Hawaii Dept. of Health, Office of Health Care Assuranc

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125043	A. BUILDING: _____ B. WING _____	11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEARL CITY NURSING HOME	919 LEHUA AVENUE PEARL CITY, HI 96782

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4 000	11-94.1 Initial Comments A state relicensing survey was conducted at this facility from 11/17 - 11/20/15. At the time of entrance there were 115 resident in the facility.	4 000		
4 102	11-94.1-22(d) Medical record system (d) Records to be maintained and updated, as necessary, for the duration of each resident's stay shall also include: (1) Appropriate authorizations and consents for medical procedures; (2) Records of all periods, with physician orders, of use of physical or chemical restraints with justification and authorization for each and documentation of ongoing assessment of resident during use of restraints; (3) Copies of initial and periodic examinations and evaluations, as well as progress notes at appropriate intervals; (4) Regular review of an overall plan of care setting forth goals to be accomplished through individually designed activities, therapies, and treatments, and indicating which professional services or individual is responsible for providing the care or service; (5) Entries describing all care, treatments, medications, tests, immunizations, and all ancillary services provided; and (6) All physician's, physician assistant's, or APRN's orders completed with appropriate documentation (signature, title, and date).	4 102	4 102 11-94. 1-22(d) 1. The physician responsible for the deficient practice was notified of the citation and firmly reminded of the MD signature requirements of SNF regulations by the facility's Medical Director. 2. All resident records will be continuously reviewed for physician signature compliance. A weekly audit of all physician signatures due will be done for four consecutive weeks. Facility Medical Director will review audit results to ensure regulatory compliance and identify if there is a need to focus on specific physicians for more detailed and frequent audits. 3. All physicians will be informed via written communication from the Medical Director of the need to comply with Physician Signature regulations for SNF/ICF. A copy of the regulations will be provided to all Facility physician providers. 4. All attending physicians will be notified by fax and phone calls of any pending signatures. If a second notification is necessary, an "URGENT" fax will be sent as a reminder of signature due. If the Attending Physician is unlikely to be timely with signature, pending physician orders will be signed by the facility's Medical Director. If the Attending Physician continues to remain unable to maintain timely signatures, they will be asked to make alternative physician coverage plans for all pending signatures by Medical Records.	11/21/15 11/23/15 12/30/15 1/1/16

Office of [redacted]
LABORAT

VE'S SIGNATURE

TITLE Administrator

(X6) DATE 12/23/15

STATE F [redacted] 6899 EWE611

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4 102	Continued From page 1 This Statute is not met as evidenced by: Based on medical record reviews (MRR) and staff interviews, the facility failed to ensure that there was a physician attestation policy and/or that the physicians followed attestation guidelines for monthly physician order sheets. Findings include: [redacted]	4 102		
4 115	11-94.1-27(4) Resident rights and facility practices Written policies regarding the rights and responsibilities of residents during the resident's stay in the facility shall be established and shall be made available to the resident, resident family, legal guardian, surrogate, sponsoring agency or representative payee, and the public upon request. A facility must protect and promote the rights of each resident, including: (4) The right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility; This Statute is not met as evidenced by:	4 115	4 115 11-94. 1-27(4) Resident Rights and Facility Practices 1)All resident mail will be delivered to residents, unopened, on same day received from the USPS, by either Social Work Services or House Charge Nurse. 11/21/15 Residents will notify the social worker or charge nurse of any delays or problems with their mail delivery. 1/4/16 Residents will discuss any issues regarding mail delivery at their monthly resident council meeting 1/4/16 Continued on next page,	

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4 115	Continued From page 2 Based on resident and Social Worker (SW) interviews, the facility failed to deliver mail to the residents within 24 hours of postal service delivery (Saturday). The facility also failed to ensure that resident mail was received by one resident unopened. [redacted] Findings include: [redacted]	4 115	4 115 11-94. 1-27(4) Continued, 2.We will develop a culture of person-centered care to create an environment of respect for the dignity of each resident, based on life-affirming, satisfying, humane, and meaningful relationships between our nursing staff and residents. This culture will foster closer personal relationships with the residents, and help the staff remember to avoid the use of foreign languages and offensive terms such as "feeder". All care-givers and other service personnel will be in inserviced on person-directed values, practices, languages, physical environment, and personal relationships at all levels. Changes in the organization practices, the physical environment, values, and relationships will be made at all levels to ensure that all residents, families, and care-givers are treated with respect and dignity. We will form a committee for person-directed culture change. The quality-assurance committee will provide oversight to address issues identified by resident and staff satisfaction surveys, and ensure that the person-centered culture changes are effectively and efficiently implemented. Continued on next page,	1/4/16 1/4/16 1/4/16 1/4/16

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4 115	Continued From page 3 [redacted]	4 115	4 115 11-94. 1-27(4) Continued. 3.We immediately referred [redacted] to an occupational therapist [redacted] The resident's care plan will be reviewed and revised based on the therapist's evaluation. All care-givers will be re-inserviced to ensure that they immediately report any observed changes in the resident's functionality or behavior. The "Stop and Watch" form will be provided to all care givers on all shifts to ensure that these concerns are documented in writing and communicated directly to the charge nurse, with a duplicate copy for the unit supervisor. The DON will provide oversight to ensure that reporting requirements are enforced, and report any concerns to the QA committee.	11/20/15 12/28/15 12/28/15 12/28/15
4 136	11-94.1-30 Resident care The facility shall have written policies and procedures that address all aspects of resident care needs to assist the resident to attain and maintain the highest practicable health and medical status, including but not limited to: (1) Respiratory care including ventilator use; (2) Dialysis; (3) Skin care and prevention of skin breakdown; (4) Nutrition and hydration;	4 136		

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4 136	Continued From page 4 (5) Fall prevention; (6) Use of restraints; (7) Communication; and (8) Care that addresses appropriate growth and development when the facility provides care to infants, children, and youth. This Statute is not met as evidenced by: Based on observation, staff interviews, and record review, the facility failed to remove [redacted] hand restraint (every 2 hours for 15 minutes) by a qualified person in accordance with the resident's written plan of care. Findings include: [redacted]	4 136	4 136 11-94, 1-30 Resident Care The resident [redacted] will be re-assessed and a referred to a therapist to determine whether other, less restrictive, devices could be used. The resident's care plan will be reviewed and revised based on the therapist's report. All residents that use restraints or other devices will be re-evaluated by the ID team during their scheduled care conferences to ensure proper use of all devices. Procedures for releasing and repositioning the devices and properly documenting any issues in the ADL Flow sheet will be reviewed and revised as needed for each resident. The ID team will identify options for reducing or modifying the restrictions for each resident. The Restorative Nursing Assistants assigned to each unit will work with the CNAs consistently assigned to residents that use devices/restraints, and will be supervised by their Charge Nurses to ensure compliance. Care plans will be revised as necessary. The Unit Managers and house Charge Nurses will follow a checklist for audits on a weekly basis to monitor compliance with the care plan for each resident. Any deficiencies or non-compliance will be reported to the DON as part of the QA Program.	1/4/16 1/4/16 1/4/16 1/4/16

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4 136	Continued From page 5 [redacted]	4 136		

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4 136	Continued From page 6 [redacted]	4 136		

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4 136	Continued From page 7 [redacted]	4 136		

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4 136	Continued From page 8 [redacted]	4 136		
4 148	11-94.1-39(a) Nursing services (a) Each facility shall have nursing staff sufficient in number and qualifications to meet the nursing needs of the residents. There shall be at least one registered nurse at work full-time on the day shift, for eight consecutive hours, seven days a week, and at least one licensed nurse at work on the evening and night shifts, unless otherwise determined by the department. This Statute is not met as evidenced by: Based on observation, record review, and interviews, the facility failed to comprehensively assess a resident [redacted] and as a result the residents individualized plan of care with specific interventions and goals was inappropriate [redacted] for 1	4 148		

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4 148	Continued From page 9 resident of the 36 residents who were included in the Stage 2 sample. Findings include: [redacted]	4 148	4 148 11-94. 1-39(a) Nursing Services The unit manager, charge nurse and the nurse practitioner re-assessed and corrected the wound characterization. The care plan and interventions were reviewed and revised based on current measurements and wound status as needed to prevent infection and provide the proper treatment.	11/20/15
			Licensed nurses (LNs) have been assigned to become "Skin Care Champions" for each unit. They will be trained to provide consistent assessments, properly characterize wounds, promote proper skin care procedures, and improve both care and prevention of wounds. Each Skin Care Champion will serve as the resource/ educator for their unit.	12/17/15
			We will review and revise current policies and procedures with guidance from a wound care specialist educator to ensure that we provide proper care for wound prevention and treatment based on the most current standard practices. We will hold weekly meetings with the Skin Care Champions, Nursing (LN and Restorative Nursing Assistant), Registered Dietician, and Rehab Manager. Also a "Weekly Wound Ulcer Reporting" form has been developed and is now being used to promote communication between all team members involved in the resident's care.	1/4/16
			The DON will ensure that the continuous quality monitoring program is implemented effectively, and will report any noncompliance to the QA Committee.	1/4/16

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4 148	Continued From page 10 [redacted]	4 148		
4 152	11-94.1-39(e) Nursing services (e) There shall be a policies and procedures manual that is kept current and consistent with current nursing and medical practices and approved by the medical advisor or director and the person responsible for nursing procedures. The policies and procedures shall include but not be limited to: (1) Written procedures for personnel to follow in an emergency including: (A) Care of the resident; (B) Notification of the attending physician and other persons responsible for the resident; and (C) Arrangements for transportation, hospitalization, or other appropriate services; (2) All treatment and care provided relative to the resident's needs and requirements for documentation; and	4 152		

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4 152	Continued From page 11 (3) Medication or drug administration procedures that clearly define drug administration process, documentation, and authorized This Statute is not met as evidenced by: Based on observation and interviews the facility failed to provide services to meet professional standards of quality care. Findings include: [redacted]	4 152	4 152 11-94. 1-39(e) Nursing Services 1.The LN in question has been re-inserviced regarding the facility's policies and proper procedures for administering medications [redacted] All LNs will be observed during medication administration to reinforce the need to properly follow all medication administration procedures. The policy and procedures for the Enteral Tube Medication Administration will be reviewed and revised as needed based on current standards. 1. The unit supervisor has been assigned to perform monthly audits that include the medication administration observations as part of the LN's Skill Check Lists. A Performance Improvement Project will be developed to ensure that we are in compliance. The unit managers will report any non-compliance to the DON, and the DON will inform the QA Committee. 2. The LN in question has been inserviced to emphasize the importance of timeliness in administering medications and following the label directions and warnings. An incident report was initiated to specifically address this incident. The policies and procedures for administering medications will be reviewed and revised based on current standard practices and all LNs will be in-serviced to ensure compliance. The Unit Supervisors will conduct random audits on their assigned shifts during the Medication Administration Observations. This is in part related to ensuring compliance with their required Skill Check Lists. The Unit Supervisors will initiate a continuous quality monitoring program and report potential non-compliance issues to the DON for immediate corrective action.	11/20/15 1/4/16 1/4/16 11/20/15 1/4/16 1/4/16 1/4/16

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4 152	Continued From page 12 [redacted]	4 152		
4 160	11-94.1-41(b) Storage and handling of food (b) Effective procedures to promptly and consistently clean all equipment and work areas shall be enforced. This Statute is not met as evidenced by: Based on observation and staff interviews the facility failed to store, prepare, and serve food under sanitary conditions. Findings include: [redacted]	4 160	4 160 11-94. 1-41(b) 1. Ice Guard daily cleaning will be done by designated food service staff and recorded on closing checklist. 2. Quarterly preventative maintenance will be done by Vendor and a photo will be taken and logged after Ice Machine/Guard has been cleaned and serviced. 3. All Kitchen Staff will be in-serviced on cleaning of Ice Machine/Guard before closing checklist. 4. Dry Storage Supply Room ceiling tiles replaced due to stains. 5. Plumbing Contractor will repair and replace all leaking pipes in Dry Storage Supply Room ceiling. 6. All Kitchen Staff inserviced re: non storage of personal food items in food prep areas and personal hygiene when working in food prep areas. 4 Shelf Rack provided for staff to use for personal items. All personnel to use protective head wear to ensure safety of food. Monitoring of compliance will be done weekly and monitoring results will be reported by Food Services Director to QA Committee for six months.	12/18/15 12/23/15 12/23/15 11/18/15 12/22/15 12/21/15

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4 160	Continued From page 13 [redacted]	4 160		
4 173	11-94.1-43(a) Interdisciplinary care process (a) A comprehensive assessment shall be completed for each resident by an interdisciplinary team at least annually and updated as appropriate, based on the resident's condition. This Statute is not met as evidenced by: Based on record review, and staff interviews, the facility failed to develop a care plan for the use of [redacted] for 1 of 36 residents in the stage 2 sample, [redacted] Findings include: [redacted]	4 173	4 173 11-94. 1-43(a) Interdisciplinary care process The care plan for [redacted] has been revised as needed to ensure the safe use [redacted] and prevent [redacted] and other potential complications. We will schedule an in-service with the pharmacist on how to identify residents who have the potential to develop complications [redacted] We will develop policies and procedures to ensure that all LNs are able to care plan all medications [redacted] and address specific complications related to their use. A monthly audit will be conducted by the consulting pharmacist to ensure that care plans properly address the potential complications posed by the medications prescribed for each resident.	11/20/15 1/4/16 1/4/16 1/4/16

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4 173	Continued From page 14 [redacted]	4 173		
4 177	11-94.1-44(a) Specialized rehabiiltation services (a) The facility shall provide for specialized and supportive rehabilitation services, including occupational therapy, physical therapy, and speech therapy, according to the needs of each resident, either directly by qualified staff or through arrangements with qualified outside resources. Services shall be programmed to: (1) Preserve and improve the resident's maximal abilities for independent function; (2) Prevent, insofar as possible, irreversible or progressive disabilities; and (3) Provide for the procurement and maintenance of assistive devices as needed by the resident to adapt and function within the resident's environment. This Statute is not met as evidenced by: Based on staff interviews and observations, the facility failed to ensure that ventilator preventive maintenance was done according to the manufacturers recommended periodic	4 177		

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4 177	Continued From page 15 maintenance schedule [redacted] Findings include: [redacted]	4 177	4 177 11-94. 1-44(a) Specialized Rehabilitation Services Ventilator Maintenance Schedule Policy & Procedure written and will be implemented. 1. Respiratory Therapist (RT) will ensure ventilator usage hours are checked and recorded in the "Ventilator Hour Log". 2. RT will notify Respiratory Director (RD) when 9,000 hour usage has been surpassed. RD will arrange 10,000 hour preventative maintenance to be performed by vendor. RD will arrange 30,000 hour preventative maintenance to be performed by vendor. All biomed paperwork validating manufacturer maintenance will be submitted by Respiratory Therapy to Maintenance Department for record keeping 3. [redacted]ventilators have been removed and replaced. Units were sent by RD to FIRMCO for maintenance per manufacturer specifications. 4. Maintenance Department will perform all monthly preventative maintenance on all Suction Machines per manufacturer specifications. All maintenance performed will be entered into "Suction Machine Preventive Maintenance Log" in a timely manner.	1/1/16 12/1/15 12/1/15 11/21/15 12/1/15

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4 177	Continued From page 16 [redacted]	4 177		

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4 185	11-94.1-46(b) Pharmaceutical services (b) A facility shall have a current pharmacy policy manual consistent with current pharmaceutical practices developed and approved by the pharmacist, medical director/medical advisor, and director of nursing that: (1) Includes policies and procedures, and defines the functions and responsibilities relating to pharmacy services, including the safe administration and handling of all drugs and self-administration of drugs. Policies and procedures shall include pharmacy functions and responsibilities, formulary, storage, administration, documentation, verbal and telephone orders, authorized personnel, recordkeeping, and disposal of drugs; (2) Is reviewed at least every two years and revised as necessary to keep abreast of current developments in overall drug usage; and (3) Has a drug recall procedure that can be readily implemented. This Statute is not met as evidenced by: Based on medical record reviews (MRR), staff interviews and observations the facility failed to ensure that 2 of 36 residents [redacted] in the Stage 2 survey sample received only those medications, in doses & for the duration clinically indicated to treat the resident's assessed conditions. Findings include: [redacted]	4 185		

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4 185	Continued From page 18 [redacted]	4 185	4 185 11-94. 1-46(b) Pharmaceutical Services 1.For [redacted] the use of [redacted] was re-evaluated and a gradual dose reduction was initiated as ordered by the physician. The social worker will coordinate the ID team review and revision of the resident's care plan.	11/20/15
			All residents listed on the monthly report received from the pharmacy will be reviewed during the Performance Improvement Project, which will be chaired and coordinated by the Social Service Department, with input from the Nursing and Activity Departments and the consulting pharmacist.	1/4/16
			As part of the Performance Improvement Project, policies and procedures will be developed by following an algorithm to ensure that the ID Team uses non-pharmacological interventions before resorting to antipsychotic medications to address behavior/mood concerns. As part of the ID team, the social worker will validate any antidepressant or antipsychotic medication usage. The form currently used to review the use of antipsychotic medications will be reviewed and revised to ensure that the goals for reducing/monitoring the use of these medications are met.	1/4/16
			An inservice will be scheduled and a monitoring system will be implemented with input from the social service department and the consulting pharmacist in order to ensure compliance with the new policies and procedures.	1/4/16

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4 185	Continued From page 19 [redacted]	4 185		

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4 185	Continued From page 20 [redacted]	4 185		
4 194	11-94.1-46(k) Pharmaceutical services (k) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. This Statute is not met as evidenced by: Based on staff interviews and observations, the facility failed to ensure that documentation reflected safe temperature controls for 1 of 3 refrigerators used for medication storage. Findings include: [redacted]	4 194	4 194 11-94. 1-46(k) Pharmaceutical Services 1.All medication refrigerator logs on all units were immediately checked for any missed dates. All other logs were found to be in compliance. The night shift LN'S who were responsible for the three dates missing in the refrigerator temperature log were identified and re-inserviced to ensure that they understand the importance and the need for compliance. 2.All LNs who are responsible for monitoring the refrigerator temperatures daily have been re-inserviced to ensure that the monitoring logs are properly completed on a daily basis. 3.The Unit Supervisors will develop a monitoring system for the House supervisors on all shifts. The monitoring system will include random checks to ensure compliance with the temperature logging requirements. 4.The house supervisor will report any non-compliance on any unit to the Unit Supervisors and to the DON, and the DON will inform the QA Committee.	11/20/15 11/20/15 1/4/16 1/4/16

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4 199	Continued From page 21	4 199		
4 199	11-94.1-46(p) Pharmaceutical services (p) When appropriateness of drugs or dosage of drugs as ordered are questioned by the pharmacist or licensed nurse, the licensed nurse or the pharmacist shall consult the physician, and a record of the consultation shall be made available to the administrator of the facility or director of nursing. This Statute is not met as evidenced by: Based on record review and staff interviews, the facility failed to take action on a timely basis when pharmacist had written suggestions regarding the use of [redacted] drug for 1 of 6 residents reviewed in the Stage 2 sample. Findings include: [redacted]	4 199	4 199 11-94. 1-46(p) Pharmeaceutical Services Consultant Pharmacist will review drug Regimens on a monthly basis and provide recommendations for prescribing physicians in letter form to the Administrator and DON for distribution in a timely manner to the prescribing physicians. All letters will have a written response from the prescribing physician within 30 days. Administrator and/or DON will monitor letters for timeliness and follow up with prescribing physicians as needed per PharmD recommendations to ensure residents receive appropriate and timely prescribed therapies.	1/4/16 1/4/16

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4 199	Continued From page 22 [redacted]	4 199		
4 203	11-94.1-53(a) Infection control (a) There shall be appropriate policies and procedures written and implemented for the prevention and control of infectious diseases that shall be in compliance with all applicable laws of the State and rules of the department relating to infectious diseases and infectious waste. This Statute is not met as evidenced by: Based on observation and staff interview, the facility failed establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease. The facility failed to properly dispose of medical waste and properly store medical equipment in 1 of 3 medication storage rooms. Findings include: [redacted]	4 203	4 203 11-94. 1-53(a) Infection Control 1.After the deficiency was reported, all Sharps containers, medication carts, and biohazard containers for all units were checked for compliance. All staff will be inserviced to follow policy/ procedures designed to ensure that all Sharps containers and biohazard wastes are stored and sealed properly prior for pickup by the biohazard waste vendor. The Unit Supervisor and Environmental staff assigned to each unit will develop a monitoring plan for daily checks of all Sharps containers and biohazard bins to prevent over-filling of containers, and ensure that all Sharps containers and bio-hazard waste is stored and sealed properly for pickup by the biohazard waste vendor. The Environmental Supervisor will monitor compliance and report any concerns to the Administrator and QA committee. 2.Immediately after the observed deficiency was reported, the charge nurse and unit supervisor checked all medical supplies in the medication room and properly disposed of all expired items. 3.An in-service will be done to present an infection control program that provides a safe and sanitary environment for all residents and staff. The night shift licensed nurses (who are responsible for daily monitoring) and all other LNs on all shifts will be trained to promote a safe and sanitary environment; this will include proper disposal of expired supplies and any supplies that have not been properly stored prior to use. Continued,	11/20/15 1/4/16 1/4/16 1/4/16 11/20/15 1/4/16

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4 203	Continued From page 23 [redacted]	4 203	4 203 Continued, The Infection Control Program will be reviewed with the Infection Control Consultant and revised as needed to ensure a safe and sanitary environment for all residents and staff.	1/4/16
			The DON and the unit supervisors will ensure that the House Supervisor's environmental checklist includes all items that must be monitored to prevent the development of and transmission of infections, and ensure a safe and sanitary environment for all residents and staff.	1/4/16
			4.The CNA in question has been verbally counseled to ensure that she understands the policies and procedures presented during our recent hand hygiene inservice, which was provided to all departments.	11/20/15
			All staff assigned to the dining room and all other resident care areas will be observed randomly to ensure that they follow proper hand hygiene practices.	1/4/16
			The nursing department will develop a performance improvement team in coordination with the other departments to initiate a hand hygiene observation program for each resident care area, and ensure that all staff follow the required hand hygiene procedures.	1/4/16
			As the designated Infection Control nurse, the DON will report any non-compliance to the QA Committee.	1/4/16
			5.The LN in question was inserviced to proper stethoscope disinfecting procedures per the manufacturer's instructions.	11/20/15
			All other Nursing staff were re-inserviced to ensure compliance with disinfecting procedures.	1/4/16
			Continued next page,	

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4 203	Continued From page 24 [redacted]	4 203	4 203, #5 Continued, The policy/procedure will be reviewed and revised if needed to ensure that all nursing staff understand and follow the required procedures. A skills check list was developed for all LNs to ensure that they have the knowledge and skill required to properly sanitize stethoscopes and other instruments used to provide resident care. As the designated Infection Control nurse, the DON will report any non-compliance to the QA Committee. 6.The LN in question has been verbally counseled to ensure that she understands the policies and procedures presented during our recent hand hygiene inservice, which was provided to all departments. All LNs assigned to administer medication and all other areas of resident care will be observed randomly to ensure that they follow proper hand hygiene practices. The nursing department will develop a performance improvement team in coordination with the other departments to initiate a hand hygiene observation program for each resident care area, and ensure that all staff follow the required hand hygiene procedures. As the designated Infection Control nurse, the DON will report any non-compliance to the QA Committee.	1/4/16 1/4/16 11/20/15 1/4/16 1/4/16 1/4/16
4 216	11-94.1-55(c) Housekeeping (c) Floors, sinks, toilets, and showers in resident areas shall be cleaned at least once daily. This Statute is not met as evidenced by: Based on observations and staff interview the facility failed to maintain and provide services necessary to maintain a sanitary, orderly, and comfortable interior. Findings include: [redacted]	4 216		

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4 216	Continued From page 25 [redacted]	4 216	4 216 11-94. 1-55(c) Housekeeping All air condition vents and privacy curtains have been cleaned. The window curtain in Room 213 has been replaced. The residents' community shower areas have been scrubbed clean of brown spots. All toilet rails throughout the facility are being replaced with new rail fixtures. 1. Housekeeping & Maintenance will implement and follow a daily cleaning schedule for all resident rooms and community areas. 2. Housekeeping will check resident rooms and community areas daily for signs of wear and tear or damage to window coverings, privacy curtains, furniture and fixtures and submit work order to Maintenance Dept. for any necessary repair or replacement. 3. Housekeeping will perform thorough daily cleaning of residents' community showers and resident rooms. 4. Maintenance Foreperson will perform daily rounds to ensure all resident and community areas are clean and well maintained, free of dirt/dust or broken items.	12/20/15 12/31/15 1/1/16 12/1/15 11/21/15 11/21/15
4 269	11-94.1-65(d)(6) Construction requirements (d) The facility shall have adequate toilet and bath facilities: (6) An adequate supply of potable running water shall be provided at all times. Temperatures of hot water at plumbing fixtures used by the residents shall be automatically regulated and shall not be below 100 or above 120 degrees Fahrenheit; This Statute is not met as evidenced by: Based on observation, resident interview, and staff interview the facility failed to provide a comfortable showering environment for residents in the third floor B shower.	4 269		

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4 269	Continued From page 26 Findings include: [redacted]	4 269	4 269 11-94. 1-65(d)(6) Construction Requirements 1. Plumbing contractor to repair and/or replace all malfunctioning hot water system components to ensure hot water temperatures are within regulatory compliance. 2. Daily Log to be maintained by Maintenance Department of source water temperature. 3. Daily random shower room check to be done daily, per floor, by Maintenance Department, to ensure hot water temperatures are within regulatory compliance.	12/16/15 12/10/15 12/10/15