

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Oceanside Hawaii Assisted Living	CHAPTER 100.1
Address: 53-594 Kamehameha Highway, Hauula, Hawaii 96717	Inspection Date: January 30 & 31, 2017 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

10059

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><u>FINDINGS</u> Menus did not meet residents' nutritional needs as no portion sizes were indicated on the menu. Lunch was 2 ounces of kalbi, ½ cup of white rice, and ¼ cup cooked zucchini, yellow squash.</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Hired RD to work with kitchen supervisor and administrator to develop a ½ week cycle that meets the dietary guidelines as set by the Hawaii DOH OHEA as well incorporating residents food preferences and accommodating facilities kitchen capabilities. Kitchen supervisor received in-service by RD on appropriate portion sizes on 2/2/17</p>	<p style="text-align: center;">2/2/17</p>
	<p style="text-align: center;">6581</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-13(a)	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Facility will follow RD-approved menus including substitutions. Kitchen supervisor will consult with RD prior to offering alternate menu including holiday menus and substitutions to ensure guidelines are met. Dietary staff will receive nutrition in-service at least annually.</p>	2/2/17
	65-81		

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p>FINDINGS Resident #2 Resident was served a whole roast beef sandwich, tossed green salad however, current diet order (11/29/16) was minced diet.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The diet roster was verified to match the resident's current diet orders. The diet roster and tray tickets were updated for the dietary department's meal prep and service. In-service to Nursing department was done on 1/25/17 to review process updating diet roster when diet orders are changed.</p>	<p style="text-align: center;">1/25/17</p>
	<p style="text-align: center;">658</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-13 (1)	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Weekly interdisciplinary team meetings has been implemented to improve communication between departments including ensuring that dietary department is made aware of any diet changes. Nursing department will update diet roster for dietary department as residents diet orders change.</p>	<p style="text-align: center;">2/2/17</p>
	<p style="text-align: center;">6581</p>	<p>Updated diet roster will be posted in the kitchen meal prep/service area. Cook will do daily huddles with care staff for any last minute diet order changes. Care staff will initiate RD referral for nutrition assessment for resident on special diets.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<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></p> <p>1. Resident #1 Progress notes did not include observations of significant weight changes of 10.5 lbs. from June 2016 to July 2016 and 15 lbs. from August 2016 to September 2016.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Monthly progress notes have been updated to include residents monthly weights, weight changes, and response to diet.</p>	<p>1/21/17</p>
			<p>02:59</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-100.1-17 (b)(3)</p> <p><u>FINDINGS</u></p> <p>1. Resident #1 Progress notes did not include observations of significant weight changes of 10.5 lbs. from June 2016 to July 2016 and 15 lbs. from August 2016 to September 2016.</p>	<p>PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>All care and nursing staff have been in-serviced to document residents monthly weights and significant weight changes. Nursing staff will initiate RD referral for nutrition assessments for residents with significant weight changes. RD will provide nutrition assessments for residents with significant changes.</p>	<p>2/2/17</p>
	<p>69-81</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
<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></p> <p>2. Resident #2 Progress notes for February 2016, March 2016, April 2016, May 2016, July 2016, August 2016, October 2016, November 2016 did not include observations of the resident's response to diet.</p>	<p>PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Hired RD to provide nutrition assessments. Nursing department was in-service to ensure monthly progress notes include resident's response or tolerance to diet.</p>	<p>2/2/17</p>
			<p>1859</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-100.1-17 (b)(3)</p> <p><u>FINDINGS</u></p> <p>2. Resident #2 Progress notes for February 2016, March 2016, April 2016, May 2016, July 2016, August 2016, October 2016, November 2016 did not include observations of the resident's response to diet.</p>	<p>PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>RD and Nursing monthly progress notes will include resident's response or tolerance to diet</p>	<p>2/2/17</p>
			<p>18:59</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<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></p> <p>3. Resident #2 Progress notes did not include observations of significant weight change of 63 lbs. from September 2016 to November 2016.</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Upon review of the residents record, the progress note did not include documentation for a significant weight loss note due to lb# was a typo error. The weight in MAR does not reflect a significant weight loss.</p>	<p style="text-align: center;">1/21/17</p>
			<p style="text-align: center;">1/21/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-100.1-17 (b)(3)</p> <p><u>FINDINGS</u></p> <p>3. Resident #2 Progress notes did not include observations of significant weight change of 63 lbs. from September 2016 to November 2016.</p>	<p align="center">PART 2 FUTURE PLAN</p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Monthly weights will be reviewed by administrator and RD to help ensure weights are accurately measured and documented.</p>	<p align="center">11/21/17</p>
			<p align="center">11/21/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><u>FINDINGS</u> Resident #2 No monthly weight for May 2016.</p>	<p>PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>All care staff were in-serviced to ensure all monthly are documented in MAR.</p>	<p>2/2/17</p>
			<p>4-2-59</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE # §11-100.1-17 (b)(7)	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Monthly weights are taken on the 1st thru the 5th of each month. Administrator and RD will help monitor residents monthly weights. RD to help identify those who are at a nutritional risk and will provide nutrition assessments as needed.</p>	2/2/17

	Rules (Criteria)	Plan of Correction	Completion Date
<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><u>FINDINGS</u> No incident reports prior to September 2016 available for inspection.</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Incident reports prior to September 2016 were not made available thru transition to new ownership.</p>	<p style="text-align: center;">1/20/17</p>
			<p style="text-align: center;">1/18/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-17 (c)	<p style="text-align: center;"> PART 2 <u>FUTURE PLAN</u> </p> <p style="text-align: center;"> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? </p> <p style="text-align: center;"> <i>Facility will follow Policy and Procedure for medical record retention</i> </p>	<p style="text-align: center;"> <i>1/30/17</i> </p>
			<p style="text-align: center;"> <i>0060</i> </p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><u>FINDINGS</u></p> <ol style="list-style-type: none"> 1. Resident #1, financial statement in record filled out but not dated or signed. 	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Financial statement was signed and dated with residents power of attorney</p>	<p>1/20/17</p>
			<p>00:00</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-100.1-19 (a)</p> <p><u>FINDINGS</u></p> <p>1. Resident #1, financial statement in record filled out but not dated or signed.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>All residents agreements have been modified to include financial statement</p>	<p>1/30/17</p>
			<p>00:60</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><u>FINDINGS</u> 2. Resident #2, no financial statement in resident record for review.</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Financial statement was signed and dated with resident's power of attorney</i></p>	<p style="text-align: center;"><i>11/30/17</i></p>
			<p style="text-align: center;">0000</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-100.1-19 (a)</p> <p><u>FINDINGS</u></p> <p>2. Resident #2, no financial statement in resident record for review.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>All residents agreements has been modified to included financial statement</p>	<p>2/2/17</p>
			<p>00:00</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<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>FINDINGS Room #110 closet door knob missing.</p>	<p>PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Door knob has been placed on closet door</p>	<p>2/5/17</p>
			<p>00:00</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-23 (b)	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Monthly checklist was created to include closet door knob and wtu. be checked by the maintenance department.</p>	<p style="text-align: center;">2/15/17</p>
			<p style="text-align: center;">00:00</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (i)(2) All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure.</p> <p>Windows shall have screens having no less than sixteen meshes per inch.</p> <p><u>FINDINGS</u> 1. Room #109 window screen frame bent.</p>	<p>PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Window screen frame was replaced</i></p>	<p><i>2/5/17</i></p>
			<p>00:60</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-100.1-23 (i)(2)</p> <p><u>FINDINGS</u></p> <p>1. Room #109 window screen frame bent.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Maintenance checklist was created to include window screen conditions and will be checked by maintenance supervisor</p>	<p>2/15/17</p>
			<p>00:00</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (i)(2) All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure.</p> <p>Windows shall have screens having no less than sixteen meshes per inch.</p> <p><u>FINDINGS</u> 2. Room #111 window screen frame bent.</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Window screen frame was replaced.</p>	<p style="text-align: center;">2/15/17</p>
			<p style="text-align: center;">00:60</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-100.1-23 (i)(2)</p> <p><u>FINDINGS</u></p> <p>1. Room #111 window screen frame bent.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Maintenance checklist was created to include window screen conditions and will be checked by the maintenance supervisor.</p>	<p>4/5/17</p>
			<p>00:00</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-55 <u>Nutrition and food sanitation.</u> (1) In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs:</p> <p>A registered dietitian shall be utilized to assist in the planning of menus, and provide nutritional assessments for those residents identified to be at nutritional risk or on special diets. All consultations shall be documented;</p> <p><u>FINDINGS</u></p> <p>1. Resident #1 No documentation that a registered dietitian was utilized to provide nutritional assessment for resident with significant weight changes of 10.5 lbs. from June 2016 to July 2016 and 15 lbs. from August 2016 to September 2016.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Hired RD to provide nutrition assessments for residents on special diets, significant weight changes and at nutritional risk.</p>	<p style="text-align: center;">2/2/17</p>
			<p style="text-align: center;">00:00</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-100.1-55 (1)</p> <p><u>FINDINGS</u></p> <p>1. Resident #1 No documentation that a registered dietitian was utilized to provide nutritional assessment for resident with significant weight changes of 10.5 lbs. from June 2016 to July 2016 and 15 lbs. from August 2016 to September 2016.</p>	<p>PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>RD will provide nutrition assessments for resident on special diets, significant weight changes and at nutritional risk.</p>	<p>11/21/17</p>
			<p>00:50</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-55 <u>Nutrition and food sanitation</u>. (1) In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs:</p> <p>A registered dietitian shall be utilized to assist in the planning of menus, and provide nutritional assessments for those residents identified to be at nutritional risk or on special diets. All consultations shall be documented;</p> <p>FINDINGS</p> <p>2. Resident #2 No documentation that a registered dietitian was utilized to provide nutritional assessment for resident with significant weight change of 63 lbs. from September 2016 to November 2016.</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Upon verification of record weight in progress note was typed error. The weight in MAR does not reflect a significant weight change. An RD was hired to help identify and assess residents with significant weight changes.</p>	<p style="text-align: center;">2/2/17</p>
			<p style="text-align: center;">00:00</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-100.1-55 (1)</p> <p><u>FINDINGS</u></p> <p>2. Resident #2 No documentation that a registered dietitian was utilized to provide nutritional assessment for resident with significant weight change of 63 lbs. from September 2016 to November 2016.</p>	<p align="center">PART 2 <u>FUTURE PLAN</u></p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Facility will implement a "monthly weight monitoring" program to RD identify and monitor residents at risk for significant weight changes. RD will provide nutrition assessments for residents on special diets, significant weight changes, and at nutritional risk.</p>	<p align="center">2/2/17</p>
	<p align="center">005</p>		

Licensee's/Administrator's Signature: AW Chen
Print Name: Albert Chen
Date: 11/24/2017

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