

Office of Health Care Assurance

State Licensing Section

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## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Estrelita Luczon (ARCH)	CHAPTER 100.1
Address: 249-A Ala Malama Avenue, Kaunakakai, Hawaii 96748	Inspection Date: September 21, 2016 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.**

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10)  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>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current;</p> <p><b><u>FINDINGS</u></b>  Primary care giver has only three (3) hours of completed continuing education hours, six (6) hours are required. Submit additional three (3) hours with your plan of correction (POC).</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>11-100.1-2 Please see attached copy of 3 hours completed continuing education certificate given on October 11, 2016 through ARCA of Hawaii,</p>	<p style="text-align: right;">October 11, 2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-8(a)(10)	<p style="text-align: center;">PART 2</p> <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 style="text-align: center;">11-100.1-8</p> <p>I will use computer, calendar on my Subsite to remind me of continuing Education available.</p> <p>I will register with ARCA to be up to date with all the continuing education as scheduled offered either through online or to attend personally.</p> <p style="text-align: right;"><i>[Signature]</i> ARCA</p>	<p style="text-align: center;">October 11, 2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<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><b>FINDINGS</b>  Resident #1 no level of care form in chart. Submit a level of care form for resident with your POC.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>11-100.1-10 - copy of Level of Care was sent on a separate mail on 10/18/2016, signed by DK. Pedra, PCP.</i></p>	<p style="text-align: center;"><i>10/14/2016.</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-10(a)	<p style="text-align: center;">PART 2</p> <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 style="text-align: center;">11-100.1-10(a)</p> <p>I will obtain information as to each resident's level of care every year during their annual Physical Examination. Signed and evaluated by their PCP.</p> <p>I will use my daily plan or organizer to remind me of the required documents every annual P.E.</p> <p style="text-align: right;"><i>Durga ARCHO</i></p>	<p style="text-align: center;">10/14/2016.</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a)  All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><b>FINDINGS</b>  Resident #1 physician order dated 8/9/16 reads, "Docusate Sodium 100mg capsules take 1 capsule b.i.d." Label on bottle from pharmacy reads, "Take 1 capsule twice a day <u>as needed.</u>" Label and orders do not match. Clarify orders with physician.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>11-100.1-15 (a)</p> <p>Clarified with Resident #1's PCP during his annual P.E. He confirmed and signed that Docusate sod. 100mg capsule to take q p.o. BID.</p> <p style="text-align: right;"><i>[Signature]</i></p>	<p style="text-align: right;">10/14/16</p> <p style="text-align: right;">ARCHD.</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p><b>RULE #11-100.1-15(a)</b></p> <p><b>FINDINGS</b>  Resident #1 physician order dated 8/9/16 reads, "Docusate Sodium 100mg capsules take 1 capsule b.i.d." Label on bottle from pharmacy reads, "Take 1 capsule twice a day <u>as needed</u>." Label and orders do not match. Clarify orders with physician.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>11-100.1-15(a)</p> <p>I will check the label of the bottle when picking up medications at the Drugstore.</p> <p>I will use my substitute to check the label to match with the PCP's order.</p> <p>this Rx also instruct my substitute if their any changes of the dosages, or frequency also to check the current MD's orders.</p>	<p style="text-align: right;">Oct. 14, 2016. (revised)</p>

*[Signature]*  
Rxcto.

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a)  All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><b><u>FINDINGS</u></b>  Resident #1 physician order dated 8/9/16 reads, "Melatonin 3mg take 1 tablet QHS." Label on bottle from pharmacy reads, "Take 1 tablet at bedtime <u>as needed.</u>" Label and orders do not match. Clarify orders with physician.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>11-100.1-15</i></p> <p><i>Verified with Resident's #1 regarding Melatonin 3MG to take q p.o. QHS.</i></p> <p><i>MD signed and confirmed that order to take q p.o. QHS.</i></p>	<p style="text-align: right;"><i>10/14/2016</i></p> <p style="text-align: right;"><i>Ruzon, ARCHO</i></p>



Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/> <p><b>RULE #11-100.1-15(a)</b></p> <p><u>FINDINGS</u> Resident #1 physician order dated 8/9/16 reads, "Melatonin 3mg take 1 tablet QHS." Label on bottle from pharmacy reads, "Take 1 tablet at bedtime <u>as needed</u>." Label and orders do not match. Clarify orders with physician.</p>	<p><b>PART 2</b></p> <p><u>FUTURE PLAN</u></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p># 11-100.1-15(a)</p> <p>I will check the label of the bottle that is properly labelled as doctor's order before leaving the pharmacy counter.</p> <p>I will use my Substitutes to assist that all medication be properly labelled to match with the current MD's order.</p> <p><i>[Signature]</i></p>	<p>10/14/2016</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><b><u>FINDINGS</u></b> Resident #1 physician order dated 2/9/16 reads, "Furosemide 40mg tablet take 1 tablet b.i.d. PRN." Medication not available. Clarify order with physician.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">11-100.1-15 (e)</p> <p>Clarified with Resident's #1 PCP re Furosemide 40mg tablet to take q BID PRN.</p> <p>Clarified with Resident's PCP. MD signed and confirmed that medication has been discontinued and no longer refilled.</p> <p style="text-align: right;">Dugon ARCHO</p>	<p style="text-align: right;">10/14/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p><b>RULE #11-100.1-15(e)</b></p> <p><b>FINDINGS</b> Resident #1 physician order dated 2/9/16 reads, "Furosemide 40mg tablet take 1 tablet b.i.d. PRN." Medication not available. Clarify order with physician.</p>	<p align="center"><b>PART 2</b></p> <p align="center"><b><u>FUTURE PLAN</u></b></p> <p align="center"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>11-106.1-15 (e)</p> <p>I will delete the medication from my data so when I print a new form for the following month doesn't show.</p> <p>I will utilize my substitute to double check for me the list of current medications are up to date every time we print a new MAR form every beginning of the month.</p>	<p align="right">10/14/2016</p>

*Surgeon ARCHD*

	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 8/9/16 reads, "Atropine 1% eye drops 1-5 drops SLQHS PRN." Medication not available. Clarify order with physician.</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>11-100.1-15(e) Classified with <sup>MD</sup> Resident's #1's Psychiatrist MD. signed and confirmed that Atropine eye drops i-v sublingually qhs PRN was discontinued on 08/26/2016.</p> <p style="text-align: right;">Duggan, ARCHD.</p>	<p style="text-align: right;">10/19/2016</p>

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<input checked="" type="checkbox"/>	<p><b>RULE #11-100.1-15(e)</b></p> <p><b><u>FINDINGS</u></b>  Resident #1 physician order dated 8/9/16 reads, "Atropine 1% eye drops 1-5 drops SLQHS PRN." Medication not available. Clarify order with physician.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>11-100.1-15(e)</p> <p>I will delete the medication from my data so it will not be printed and included to the new MAR form every beginning of the month.</p> <p>I will utilize my substitute to double check for me the list of the current medications every beginning of the month and to note if there is any changes or discontinued.</p>	

*[Signature]* ARCHO

	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 8/9/16 reads, "Selsuin shampoo 2.5% 1 tsp to scalp PRN then rinse for dandruff." Medication not available. Clarify order with physician.</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>11- 100 .1- 15(e)</p> <p>Verified with Resident's #15 PCP regarding Selsun Shampoo. MD signed and confirmed shampoo 2.5% 1 tsp to scalp QHS PRN then rinse for dandruff.</p> <p style="text-align: right;"><i>[Signature]</i> ARDHO.</p>	<p style="text-align: right;">10/14/2016</p>

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<input checked="" type="checkbox"/>	<p><b>RULE #11-100.1-15(e)</b></p> <p><b><u>FINDINGS</u></b>  Resident #1 physician order dated 8/9/16 reads, "Selsuin shampoo 2.5% 1 tsp to scalp PRN then rinse for dandruff." Medication not available. Clarify order with physician.</p>	<p align="center"><b>PART 2</b></p> <p align="center"><b><u>FUTURE PLAN</u></b></p> <p align="center"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>11-100.1-15(e)</p> <p>I will make all medications be available as ordered (PRN).</p> <p>I will utilize my substitute to double check all PRN medications be readily available as needed.</p> <p align="right"><i>D. Archo</i></p>	<p align="right">10/14/2016</p>

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<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><b>FINDINGS</b> Resident #1 physician order dated 8/9/16 reads, "Acetaminophen 500mg tablets 1 or 2 tabs Q6 hours PRN." Medication not available. Clarify order with physician.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>11-100.1-15(e)</p> <p>Clarified with Resident's # 15 10/14/16 P.O. regarding acetaminophen 500 mg TABS i-ii tabs Q6H PRN. MD signed and confirmed that medication to take 500 mg TABS i-ii p.o. Q6H PRN</p> <p style="text-align: right;"><i>[Signature]</i>, ARCHD</p>	



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<input checked="" type="checkbox"/>	<p><b>RULE #11-100.1-15(e)</b></p> <p><b>FINDINGS</b>  Resident #1 physician order dated 8/9/16 reads,  "Acetaminophen 500mg tablets 1 or 2 tabs Q6 hours PRN."  Medication not available. Clarify order with physician.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR  FUTURE PLAN: WHAT WILL YOU DO TO  ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>11- 100. 1- 15 (e)</p> <p>I will make all medications  be available as ordered (PRN)</p> <p>I will utilize my substitute  to double check that all  PRN medications be readily  available as needed.</p> <p style="text-align: right;"><i>[Signature]</i>  ARCHO.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<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 #1 physician order dated 2/9/16 reads, "Furosemide 40mg tablet take 1 tablet b.i.d. PRN." Medication not on medication administration record (MAR) for September 2016. Clarify order with physician.</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>11-106.1-15 (a) <del>20</del></p> <p>Verified with Resident's #1's PCP regarding Furosemide 40 mg tablet q p.o. BID PRN. MD confirmed and signed that the above medication has been discontinued and not included in the medication administration records (MAR). I will always put the medication on the MAR each month <del>initial</del> <sup>+initial</sup> to check every time it's given. <span style="float: right;">ARCHD</span></p>	<p style="text-align: right;">Oct. 14, 2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p><b>RULE #11-100.1-15(m)</b></p> <p><b><u>FINDINGS</u></b>  Resident #1 physician order dated 2/9/16 reads, "Furosemide 40mg tablet take 1 tablet b.i.d. PRN." Medication not on medication administration record (MAR) for September 2016. Clarify order with physician.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>11-100.1-15(m)</p> <p>I will delete the medication in my data list in order not to be included and automatically printed for the new month.</p> <p>I will utilize my substitute to double check the MAR list every beginning of the month when we print for the documentation to be up to date with resident's current medications.</p>	<p>10/14/2014</p>

*[Handwritten Signature]*

	Rules (Criteria)	Plan of Correction	Completion Date
<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><b><u>FINDINGS</u></b>  Resident #1 physician order dated 8/9/16 reads, "Atropine 1% eye drops 1-5 drops SLQHS PRN." Medication not on MAR for September 2016. Clarify order with physician.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>11-100.1-15 (m)  Verified with Resident's #1's Psychiatrist, MD signed and confirmed that atropine 1% eye drops T q drops SLQHS PRN has been discontinued on 06/26/2016.</p> <p style="text-align: right;"><i>[Signature]</i>  P. Aceto</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p><b>RULE #11-100.1-15(m)</b></p> <p><u>FINDINGS</u> Resident #1 physician order dated 8/9/16 reads, "Atropine 1% eye drops 1-5 drops SLQHS PRN." Medication not on MAR for September 2016. Clarify order with physician.</p>	<p align="center"><b>PART 2</b></p> <p align="center"><u>FUTURE PLAN</u></p> <p align="center"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p align="center">11- 100- 1- 15 (m)</p> <p>I will delete the medication from my data list of medication whenever discontinued in order not included on the current medications printed every beginning of the month. I will see to it that medication on the MAR I will utilize my substitute each month. to double check the MAR list to make sure its correct with the current medications</p>	

*D. J. ARON*

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p><b>RULE #11-100.1-15(m)</b></p> <p><b>FINDINGS</b>  Resident #1 physician order dated 8/9/16 reads, "Selsuin shampoo 2.5% 1 tsp to scalp PRN then rinse for dandruff." Medication not on MAR for September 2016. Clarify order with physician.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>11 - 100 . 1-15 (m)</p> <p>I will always include the medication on MAR each month and check initial when given as needed.</p> <p>I will utilize my substitute to double check that all PRN medication be included in the MAR each month.</p>	

*[Signature]*, ARCHD

	Rules (Criteria)	Plan of Correction	Completion Date
<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><b>FINDINGS</b>  Resident #1 physician order dated 8/9/16 reads, "Acetaminophen 500mg tablets 1 or 2 tabs Q6 hours PRN."  Medication not on MAR for September 2016. <b>Clarify order with physician.</b></p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>11-100.1-15 (m)</p> <p>Verified with Resident's #1 PCP. MD signed and confirmed that acetaminophen 500mg tablet 1-2 tabs Q6H PRN.</p> <p style="text-align: right;"><i>[Signature]</i>, RCHD</p>	<p style="text-align: right;">10/14/2016</p>



	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p><b>RULE #11-100.1-15(m)</b></p> <p><u>FINDINGS</u>  Resident #1 physician order dated 8/9/16 reads,  "Acetaminophen 500mg tablets 1 or 2 tabs Q6 hours PRN."  Medication not on MAR for September 2016. Clarify order  with physician.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR  FUTURE PLAN: WHAT WILL YOU DO TO  ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>11-100.1-15 (m)</p> <p>I will always include the  medications on MAR each  month and check and initial  when done as needed.</p> <p>I will utilize my  substitute to double check  that all PRN medications  be included in the MAR  each month.</p> <p style="text-align: right;"><i>Dugo, ASCHD</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>  Resident #1 no signed financial statement in record.</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 style="text-align: center;">11-100.1-19 (a)</p> <p>A signed statement has been signed by the Resident #1 statement record that he takes care of his monthly allowance.</p> <p style="text-align: right;"><i>[Signature]</i>, ARCHO</p>	<p style="text-align: right;">10/14/2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-19(a)	<p style="text-align: center;">PART 2</p> <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>11-100.1-19(a)</p> <p>A signed document of financial statement signed by the Resident in Record.</p> <p>I will always let the Resident signed a document for every expenses besides his monthly allowance.</p> <p style="text-align: right;"><i>[Signature]</i>, ARCHD</p>	<p style="text-align: right;">10/19/2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d)            An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u>            Resident #1 possessions sheet not updated yearly or PRN. Last update 2014.</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>11-100-1-19.</p> <p>Accurate written accounts and possessions has been updated and on file.</p> <p style="text-align: right;"><i>[Signature]</i>, ACCTO</p>	<p style="text-align: right;">10/14/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-19(d)	<p style="text-align: center;">PART 2</p> <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>11-100.1-19(d)</p> <p>possessions sheets will be updated every year PRN.</p> <p>I will utilize my subcommittee to help with the inventory of possessions and expenditures.</p> <p style="text-align: right;"><i>[Signature]</i>, AACTO</p>	<p style="text-align: right;">10/14/2016</p>

Licensee's/Administrator's Signature: Estrelita P. Luczon

Print Name: ESTRELITA P. LUCZON

Date: (October 14, 2016)

Revised Nov. 10, 2016.