

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Anastacio, Faye (ARCH)	CHAPTER 100.1
Address: 45-507 Kahili Street, Honokaa, Hawaii 96727	Inspection Date: September 9, 2016

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>§11-100.1-10 <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><u>FINDINGS</u> Resident #1, admitted on December 15, 2015, level of care assessment completed on January 29, 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>NO. LEVEL OF CARE ASSESSMENT COMPLETED AFTER DATE OF ADMISSION UNABLE TO OBTAIN ASSESSMENT AS REQUIRED</p>	<p>01/29/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	RULE # §11-100.1-10 (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, AN ASSESSMENT FOR LEVEL OF CARE WILL BE OBTAINED PRIOR TO ADMISSION SUBSTITUTE CAREGIVER TO POSSIBLE (CHECK) ADMISSION REQUIREMENT.</p>	9/9/16

	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><u>FINDINGS</u> Resident #1, two (2) pills in ziploc bag with a post-it label indicating the name of medication and physician instructions for administration in resident's medication bin.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>YES MEDICATIONS THAT WERE LABELED WITH POST IT WERE DISCARDED</p>	<p>9/7/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	RULE # §11-100.1-15 (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 MEDICATIONS FOR RESIDENTS WILL NOT BE LABELED WITH X POC 17. ONLY MEDICATIONS ORDERED BY PCP/MD WITH PATIENT'S LABELS WILL BE ADMINISTERED. SUBSTITUTE CAREGIVER TO DOUBLE CHECK ON ADMISSION OR WHEN THERE ARE ANY NEW ORDERS FROM MD/PCP.</p>	9/9/16

	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, medication bin contained, one (1) bottle of prescription labelled "Ibuprofen 800 mg." Medication records indicated effectiveness of medication administered in April, June and August 2016. However, no physician order for medication administration.</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>Removed ibuprofen and will utilize only medication Prescribe by PCP (MD)</i></p>	<p><i>11-15-16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>RULE # §11-100.1-15 (e)</p> <p><u>FINDINGS</u> Resident #1, medication bin contained, one (1) bottle of prescription labelled "Ibuprofen 800 mg." Medication records indicated effectiveness of medication administered in April, June and August 2016. However, no physician order for medication administration.</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><i>Removed ibuprofen and discussed w/ld PCP and Plan made to only use Prescribe medication will Bring all medication with to the PCP for evaluation on intake.</i></p>	<p><i>11-15-16</i></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 January 18, 2016 read, "Propranolol 40 mg 1 tab by mouth <u>twice a day</u>." However, January and February 2016 medication records read, "Propranolol 40 mg 1 tab <u>qd</u>."</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 can not go back and correct the deficiency</i></p>	<p><i>11-16-16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>RULE # §11-100.1-15 (e)</p> <p><u>FINDINGS</u> Resident #1, physician order dated January 18, 2016 read, "Propranolol 40 mg 1 tab by mouth <u>twice a day</u>." However, January and February 2016 medication records read, "Propranolol 40 mg 1 tab <u>qd</u>."</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>IN THE FUTURE WILL HAVE SUBSTITUTE CAREGIVER DOUBLE CHECK MED ORDERS INCLUDING ANY CHANGE IN ORDERS AFTER EVERY MD VISIT. WILL BRING RESIDENT TO SEE PCP IF ADJUSTMENTS NEEDED TO BE MADE</p>	<p>01/01/16</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 has a medical marijuana card; primary care giver (PCG) states resident smokes marijuana as needed. However, no physician order for use.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>YES. RESIDENT NOT ALLOWED TO USE MEDICAL MARIJUANA IN AREAS SETTING DUE TO NO PHYSICIANS ORDER FOR USE</p>	<p>9/2/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>RULE # §11-100.1-15 (e)</p> <p>FINDINGS Resident #1 has a medical marijuana card; primary care giver (PCG) states resident smokes marijuana as needed. However, no physician order for use.</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>IN THE FUTURE, SUBSTITUTE CARE GIVER TO DOUBLE CHECK ALL MEDICATION ORDERS, IF MEDICAL MARIJUANA IS USED, RESIDENT WILL BE BOUGHT TO PRIMARY CARE PROVIDER TO DOCUMENT USE OF MEDICAL MARIJUANA AND MAKE SURE IT FITS IN RESIDENT'S MEDICAL TX PLAN</p>	<p style="text-align: center;">9/9/16</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>FINDINGS Resident #1, physician order dated May 2, 2016 and monthly medication records read, "Tudorza 1 inhalation twice a day." However, medication was not initialed as administered on December 2015 – September 2016 monthly medication records.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>YES GOING FORWARD WILL MAKE SURE RESIDENT GETS MEDICATION TWICE A DAY. ORDER ALSO REFLECTED IN MAR</p> <p>(PLEASE NOTE THE ORDER DATE MAY 2, 2016, UNABLE TO HAVE ADMINISTERED PRIOR TO THAT DATE AS INDICATED IN FINDING WITH DATE OF PER 2015)</p>	<p>9/9/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	RULE # §11-100.1-15 (m)	<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 INSTRUCTIONS ON MEDICATION BOTTLE WILL BE ADMINISTERED ACCORDINGLY AND WRITTEN ON MAR AS WRITTEN ORDERED BY MD/PCP. SUBSTITUTE CAREGIVER WILL DOUBLE CHECK TO MAKE SURE THAT LABEL ON BOTTLE, MD/PCP ORDER & MAR HAVE THE SAME INSTRUCTIONS AND ADMINISTERED CORRECTLY</p>	9/9/16

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (n) Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN. Written procedures shall be available for storage, monitoring and documentation.</p> <p><u>FINDINGS</u> Resident #1, "Advair Diskus" and "Ventolin" inhaler in resident room. Primary care giver states resident wants to keep it with her in case she needs it. No physician order for self-administration.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>YES, INHALERS REMOVED FROM BERSIDE DUE TO NO ORDER FROM MD TO SELF ADMINISTER INHALER</p>	<p>9/5/16.</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>RULE # §11-100.1-15 (n)</p> <p><u>FINDINGS</u> Resident #1, "Advair Diskus" and "Ventolin" inhaler in resident room. Primary care giver states resident wants to keep it with her in case she needs it. No physician order for self-administration.</p>	<p align="center"><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>IN THE FUTURE RESIDENTS WILL BE TAKEN TO PCP TO SEE IF THEY FEEL RESIDENT HAS THE CAPACITY TO UNDERSTAND SELF ADMINISTRATION. SUBSTITUTE CAREGIVER TO DOUBLE CHECK WORK.</p>	<p align="right">9/19/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (n) Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN. Written procedures shall be available for storage, monitoring and documentation.</p> <p><u>FINDINGS</u> Resident #1, medical marijuana in possession for use as needed. However, no physician order to self-administer.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>YES RESIDENT NOT ALLOWED TO USE MEDICAL MARIJUANA IN ARCH SETTING DUE TO NO PHYSICIAN'S ORDER FOR USE</p>	<p>9/21/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>RULE # §11-100.1-15 (n)</p> <p><u>FINDINGS</u> Resident #1, medical marijuana in possession for use as needed. However, no physician order to self-administer.</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>IN THE FUTURE SUBSTITUTE CARE GIVER TO DOUBLE CHECK ALL MEDICATION ORDERS, IF MEDICAL MARIJUANA IS USED RESIDENT WILL BE BOUGHT TO PRIMARY CARE PROVIDER TO DOCUMENT USE OF MEDICAL MARIJUANA AND MAKE SURE IT FITS IN RESIDENTS MEDICAL TX PLAN</p>	<p>9/5/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(3) 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>Documentation of date of referral and admission, referral agency with address and telephone number, place or source from which admitted, physician, APRN, dentist, ophthalmologist, optometrist, psychiatrist, and all other medical or social service professionals who are currently treating the resident, next of kin, legal guardian, surrogate or other legally responsible agency;</p> <p><u>FINDINGS</u> Resident #1, resident emergency information sheet, medication list not current.</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>YES RESIDENT EMERGENCY INFO SHEET + MEDICATION LIST UPDATED</p>	<p>9/5/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	RULE # §11-100.1-17 (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 RESIDENT EMERGENCY INFO SHEET WILL BE UPDATED AT ADMISSION. MED LIST WILL BE UPDATED AT ADMISSION OR WHEN THERE ARE ANY MEDICATION CHANGES MADE BY PCP OR TREATING MD. SUBSTITUTE CAREGIVER TO POSSIBLE CHIEF</p>	<p style="text-align: right;">9/9/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<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, admitted on December 15, 2015, physical examination completed on January 29, 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>NO PHYSICAL EXAM COMPLETED AFTER DATE OF ADMISSION UNABLE TO OBTAIN PHYSICAL AS REQUIRED</p>	<p>2/19/16</p>

Rules (Criteria)	Plan of Correction	Completion Date
<p>RULE # §11-100.1-17 (a)(4)</p> <p>FINDINGS Resident #1, admitted on December 15, 2015, physical examination completed on January 29, 2016.</p>	<p align="center"><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>IN THE FUTURE A PHYSICAL SHALL BE COMPLETED PRIOR TO ADMISSION. SUBSTITUTE CAREGIVER TO DOUBLE CHECK ADMISSION REQUIREMENTS.</p>	<p align="center">9/9/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<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, admitted on December 15, 2015, two (2) step tuberculosis (TB) skin test completed on December 23, 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>NO PPD COMPLETED AFTER THE DATE OF ADMISSION, UNABLE TO BE OBTAINED AS REQUIRED</p>	<p>9/9/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>RULE # §11-100.1-17 (a)(4)</p> <p><u>FINDINGS</u> Resident #1, admitted on December 15, 2015, two (2) step tuberculosis (TB) skin test completed on December 23, 2015.</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>IN THE FUTURE A TWO STEP TPD SHALL BE OBTAINED PRIOR TO ADMISSION TO ARCH. SUBSTITUTE CAREGIVER TO PLEASE CHECK ADMISSION REQUIREMENTS.</p>	<p>9/9/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<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, admitted on December 15, 2015, diet order obtained on January 29, 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>NO. DIET ORDER OBTAINED AFTER ADMISSION. UNABLE TO OBTAIN ORDER FOR DIET AS REQUIRED</p>	<p>9/9/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>RULE # §11-100.1-17 (a)(6)</p> <p><u>FINDINGS</u> Resident #1, admitted on December 15, 2015, diet order obtained on January 29, 2016.</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>IN THE FUTURE, A DIET ORDER FOR RESIDENT SHALL BE OBTAINED PRIOR TO ADMISSION. SUBSTITUTE CAREGIVER TO DOUBLE CHECK REQUIREMENTS FOR ADMISSION.</p>	<p>9/9/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<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, admitted on December 15, 2015, medication orders obtained on December 17, 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>NO, MEDICATION ORDER OBTAINED AFTER ADMISSION. UTABLETS OBTAIN AS REQUIRED 9/19/16</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>RULE # §11-100.1-17 (a)(6)</p> <p><u>FINDINGS</u> Resident #1, admitted on December 15, 2015, medication orders obtained on December 17, 2015.</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>IN THE FUTURE MEDICATION ORDERS WILL BE OBTAINED PRIOR TO ADMISSION. SUBSTITUTE CAUTION TO DOUBLECHECK ADMISSION REQUIREMENT</p>	<p>01/01/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(7) 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>Height and weight measurements taken;</p> <p><u>FINDINGS</u> Resident #1, admitted December 15, 2015, no admission height and weight measurements.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>YES HEIGHT + WEIGHT OBTAINED 9/9/16, AFTER DATE OF ADMISSION</p>	<p>9/9/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	RULE # §11-100.1-17 (a)(7)	<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>HEIGHT + WEIGHT WILL BE OBTAINED AT THE TIME OF ADMISSION (ADMISSION PHYSICAL) SUBSTITUTE CAREGIVER WILL DOUBLE CHECK HEIGHT/ WEIGHT IS OBTAINED AT ADMISSION</p>	9/9/16

	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, admitted on December 15, 2015, financial statement signed on January 15, 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>YES FINANCIAL STATEMENT SIGNED 1 MONTH AFTER ADMISSION</p>	<p>01/15/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	RULE # §11-100.1-19 (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>FINANCIAL STATEMENTS SHALL BE COMPLETED AT THE TIME OF ADMISSION. NOT LATER REGISTRATION PACKETS WILL BE AVAILABLE READILY AT ADMISSION. SUBSTITUTE CAREGIVER TO DOUBLE CHECK WORK/ADMISSION REQUIREMENTS</p>	9/9/16

Licensee's/Administrator's Signature: Faye Anastacio

Print Name: FAYE ANASTACIO

Date: September 30 2016

Licensee's/Administrator's Signature: Faye Anastacio

Print Name: FAYE ANASTACIO

Date: October 23 2016

Licensee's/Administrator's Signature: Faye Anastacio

Print Name: FAYE ANASTACIO

Date: 11-16-16