

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: AnoAno, L.L.C.	CHAPTER 100.1
Address: 54-2489 Kynnersley, Lot C, Kapaau, Hawaii 96755	Inspection Date: August 14, 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 #1, SCG #2 – No annual examination to certify that they are free from communicable disease. Submit a copy for each with the plan of correction (POC).</p>	<p>Obtained annual examination on proper OHCA physical form to certify SCG #1 and SCG#2 are free from communicable disease. See attachment Exhibit #1</p>	<p>8/14/2015</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><u>FINDINGS</u> SCG #1, SCG #2 – No annual examination to certify that they are free from communicable disease. Submit a copy for each with the plan of correction (POC).</p>	<p>SEE ATTACHED</p>	<p>8/15/2015</p>
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11-100.1-9: Office staff obtained annual examination on proper OHCA physical form to certify that SCG #1 & SCG 2 are free from communicable disease on 8/15/2015. PCG was notified of employee's compliance to require annual examination on a monthly basis by office staff. All employees files were reviewed by office staff and the following steps will be followed to assure that this citation will not reoccur in the future, office staff will review monthly the employee's annual OHCA requirements and each individual will be notified 3 months in advance of their pending due date for annual examination and TB clearance. Weekly reminders to the employee and cc'd to PCG until the renewal of annual examination and TB is received. If the employee fails to turn in the required forms to office staff by the due date, employee will be taken off the schedule until remedied. All forms will be reviewed by PCG to assure it is filled out correctly and thoroughly before it is filed into employee's chart. All staff was inservice of this on 8/15/2015.

<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</p>	<p>Obtained level of care assessment by resident #1 MD on 9/1/2015. To prevent this from happening again, we placed a reminder checklist on the admission/discharge log for 'Ano'ano Care Home.</p>	<p>9/1/2015</p>
	<p>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 #1 – No level of care assessment at the time of readmission 4/5/15.</p>	<p>SEE ATTACHED</p>	<p>8/15/2015</p>

11-100.1-10(a): Office staff obtained level of care assessment for resident # 1 from MD on 9/1/2015. See attached exhibit #2. To prevent this from happening again, PCG placed a reminder checklist on the admission/discharge log for Ano Ano Care Home. The PCG will assure prior to admission/readmission; that the Level of Care form is documented and placed in the chart. Admission will not occur until after the level of care is received. All staff inservice on this process on 8/15/2015.

<input checked="" type="checkbox"/>	<p>§11-100.1-11 <u>Activities of daily living.</u> The licensee shall provide personal care, shelter, protection, supervision, assistance, guidance or training, planned activities, food service, laundering of personal clothing, recognition of and provision for changes in health status, and arrangement for transportation to medical and dental offices.</p> <p><u>FINDINGS</u> Resident #1 – Staff failed to notify the physician of the resident’s behavior prior to the application of restraints.</p>	<p>For resident #1, soft waist restraint was discontinued on 8/15/2015 per MD order. ‘Ano’Ano Care Home will no longer use any emergency physical restraints. New policy now in place for any resident challenging/unsafe behavior, staff will now call 911 for resident to be transferred to an E.R. for needed intervention per MD order/notification of challenging/unsafe resident behavior.</p>	<p>8/15/2015</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p><u>FINDINGS</u> First aid kit contained single use antibiotic ointment packages, no triangle bandage.</p>	<p>Triangle bandage has to been added to First Aid kit on 8/15/2015. All single use antibiotic ointment packages have been removed from First Aid kit on 8/15/2015. Inventory checklist of First Aid kit items are performed monthly and after items been used by staff to prevent this from happening again.</p>	<p>8/15/2015</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>Obtained diet orders for resident #1 from M.D. on 9/1/2015 and re0eval by speech therapist on 9/27/2015 was done and recommendation updated. ‘Ano’ano will prevent this from happening again by placing check list for diet orders on admission, readmission and transfers in resident log book to assure that diet orders will be updated.</p>	<p>9/27/2015</p>
	<p><u>FINDINGS</u> Resident #1 – No diet order at the time of readmission 4/5/15.</p>		

<p>SEE ATTACHED</p>	<p>8/15/2015</p>
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11-100.1-13(i): PCG obtained diet orders for resident #1 from M.D. on 9/1/2015 and re-eval was done by speech therapist on 9/27/2015 with recommendations. Ano Ano will prevent this from happening again by placing a checklist for diet orders on admission/re-admission and transfers in resident log book to assure that diet orders will be updated accordingly. Lead CNA will check monthly for diet orders and contact MD if orders need to be updated. All staff inservice on this process on 8/15/2015.

☒	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> Refrigerator thermometer reflected 70° F. The thermometer was broken.</p>	<p>Thermometer checks will be done by staff and recorded daily. Staff will take necessary steps to maintain a temperature of less than 45 degrees fahrenheit or lower. Backup thermometer will be available incase main thermometer breaks to prevent reoccurrence.</p>	8/15/2015
SEE ATTACHED			8/15/2015

11-100.1-14(c): New thermometer's were re-placed broken thermometers by PCG on 8/15/2015 refrigerator. Thermometer checks will be done by staff and recorded daily. Staff will take necessary steps to maintain a temperature of less than 45 degrees F or lower. Backup thermometer will be available in case main thermometer breaks to prevent reoccurrence of this citation. Staff will replace broken thermometers immediately with a new functioning thermometer so that temperatures will be maintained at 45 degrees F or lower. All staff inservice on this process on 8/15/2015.

<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><u>FINDINGS</u> "Detoxificant" was unsecured in the refrigerator.</p>	<p>Placed "detoxificant" in newly purchased proper lock box. To prevent this from happening again, lead CNA will do weekly checks on medication stored in refrigerator to assure proper - safe locked storage.</p>	8/16/2015
SEE ATTACHED		8/15/2015	

11-100.1-15(b): PCG placed "detoxificant" in newly purchased proper locked box - in refrigerator. To prevent this from happening again, lead CNA & PCG will do daily checks on medication stored in refrigerators. No one will not have any medication stored in refrigerator - unsecured. At each change of shift, CNAs will sign off that all medications are secured. All staff in service on this process on 8/15/2015.



<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><u>FINDINGS</u> Resident #1 – Medication record reflected that “Levothyroxine” is taken at 8 a.m. with all 8 a.m. medication. Breakfast is served at 8 a.m. The medication is to be taken on an empty stomach.</p>	<p>Changed the item Levothyroxine given per new M.D./ pharmacy direction (on empty stomach). To prevent this from happening again, pharmacy/M.D. will be consulted on times meds should be given.</p>	<p>8/15/2015</p>
	<p>SEE ATTACHED</p>	<p>8/15/2015</p>	

11-100.1-15(e): Deficiency was corrected by PCG by changing the time before breakfast at 7:00 a.m. Levothyroxine given per new MD /Pharmacy direction (on empty stomach). Breakfast is served at 8:00 a.m. To prevent this from happening again, all Levothyroxine and other medications that need to be given on an empty stomach will be scheduled before meals. Pharmacy will be consulted if clarification is needed. PCG will assure that medications that need to be given before meals are scheduled accordingly. All staff inservice on this process on 8/15/2015.

<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</p>		
	<p>on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p>FINDINGS Resident #1 – “Haloperidol 0.5-1 mg po BID prn” ordered 7/31/15 and 8/4/15; the August 2015 medication record did not reflect the time the medication taken by the resident.</p> <p>Resident #1 – “Haloperidol 0.25-0.5 mg liquid po every 4 hours prn” was ordered 8/4/15; the medication record did not reflect the dosage taken by the resident 8/4/15, 8/5/15, and 8/11/15.</p>	<p>For 7/31/15 & 8/4/2015 staff entered on MAR the times Haloperidol was given. For 8/4/2015, 8/5/2015 and 8/11/2015 dosage, staff entered on MAR the dosage that was given for Haloperidol. To prevent this from happening again, all staff will check MARs at change of shift for proper documentation of times and dosages of medications are recorded prior to CNA leaving the shift.</p>	<p>8/15/2015</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (j) Resident(s) manifesting behaviors that may cause injury to self or others shall be assessed by a physician or APRN to determine least restrictive alternatives to physical restraint use, which may be used only in an emergency when necessary to protect the resident from injury to self or to others. If restraint use is determined to be required and ordered by the resident's physician or APRN, the resident and the resident's family, guardian or surrogate, and case manager shall be notified and a written consent obtained. The licensee shall maintain a written policy for restraint use outlining resident assessment processes, indications for use, monitoring and evaluation and training of licensee and substitute care givers. Renewal orders for restraint use shall be obtained on a weekly basis from the resident's physician or APRN based on the assessment, monitoring and evaluation data presented by the primary care giver.</p> <p>FINDINGS Resident #1 – Restraint (soft waist) applied on 8/1/15 and 8/3/15 without physician orders. (No physician order indicating the form of restraint, length of time restraint to be used, or the alternative care that can be provided.) Order for restraint dated 8/4/15.</p>	<p>Due to the fact that physician access for patients on the Big Island of Hawaii is limited and difficult after hours and on weekends, 'Ano 'Ano will no longer use soft waist restraints in case of behavioral emergencies. Instead 'Ano'Ano will call 911 for immediate assistance and transfer behavioral resident to E.R. for intervention/evaluation per MD order, and this will prevent this from happening again in the future.</p> <p>All staff was re-inserviced on 8/15/2015 regarding new procedure for behavioral emergencies (calling 911 for assistance) and that 'Ano 'Ano no longer uses physical restraints for emergency purposes.</p> <p>Verbal consent from resident #1 POA for soft waist restraint was obtained on 8/1/2015 & 8/3/2015, and written consent for soft waist restraint was obtained from POA on 8/15/2015.</p>	<p>8/15/2015</p>
	<p>No written consent obtained from the family. No documentation that the physician was notified of the resident's behavior and an assessment made to determine least restrictive alternatives on 8/1/15 and 8/3/15.</p> <p>SCG training for restraint use dated 8/7/15.</p>		

<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) 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>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #1 – No report of medical examination for hospitalization 4/1/15 to 4/4/15.</p>	<p>Medical examination report obtained for resident #1 for 4/1/15 to 4/4/15 hospitalization on 9/1/2015 from MD. To prevent this from happening again in the future, a checklist reminder on the resident admission, re-admission, and transfer log will be typed in and staff will obtain these documents prior to resident leaving hospital for admission or re-admission.</p>	<p>9/1/2015</p>
<p style="text-align: center;">SEE ATTACHED</p>		<p>8/15/2015</p>	

11-100.1-17(a)(4): Medical examination report was obtained for resident #1 by PCG on 4/1/2015 to 4/4/2015 hospitalization. To prevent this from happening in the future a checklist reminder on the resident admission / re- admission / & transfer log will be typed and PCG will obtain these documents prior to admission. In the future all residents admitted or re-admitted will receive a packet that includes all of the required documents for admission. Admission will not occur unless all forms are completed and placed in chart. All staff inservice on this process on 8/15/2015.

<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(6) 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>Physician or APRN signed orders for diet, medications, and treatments;</p> <p><u>FINDINGS</u> Resident #1 – No signed physician orders for medication, blood sugar checks and oxygen use at the time of admission 4/5/15.</p>	<p>Ordered obtained for resident #1 blood sugar checks and oxygen use on 9/1/2015. To prevent this from happening again, staff will reconcile orders at time of admission and assure all orders obtained from MD for admissions, readmissions, and transfers.</p>	<p>9/1/2015</p>
		<p>SEE ATTACHED</p>	<p>8/15/2015</p>

11-100.1-17(a)(6): PCG obtained for resident #1 blood sugar checks and oxygen use on 9/1/2015. To prevent this from happening again, PCG will reconcile orders with MD prior to admission and assure that all medication/treatment orders obtained from MD for admissions, readmissions, and transfers. Lead CNA will check charts for its completeness regarding MD orders and required admission forms prior to admission. All staff inservice on this process on 8/15/2015.

<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, 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><u>FINDINGS</u> Resident #1 – Progress notes did not reflect “contusion/bruise to arm/forearm, hand/fingers,” and first aid (noted on the incident report) for incidents occurring 8/1/15 and 8/3/15. No documentation that family was notified of the incidents.</p> <p>Resident #1 – No progress notes that the primary care giver and physician was made aware of resident behaviors 8/1/15 and 8/3/15 for which soft waist restraint applied while resident in the wheelchair.</p> <p>Resident #1 – No progress notes of actions taken on 7/29/15 when resident experienced increased agitation and made threats to “kill everyone.”</p> <p>Resident #1 – Speech therapist feeding/swallowing precautions dated 1/5/15 had recommendations for chopped, ground meats; however, lunch served on the day of the inspection: salad made with lettuce, kidney beans, raw carrots, and raw bell pepper.</p> <p>Resident #1 – Speech therapist eating/feeding recommendation for “alternate food and liquid;” however, no documentation that the recommendation was followed.</p>	<p>Family informed of the Resident 1 incidents occurring on 8/1/2015 & 8/3/2015 regarding contusion/bruise to arm/forearm, hand/fingers, and first aid provided.</p> <p>Primary care giver and physician was notified of the behaviors of 8/1/2015 & 8/3/2015 but not properly documented. Staff was in-serviced on how to fill out the incident reports correctly and proper documentation.</p> <p>When resident # 1 stated that he would “kill everyone” he was removed from the area where he was arguing with another resident and went to bed. The next day the resident did not recall that he said he would kill everyone and apologize to all the other residents.</p> <p>On 9/27/2015 Speech therapist updated resident feeding / swallowing precaution after evaluation.</p> <p>To prevent this from happening again - Speech therapist guidelines will be updated when resident status improves.</p>	<p>8/15/2015</p> <p>9/27/2015</p>
	<p>SEE ATTACHED</p>	<p>8/20/2015</p>	

11-100.1-17(b)(3): PCG has initiated a monthly review of progress notes with the lead CNA to verify that all general progress notes are written and updated accordingly. In addition, PCG has in-serviced all secondary caregivers to contact PCG, MD, lead CNA and family immediately when any serious incident occurs for the resident as well as document the incident. This was completed 8/15/2015.

Annual and upon orientation in-service will be conducted for incident reports. PCG will audit all incident reports on weekly basis for completion and proper documentation.

PCG as well as lead CNA has retrained all secondary care givers to follow dietary guidelines, in addition weekly checks by PCG are done in person to verify that speech therapists, MD and dietitian guidelines are followed when dietary modifications are ordered. This training was completed on 8/20/2015. Training also included caregivers to document any significant changes in resident ability to following their diet orders.

☒	<p>§11-100.1-17 <u>Records and reports.</u> (c)</p>		
	<p>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><u>FINDINGS</u> Resident #1 – No incident report initiated when resident made threats (“kill everyone”) to other residents and staff on 7/29/15.</p> <p>No incident report for the resident that was hit on 8/1/15 by Resident #1.</p> <p>No incident report(s) for staff on duty physically hurt by Resident #1 on 8/3/15 that was noted in the progress notes.</p>	<p>Incident report for resident #1 filled out for threats, “Kill everyone” on 8/15/2016. Interventions taken by removing resident from the area and family and MD notified.</p> <p>Incident report filled out for resident # 1 describing incident. Staff clarified that resident nudged the resident shoulder as the resident sat in the wheelchair.</p> <p>Incident report was filed on the staff getting scratched by the agitated resident on his forearm on 8/15/2015.</p> <p>To prevent this from happening again, incident report will be filled within the shift that it occurred and Lead CNA will check that all items filled out and followed through on incident report.</p>	<p>8/15/2015</p>

<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards. (c)</u> 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><u>FINDINGS</u> Resident #1 – Staff failed to notify the physician of the resident's behavior prior to the application of restraints on 8/1/15 and 8/3/15.</p> <p>Resident #1 – Staff failed to notify the physician when the resident made threats to “kill everyone” on 7/29/15.</p>	<p>Due to the fact that physician access for patients on the Big Island of Hawaii is limited and difficult after hours and on weekends, 'Ano 'Ano will no longer use soft waist restraints in case of behavioral emergencies. Instead 'Ano'Ano will call 911 for immediate assistance and transfer behavioral resident to E.R. for intervention/ evaluation per MD order, and this will prevent this from happening again in the future.</p> <p>All staff was re-inserviced on 8/15/2015 regarding new procedure for behavioral emergencies (calling 911 for assistance) and that 'Ano 'Ano no longer uses physical restraints for emergency purposes.</p>	<p>8/15/2015</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards. (d)</u> When the resident has experienced a significant change in mental or physical well-being, a prompt report shall be made and provided to the resident's physician or APRN, by the primary or substitute caregiver. Any change in physician or APRN orders shall be promptly carried out.</p> <p><u>FINDINGS</u> Resident #1 – Staff failed to notify the physician of the resident's behavior prior to the application of restraints on 9/1/15 and 8/3/15.</p> <p>Resident #1 – Staff failed to notify the physician when the resident made threats to “kill everyone” on 7/29/15.</p>	<p>Due to the fact that physician access for patients on the Big Island of Hawaii is limited and difficult after hours and on weekends, 'Ano'ano will no longer use soft waist restraints in case of behavioral emergencies. Instead 'Ano'ano will call 911 for immediate assistance, and this will prevent future this from happening again.</p> <p>All staff was re-inserviced on 8/15/2015 regarding new procedure for behavioral emergencies (calling 911 for assistance).</p>	<p>8/15/2015</p>

<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(2)(D) <u>Residents' rights and responsibilities:</u></p> <p>Each resident shall:</p> <p>Physical restraints may only be used in an emergency when necessary to protect the resident from injury to self or to others. In such a situation the resident's physician or APRN shall be notified immediately to obtain an assessment for least restrictive alternatives to restraint use. If restraint use is determined to be necessary, written orders shall be obtained from the resident's physician or APRN indicating the form of restraint to be used, the length of time restraint shall be applied, the frequency of use and the alternative care that can be provided to the resident. If a less restrictive alternative to restraint exists, it must be used in lieu of the restraint. The resident's family, legal guardian, surrogate or representative, and case manager shall be notified if no alternative to restraint exists and a written consent shall be obtained for restraint use. The restraint use shall be in compliance with the Type I ARCH's written policy, as approved by the department;</p> <p><u>FINDINGS</u> Resident #1 – Restraint (soft waist) applied on 8/1/15 and 8/3/15 without physician orders. No documentation that the physician was notified immediately to obtain as assessment for least restrictive alternative. Order for restraint dated 8/4/15.</p>	<p>Due to the fact that physician access for patients on the Big Island of Hawaii is limited and difficult after hours and on weekends, 'Ano'ano will no longer use soft waist restraints in case of behavioral emergencies. Instead 'Ano'ano will call 911 for immediate assistance, and this will prevent future this from happening again.</p> <p>All staff was re-inserviced on 8/15/2015 regarding new procedure for behavioral emergencies (calling 911 for assistance).</p>	<p>8/15/2015</p>
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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment. (g)(3)(I)</u> Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p><u>FINDINGS</u> Resident #1 – No self-preservation certification upon readmission 4/5/15.</p>	<p>Self -preservation certification for resident #1 was obtained on 9/1/2015. To prevent this from happening again, a reminder checklist of items needed self preservation certification will be on the resident admission, re-admission, transfer log sheet.</p>	<p>9/1/2015</p>
		<p>SEE ATTACHED</p>	<p>8/15/2015</p>

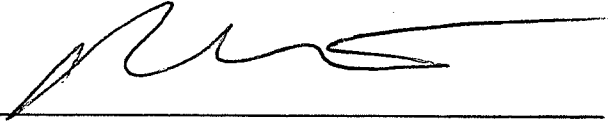
11-100.1-23 (g)(3)(I): PCG obtained on 9/1/2015, self preservation certification for resident #1. To prevent this from happening again, a reminder checklist of items needed (self preservation certification will be on the resident admission, re-admission, transfer log sheet.

PCG will assure that self preservation certification is documented prior to admission. All staff inservice on this process on 8/15/2015.



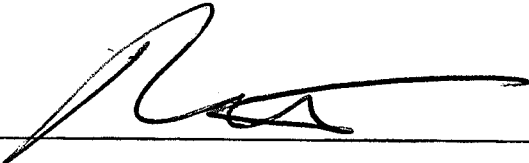
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p>	<p>The pillow was labeled with the resident's name for single resident use only on 8/15/2016. To prevent this from happening again, all pillows are assigned to each resident and labeled with their name for single resident use only.</p>	<p>8/15/2015</p>
	<p>FINDINGS One pillow for each of five (5) resident beds did not have a pliable plastic pillow protector.</p>		
	<p>SEE ATTACHED</p>	<p>8/15/2015</p>	

11-100.1-23 (o)(3)(B): The pillow was labeled with resident's name for single resident use on 8/15/2015 by lead CNA. To prevent this from happening again, all pillows are assigned to each resident and labeled with their name for single resident use only. In addition, plastic covering is used for all pillows. To prevent this from happening again PCG will check pillows monthly to assure pillow are one time use by only one resident. Upon admission, all new residents will receive a new pillow with their names on it for single one resident use only. All staff inservice on this process on 8/15/2015.

Licensee/Administrator's Signature: 

Print Name: MARE MELTON

Date: 2-27-2016

Licensee/Administrator's Signature: 

Print Name: MARE MELTON

Date: 10-13-2016