

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Acosta, Conchita (ARCH)	<b>CHAPTER 100.1</b>
<b>Address:</b> 127 W. Puainako Street, Hilo, Hawaii 96720	<b>Inspection Date:</b> December 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>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><b>FINDINGS</b> Substitute care giver (SCG) #2 who provided care while primary care giver (PCG) was on leave, no documented physical examination prior to providing resident care.</p>	<p style="text-align: center;"><b>PART 1</b> <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 have obtained consent PE for (SCG) # 2 and already filed inside my folder</i></p>	<p><i>2/7/17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-9 (a)	<p style="text-align: center;"> <b>PART 2</b>  <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> <i>In the future I will remind my substitute her physical, ppd, <del>before</del> before I employ her to work to my new home. I will obtain a copy band file on my car name folder. I will check my check list before I'm leaving her.</i> </p>	<p style="text-align: right;">6-15-17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b)  All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><b>FINDINGS</b>  SCG #2 who provided care while PCG was on leave, no documented tuberculosis (TB) clearance prior to providing resident care.</p>	<p style="text-align: center;"><b>PART 1</b>  <u><b>DID YOU CORRECT THE DEFICIENCY?</b></u></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>(as a C PCG) &amp; obtained annual TB clearance for (SCG) #2</i></p>	<p style="text-align: right;"><i>2/9/14</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-9 (b)	<p style="text-align: center;"><b>PART 2</b> <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>I will check my check list before I hiring her. see ppd and I will obtain a copy to my folder</i></p>	<p style="text-align: center;"><i>6/15/17</i></p>

	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> 1) SCG #1, no current first aid certification.</p>	<p style="text-align: center;"><b>PART 1</b> <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 obtained current first and certification for SCG #1 and filed it inside inside my folder.</i></p>	<p style="text-align: right;"><i>2/8/17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p><b>RULE # §11-100.1-9 (e)(3)</b></p> <p><b><u>FINDINGS</u></b> SCG #1, no current first aid certification.</p>	<p align="center"><b>PART 2</b> <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 align="center"><i>In the future I will review my check list weekly or as often as I can to get reminded. I will not forget to ask a copy of current first aid certification from my substitute caregiver and have it filed in my folder ready for the inspection.</i></p>	<p align="center"><i>4-2-17</i></p>

	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> 2) SCG #2 who provided care while PCG was on leave, no documentation of first aid certification.</p>	<p style="text-align: center;"><b>PART 1</b> <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 obtained first aid certification for SCG #2 and filed on my folder.</i></p>	<p style="text-align: right;"><i>2/10/17</i></p>



	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p><b>RULE # §11-100.1-9 (e)(3)</b></p> <p><b><u>FINDINGS</u></b>  SCG #2 who provided care while PCG was on leave, no documentation of first aid certification.</p>	<p><b>PART 2</b>  <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>In the future (PCG) will remind (SCG) #2 to take First Aid certification at least one to two months prior to <del>expiration</del> expiration date. I will obtain a copy of First Aid certification on file.</i></p>	<p><i>5/22/17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (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>FINDINGS</b></p> <p>1) SCG #1, no current cardiopulmonary resuscitation (CPR) certification.</p>	<p><b>PART 1</b>  <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>I have obtained CPR current certificate for SCG#1 and filed it inside my folder.</i></p>	<p><i>2/10/17</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-100.1-9 (f)(1)</p> <p><b><u>FINDINGS</u></b>  SCG #1, no current cardiopulmonary resuscitation (CPR) certification.</p>	<p><b>PART 2</b>  <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>To make sure that this deficiency won't happen again I will remind (SCG) to enroll class ahead of time at least one month or 2. I will ask a copy of CPR certification and I will keep it on file ready for the inspector.</i></p>	<p><i>4-4-17</i></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></p> <p>2. SCG #2 who provided care while PCG was on leave, no documentation of CPR certification.</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>I already obtained CPR current certificate for (SCG) and have filed inside my folder.</i></p>	<p><i>7/10/17</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p><b>RULE # §11-100.1-9 (f)(1)</b></p> <p><b><u>FINDINGS</u></b>  SCG #2 who provided care while PCG was on leave, no documentation of CPR certification.</p>	<p><b>PART 2</b>  <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>PCG will remind SCG #2 to attend classes of CPR certification prior to expiration date at least 2 months</i></p>	<p><i>5/22/17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (a)  The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><b><u>FINDINGS</u></b>  Current menu read: "egg salad, romaine lettuce, wheat bread. . ." However, beef with cooked vegetables was served. No documented menu substitutions.</p>	<p style="text-align: center;"><b>PART 1</b>  <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>yes, I have it corrected by obtaining a copy of menu substitution form and have menu recorded, so that next time whenever I substituted my menu I can read right away to avoid forgetting.</i></p>	<p style="text-align: right;"><i>4-8-17</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-13 (a)	<p style="text-align: center;"><b>PART 2</b> <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>To ensure that this won't happen again I will always have a copy of menu substitution available so that I have something to record it right away to avoid forgetting I will keep it in a place that I can easily locate right away whenever I need it.</i></p>	<p style="text-align: center;">4-7-17</p>

	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> Halved jabong, and a sliced apple were uncovered in refrigerator.</p>	<p style="text-align: center;"><b>PART 1</b> <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>I corrected this deficiency to cover all foods stored in the refrigerator to avoid contamination.</i></p>	<p style="text-align: center;"><i>5/23/17</i></p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-14 (b)	<p style="text-align: center;"><b>PART 2</b> <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>In the future I'll make sure the all foods I keep inside the refrigerator should be in a cooler with a saran wrap or a cooler container.</i></p>	<p style="text-align: center;"><i>4-8-17</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><b><u>FINDINGS</u></b> Resident #1, physician order dated <u>October 9, 2016</u> read, "Amlodipine 5 mg BID." However, October 2016 medication record reflected Amlodipine 5 mg BID administered beginning <u>October 1, 2016</u>, prior to physician order.</p>	<p style="text-align: center;"><b>PART 1</b> <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;"><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"/>	RULE # §11-100.1-15 (e)	<p style="text-align: center;"><b>PART 2</b> <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><i>In the future I will be very careful for documenting medication etc. I'll <del>make</del> make match</i></p> <p><i>In the future I will be very careful for documenting medication etc.. I'll make sure that it will match the doctors order, and it first started and write or <del>initial</del> initial on the correct date as being ordered.</i></p>	<p style="text-align: right;"><i>2/12/17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u></p> <ol style="list-style-type: none"> <li>1) Resident #1, physician order dated July 28, 2016 read: "Acetaminophen 325 mg 2 tabs po q4° prn pain/T &gt;100°F." However, prn medication was not listed on August – November 2016 medication records.</li> </ol>	<p><b>PART 1</b></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> </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
<input checked="" type="checkbox"/>	<p><b>RULE # §11-100.1-15 (f)</b></p> <p><b><u>FINDINGS</u></b>  Resident #1, physician order dated July 28, 2016 read:  "Acetaminophen 325 mg 2 tabs po q4° prn pain/T &gt;100°F."  However, prn medication was not listed on August –  November 2016 medication records.</p>	<p align="center"><b>PART 2</b> <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><i>To make sure that physician's order medication for resident #1 is documented &amp; will work on it immediately as soon as possible to avoid forgetting, I will review carefully in the medication records of all medications are listed, &amp; will take time to double check my record for.</i></p>	<p align="right"><i>2/12/17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><b><u>FINDINGS</u></b></p> <p>2) Resident #1, physician order dated November 17, 2016 read, "Nitro paste use as needed for chest pain - to ER if Nitro paste does not improve chest pain" However, prn medication and physician instructions were not listed on the November and December 2016 medication records.</p>	<p style="text-align: center;"><b>PART 1</b> <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>PCG can't correct this deficiency now however, I record all medications on the MAR including the frequency, time and date of administering med</i></p>	<p style="text-align: right;"><i>5/24/17</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p><b>RULE # §11-100.1-15 (f)</b></p> <p><b><u>FINDINGS</u></b>  Resident #1, physician order dated November 17, 2016 read, "Nitro paste use as needed for chest pain – to ER if Nitro paste does not improve chest pain." However, prn medication and physician instructions were not listed on the November and December 2016 medication records.</p>	<p align="center"><b>PART 2</b> <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><i>in the future as soon as I arrived home from the doctor office I'll find time to set down and review all physician's order and instruction and document it right away inside my folder, and review it again to see that I'm doing correctly when in doubt I'll seek the help of my supervisor.</i></p>	<p align="right"><i>6/12/17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><b>FINDINGS</b></p> <p>3) Resident #1, physician order dated September 9, 2016 read, "Hydralazine HCl 25 mg oral three times a day." However, medication was not transcribed on to September 2016 medication record.</p>	<p style="text-align: center;"><b>PART 1</b> <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;"><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
☒	<p><b>RULE # §11-100.1-15 (f)</b></p> <p><b><u>FINDINGS</u></b> Resident #1, physician order dated September 9, 2016 read, "Hydralazine HCl 25 mg oral three times a day." However, medication was not transcribed on to September 2016 medication record.</p>	<p align="center"><b>PART 2</b> <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><i>in the future I'll see to it that flow sheet is already available whenever I'll bring resident to doctors office I have a flow sheet to write down some instruction ordered by physician, if I don't understand the doctors hand writing I will ask his nurse to explain to me further and will take a note and I will write to my folder as soon as got time when I got home from the doctor office.</i></p>	<p align="right"><i>12/13/17</i></p>

	<b>Rules (Criteria)</b>	<b>Plan of Correction</b>	<b>Completion Date</b>
☒	<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>  1) Resident #1, physician order dated July 28, 2016 read, "Nitro BID 2% oint. Apply 1" Q8° Hold if SBP&lt;130." However, August – October 2016 medication records read, "Nitro-BID 2% ointment QID/hold if below 130 B/P."</p>	<p><b>PART 1</b>  <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><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
☒	<p>RULE # §11-100.1-15 (m)</p> <p><b>FINDINGS</b>  Resident #1, physician order dated July 28, 2016 read, "Nitro BID 2% oint. Apply 1" Q8° Hold if SBP&lt;130." However, August – October 2016 medication records read, "Nitro-BID 2% ointment QID/hold if below 130 B/P."</p>	<p><b>PART 2</b>  <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>In the future physician order for the resident #1, I will document a being ordered. However, if I'm not sure I will ask the doctor or his nurse to explain to me further the best way I can understand.</i></p>	<p><i>2/13/17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<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></p> <p>2) Resident #1, August – October 2016 medication record reflected the following: “Nitro-BID 2% ointment QID/<u>hold if below 130 B/P.</u>”</p> <ul style="list-style-type: none"> <li>• August 1-10, 2016: initialed as administered; however, no blood pressure documented</li> <li>• August 11-31, 2016: blood pressure documented; however, not initialed as administered</li> <li>• September 1-14, 2016: blood pressure documented; however, not initialed as administered and no time of administration documented</li> <li>• September 15-30, 2016: no blood pressure documented, not initialed as administered and no time of administration documented</li> <li>• October 1-31, 2016: no blood pressure documented and not initialed as administered</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 style="text-align: center;"><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"/>	<p><b>RULE # §11-100.1-15 (m)</b></p> <p><b>FINDINGS</b> Resident #1, August – October 2016 medication record reflected the following: “Nitro-BID 2% ointment QID/<u>hold if below 130 B/P.</u>”</p> <ul style="list-style-type: none"> <li>• August 1-10, 2016: initialed as administered; however, no blood pressure documented</li> <li>• August 11-31, 2016: blood pressure documented; however, not initialed as administered</li> <li>• September 1-14, 2016: blood pressure documented; however, not initialed as administered and no time of administration documented</li> <li>• September 15-30, 2016: no blood pressure documented, not initialed as administered and no time of administration documented</li> <li>• October 1-31, 2016: no blood pressure documented and not initialed as administered</li> </ul>	<p style="text-align: center;"><b>PART 2</b> <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><i>I will make sure that I will document all medication being administered immediately and initial to the MAR.</i></p> <p><i>When I administer med. or BP then will transfer to on MAR right away.</i></p>	<p style="text-align: right;"><i>5/25/17</i></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><b><u>FINDINGS</u></b>  Resident #1, admitted on August 1, 2016, no two (2) step TB skin test.</p>	<p style="text-align: center;"><b>PART 1</b>  <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>in Jan 2017 &amp; take the resident to his doctor to take the two step ppd, and file to his folder.</i></p>	<p><i>6-15-17</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	RULE # §11-100.1-17 (a)(4)	<p style="text-align: center;"><b>PART 2</b> <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>In the future I will admit a new resident, I will refer to the ARCH checklist all requirements needed and take the time to review. I will advise the resident to have the 2-step skin test first prior to admission.</p>	2/14/17

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><b><u>FINDINGS</u></b></p> <p>1) Resident #2, discharged on June 14, 2016, no monthly weights January 2016 – June 2016.</p>	<p align="center"><b>PART 1</b></p> <p align="center"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p align="center"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p align="center"> </p> <p align="center"><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"/>	<p><b>RULE # §11-100.1-17 (b)(7)</b></p> <p><b><u>FINDINGS</u></b> Resident #2, discharged on June 14, 2016, no monthly weights January 2016 – June 2016.</p>	<p align="center"><b>PART 2</b> <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><i>In the future, I will document the weight of my resident monthly for the department's review and for me as a primary caregiver to know how the resident is doing. I will also review my notes for every week or so as often as I can if I missed something, I'll do it immediately.</i></p>	<p align="right"><i>2/14/17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><u>FINDINGS</u></p> <p>2) Resident #3, discharged on July 1, 2016, no monthly weights February 2016 – June 2016.</p>	<p><b>PART 1</b></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><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"/>	<p><b>RULE # §11-100.1-17 (b)(7)</b></p> <p><b><u>FINDINGS</u></b>  Resident #3, discharged on July 1, 2016, no monthly weights  February 2016 – June 2016.</p>	<p style="text-align: center;"><b>PART 2</b> <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>In the future I will  review my paper works when  ever I have time at least  every week to check that I won't  missed anything.</i></p>	<p><i>2/15/17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c)            Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><b>FINDINGS</b>            Resident #1, no incident report for emergency department visit on October 7, 2016.</p>	<p style="text-align: center;"><b>PART 1</b>  <u><b>DID YOU CORRECT THE DEFICIENCY?</b></u>  <b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><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"/>	RULE # §11-100.1-17 (c)	<p style="text-align: center;"><b>PART 2</b> <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><i>In the future I will write incident report any time there's <del>an</del> unusual incident happens to my resident. I will document <del>it</del> right away to avoid forgetting. I'll have the incident report form available all the time and write down all my observations and for the doctors information next visit I'll bring the resident to his office.</i></p>	<p style="text-align: right;"><i>2/15/17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><b>FINDINGS</b> Resident #4, no discharge date listed on general register.</p>	<p style="text-align: center;"><b>PART 1</b> <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>I obtained a permanent register and recorded the residents admission and discharged date at a time of admission.</i></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-17 (h)(1)	<p style="text-align: center;"><b>PART 2</b> <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>I'll make sure that whenever I admit a resident I will write down right away on the general register and will follow the instructions indicated on the form.</i></p>	<p style="text-align: center;"><i>2/15/17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><b><u>FINDINGS</u></b> Resident #1, admitted on August 1, 2016, no rate for services provided listed on care home general operational policy.</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>I wrote the rate of services on the policy for resident #1</i></p>	<p style="text-align: right;"><i>2/16/17</i></p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-21 (a)(1)(C)	<p style="text-align: center;"><b>PART 2</b> <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>I will make sure that I will read and review the written policy with regards to the rights and responsibilities during their stay in my house. I will give the family or resident of written policy and will explain to them also my right as a primary caregiver. I will inform them the rate of pay whether private or medicaid pay I will indicate on the written policy the monthly charges.</p>	2/16/14

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3)  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>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><b>FINDINGS</b>  Numerous bins/buckets of standing water around perimeter of home. Two (2) containers containing larvae.</p>	<p style="text-align: center;"><b>PART 1</b>  <u><b>DID YOU CORRECT THE DEFICIENCY?</b></u></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>for compliance compliance of state laws regarding sanitation, health etc. I put away the buckets of water around the home. I have some body help me cleaned and throw away all container found during the inspections.</i></p>	<p style="text-align: right;"><i>2/16/17</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-23 (h)(3)	<p style="text-align: center;"><b>PART 2</b> <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>In the future I will always clean and discard away all the things that are not needed any more and keep my surroundings safe that will not harm my residents and caregiver. I will comply with state laws especially sanitation and infection control.</i> </p>	<p style="text-align: center;">4-14-17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (j)(1) Waste disposal:</p> <p>Every Type I ARCH shall provide a sufficient number of watertight receptacles, acceptable to the department for rubbish, garbage, refuse, and other matter. These receptacles shall be kept closed by tight fitting covers;</p> <p><b><u>FINDINGS</u></b> Kitchen trash can was not equipped with a tight fitting lid.</p>	<p style="text-align: center;"><b>PART 1</b> <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>I replaced those receptacles found during the inspection period with <del>a</del> trash cans with <del>cover</del> cover and lid.</i></p>	<p><i>2/17/17</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-23 (j)(1)	<p style="text-align: center;"> <b>PART 2</b>  <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> <i>I will make sure that I obtained and numerous trash cans with cover and lining and have it available any time to keep my home and surroundings safe and clean any time. I'll make sure that I will have enough supply to use.</i> </p>	<p style="text-align: right;"> <i>2/17/17</i> </p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) 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> No pliable plastic pillow protectors on resident pillows.</p>	<p style="text-align: center;"><b>PART 1</b> <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 furnished immediately all bedrooms use by the residents, I obtained several <del>at</del> plastic protection on resident pillows. I have enough supply to avoid running out and have and have it available any time.</i></p>	<p style="text-align: right;"><i>2/17/17</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-23 (o)(3)(B)	<p style="text-align: center;"> <b>PART 2</b>  <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>In the future I will provide enough supply for my bedroom furnishing especially shable pillow covers. I'll have some stored to replace the old <del>on or</del> damaged pillow covers.</i> </p>	<p style="text-align: right;"> <i>8/18/17</i> </p>

Licensee's/Administrator's Signature: Conchita Acosta

Print Name: CONCHITA ACOSTA

Date: 7-17-17

Licensee's/Administrator's Signature: Conchita Acosta

Print Name: CONCHITA ACOSTA

Date: 4-17-17

Licensee's/Administrator's Signature: Conchita Acosta

Print Name: CONCHITA ACOSTA

Date: 5-25-17

Licensee's/Administrator's Signature: Conchita Acosta

Print Name: CONCHITA ACOSTA

Date: 6-15-17