

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ellazar, Estela (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 17-162 Ipuaiwaha Street, Keaau Hawaii 96749	Inspection Date: August 24, 2016

IMMEDIATE ADVISORY

POSTING OF DEFICIENCIES AND PLANS OF CORRECTIONS

If you fail to submit a plan of correction (POC) within ten (10) working days of receipt of your Statement of Deficiencies (SOD):
Your SOD will be posted on the Department of Health (DOH) website with the following statement:

"POC NOT RECEIVED AS OF <DATE>"

If you initially submit an unacceptable POC (UPOC), you have ten (10) working days to submit an acceptable POC. If the revised POC is still unacceptable, your SOD will be posted on the DOH website with the following statement:

"POC NOT ACCEPTABLE"

If you initially submit an unacceptable POC (UPOC), but you fail to submit a revised POC, your SOD will be posted on the DOH website with the following statement:

"POC NOT ACCEPTABLE"

	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><u>FINDINGS</u> HM #1, no current physical examination.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>She had it done on June 6. I went to ask a copy from the Dr. and I file it in the care home binder.</p>	<p>10/20/2016</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	RULE # 11-100.1-9(a)	<p style="text-align: center;"><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>In the future I will check the appt. calendar and schedule an appt. and I will file the PE inside the binder and one month before inspection, I will check to make sure the PE form is in the binder.</p>	10/20/2016

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Primary care giver (PCG) tuberculosis (TB) attestation form completed on June 30, 2016; however, was not signed by a physician or APRN.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I discuss with Dr. + said that he is going to sign the attestation form. I will bring my PCG attestation form + have Dr. signed to check if Dr give it in the binder.</p>	<p>10/20/2016</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	RULE # 11-100.1-9(b)	<p style="text-align: center;"><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>PCG will make sure that at all future physical examinations and TB clearance questionnaires are signed and dated by PCP to prevent deficiency from recurring.</p>	<p>11/16/2016</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> SCG#1, TB attestation form completed on September 22, 2015; however, was not signed by a physician or APRN.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I discuss with Dr. + said that he is going to sign the attestation form I told my substitute caregiver that her TB attestation form must be sign by the Dr. + check if it signed + file it in the binder.</i></p>	<p><i>10/20/2016</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	RULE # 11-100.1-9(b)	<p style="text-align: center;"><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>PCG will make sure that at all future physical examinations and TB clearance questionnaires for herself and her substitute caregivers are signed and dated by PCP to prevent deficiency from recurring.</p>	9/11/16 (2016)

	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> No documented menu substitutions.</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;">I have a substitution menu available and will use as needed.</p>	09/01/16

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	RULE # 11-100.1-13(a)	<p style="text-align: center;"><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>Menu substitutions will be kept current. Any substitute menu changes shall be made accordingly to meet the daily nutritional needs as well as the preferences of the residents, and be made available at the time of inspection, to prevent deficiency from recurring.</p>	9/16/2016

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> No menu posted in resident dining area.</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>Resident's menu has been posted in resident's dining area as well as the kitchen, to be viewed at all times.</p>	<p>08/25/16</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	RULE # 11-100.1-13(d)	<p style="text-align: center;"><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>Resident's current menu must be posted in resident's dining area year round for the resident's viewing. If the menu must be updated, PCG will make the correction of the menu, and repost immediately. When changes are made to one menu, the PCG must also make the change on the menu posted in dining area, to prevent deficiency from recurring.</p>	9/16/2016

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> "Lysol" and "Clorox" spray in resident shower.</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>Lysol and Clorox sprays were removed from resident's shower and is securely stored in a cabinet away from any food supplies.</p>	<p>08/24/16</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	RULE # 11-100.1-14(D)	<p style="text-align: center;"><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>FCG and all SCGs will make sure that all toxic chemicals and cleaning agents are properly labeled and stored securely after each use, and away from any food supplies, to prevent deficiency from recurring.</p>	9/16/2016

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 PCG pre-pouring medications into weekly pill minders for all residents.</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>PCG removed all medications in weekly pill minders for all residents</p>	09/01/16

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	RULE # 11-100.1-15(b)	<p style="text-align: center;"><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>In the future, to prevent deficiency from recurring, PCG and/or SCG (whoever is administering medication) will look at the doctor's order, look at the medication record, and look at the medication bottle before administering any medication for any resident. Then PCG/SCG will remove med sheet for current month for each resident and file in a folder. For each resident, look at the medication sheet and pour medication into medicine cup, administer the medication to assigned resident, then initial the medication administered for the right time. Folder will be kept securely with the medications and initialed each time medication is given, to decrease the chance of ERRORS from occurring.</p>	<p style="text-align: right;">9/16/2016</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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, physician order of <u>July 21, 2016</u> read, "Discontinued Cleocin 150 mg 3 capsules Orally three times a day." However, July and August 2016 medication records initialed as administered until <u>present</u> (August 24, 2016).</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Medication was ^{initially} discontinued at time of inspection.</p>	<p>08/24/16</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	RULE # 11-100.1-15(c)	<p style="text-align: center;"><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>In the future, PCS will read the medication record before initialing. When medication is discontinued, note to abbreviation "DC" on the day it was discontinued and draw a line thru the rest of the month. When discontinuing a medication, handwrite it, and not need to reprint medication sheet, to decrease the chance of error and to prevent deficiency from recurring.</p>	<p>9/16/2016</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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, physician order dated April 22, 2016 read, "Senna 8.6-50 mg 2 tabs orally by mouth." However, April 2016 medication record initialed as administered beginning April 1, 2016.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I cannot go back and correct the deficiency. Medication sheet was reprinted and PCE did not carefully look at the dates of when it was first ordered, to start initialing from that day on.</p>	<p>a/16/2016</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	RULE # 11-100.1-15(e)	<p style="text-align: center;"><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>When a medication is ordered anytime during the month, PCG should not reprint the entire medication sheet and re-initial. Instead, PCG will handwrite the new order in for the month. If PCG prefers, on the following month, if still ordered, she may type the order on the medication record. In the future, PCG will carefully look at each medication ordered and the day of administration before initialing each medication on the medication record to decrease the chance of error and to prevent deficiency from recurring.</p>	<p style="text-align: right;">aUG/2016</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (c) 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, physician order dated, <u>February 10, 2016</u> read, "Budesonide/Fomoterol Fumarate (Symbicort) 80/40.5 inhaler) 2 puff inhalation twice a day." However, February 2016 medication record initialed as administered February 1 - 9, 2016, and not initialed as administered thereafter.</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>I cannot go back and correct deficiency. Medication sheet was reprinted and PCG did not carefully look at the dates of when it was first ordered, to start initialing from that day on.</p>	<p>01/16/2016</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	RULE # 11-100.1-15(e)	<p style="text-align: center;"><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>When a medication is ordered anytime during the month, PCG should not reprint the entire medication sheet and re-initial. Instead, the PCG will handwrite the new order in for that month. If PCG prefers, on the following month, she may type the order on the medication sheet. In the future, PCG will carefully look at the medication ordered and the day of administering before initialing each medication on the medication sheet to decrease the chance of error and to prevent deficiency from recurring.</p>	<p style="text-align: right;">all set</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1, physician order dated February 18, 2016 read, "Taking Cleocin: 150 mg 3 capsules Orally three times a day." However, medication was not listed on the March 2016 medication record.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Cleocin, an antibiotic, was ordered on Feb 18, 2016 - 150mg 3 capsules orally three times a day. It was not written for how many days, but PCA recalls the antibiotics being prescribed for 10 days, ending Feb 28, 2016, reason for the medication not being listed on March medication record.</p>	<p>2/16/2016</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	RULE # 11-100.1-15(f)	<p style="text-align: center;"><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>In the future, at doctor's visits, PCG will clarify with PCP on the order - when to discontinue medication, how long of duration the medication will be given, or how many tablets are being prescribed, to decrease the chance of errors and to prevent deficiency from recurring.</p>	<p style="text-align: right;">a/lul/2016</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1, no medication re-evaluation between September 10, 2015 and February 2, 2016.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I cannot go back and correct the deficiency.</p>	<p>9/16/2016</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	RULE # 11-100.1-15(g)	<p style="text-align: center;"><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>In the future, if a resident doesn't need to see a PCP within 4 months of last visit, PCG is able to speak w/ PCP via phone to have a "telephone order" to review the residents' medications. PCG will then add entry in physicians' notes a "telephone order review" with the date and signed by PCP at next visit. Resident must be seen or a telephone order must be done within 4 months of last visit, to prevent deficiency from recurring.</p>	<p style="text-align: right;">9/16/2016</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Resident #1, Ketoconazole cream – expiration date read “Oct 15.” (October 2015)</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Ketoconazole cream was disposed of by PCP</p>	<p>08/24/16</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	RULE # 11-100.1-15(1)	<p style="text-align: center;"><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>PCG reviewed all medications. See to it that all medication that need to be dispose, discontinued, check the expiration date. PCG disposed them in a secured disposal & not to be mixed up with other medications to avoid confusion.</p> <p>To make sure that it won't happen again. PCG will review all medications, residents taking, should be updated & next time PCG will visit physician's office will discuss all medications with the physician for clarity.</p>	<p>a/29/2016</p> <p>a/29/2016</p>

	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> Resident #1, no incident reports for emergency room visit on January 7, 2016 and February 9, 2016.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I cannot go back and correct the deficiency.</i></p>	<p><i>9/16/2016</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	RULE # 11-100.1-17(c)	<p style="text-align: center;"><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>PCG will document right away all me incident happened to avoid forgetting. I will indicate the time, place & how it happen + PCG will call the PCP, CHA & the family.</p>	9/29/2016

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (i)(3)(B) 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>Doors:</p> <p>When multiple locking devices are used on exits, a maximum of two locking mechanisms for egress shall be allowed;</p> <p><u>FINDINGS</u> Exit #1, double keyed locking device requiring a key to exit.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Exit #1 locking device has been changed to comply with current safety and fire codes. The locking device is now located on the outside, so no key is required to exit the facility.</p>	<p>09/07/16</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	RULE # 11-100.1-23(i)(3)(B)	<p style="text-align: center;"><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>In the future, exits in the care home facility must not have locks from the inside requiring a key to exit. The PCG will frequently check the exits of the home to ensure it is accessible, functional, and compliant with fire and safety codes to prevent deficiency from recurring.</p>	<p style="text-align: right;">9/16/2016</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 monthly fire drill records for July 2015 – present.</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>Fire drills are conducted monthly with PCG, a SCG, and the residents. Documents were not readily available for review at time of inspection. It is printed and in the care home binder ready for review.</p>	<p>09/01/16</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	RULE # 11-100.1-86(a)(3)	<p style="text-align: center;"><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>In the future, documentation of fire drills will be printed after every monthly drill and made readily available for review, to prevent deficiency from recurring.</p>	<p style="text-align: right;">9/16/2016</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(4) 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>Hard wired smoke detectors shall be approved by a nationally recognized testing laboratory and all shall be tested at least monthly to assure working order;</p> <p><u>FINDINGS</u> No monthly smoke detector checks for July 2015 – present.</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>Smoke detector checks are conducted together with the monthly fire drills. Documents weren't readily available for review at time of inspection. It is printed and in the care home binder ready for review.</p>	<p>09/01/14</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	RULE # 11-100.1-86(a)(4)	<p style="text-align: center;"><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>In the future, documentation of smoke detector checks will be printed after every monthly check and made readily available for review, to prevent deficiency from recurring.</p>	<p style="text-align: right;">allc/2016</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (c)(2) The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have:</p> <p>Pneumococcal and influenza vaccines and any necessary immunizations following the recommendations of the Advisory Committee of Immunization Practices (ACIP);</p> <p><u>FINDINGS</u> Resident #1, no documented pneumococcal vaccination.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>POP PCG talked with PCP and was told that in his chart in the doctor's office, it is noted that resident has had a pneumococcal vaccination before with his previous physician, but date is unknown.</p>	<p>09/07/16</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	RULE # 11-100.1-87(c)(2)	<p style="text-align: center;"><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>In the future, documentation of pneumococcal vaccination must be made available in the resident's chart for review at time of inspection, to prevent deficiency from recurring. If unsure of pneumococcal vaccine, PCG must ask PCP for the documentation.</p>	<p style="text-align: right;">9/16/2016</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(3) 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>Review the care plan monthly, or sooner as appropriate;</p> <p>FINDINGS Resident #1, no monthly care plan review.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Called Case Manager to have all her monthly visits mailed after visiting residents. When I receive, I will file it in the resident's binder.</i></p>	<p><i>10/20/2016</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	RULE # 11-100.1-88(c)(3)	<p style="text-align: center;"><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>In the future, I have to make sure that case manager will make her assessment on a regular basis like monthly report + the service plan. If not done, in a timely manner PCG will call + remind to make it available at time of inspection.</p>	<p style="text-align: right;">ababok</p>

Licensee's/Administrator's Signature: Estela Ellozar
Print Name: ESTELA ELLAZAR
Date: 09/13/16

Licensee's/Administrator's Signature: Estela Ellozar
Print Name: ESTELA ELLAZAR
Date: 9/29/2016

Licensee's/Administrator's Signature: Estela Ellozar
Print Name: ESTELA ELLAZAR
Date: 10/20/2016