

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Loumaile Cottage	CHAPTER 100.1
Address: 1118 Kaili Street, Honolulu, Hawaii 96817	Inspection Date: September 9, 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.**

16 DEC 29 P2:24

	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><b>FINDINGS</b> Substitute care giver (SCG) #2 - No screening for symptoms consistent with pulmonary tuberculosis. Submit copy with the 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>Sent the SCG # 2 to her MD to renew her TB Risk Assessment and Attestation Screening form. Documented evidence of an initial and annual TB clearance is completed and available for inspection.</p> <p>12/29/16 - Copy attached.</p> <p style="text-align: right;">MJD.</p>	<p>10/3/16</p> <p>12/29/16</p> <p style="text-align: right;">16 DEC 29 P 2:24</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-9(b)	<p style="text-align: center;">Part 2</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>A verbal and written reminder will send out to all the <sup>MSD</sup> PCAs and SOCs who need to renew their required documents 3 months before the expiration dates.</p> <p>Prepared a spreadsheet for health clearances and certifications. I am reviewing the spreadsheet twice a month. I notify</p>	<p style="text-align: right;">16 DEC 29 P 2:24</p>

care gives three months before expiration. If not<sup>3</sup> completed by the expiration dates they <sup>MSD</sup> cannot work. 12/29/16. MSD.

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><b><u>FINDINGS</u></b> SCG #1 &amp; #3 - No first aid certification. Submit copy for each with the POC.</p>	<p>Part 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>SCG #1 and #3 are no longer working for us. Nothing to correct.</i></p>	<p style="text-align: right;">16 DEC 29 P 2:24</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	11-100.1-9(e)(3)	<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>Hire and train by The PG more backup substitute care givers to provide coverage. Make sure they meet the requirements as set forth in section 11-100.1-8, 1-9, 1-10.</p> <p>Prepared a spreadsheet for health clearances and certifications. I am reviewing the spreadsheet twice a month. I notify care givers three months before expiration. If not completed by the expiration dates then, they can not work.</p>	<p style="text-align: center;">16 DEC 29 P2:24</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><b><u>FINDINGS</u></b> SCG #1 &amp; #3 - No cardiopulmonary resuscitation certification. Submit copy for each with the 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>SCG #1 and #3 are no longer working with us. Nothing to correct.</p>	<p style="text-align: center;">16 DEC 29 P 2:24</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-9(f)(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 FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Hire and train more substitute care givers to provide coverage. Prepared a spreadsheet for health clearances and certifications. I am reviewing the spreadsheet twice a month. I notify care givers three months before expiration. If not completed by the expiration dates then, they can not work</p> <p style="text-align: right;">12/29/16 MFB.</p>	<p style="text-align: center;">*16 DEC 29 P 2:24</p>

Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 <u>Nutrition</u> . (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.  <b><u>FINDINGS</u></b> No substitution list.	<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>A form was created to record the substitutes offered to residents who refuse food served or ingredients in the menu that is not available.</p>	<p style="text-align: right;">9/9/2016</p> <p style="text-align: right;">16 DEC 29 P2:24</p>



	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-13(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 FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus. Menus shall accommodate residents' food preferences, cultural and ethnic backgrounds and habits as much as possible, provided that the nutritional values is maintained. Also substitutes will be offered to residents who refuse food served. Substitutes shall be of similar nutritive value and documented.</p>	<p style="text-align: right;">9/9/2016</p> <p style="text-align: right;">16 DEC 29 P 2:24</p>

SCGs trained to record <sup>menu</sup> substitutions on substitution list. PAG will monitor SCG's recording on the substitution list. 12/29/16 WFD

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (b) All foods shall be stored in covered containers.</p> <p><b><u>FINDINGS</u></b> Open can of partially used coconut milk in the refrigerator.</p>	<p>Part 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>The open can of partially used coconut milk in the refrigerator was destroyed.</p>	<p>9/9/2016</p> <p>16 DEC 29 P2:24</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-14(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 FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>All food shall be stored in covered containers, be prepared, stored, prepared and served under sanitary conditions.</p> <p>SCAs trained to store leftover food in covered containers. Will put a sign on refrigerator to store food in covered containers. Everyday when I open the refrigerator I check <sup>MDD</sup> that all the food in covered containers.</p> <p style="text-align: right;">12/29/16 MDD.</p>	<p style="text-align: center;">16 DEC 29 P 2:24</p> <p style="text-align: right;">/L</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p><b><u>FINDINGS</u></b> No metal stem thermometer. The digital thermometer on hand did not turn on.</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>The metal stem thermometer was found and put back at the right place and the battery for the digital thermometer was replaced.</p>	<p style="text-align: right; vertical-align: bottom;">9/9/2016</p> <p style="text-align: right; vertical-align: bottom;">'16 DEC 29 P 2:24</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	11-100.1-14(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 FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Will do a routine weekly check of equipments required in the kitchen to make sure that all food shall be procured, stored, prepared and served under sanitary conditions, also to meet proper temperature requirements during storage, preparation, display, service and transportation.</p> <p>Instructed The care givers to return the stem thermometers to the same drawer after each use. I will check once a week that the thermometer is in the drawer.</p>	<p style="text-align: right;">9/9/2016</p> <p style="text-align: right;">16 DEC 29 P 2:24</p>

MFD  
12/29/16

	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><b><u>FINDINGS</u></b> Comet cleanser unsecured under the bathroom sink.</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>Comet cleanser was removed from under the bathroom sink and locked up in the cupboard where all other cleaning supplies are securely stored and apart from any food supplies.</p>	<p style="text-align: right;">9/9/2016</p> <p style="text-align: right;">16 DEC 29 P2:24</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-14(f)	<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>All 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 and in a locked cupboard.</p> <p>Instructed the care givers to return all cleaning agents to the locked cabinet. I will check the area to ensure there are no cleaning agents unsecured. WFO</p>	<p style="text-align: right;">9/9/2016</p> <p style="text-align: right;">16 DEC 29 P 2:24</p>

12/29/16.

	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><b><u>FINDINGS</u></b> Rusty metal primer unsecured outside shelf.</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>Removed the metal primer and put in a locked cabinet.</i></p>	<p style="text-align: center;"><i>9/9/2016</i></p> <p style="text-align: right; vertical-align: bottom;"><i>16 DEC 29 P 2:24</i></p>



	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-14(f)	<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>Store all toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons shall be properly labeled securely stored apart from any food supplies and in a locked cupboard.</p> <p>Discussed with the landlord, need to have all poisons secured. I will check the outside area on a daily basis and remind landlord as needed.</p>	<p style="text-align: right;">9/9/2016</p> <p style="text-align: right; font-size: small;">16 DEC 29 P2 24</p>

MED

12/29/16

	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><b><u>FINDINGS</u></b> Resident #1 – Office visit summary from Dr. Glenn Uto on 5/3/16 noted: “Other medications you are on: aspirin 81 mg 1 tab orally once a day, fish oil capsule 1000 mg 1 capsule orally once a day, senna 8.6 1 tab orally once a day (at bedtime) prn constipation, and pravastatin 40 mg 1 tab orally once a day (at bedtime). However, the aspirin, fish oil capsules, senna, and pravastatin orders were not recorded on the medication record. The medications were not available. There was no documentation that the physician was contacted to clarify the medications listed.</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>The physician's office was contacted to clarify the medications listed. Also a physician order was signed by the physician to clarify the medication listed. The Dr's office staff also updated their documents in their file. Resident # 1 was also visited the Doctor's office on 5/17/16</p>	<p style="text-align: center;">5/17/16</p> <p style="text-align: right;">16 DEC 29 P2:24</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 FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Every time the resident visited the doctor I should make sure that 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, PG or any of ARCH staff. Any discrepancies <del>to the</del> or differences in the medication list and the medication provided from the pharmacy should be clarify right away from the physician.</p>	<p style="text-align: right;">9/9/2014</p> <p style="text-align: right;">16 DEC 29 P2:24</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	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 FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Everytime the resident visit the doctor I will check the office visit summary. If the summary lists medications that are not currently being taken by the resident, I will call the doctor's office to clarify the medication. I will read the office visit summary after each visit.</p> <p style="text-align: right;">MSD</p>	<p style="text-align: right;">16 DEC 29 P2:27</p>

12/29/16.

	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><b><u>FINDINGS</u></b> Resident #1 – “Levobunolol ophthalmic 0.25% i gtt OD in each affected eye 2 times a day” ordered 5/3/16; however, the label reflected “0.5%.”</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>Checked with the pharmacist and Doctor's office to clarify the order so it is now clarify and corrected.</p> <p>The correct concentration was 0.5%. MJD 12/29/16</p>	<p style="text-align: right; font-size: 2em;">9/9/2016</p> <p style="text-align: right; font-size: 0.8em;">*16 DEC 29 P2 25</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-15(e)	<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>All medicines prescribed by physicians and dispensed by pharmacists shall be checked and make <del>up</del> sure that the medicines labels are the same as the doctor's order. Any differences should be checked and clarify from the physician right away.</p>	<p style="text-align: right;">9/9/2016</p> <p style="text-align: right;">*16 DEC 29 P 2 25</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 FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>After the office visit, I will check the physician's order for medication. I will check the medication label to ensure they are the same. If not I will call for clarification. Training was provided to the SCGs. PCG will monitor physician's order and labels. <del>the</del> MFD</p> <p style="text-align: right;">12/29/16 MFD</p>	<p style="text-align: right;">*16 DEC 29 P 2:25</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 – “Lopressor 25 mg po BID hold if SBP &lt; 120 diastolic &lt; 50” ordered 5/3/16; however, the June 2016 medication record reflected:</p> <ul style="list-style-type: none"> <li>• 8/8/16 8 a.m. = 134/42; medication given</li> <li>• 8/13/16 8 a.m. = 131/48; medication given</li> </ul>	<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>checked with the staff on duty It was withheld but she forgot to write the symbol (W).</i></p>	<p style="text-align: right;"><i>9/9/2016</i></p> <p style="text-align: center;">16 DEC 29 P2:25</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 FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The <del>PCG</del><sup>MO</sup> will make sure to train all SCGs and only trained staff shall be allowed to make prescribed medications available to residents and shall be recorded on the residents medication record.</p> <p>The PCG retrained SCGs regarding medication especially medications with <del>param</del><sup>MO</sup> parameters PCG is monitoring SCGs documentation in the Medication</p>	<p style="text-align: right;">16 DEC 29 P 2:25</p>

Record. We will highlight the parameters so not overlooked.

	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 #2 - The June 2016 medication record was initialed by care givers on 6/31/16.</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>Checked with the care givers to understand what went wrong. The day shift staff gave the morning dose and she signed on the space 6/30/16 and the night shift cg. who gave the night dose signed next to the previous cg. Corrected and had training again with the PG.</p>	<p style="text-align: right; font-size: 2em;">9/9/2016</p> <p style="text-align: right; font-size: 0.8em;">16 DEC 29 P 2:25</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-15(m)	<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>Draw a line on the column where the 31<sup>st</sup> of the month if the month only have 30 days to make sure no one writes or record anything on that column.</p>	<p style="text-align: center;">9/9/2016</p> <p style="text-align: right;">16 DEC 29 P 2:25</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h)  A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><b><u>FINDINGS</u></b>  Resident #1 - No schedule of activities.</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>A plan of care was developed and implemented by the primary care giver for the resident which includes personal services to be provided, activities and special care needs identified.</p>	<p style="text-align: center;">9/9/2016</p> <p style="text-align: right;">16 DEC 29 P2:25</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-16(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 FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>A care plan would developed and implement for each resident. The PG will make sure that all staff follows the care plan and goals are achieve.</p> <p>I will use an admission check list to ensure each resident has a plan of care. PCG will check/review admission process.</p> <p style="text-align: right;">WJD 12/29/16.</p>	<p style="text-align: center;">9/9/2016</p> <p style="text-align: right;">*16 DEC 29 P2:25</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1)            General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><b><u>FINDINGS</u></b>            Resident #1 &amp; #2 - Progress notes are initialed, not signed, by the individual making the entry.</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>Progressed notes were checked and identify the mistakes. All care givers were instructed to sign <sup>the entry</sup> by the individual making the entry instead of initialed. No initials.</p>	<p style="text-align: right;">9/9/2016</p> <p style="text-align: right;">16 DEC 29 P2:25</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-17(f)(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 FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>A routine training once a month <sup>by the PG</sup> to go thru the procedures of medication administrations, documenting records and reporting incidents and checking to make sure records are correct by the Primary Care Giver.</p>	<p>Starts 9/9/2016</p> <p style="text-align: right;">*16 DEC 29 P2:25</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1)            General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><b><u>FINDINGS</u></b>            Resident #2 - Progress notes not signed by the individual making the entry: 9/8/16, 8/24/16, 7/31/16, and 7/21/16.</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>Checked and signed by the care giver who made the entry. Trained by the PCG.</p> <p style="text-align: right;">WJD 12/29/16</p>	<p style="text-align: center;">9/9/2016</p> <p style="text-align: right;">'16 DEC 29 P2:25</p>



	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-17(f)(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 FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Routine checked of the records and progress notes to make sure they are signed <del>and</del> by the <sup>NFD</sup> PCG or Licencee and caregivers. PCG will monitor progress notes.</p> <p style="text-align: center;">NFD 12/29/16.</p>	<p style="text-align: right;">9/9/2016 12/29/16</p> <p style="text-align: right; font-size: small;">16 DEC 29 P2:25</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2)            General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><b><u>FINDINGS</u></b>            No legend for abbreviations used. For example: P.T.O. (please turn over).</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>A legend was made for the identified abbreviation used. P.T.O. (please turn over)</p>	<p style="text-align: right;">9/9/2016</p> <p style="text-align: right;">16 DEC 29 PM 2:25</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-17(f)(2)	<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>A list of medical terms abbreviations and symbols appropriate for recordings and their legends were made available for the care givers to use if needed. The <sup>MSD</sup> RG also <sup>12/29/16</sup> do a regular routine check to make sure the records and reports are done properly.</p>	<p style="text-align: center;">9/9/2016</p> <p style="text-align: right;">'16 DEC 29 P2:25</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><b><u>FINDINGS</u></b> No documentation of fire drills from 2/29/16, to day of inspection 9/9/16; a period of six (6) months. Noted during 6/27/16 follow-up inspection.</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>Checked and corrected. A fire drilled <sup>was there</sup> was conducted on 4/27/16, but not in proper order on the day of the inspection. Straighten out the record and copies of the fire drill procedures and results are now available to be submitted to the fire inspector or department upon request.</p>	<p style="text-align: center;">9/9/2016</p> <p style="text-align: right;">'16 DEC 29 P2:25</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-23(g)(3)(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>A monthly routine fire drill <del>would</del> <sup>will</sup> be conducted at the 1st week of the month and a copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request.</p>	<p style="text-align: center;">9/9/2016</p> <p style="text-align: right;">'16 DEC 29 P2:25</p>

Licensee's/Administrator's Signature: Maile L. Drake

Print Name: Maile T. Drake

Date: 10/17/16

Maile L. Drake

12/29/16.

Benjamin Franklin

'16 DEC 29 P2:25