

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aina Haina Quality Living	CHAPTER 100.1
Address: 5304 Limu Place, Honolulu, Hawaii 96821	Inspection Date: August 4, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(5) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Have completed ARCH teaching modules that are approved annually by the department;</p> <p>FINDINGS PCG – No documentation of ARCH modules training. Submit a copy with plan of correction (POC).</p>	<p>PCG no longer working in the facility. Copy of ARCH module training for the new PGC obtained. Copy of Certificate sent to OCHA.</p> <p>To ensure this will not recur, Administrator made a New Hire Personnel checklist of qualification and certificates needed for the PCG and other key positions. Copies of certificates will be physically made available in the Personnel Binder. No staff will be hired without hard copy of certificates on file.</p>	<p>September 15, 2015</p> <p>November 3, 2016</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(6) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Have at least one year experience working full time or its equivalent providing direct nurse aide care as an employee of a state licensed and approved intermediate care facility,</p>	<p>Assistant Administrator tasked to collect and ensure copies are on file.</p> <p>Administrator will do random audits of staff qualifications and certificates to ensure they are current.</p>	

	<p>skilled nursing facility, home health agency, or hospital or demonstrate competency equivalence through completion of a program approved by the department;</p> <p>FINDINGS PCG – No documentation of at least one year experience or its equivalent. Submit a copy with POC.</p>	<p>Certificate of at least one year experience for new PCG secured and placed inside personnel binder. Copy submitted to OCHA.</p> <p>In the future, should there be changes personnel for PCG position, the Administrator will use New Hire Personnel checklist to ensure all necessary documents available on file. Administrator will also scrutinize year of experience or competency equivalent. Should there be doubt or discrepancy noted, Administrator will seek advice from Consultant RN from OCHA.</p>	<p>September 15, 2015</p> <p>November 3, 2016</p>
<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 #1 – No documentation of physical examination prior to contact with residents.</p>	<p>Annual Physical Examination, First Aid and CPR Certificate for SCG #1 obtained the day after the survey. See attached.</p> <p>To prevent recurring same issue, a tabulated Personnel record of certificates with corresponding expiration dates will be posted and updated regularly on the staff bulletin board. A three month advance notice prior to expiration date will be sent to staff. Staff without complete documents will not be allowed to work.</p>	<p>August 5, 2015</p> <p>September 30, 2015</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p>FINDINGS SCG #1 – No documentation of current first aid certification. Submit a copy with the POC.</p>	<p>Admin Assistant tasked to supervise and update personnel record quarterly. An electronic calendar application is now utilized in the office to alert Administration team. PCG to double check posted Personnel record every month.</p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p>		

	<p>Be currently certified in cardiopulmonary resuscitation;</p> <p>FINDINGS SCG #1 – No documentation of cardiopulmonary resuscitation certification. Submit a copy with the POC.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p>FINDINGS Resident #2 – No level of care assessment prior to readmission on 3/29/15.</p>	<p>PCP was contacted for a follow up consult after discharge from hospital and also for New Level of Care assessment. New LOC for Resident #2 obtained.</p> <p>Discharge and Readmission Policy discussed by Admin team and PCG. Revision was made to clarify what parameters constitute discharge, readmission and documents needed. A revision of Admission checklist made to include re-admission.</p> <p>Administrator to double check all admission and readmission documents prior actual admission date.</p>	<p>December 05, 2015</p> <p>November 4, 2015</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (f) The resident and the resident's family, legal guardian, surrogate or representative shall be informed at the time of admission of all facility policies and procedures.</p> <p>FINDINGS Resident #2 – No documentation that written policies were reviewed with the resident, resident's family at the time of readmission on 3/29/15; including consent form for Video Surveillance and Authorization to Release Information which had the readmission date noted but was not signed by the family.</p>	<p>Care home Policies, consent of video surveillance and Authorization to Release of Information for the readmission discussed and signed by the family. Readmission checklist revised to include reviewing these policies each time a resident is readmitted to facility. For documentation purposes, family to initial and date each policies reviewed with by PCG.</p> <p>Admin and Assistant Admin will use checklist on all admission and readmissions. For monitoring purposes, each one will check and initial on checklist for compliance.</p>	<p>September 28, 2015</p>

<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p>FINDINGS Six bottles of saline enema unsecured in a hall closet.</p>	<p>Six Bottles of Saline Enema removed and disposed properly.</p> <p>Policy on Medication storage reviewed to all staff. Refresher training of Medication administration and storage conducted by RN.</p> <p>PCG tasked to randomly audit medication storage. RN to do spot checking and medication audit every month and dispose discontinued medications.</p>	<p>August 5, 2015</p> <p>October 1-15, 2015</p> <p>On- going</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 #1 – Medication was given 11/1/14</p> <p>Resident #2 – Medication records reflected taken at 7 a.m. with and Breakfast is served 6:30 a.m. to 7:30 a.m.</p> <p>Resident #2 – was ordered 7/1/15; however, the medication was not reflected on the July 2015 and August 2015 medication records. There was no medication available.</p> <p>Resident #2 – No physician order to discontinue</p>	<p>Medication Administration Policies and Procedures reviewed by Admin, PCG and RN. Re-training conducted to all staff on medication administration by RN. Medication audit done. MAR revised by RN.</p> <p>given on empty stomach. Breakfast time clarified to be at 7:30 AM- 8:00 AM. Medicine to be given on empty stomach highlighted for quick identification.</p> <p>Physician Order to Discontinue obtained. order was written on the After visit summary and not on the Physician /APRN order sheet. Order processed and added to MAR.</p> <p>Shift leaders were created. They are tasked to administer medications and document including those with BP parameters.</p> <p>PCG to supervise and perform random check on Shift Leaders. RN and PCG to conduct quarterly evaluation of all shift leaders. Quarterly evaluation form created focusing on medication administration.</p> <p>RN tasked to review each After Visit summary and doctor's note after each visit. This will be reconciled with Physician Order Sheet. In case of discrepancies, RN and PCG to clarify to MD right away.</p> <p>The new Administration contracted Pharmerica in providing the facility of Physician Order Sheet, MAR, TAR and providing medicines as per MD order.</p>	<p>October 1-15, 2015</p> <p>On- going</p> <p>September 19, 2015</p> <p>December 15-30, 2015</p> <p>On-going</p> <p>On-going</p>
			<p>December 20, 2015</p>

<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p>		
	<p><u>FINDINGS</u> Resident #2 – ordered 3/29/15; however, not initialed as taken by the resident on 4/2/15, 4/6/15, 4/16/15, 5/6/15 and 7/15/15.</p>	<p>Shift leaders were identified among staff. These shift leaders were re-trained and tasked on medication administration. PCG to do random check on MAR daily to ensure MAR were initialed when meds given. RN to check weekly MAR and conduct monthly medication audit to double check and monitor.</p>	<p>December 15-30, 2016 On-going</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: Documentation of primary care giver's assessment of resident upon admission; <u>FINDINGS</u> Resident #2 – No admission assessment by PCG upon readmission 3/29/15.</p>	<p>Admission Assessment done by PCG in retroactive. Admission checklist revised to include admission assessment. PCG to used checklist when admitting/readmitting resident. Administrator to double check all documents for monitoring.</p>	<p>September 17, 2015 January 15, 2016</p>



§11-100.1-17 Records and reports. (b)(1)
 During residence, records shall include:

Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;

FINDINGS

Resident #1 – No documentation of current tuberculosis clearance. **Submit a copy with the POC.**

Resident # Annual TB test done and recorded.

An electronic calendar utilized to alert administration team of expiration date of TB clearance, Annual H&P, Immunization and other pertinent dates.

Assistant administrator tasked to keep updated tabulated spreadsheet of above periodic examinations and relevant reports.

August 20, 2015

On-going

On-going

The new Administrator noticed Annual TB test was done for Resident #1. PCP was alerted. Annual TB test done by PCP in his office. **See attached Vaccine Administration Record, Physician Record for administering PPD and Progress Note of RN reading the skin test result.**

An audit was done by administrator and PCG on all resident's chart to ensure periodic examinations was accomplished.

An electronic calendar utilized to alert administration team of expiration date of TB clearance, Annual H&P, Immunization and other pertinent dates.

Assistant administrator tasked to keep updated tabulated spreadsheet of above periodic examinations and relevant reports.

October 29, 2015

November 1-15, 2015

On-going

On-going

<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p>	<p>Policy on documenting Falls revised to include giving prompt treatment and documenting falls on the same day it happened. Previous policy limits that only RN or PCG can write progress note regarding falls.</p>	<p>October 10, 2016</p>
	<p>FINDINGS Resident #1 – Incident report of unwitnessed fall dated 10/26/14 at 8:30 p.m.; however, progress note was written on 10/27/14 (no time noted).</p>	<p>In service training will be given to shift leaders to document falls on the Progress note, write incident report, notify PCG, RN, Family and MD the very day the incident happened. PCG will double check after each incident on proper documentation follow through that MD and family notified. RN to make a nursing assessment after incident and document.</p>	<p>November 26, 2016</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 #1 – Resident register reflected date of birth as however, date of birth is</p> <p>Resident #2 – Discharge on 3/27/15 and readmission on 3/29/15 was not reflected on the resident register.</p>	<p>Date of Birth of Resident #1 on the General Registry corrected bearing correct Date.</p> <p>Resident #2 discharge on 3/27/15 and readmission on 3/29/15 added as late entry on the General Registry.</p> <p>Checklist for Admission and Readmission revised to include adding resident to General Registry by PCG. Administrator to review and double check if data are entered correctly.</p>	<p>September 25, 2015</p> <p>September 25, 2015</p> <p>On-going</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(2)(E) Residents' rights and responsibilities:</p> <p>Each resident shall:</p> <p>Be treated with understanding, respect, and full consideration of the resident's dignity and individuality, including privacy in treatment and in care of the resident's personal needs;</p> <p>FINDINGS The door to the administrator's office where the surveillance monitor is located was unlocked during the day. The policy for Video Surveillance Usage stated "all items related to surveillance are stored in a safe and secure location."</p>	<p>Door to Administrator's office installed with automatic locking device.</p> <p>A reminder is posted on the Administrator's office door to keep door locked always is posted.</p> <p>Admin team and PCG to monitor daily to ensure door is locked all throughout the day.</p>	<p>August 5, 2015</p> <p>On-going</p>

<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(A) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Fire escapes, stairways and other exit equipment shall be maintained operational and in good repair and free of obstruction;</p> <p>FINDINGS Front exit obstructed by a footstool which decreased the clearance to 30 inches.</p> <p>Curtains hanging in front of the second exit obstructed egress to the area of refuge.</p> <p>Storage box for the garden hose obstructed sidewalk egress from the second exit to the area of refuge.</p>	<p>Furniture rearranged. Floor areas on exit marked allowing 30 inches clearance on exit areas. Staff notified that there shall be no objects on marked areas. Shift leaders to check exit areas as part of daily endorsement.</p> <p>Curtains hanging in front of second exit removed the day after survey.</p> <p>Storage box for the garden hose moved to a designated place away from egress from the second exit to the area of refuge.</p> <p>Daily monitoring done by PCG around the facility to be in compliance with the physical environment and fire escapes. Administrator to double check this effort weekly. PCG job description reviewed and added daily monitoring of physical environment.</p>	<p>November 2, 2016</p> <p>August 5, 2015</p> <p>August 5, 2015</p> <p>On-going</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p>FINDINGS SCG #2 – No documentation of twelve (12) hours of continuing education. Submit documentation of twelve (12) hours with the POC which will be credited to the 2015 annual inspection.</p>	<p>SCG #2 no longer working in the facility.</p> <p>CEU's will be done 1 topic each month. Total of 12 hours for the entire year. Memo sent by admin to those staff sourcing CEU's other than given within the facility are required to submit certificates of accrued CEU hours quarterly.</p> <p>Assistant administrator to keep a running tabulation of CEU hours accrued by each staff quarterly.</p>	<p>October 25, 2016</p> <p>On-going</p>

<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><u>FINDINGS</u> Resident #1 – No documentation of current influenza immunization.</p>	<p>Resident refused vaccination when about to be given by MD.</p> <p>Residents and families may refuse vaccination. However, to prevent the same deficiency; refusal shall be properly documented and noted by MD.</p> <p>PCG trained to document procedures done or refused by residents during MD visits. It was also added in the list of duties of RN to double check documentation done by PCG after each MD consult.</p>	<p>November 2016</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3) 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>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><u>FINDINGS</u> No fire drills during the nightshift (9 p.m. to 7a.m.).</p>	<p>Fire drills conducted with evening shift. This will be repeated once in every quarter.</p> <p>A Fire Drill Summary Sheet created indicating the time and date drills were conducted to ensure it covers all three shifts and various conditions of day.</p> <p>Administrator to monitor every month compliance to fire drills.</p>	<p>Aug 15, 2015</p> <p>On-going</p> <p>On-going</p>

<p>Fire drills conducted with night shift. This will be repeated once in every quarter.</p> <p>A Fire Drill Summary Record created indicating the time and date drills were conducted to ensure it covers all three shifts namely, day, evening and night shift.</p> <p>PCG, Assistant Administrator and Administrator to conduct fire drills. Administrator to monitor compliance.</p>	<p>November 2, 2016</p> <p>On-going</p> <p>On-going</p>
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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) 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>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> Resident #1 – The “Alteration in Nutrition and Hydration” care plan did not reflect that the resident needs to be fed.</p>	<p>Care planned reviewed by PCG, RN and Case Manager. Revisions to the care plan done after review to suit updated care needs, services and interventions for the resident.</p> <p>To prevent this deficiency in recurring, Care plans will be reviewed by PCG and RN together after each visit by Case Manager. Administrator to double check and monitor for compliance.</p>	<p>September 25, 2015</p> <p>On-going</p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(6) 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>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 – No documentation of training by the Case Manager for SCG #1.</p>	<p>SCG #1 No longer working in the facility.</p> <p>CM provided with list of all staff working in the facility. This is to prevent from same deficiency from recurring.</p> <p>Checklist was created to all training provide by CM with corresponding list of all the staff expected to attend. This will allow easy identification to those who missed specific training.</p> <p>PCG to monitor attendance to every training conducted. Staff who missed training will not be allowed to work and provide care for Expanded ARCH resident.</p>	<p>October 20, 2015</p> <p>On-going</p> <p>On-going</p>	

<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p>FINDINGS Resident #1 – No documentation that the diet order “As tolerated” (7/1/15) was clarified with the physician.</p>	<p>Resident #1 No longer residing in the facility.</p> <p>PCG tasked to review diet on admission. RN trained PCG to treat diet order same with medication, it has to be specific and similar to Standard diet orders for the State of Hawaii. In case of confusion, to consult Registered Dietician.</p> <p>Clarification for Diet order added to the admission checklist to prevent being inadvertently neglect to attend to. Administrator to review all admission documents and checklist for monitoring and compliance.</p>	<p>November 5, 2016</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>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 #1 – Progress notes did not include observations of the resident's response to thickened liquids (nectar thick liquids).</p>	<p>Monthly Progress note form revised to include response to diet order.</p> <p>RN and PCG to double check each monthly summary for compliance.</p>	<p>January 15, 2016</p> <p>On-going</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 Walkway from back exit was partially blocked by overgrown citrus bush.</p>	<p>Citrus bush trimmed back to clear obstruction.</p> <p>A yard maintenance provider contracted and instructed to monitor citrus bush and other vegetation on the back exit be trimmed every 2 weeks.</p> <p>The task to perform visual check every month if citrus bush blocking walkway added to monthly checklist for Administrator and Assistant Administrator.</p>	<p>Aug 15, 2015</p> <p>On-going</p> <p>On-going</p>

<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p><u>FINDINGS</u> Bedroom #2 closet door does not close completely.</p>	<p>Bedroom #2 closet door fixed right away on the day of Survey.</p> <p>Maintenance Personnel contracted to be available on call.</p> <p>Weekly checking of closet doors added to list for PCG. Double checking will be done by Asst. Administrator.</p>	<p>August 4, 2015</p> <p>September 15, 2016</p> <p>On-going</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(1)(A) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>Housekeeping:</p>	<p>Professional housekeeping agency hired to perform deep cleaning and dust window blinds on all rooms and living room.</p>	<p>September 20, 2015</p>
	<p>A plan including but not limited to sweeping, dusting, mopping, vacuuming, waxing, sanitizing, removal of odors and cleaning of windows and screens shall be made and implemented for routine periodic cleaning of the entire Type I ARCH and premises;</p> <p><u>FINDINGS</u> Bedroom #6 – Dusty window blinds.</p>	<p>Checklist for daily cleaning/maintenance list created. Specific instruction added to dust blinds. Sweeping, Mopping and dusting will be done daily. Deep cleaning is also scheduled to be done weekly. Each staff is assigned to clean a room in a week.</p> <p>One staff assigned to housekeeping as supervisor. PCG to monitor review deep cleaning and perform ocular inspection to all rooms weekly.</p>	<p>October 29, 2016</p> <p>October 29, 2016</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u> Laundry sink has no hand soap and paper towels.</p> <p>Live roaches seen on kitchen counter and inside one kitchen cabinet.</p>	<p>Hand soap and Paper towels replenished on the laundry sink.</p> <p>Shift leaders are assigned to monitor and replenish supplies in all sink and bathrooms daily.</p> <p>PCG to perform random check daily that supplies are available at all times.</p> <p>Sandwich Isle Pest Control hired to get rid of roaches in the kitchen</p> <p>Staff are instructed to report to admin right away if roaches are found. Contracted professional pest control agency to check facility Bi-annual and as needed.</p>	<p>August 5, 2015</p> <p>October 30, 2016</p> <p>On-going</p> <p>September 26, 2016</p> <p>On-going</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><u>FINDINGS</u> Bedroom #4 – One pillow did not have a pliable plastic pillow protector.</p>	<p>The pillow on mentioned belongs to the resident, brought by the family as a quality material pillow. The resident refused the use of pliable plastic cover and insisted to be taken out.</p>	
	<p>Bedroom #5 – One pillow did not have a pliable plastic pillow protector.</p>	<p>Resident was allowed to use own quality pillow, however, initials are written on the pillow to ensure property and that no one else to use it. In case of discharge, said pillow shall be returned to the family.</p>	<p>September 20, 2015</p>
		<p>The pillows on mentioned belong to the residents, brought by the family as a quality material pillow. The residents refused the use of pliable plastic cover and insisted to be taken out. Resident was allowed to use their own pillow, however, respective initials are written on the pillows to ensure that no one else to use it. In case of discharge, said pillows shall be returned to the family.</p> <p>Administrator and PCG checked all the pillows to all rooms to ensure that each has pliable plastic pillow protector.</p> <p>To prevent from happening again, PCG added to the monthly monitoring checklist to monitor bedroom furnishings/pillows. Staff assigned to clean room daily also tasked to double check pillows daily. Extra pliable plastic cover for pillows made available for staff to use anytime the need arise.</p>	<p>November 2, 2016</p> <p>On-going</p>

Licensee's/Administrator's Signature: Elizabeth A. Murphy RN
Print Name: ELIZABETH A. MURPHY
Date: NOVEMBER 4, 2016

Licensee's/Administrator's Signature: Elizabeth A. Murphy RN
Print Name: ELIZABETH A. MURPHY
Date: 12/8/2016