

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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|---|---|
| Facility's Name: Kaamilo Hale LLC                     | CHAPTER 100.1                                 |
| Address:<br>98-570 Kaamilo Street, Aiea, Hawaii 96701 | Inspection Date: October 13 & 14, 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>§11-100.1-15 <u>Medications</u>. (e)<br/>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><br/>Resident #1 - "Calcipotriene 0.005% cr apply to affected areas 1-2 times daily" ordered 10/5/16; however, the medication label noted "twice daily." Medication record noted "1-2 times daily;" however, the medication is given twice daily 7 a.m. and 5 p.m.</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><i>The medication was flagged with instruction for administrator to "See MAR" for order per physician.</i></p> | <p style="text-align: center;"><i>Oct 15/16</i></p> |

|                                     | Rules (Criteria) | Plan of Correction   | Completion Date |
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| <input checked="" type="checkbox"/> | 11-100.1-15(e)   | <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<br/>FUTURE PLAN: WHAT WILL YOU DO TO<br/>ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Our process when meds arrive from pharmacy delivery or family is to check the labels for accuracy and until it can be changed/corrected we apply the "See MAR" flag so everyone is aware of wrong label, and follows Dr orders.</p> | Oct 15/16       |

|   | Rules (Criteria)   | Plan of Correction   | Completion Date |
|---|--|--|-----------------|
| ☒ | <p>11-100.1-15(e)</p> <p><u>FINDINGS</u><br/>Resident #1 - "Calcipotriene 0.005% cr apply to affected areas 1-2 times daily" ordered 10/5/16; however, the medication label noted "twice daily." Medication record noted "1-2 times daily;" however, the medication is given twice daily 7 a.m. and 5 p.m.</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>→ med. labels checked upon delivery</p> <p>- if different from Dr orders a "direction change" sticker <del>will</del> will be applied to med <sup>label</sup> including date of the change of order</p> <p>- facility procedure will be developed</p> <p>PCG - Monitor staff for compliance to procedure.</p> | <p>12/26/16</p> |

|                                     | Rules (Criteria)  | Plan of Correction  | Completion Date |
|-------------------------------------|---|---|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (e)<br/> 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><br/> Resident #2 - "Avapro 75 mg (irbesartan) 1 tab po QD Hold for SBP &lt; 120" ordered 8/3/16; the medication record noted:</p> <ul style="list-style-type: none"> <li>• 10/9/16 BP = 116/64; medication initialed as given</li> <li>• 9/17/16 BP = 112/50; medication initialed as given</li> <li>• 9/14/16 BP = 117/64; medication initialed as given</li> </ul> | <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> |                 |

|                                     | Rules (Criteria) | Plan of Correction   | Completion Date                             |
|-------------------------------------|------------------|--|---|
| <input checked="" type="checkbox"/> | 11-100.1-15(e)   | <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<br/>FUTURE PLAN: WHAT WILL YOU DO TO<br/>ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Whenever a medication includes hold parameters the MAR will be set up with vital signs recorded directly above the med line that is being monitored by "holds"</p> <p>See exhibit 1</p> | <p style="text-align: center;">Nov 1/16</p> |

|   | Rules (Criteria)  | Plan of Correction   | Completion Date                            |
|---|---|--|--|
| ☒ | <p>11-100.1-15(e)</p> <p><b>FINDINGS</b><br/> Resident #2 - "Avapro 75 mg (irbesartan) 1 tab po QD Hold for SBP &lt; 120" ordered 8/3/16; the medication record noted:</p> <ul style="list-style-type: none"> <li>• 10/9/16 BP = 116/64; medication initialed as given</li> <li>• 9/17/16 BP = 112/50; medication initialed as given</li> <li>• 9/14/16 BP = 117/64; medication initialed as given</li> </ul> | <p style="text-align: center;">Part 2</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>Once the Bp has been recorded in the MAR and the medication is beyond the perimeter the signature line will be X off so no one will administer the med.</p> | <p style="text-align: center;">11/1/16</p> |

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| <input checked="" type="checkbox"/> | <p>11-100.1-15(e)</p> <p><b>FINDINGS</b><br/> Resident #2 - "Avapro 75 mg (irbesartan) 1 tab po QD Hold for SBP &lt; 120" ordered 8/3/16; the medication record noted:</p> <ul style="list-style-type: none"> <li>• 10/9/16 BP = 116/64; medication initialed as given</li> <li>• 9/17/16 BP = 112/50; medication initialed as given</li> <li>• 9/14/16 BP = 117/64; medication initialed as given</li> </ul> | <p>Part 2</p> <p><b><u>FUTURE PLAN</u></b></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>-the person giving the med needs to be the one monitoring the Bp &amp; following the hold orders</p> <p>-PCG will monitor to ensure staff are following parameters.</p> | <p>12/26/16</p> |



|                                     | Rules (Criteria)  | Plan of Correction   | Completion Date                                   |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (b)(1)<br/>During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><b><u>FINDINGS</u></b><br/>Resident #1 - No annual physical examination.</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>I called Dr office and explained the date of annual physical 4/25/16 + reported never receiving the completed physical exam record with dictated note as intended</i></p> <p><i>exhibit 2</i></p> | <p style="text-align: right;"><i>10/17/16</i></p> |

|                                     | Rules (Criteria)  | Plan of Correction  | Completion Date                             |
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| <input checked="" type="checkbox"/> | 11-100.1-17(b)(1) | <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<br/>FUTURE PLAN: WHAT WILL YOU DO TO<br/>ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>When Dr requests<br/>time to complete the<br/>forms/notes I will<br/>follow up 7-10 days<br/>later if not sent<br/>within that time.</p> | <p style="text-align: center;">10/17/16</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (b)(3)<br/>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><b><u>FINDINGS</u></b><br/>Resident #1 - Progress notes did not reflect resident's response to "prn" "Dulcolax" taken on 8/6/16 and 8/23/16.</p> | <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> |                 |

|                                     | Rules (Criteria)  | Plan of Correction   | Completion Date |
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| <input checked="" type="checkbox"/> | <p>11-100.1-17(b)(3)</p> <p><u>FINDINGS</u><br/>Resident #1 - Progress notes did not reflect resident's response to "prn" "Dulcolax" taken on 8/6/16 and 8/23/16.</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>Going forward prn meds effectiveness will be documented right in MAR and C&amp;A doing monthly summaries will review/check to make sure effectiveness is included</p> | <p>11/1/16</p>  |

|                                     | Rules (Criteria)  | Plan of Correction  | Completion Date                             |
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| <input checked="" type="checkbox"/> | 11-100.1-17(b)(3) | <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<br/>FUTURE PLAN: WHAT WILL YOU DO TO<br/>ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Going forward we<br/>changed MAR sheet to<br/>include PRN medications<br/>so the effectiveness can<br/>be recorded there after<br/>documentation it has been<br/>given.</p> <p>exhibit 3</p> | <p style="text-align: center;">Nov 1/16</p> |

|                                     | Rules (Criteria)  | Plan of Correction   | Completion Date                                    |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (b)(4)<br/>During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><b><u>FINDINGS</u></b><br/>Resident #1 - "1/2 side rails - mobility/transfers" has been ordered; however, no documentation that the 1/2 side rails are used for transfers and/or mobility.</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>all residents who use 1/2 siderails as ordered will have daily documentation in MAR</i></p> | <p style="text-align: center;"><i>Nov 1/16</i></p> |

|                                     | Rules (Criteria)  | Plan of Correction  | Completion Date |
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| <input checked="" type="checkbox"/> | 11-100.1-17(b)(4) | <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<br/>FUTURE PLAN: WHAT WILL YOU DO TO<br/>ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The order for 1/2 siderails<br/>for each resident (with<br/>order) is placed on the<br/>residents MAR for<br/>daily signing by staff.</p> <p>exhibit 4</p> | Nov 16          |

|                                     | Rules (Criteria)   | Plan of Correction   | Completion Date                            |
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| <input checked="" type="checkbox"/> | <p>11-100.1-17(b)(4)<br/> <u>FINDINGS</u><br/> Resident #1 - "1/2 side rails - mobility/transfers" has been ordered; however, no documentation that the 1/2 side rails are used for transfers and/or mobility.</p> | <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<br/> FUTURE PLAN: WHAT WILL YOU DO TO<br/> ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Going forward staff will sign off in MAR where the side rails are used for transfers/ mobility.<br/> <del>PG</del><sup>CP</sup> will monitor documentation in MAR</p> | <p style="text-align: right;">12/26/16</p> |



|                                     | Rules (Criteria)   | Plan of Correction   | Completion Date                           |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (b)(4)<br/>During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><b><u>FINDINGS</u></b><br/>Resident # 2 - "1/2 side rails: transfer/mobility" ordered 8/3/16; however, no documentation that the 1/2 side rails are used for transfers and/or mobility.</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>The order for 1/2 side rails was listed in MAR for daily signing by staff.</p> | <p style="text-align: center;">Nov 16</p> |

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| <input checked="" type="checkbox"/> | 11-100.1-17(b)(4) | <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<br/>FUTURE PLAN: WHAT WILL YOU DO TO<br/>ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Whenever any resident has 1/2 side rail order it will be listed in routine MAR orders &amp; signed off daily.</p> | <p style="text-align: center;">Nov 1/16</p> |

|                                     | Rules (Criteria)   | Plan of Correction   | Completion Date |
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| <input checked="" type="checkbox"/> | <p>11-100.1-17(b)(4)</p> <p><b>FINDINGS</b><br/>Resident # 2 - "1/2 side rails: transfer/mobility" ordered 8/3/16; however, no documentation that the 1/2 side rails are used for transfers and/or mobility.</p> | <p>Part 2</p> <p><b><u>FUTURE PLAN</u></b></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>Going forward staff will sign off in MRR when side rails are used for transfers/mobility</p> <p>PCG will monitor documentation in MRR</p> | <p>12/26/16</p> |

|                                     | Rules (Criteria)   | Plan of Correction  | Completion Date                             |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-88 <u>Case management qualifications and services.</u><br/>(c)(4)<br/>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>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><b><u>FINDINGS</u></b><br/>Resident #1 - "1/2 side rails - mobility/transfers" has been ordered; however, not reflected in the care plan.</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>The case manager was notified re care plan missing<br/>The order for 1/2 siderails<br/>She scheduled visit for 10/18/16 to correct</p> <p>exhibit 5</p> | <p style="text-align: center;">10/18/16</p> |

|   | Rules (Criteria)  | Plan of Correction   | Completion Date |
|---|-------------------|--|-----------------|
| ☒ | 11-100.1-88(c)(4) | <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<br/>FUTURE PLAN: WHAT WILL YOU DO TO<br/>ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Care plan will be reviewed and checked to make sure all orders are included as soon as care plan is presented by case manager to RN.</p> <p>Hospice ordered 11/4/16</p> | 10/18/16        |

|                                     | Rules (Criteria)  | Plan of Correction   | Completion Date                             |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-55 <u>Nutrition and food sanitation</u>. (1)<br/>           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><b><u>FINDINGS</u></b><br/>           Resident #1 - No documentation that the Consultant Registered Dietitian (RD) was utilized to provide nutrition assessment for resident with weight loss and on Ensure Plus supplementation.</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;">Resident, 98 yr old<br/>           has anticipated weight loss with physician awareness waiting for status change to order hospice.</p> <p style="text-align: center;">Hospice ordered 11/4/16</p> | <p style="text-align: center;">10/17/16</p> |

|                                     | Rules (Criteria) | Plan of Correction   | Completion Date                                    |
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| <input checked="" type="checkbox"/> | 11-100.1-55(1)   | <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<br/>FUTURE PLAN: WHAT WILL YOU DO TO<br/>ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>Direction was placed<br/>on weight record to<br/>notify RD for<br/>weight loss or gain</i></p> | <p style="text-align: center;"><i>10/17/16</i></p> |

|                                     | Rules (Criteria)   | Plan of Correction   | Completion Date        |
|-------------------------------------|--|--|------------------------|
| <input checked="" type="checkbox"/> | <p>11-100.1-55(1)</p> <p><b><u>FINDINGS</u></b><br/> Resident #1 - No documentation that the Consultant Registered Dietitian (RD) was utilized to provide nutrition assessment for resident with weight loss and on Ensure Plus supplementation.</p> | <p>Part 2</p> <p><b><u>FUTURE PLAN</u></b></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><i>Progress note will include RD consult utilized for residents with weight loss.</i></p> | <p><i>11/28/16</i></p> |



|                                     | Rules (Criteria)   | Plan of Correction  | Completion Date        |
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| <input checked="" type="checkbox"/> | <p>11-100.1-55(1)</p> <p><b><u>FINDINGS</u></b><br/> Resident #1 - No documentation that the Consultant Registered Dietitian (RD) was utilized to provide nutrition assessment for resident with weight loss and on Ensure Plus supplementation.</p> | <p>Part 2</p> <p><b><u>FUTURE PLAN</u></b></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>monitor monthly weights.</i><br/> PCG will <sup>call</sup> RD on a monthly basis if weight are up or down 3 lbs if under 100 lb or 5 lbs if over 100 lb.</p> | <p><i>12/26/16</i></p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-55 <u>Nutrition and food sanitation.</u> (1)<br/>           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><b><u>FINDINGS</u></b><br/>           Resident #2 - No documentation that the Consultant RD was utilized to provide nutrition assessment for resident with significant weight loss.</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 style="text-align: center;"><i>Resident with colon Ca has anticipated weight loss with physician awareness waiting for family to accept hospice order.</i></p> | <p style="text-align: center;"><i>10/17/16</i></p> |

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| ☒ | 11-100.1-55(1)   | <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<br/>FUTURE PLAN: WHAT WILL YOU DO TO<br/>ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>Direction was placed<br/>on weight record to<br/>notify RD for<br/>weight loss or gain</i></p> | <i>10/17/16</i> |

|                                     | Rules (Criteria)   | Plan of Correction   | Completion Date                                    |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (h)<br/> 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><b><u>FINDINGS</u></b><br/> Bedroom #1 - One (1) window crank for opening is not working.</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 style="text-align: center;"><i>maintenance repaired the window crank</i></p> <p style="text-align: center;"><i>reporting broken cranks or light bulbs added to cleaning duties.</i></p> | <p style="text-align: center;"><i>10/18/16</i></p> |

|   | Rules (Criteria) | Plan of Correction  | Completion Date |
|---|------------------|---|-----------------|
| ☒ | 11-100.1-23(h)   | <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<br/>FUTURE PLAN: WHAT WILL YOU DO TO<br/>ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>*maintenance will inspect window cranks routinely q month and repair as needed.</p> <p>*Staff will report broken window cranks and light bulbs as they happen.</p> | 10/18/16        |

|                                     | Rules (Criteria)   | Plan of Correction   | Completion Date                                    |
|-------------------------------------|--|--|--|
| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (i)(4)(A)<br/> 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>Lighting:</p> <p>Appropriate lighting fixtures adequate in number shall be provided for the comfort of residents and care givers;</p> <p><b><u>FINDINGS</u></b><br/> Bedroom #5 - Bathroom ceiling light not working.</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 style="text-align: center;"><i>light bulb was changed</i></p> | <p style="text-align: center;"><i>10/18/16</i></p> |

|                                     | Rules (Criteria)     | Plan of Correction   | Completion Date |
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| <input checked="" type="checkbox"/> | 11-100.1-23(i)(4)(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<br/>FUTURE PLAN: WHAT WILL YOU DO TO<br/>ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">maintenance will<br/>inspect all lights<br/>routinely 9 months<br/>and as staff requests<br/>light bulb changes<br/>will be made.</p> | 10/18/16        |

|                                     | Rules (Criteria)  | Plan of Correction  | Completion Date                                    |
|-------------------------------------|---|---|--|
| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B)<br/>Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><b><u>FINDINGS</u></b><br/>Bedroom #4 - One (1) pillow had no plastic cover and no name or initials on the pillow.</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>Initials were placed with black sharpie on pillow.</i></p> | <p style="text-align: center;"><i>10/18/16</i></p> |



|                                     | Rules (Criteria)     | Plan of Correction   | Completion Date |
|-------------------------------------|----------------------|--|-----------------|
| <input checked="" type="checkbox"/> | 11-100.1-23(o)(3)(B) | <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<br/>FUTURE PLAN: WHAT WILL YOU DO TO<br/>ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">when room is being<br/>prepared for new<br/>resident the new<br/>pillows will have<br/>resident's initials<br/>placed on pillow</p> | 10/18/16        |

|                                     | Rules (Criteria)   | Plan of Correction   | Completion Date                                    |
|-------------------------------------|--|--|--|
| <input checked="" type="checkbox"/> | <p>11-100.1-23(o)(3)(B)</p> <p><b><u>FINDINGS</u></b><br/>           Bedroom #4 - One (1) pillow had no plastic cover and no name or initials on the pillow.</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<br/>           FUTURE PLAN: WHAT WILL YOU DO TO<br/>           ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>check list will be<br/>           completed by staff<br/>           beginning of each month<br/>           that includes pillows<br/>           with residents initials</i></p> | <p style="text-align: center;"><i>11/28/16</i></p> |

|                                     | Rules (Criteria)  | Plan of Correction  | Completion Date        |
|-------------------------------------|---|---|------------------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (p)(5)<br/>Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><u>FINDINGS</u><br/>No response to Bedroom #1, bed #2 signaling device.</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 style="text-align: center;"> <i>Signaling devices<br/>are both working<br/>Residents cannot<br/>hear the monitor<br/>but staff can.</i> </p> | <p><i>10/18/16</i></p> |

|                                     | Rules (Criteria)  | Plan of Correction  | Completion Date        |
|-------------------------------------|-------------------|---|------------------------|
| <input checked="" type="checkbox"/> | 11-100.1-23(p)(5) | <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<br/>FUTURE PLAN: WHAT WILL YOU DO TO<br/>ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"> <i>signalling device is<br/>kept up by changing<br/>batteries as soon as<br/>it is not working.<br/>The whole system is<br/>new.</i> </p> | <p><i>10/18/17</i></p> |

|                                     | Rules (Criteria)  | Plan of Correction   | Completion Date |
|-------------------------------------|---|--|-----------------|
| <input checked="" type="checkbox"/> | <p>11-100.1-23(p)(5)</p> <p><u>FINDINGS</u><br/>No response to Bedroom #1, bed #2 signaling device.</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>check list will be completed by staff weekly to included signaling devices all working or needing battery change + getting changed.</p> | <p>11/28/16</p> |

|                                     | Rules (Criteria)  | Plan of Correction   | Completion Date |
|-------------------------------------|---|--|-----------------|
| <input checked="" type="checkbox"/> | <p>11-100.1-23(p)(5)</p> <p><u>FINDINGS</u><br/>No response to Bedroom #1, bed #2 signaling device.</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>- Staff training for response time when signal is used</p> <p>- PCG periodically activate signal device to monitor response</p> | <p>12/26/16</p> |

|                                     | Rules (Criteria)  | Plan of Correction   | Completion Date                                    |
|-------------------------------------|---|--|--|
| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (p)(5)<br/>Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><b><u>FINDINGS</u></b><br/>Signaling device monitor has no guide/reference as to what number on the monitor panel corresponds to individual (resident) signaling devices.</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>call bell assignment page was updated and placed inside cover of flowsheet activity book.</i></p> <p style="text-align: center;"><i>exhibit 6</i></p> | <p style="text-align: center;"><i>10/18/16</i></p> |

|                                     | Rules (Criteria)  | Plan of Correction   | Completion Date                                    |
|-------------------------------------|-------------------|--|--|
| <input checked="" type="checkbox"/> | 11-100.1-23(p)(5) | <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<br/>FUTURE PLAN: WHAT WILL YOU DO TO<br/>ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>each admission will<br/>have call bell assignment<br/>updated to include<br/>their name for<br/>individual signalling.</i></p> | <p style="text-align: center;"><i>10/18/16</i></p> |



|                                     | Rules (Criteria)   | Plan of Correction  | Completion Date                                    |
|-------------------------------------|--|---|--|
| <input checked="" type="checkbox"/> | <p>11-100.1-23(p)(5)</p> <p><b><u>FINDINGS</u></b><br/>           Signaling device monitor has no guide/reference as to what number on the monitor panel corresponds to individual (resident) signaling devices.</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 style="text-align: center;"><i>Reference guide placed on outside cover of flow sheet, book with correct numbers &amp; rooms for each resident</i></p> | <p style="text-align: center;"><i>10/18/16</i></p> |

|                                     | Rules (Criteria)   | Plan of Correction   | Completion Date |
|-------------------------------------|--|--|-----------------|
| <input checked="" type="checkbox"/> | <p>11-100.1-23(p)(5)</p> <p><b><u>FINDINGS</u></b><br/>           Signaling device monitor has no guide/reference as to what number on the monitor panel corresponds to individual (resident) signaling devices.</p> | <p style="text-align: center;">Part 2</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>Reference guide placed on outside of cover of flawsheet book with correct numbers &amp; rooms for each resident.</p> <p>Upon admission PCG will monitor updating of reference guide per admission checklist</p> | <p>12/26/16</p> |

Licensee's/Administrator's Signature: Carol L Fardal  
Print Name: Carol L Fardal  
Date: 11/7/16

Licensee's/Administrator's Signature: Carol L Fardal RN  
Print Name: Carol L Fardal  
Date: 11/29/16

Licensee's/Administrator's Signature: Carol L Fardal  
Print Name: Carol L Fardal  
Date: 12/26/16