered.</p>	<p>5/30/15 MRC</p>

	<p>██████████ were not documented as given from ██████████. However, ██████████ documented as given during this period of time.</p>	<p>Res. ██████████ were given PRN ██████████ but was not documented. In the future I will document all medication record & changes for accuracy in the future ^{in the future} & etc</p>	<p>5/30/15 MRC</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p>FINDINGS Resident ██████████ - No admission assessment.</p>	<p>Res. ██████████ I failed to do my assessment on my admission by mistakes.</p> <p>In the future and admission assessment will be done.</p>	<p>5/30/15 MRC</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(2) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Recording of identifying information such as resident's name, social security number, racial extraction, marital status, date of birth, sex, and minister or religious denomination, and information about medical plan or coverage;</p> <p>FINDINGS Resident ██████████ - Emergency information was incomplete. Missing page two (2) of the two-page document.</p>	<p>Res. ██████████ updated missing page two (2) emergency information on 4/17/15. page 2 copy attached.</p> <p>In the future I will make sure to check my checklist to avoid incomplete document.</p>	<p>5/30/15 MRC</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan,</p>		<p>5/30/15 MRC me see pg. 8</p>

	<p>any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p>FINDINGS Resident [redacted] - The [redacted] progress note stated: [redacted] However, the monthly progress note indicated that the skin was [redacted]</p> <p>Resident [redacted] - Progress notes did not reflect the resident's response to [redacted] reflected as applied [redacted] The [redacted] was discontinued on [redacted]</p>	<p>upon admission there was an open wound & was treated with [redacted] & was healing & eventually the skin was intact on [redacted]</p> <p>next time i will properly document into my progress note & the client's reaction for the treatment.</p>	<p>5/30/15 MRC</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p>FINDINGS No legend for care giver initials on the medication record.</p>	<p>I have developed a legend for the care givers substitute caregivers initials on the medication record.</p> <p>from now on i will have legend for substitutes caregivers initials.</p>	<p>5/30/15 MRC</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p>FINDINGS Resident [redacted] - The permanent general register reflected the admission as [redacted] however, the progress notes reflected the resident was admitted on [redacted]</p>	<p>There was a mistakes in my progress note the resident was admitted [redacted]</p> <p>Next time my progress note & admission not will coincide.</p>	<p>5/30/15 MRC</p>

<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p>FINDINGS Resident [redacted] - No documentation that the physician was made aware of daily agitation [redacted]</p>	<p>Resident [redacted] - The physician was made aware of [redacted] in [redacted] but was not documented by mistake.</p> <p>Now I am aware that this needs to be documented. Any significant changes in the residents health status shall be reported to the residents physician and shall be documented.</p>	<p>5/30/15</p> <p>MRC</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(B) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p>FINDINGS There was a mop bucket, trash receptacle and extension cord obstructing access to the area of refuge from the second exit.</p>	<p>The mop bucket, trash recepta. and extension cord was removed from the second exit right away + relocated so as not to obstruct access to the area of refuge.</p> <p>From that time on both exits will not be blocked with anything so access to the area of refuge is always available.</p>	<p>5/30/15</p> <p>MRC</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to</p>		

	<p>safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p>FINDINGS The fire drill record did not contain the time taken to evacuate from the building. September 2014 to March 2105.</p>	<p>The fire drill from September 2014 to March 2015 took 4-5 minutes each to evacuate from the building. This was not recorded by mistake. From now on all fire drill records will contain the time taken to evacuate the building.</p>	<p>5/30/15 mrc</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p>FINDINGS For two (2) residents, no pliable plastic pillow protectors on one of two (2) pillows.</p>	<p>The two residents requested to have pillows with no plastic covers. They claimed they are uncomfortable with plastic cover on their pillows. I request that this be allowed. The residents' name initials were written on the pillows the next day. I will do the same for residents who don't like plastic cover on pillows.</p>	<p>5/30/15 mrc</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p>FINDINGS One bedside signaling device was not operable.</p>	<p>The one bedside signaling device that was not operable was fixed the next day by replacing the battery with new one and was operable right after.</p> <p>From now on all signaling devices will be checked on daily basis & batteries changed regularly or fixed right away to make all operable.</p>	<p>5/30/15 mrc</p>

<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p>FINDINGS SCG [redacted] - No documentation that the case manager trained the SCG in providing daily personal and specialized care.</p>	<p>SCG [redacted] was trained by the case manager in [redacted] providing daily personal & specialized care and is now documented.</p> <p>In the future all SCG will be trained by the casemanager in providing daily personal & specialized care as soon as possible & will be documented.</p>	<p>5/30/15 mrc</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(2) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Resident's sleeping room doors shall be self closing;</p> <p>FINDINGS One sleeping room door could not self-close due to a hanger on the doorknob. For another bedroom, the door did not self-close.</p>	<p>The hanger on the door knob was removed and the sleeping room is now self closing. ^{part} For the other bedroom that did not self close, the door spring has been adjusted for the door to self close all doors will be maintained to self close from now on.</p>	<p>5/30/15 mrc</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (a) Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who:</p> <p>FINDINGS Resident [redacted] - Admitted on [redacted] with level of care [redacted] documented [redacted] No case management services until [redacted]</p>	<p>Resi [redacted] was a transfer from another ARCH & was endorsed as ARCH level by previous PCG, of that ARCH and I admitted resident [redacted] as an ARCH level.</p> <p>Often a couple of weeks resident [redacted] was observed by me and assessed to [redacted] 30</p>	<p>5/30/15 mrc</p>

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Halawa Care Home LLC	CHAPTER 100.1
Address: 99-626 Halawa Drive, Aiea, Hawaii 96701	Inspection Date: April 16, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p>FINDINGS SCG [redacted] - No physical examination. The SCG participated in the [redacted] fire drill. Submit a copy with the plan of correction (POC).</p>	<p>9(a) It will be included in my checklist for requirement for new hired employees before they start.</p>	MRC
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p>FINDINGS SCG [redacted] - No annual tuberculosis (TB) clearance.</p>	<p>9(b) It will be included in my checklist for requirement for new hired employees before they start.</p>	MRC

Marites Colado
 Marites Colado
 9/30/2015

	<p>Submit a copy with the POC.</p> <p>SCG [redacted] - No initial two step TB clearance. Submit a copy with the POC.</p> <p>SCG [redacted] - No TB clearance. Submit a copy with the POC.</p> <p>SCG [redacted] - No screening for symptoms consistent with pulmonary TB. Submit a copy with the POC.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p>FINDINGS No documentation that the primary care giver trained substitute care givers.</p>	<p>9(e)(4) It will be included in my checklist for requirement for new hired employees before they start.</p>	<p>mrec</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (f) A minimum of three meals shall be provided at regular intervals in each twenty four hour period. There shall be no more than fourteen hours between a substantial evening meal and breakfast.</p> <p>FINDINGS Dinner is served at 4:30 p.m. and breakfast at 7:30 a.m. No snack provided unless the resident asks.</p>	<p>13(F) I will teach my substitute to remember the meal hours & snack. (Maitti) Meals & times (pos) will be posted in the dining area.</p>	<p>mrec</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p>	<p>14(e) I will have my food thermometer in my place such as inside drawer in the kitchen & at all time & goes</p>	<p>mrec</p>

~~Mariela~~
Marites collado
9/30/2015

	<p>FINDINGS No metal stem thermometer to check cold and hot food temperatures.</p>	<p>back to the place after I use it so that it doesn't get lost.</p>	<p>mnc</p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p>FINDINGS Toxic chemicals were not secured; the locking device on the storage cabinet located outside of the home (exit to area of refuge) was not engaged.</p>	<p>14 (f)</p> <p>Toxic chemical will always be kept in locked cabinet & go back to the locked cabinet after taken out for use. and substitute caregiver & household member are reminded to returned chemical to cabinet.</p>	<p>mnc</p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS Resident [redacted] - No signed physician order for [redacted] documented in the [redacted] progress notes as ordered by the physician.</p> <p>Resident [redacted] - [redacted] was ordered on [redacted] however, the [redacted] medication records reflected [redacted].</p> <p>Resident [redacted] - No physician order for [redacted] reflected on the medication record as initiated on [redacted].</p> <p>Resident [redacted] - "[redacted]" was ordered on [redacted] however, the [redacted] medication record did not reflect the change to "[redacted]".</p> <p>Resident [redacted] - [redacted]</p>	<p>15 (e)</p> <p>I will have a form with the following information.</p> <p>a) Medication - physician record of concurs with physician order.</p> <p>c) changes record?</p> <p>d) Medication record initiated by caregiver & substitute when taken by resident.</p> <p>e) Record verbal orders by physician & have it signed later. Read medication list to Md. Check label & check MAR.</p>	<p>mnc.</p>

Marijes Collado
 Marijes Collado
 9/30/2015

	<p>_____ were not documented as given from _____ to _____ However, _____ was documented as given during this period of time.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p>FINDINGS Resident _____ - No admission assessment.</p>	<p>17(a)(1) admissions assesment attach. Use admission checklist. - double check admission assesment is complete (2 pages)</p>	MKC
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(2) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Recording of identifying information such as resident's name, social security number, racial extraction, marital status, date of birth, sex, and minister or religious denomination, and information about medical plan or coverage;</p> <p>FINDINGS Resident _____ - Emergency information was incomplete. Missing page two (2) of the two-page document.</p>	<p>17(a)(2) Have the 2 pages copy and put reminder on checklist to ensure two pages.</p>	MRC
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan,</p>	<p>17(b)(3) It will give more attention to documenting in my patients progress notes.</p>	MRC

~~Marijes Collado~~
Marijes Collado
9/30/2015

	<p>any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p>FINDINGS Resident [redacted] - The [redacted] progress note stated: [redacted] [redacted] However, the monthly progress note indicated that the skin was [redacted]</p> <p>Resident [redacted] - Progress notes did not reflect the resident's response to [redacted] reflected as applied [redacted] The [redacted] was discontinued on [redacted]</p>	<p>Document improvement in resident's ^{record} monthly or more often.</p>	<p>mrc.</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p>FINDINGS No legend for care giver initials on the medication record.</p>	<p>17(F)(2) I have a legend that care givers documents with. For new SCG make sure they add initial and notation to checklist.</p>	<p>mrc.</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p>FINDINGS Resident [redacted] - The permanent general register reflected the admission as [redacted] however, the progress notes reflected the resident was admitted on [redacted]</p>	<p>17(h)(1) Corrected resident register record on (reg) resident register I will use the admission checklist to ensure day of admission is correct.</p>	<p>mrc.</p>

Mariela Collado
Mariela Collado
9/30/2015

<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p>FINDINGS Resident [redacted] - No documentation that the physician was made aware of [redacted]</p>	<p>20(c) I did report it to physician & I have corrected the progress by documenting it later. From now on I will have my progress note of the patient in front of me every time. I will call the physician for any significant changes document it at all the time so it won't be missed.</p>	<p>muc.</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(B) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p>FINDINGS There was a mop bucket, trash receptacle and extension cord obstructing access to the area of refuge from the second exit.</p>	<p>23(g)(3)(b) I will have on the door stating "Do not block exit door w/ anything" and I will inform everybody substitute + family member. Educate SGA, household member to keep area clear.</p>	<p>muc</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to</p>	<p>23(g)(3)(d) right after the fire drill I will write it down + complete the fire drill form + double check that it is complete.</p>	<p>muc.</p>

~~Marie G~~
Marie Collado
9/30/2015

	<p>safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p>FINDINGS The fire drill record did not contain the time taken to evacuate from the building. September 2014 to March 2105.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p>FINDINGS For two (2) residents, no pliable plastic pillow protectors on one of two (2) pillows.</p>	<p>23 (o)(3)(b) (b)(3)(B)</p> <p>All pillows when bought and existing ones will have plastic covers right away unless requested by the patient. If resident refuses pillow protector I will give them the pillow and put resident name on pillow.</p>	<p>MUC</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p>FINDINGS One bedside signaling device was not operable.</p>		

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<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p>FINDINGS SCG [redacted] - No documentation that the case manager trained the SCG in providing daily personal and specialized care.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(2) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Resident's sleeping room doors shall be self closing;</p> <p>FINDINGS One sleeping room door could not self-close due to a hanger on the doorknob. For another bedroom, the door did not self-close.</p>	<p>§11(a)(2) I will check everyday that the sleeping room doors are self closing. If not self closing i will get it fixed right away. Check ^{that} nothing is hanging on the door.</p>	<p>mrc</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (a) Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who:</p> <p>FINDINGS Resident [redacted] - Admitted on [redacted] with level of care "ICF" documented [redacted] No case management services until [redacted]</p>		

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	<p>FINDINGS Resident [redacted] - Admitted on [redacted] with level of care [redacted] documented [redacted] No case management services until [redacted]</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(9) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Provide ongoing evaluation and monitoring of the expanded ARCH resident's status, care giver's skills, competency and quality of services being provided;</p> <p>FINDINGS Resident [redacted] - Admitted on [redacted] with level of care [redacted] documented [redacted] No case management services until [redacted]</p>		

Licensee/Administrator's Signature: *Markites Collado*
 Print Name: Markites Collado
 Date: 9/00/2015