

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Balualua ARCH <i>Angelita Balualua care home</i>	CHAPTER 100.1
Address: 94-575 Apii Street, Waipahu, Hawaii 96797	Inspection Date: July 19, 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.

STATE OF HAWAII
DH-OHCA LICENSING

JUL 20 2016

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current;</p> <p><u>FINDINGS</u> Primary care giver (PCG) has documentation of four (4) hours of continuing education (CE). Submit copy of two (2) additional CE hours with the POC.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>PCG attended another educational workshop on October 5, 2016 with two-hours credits. Sub noted w/ POC.</i></p>	<p style="text-align: center;"><i>11-30-16</i></p> <p style="text-align: right; font-size: small;"> DOR DIVISION OF NURSING LICENSING RECEIVED </p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-8(a)(10)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>From now on, every year starting August 2016 until July 2017, I will attend educational workshop to complete the required annual 6 hr. credits, thru our organization and other agencies that provide work shops.</p>	<p>11-30-16</p> <p style="text-align: right;">RECEIVED DISH-ORCA LICENSING NOV 24 2016</p>

	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><u>FINDINGS</u> Substitute care giver (SCG) #3 – No physical examination. Submit copy with the plan of correction (POC).</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Annual P.E. of SCG #3 was performed on July 14, 2016 & was submitted to PCG 7/21/16</p>	<p style="text-align: center;">11-30-16</p> <p style="text-align: center;">STATE OF NEW YORK DEPARTMENT OF HEALTH DIVISION OF HEALTH PLANNING AND LICENSING</p> <p style="text-align: center;">RECEIVED</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-9(a)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>From now on every June of each year, I will ensure that every SCB will submit their respective annual P.F.</i></p>	<p style="text-align: center;">11-30-16</p> <p style="text-align: center;">RECEIVED DIVISION OF LICENSING 11/30/16</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><u>FINDINGS</u> SCG #2 – No current tuberculosis (TB) clearance. Submit copy with the POC.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Obtained SCG #2's current T.B. clearance on 11/30/16, and submitted w/ POC.</i></p>	<p style="text-align: center;"><i>11-30-16</i></p> <p style="text-align: center;">RECEIVED NOV 30 11:46 AM '16 DIH-OHCA LICENSING</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;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>From now on, on every June each year I will ensure that all SCG's submit their respective T.B. clearance.</i></p>	<p style="text-align: right;">RECEIVED</p> <p style="text-align: right;">JUN 15 2016</p> <p style="text-align: right;">11-30-16</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><u>FINDINGS</u> SCG #3- No TB clearance. Submit copy with the POC.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Obtained SCG #3's T.B. clearance on 11/30/16 and submitted w/ POC. 11-30-16</p>	<p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">11/30/16</p> <p style="text-align: center;">DONORICA LEE</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;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>From now on every June of each year I will ensure that all SCG will submit their respective TB clearance as required</i></p>	<p style="text-align: center;">11-30-16</p>

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	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><u>FINDINGS</u> SCG #2 – No first aid certification. Submit copy with the POC.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Obtained SCG #2 first aid certificate and submitted with POC. on July 2016</i></p>	<p style="text-align: center;"><i>11-30-16</i></p> <p style="text-align: center; font-size: small;">RECEIVED JUL 27 2016 10:46 STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-9(e)(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 FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>From now on, every January each year, I will require all SCG to submit their respective int aid certificate, to this PCG.</p>	<p style="text-align: center;">11-30-16</p> <p style="text-align: center;">46</p> <p style="text-align: center;">RECORDED</p> <p style="text-align: center;">DH-OHCA LICENSING</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)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> SCG #1, SCG #2 & SCG #3 – No documentation of training to make medications available to residents. Submit copy for each with the POC.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"> <i>I acknowledge that I failed to document the training provided to my (3) substitutes, therefore on Aug. 1, 2016 I trained my SCG #1, = CCF #2 + SCG #3 on the procedure on how to make meds available to residents.</i> </p>	<p style="text-align: center;">12-30-16</p> <p style="text-align: center;">RECEIVED</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-9(e)(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 FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>For every new SCG that will provide care & make medication available to my res. I will first conduct training, using the form "Primary care given & subs. care given training checklist."</p> <p>Upon completion of satisfactory result SCG will then be able to provide services in my GtH.</p> <p>This document will be kept in my (Arch) ARCH folder.</p>	<p>Jan - 13, 2017</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><u>FINDINGS</u> SCG #2 – No cardiopulmonary recertification. Submit copy with the POC.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>a copy of CPR certificate was obtained from SC OFFICE on July 22, 2016.</i></p>	<p style="text-align: center;"><i>11-30-16</i></p> <p style="text-align: center;">STATE OF MICHIGAN MICHIGAN LICENSING</p> <p style="text-align: center;">REMOVED</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 style="text-align: center;"><i>From now on, every January I will ensure that all SCGS submit their CPR certificate as required to PCG</i></p>	<p style="text-align: center;">11-30-16</p> <p style="text-align: right; font-weight: bold;">RECEIVED</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p><u>FINDINGS</u> Resident #1 – No level of care assessment at the time of readmission on 9/22/15. Resident hospitalized 9/18/15-9/22/15.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>a copy of the LOC assessment was obtained from Quorum Hosp. on 11/30/16 and kept in resident chart.</i></p>	<p style="text-align: right;"><i>11-30-16</i></p> <p style="text-align: right;">RECEIVED</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-10(a)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>From now on every time I admit or readmit a resident to my CH, I will ensure that I will go through my admission checklist and secure all the required documents prior to admission.</p>	<p style="text-align: right;">11-30-16</p> <p style="text-align: right;">47</p> <p style="text-align: right;">REMOVED</p>

	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><u>FINDINGS</u> Unsecured toxic chemicals in the resident dining area – Roach Away Boric Acid, Scrubbing Bubbles Foaming Bleach.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>I bought a pad lock to secure my cabinet with toxic chemicals, in the kitchen area on Aug. 1, 2016.</i></p>	<p style="text-align: center;"><i>11-30-16</i></p> <p style="text-align: center;"><i>RECEIVED</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 style="text-align: center;"><i>From now on every day, I will check to ensure that the cabinet is kept locked at all times.</i></p>	<p style="text-align: right;"><i>11-30-16</i></p> <p style="text-align: right;">47</p> <p style="text-align: right;">RECEIVED</p> <p style="text-align: right;">DUR-ORCA LISTING</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Unsecured medication in the resident dining area: Glucosamine, Ginkgo Biloba, Super B Complex, Omega III, One a Day Women's multivitamins.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>upon notice of unsecured medicines in dining area during inspe, I immediately placed them in the designated locked room.</i></p> <p style="text-align: right; font-size: small;">NON-ORCA LITERATURE</p>	<p style="text-align: center;"><i>11-30-16</i></p> <p style="text-align: right; font-size: small;">RECEIVED</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-15(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 style="text-align: center;"><i>From now on, I will check daily that all medication are secured properly in the designated locked room</i></p>	<p style="text-align: center;">11-30-16</p> <p style="text-align: center;">1</p> <p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">JANUARY 17 2017</p> <p style="text-align: center;">DUI-ORCA LICENSING</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Residents' medication are not secured. The PCG stated she stores them on an open cart in the resident dining area.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>I removed the medicines of my residents' meds. I kept them in a designated locked room upon notice during my annual inspection.</i></p>	<p style="text-align: center;"><i>11-30-96</i></p> <p style="text-align: right; font-size: small;"> DIVISION OF LICENSING STATE OF MICHIGAN RECEIVED NOV 30 1996 </p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-15(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 style="text-align: center;"><i>From now on, I will secure my medicine cart in the design- ated locked room at all times.</i></p>	<p style="text-align: center;"><i>11-30-16</i></p> <p style="text-align: right; font-size: small;"> DEPARTMENT OF HEALTH LICENSING 47 RECALLED </p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> The following <u>expired</u> medication also unsecured in the resident dining area: Centrum Silver (11/15), Caltrate (1/16), Adult Gummy multivitamins (7/15).</p> <p>Residents' medication are not secured. The PCG stated she stores them on an open cart in the resident dining area.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>I took all the sighted unsecured meds from the dining area, to my designated locked room after my annual msp visit.</i></p> <p style="text-align: center;"><i>also I disposed of all the sighted meds w/ expired dates dates and flushed them in the toilet.</i></p>	<p style="text-align: center;"><i>Jan. 13, 2017</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-15(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 style="text-align: center;">I will, from now on I keep all the prescribed meds in the locked empty room w/ a label "medication storage" on the door.</p>	<p style="text-align: right;">Jan. 13, 2017</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – “Cheritussin DC i tsp every 4 hours prn cough” was ordered 10/5/15; however, the medication was not documented on the October 2015 medication record.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>I failed to document in med that I made the medicine (P R N cough med) available to my resident H-30-16 on Oct. 2015.</i></p>	<p style="text-align: center;">DIH-ORCA LICENSING</p> <p style="text-align: center;">REC'D</p> <p style="text-align: center;">47</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 style="text-align: center;">From now on on, I will document right away, my meds. on a de avail & double check my meds on a daily basis.</p>	<p style="text-align: right;">11-30-16</p>

DIVISION OF
 PUBLIC SAFETY
 ALCOHOLIC BEVERAGE
 CONTROL BOARD
 11-30-16

11-30-16

11-30-16

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Expired medication unsecured in the resident dining area: Centrum Silver (11/15), Caltrate (1/16), Adult Gummy multivitamins (7/15).</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Upon notice on July 2016, of the expired meds. that was unsecured in the dining area, I immediately gathered them & flushed it down in the Toilet.</i></p>	<p style="text-align: center;">11-30-16</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-15(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 style="text-align: center;">From now on, I will check daily for any needs that become exposed & properly dispose of immediately.</p>	<p style="text-align: center;">11-30-16</p>

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11/30/16

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – The September 2015 medication record was initial by SCG #3 9/18/15 to 9/23/15; however, the resident was hospitalized 9/18/15 to 9/22/15.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Recording error was committed by my SCG #3 & noted during an annual inspection, on dates 9/18/15 #1 resident. I was absent from my c/h. SCG #3 corrected it by crossing out meds. & initialing it to indicate not given.</p>	<p style="text-align: right;">11-30-16</p>

INFORMATION RECEIVED
 11-30-16
 7

	Rules (Criteria)	Plan of Correction	Completion Date
☒	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>From now on I will review my SCB #'s proper documenta- tion of meds - made available to residents in the mar. 11-30-16</p> <p>From now on when a resident is hospitalized I will post a not on the front cover of the resident's chart sta- ting "Hospitalized"</p> <p>This step is conveyed to all my SEGs, to provide prevent error in recording.</p>	<p>Jan. 13, 2017</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – During the annual inspection on 7/19/16, it was noted that “aripiprazole” and “donepezil” were initialed as taken for 7/20/16 and 7/21/16.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Error in initialing Meds - aripiprazole & done- pezil in advance were noted.</i></p>	<p style="text-align: right;"><i>11-30-16</i></p> <p style="text-align: right; font-size: small;"> DHF-ORCA ELECTRONIC 7 RECEIVED </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 style="text-align: center;">From now on I will only initial on the mAR at the correct time / day the meds were made available to residents.</p>	<p style="text-align: center;">11-30-16</p> <p style="text-align: center;">47</p> <p style="text-align: center;">MICHAEL</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – Medication records reflected that medication were not initialed as taken: 5/31/16, 2/28 & 29/16, 1/31/16, 12/31/15 and 10/31/15.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>I acknowledge that I failed to initial the meds that I made available on the dates indicated.</i></p>	<p style="text-align: center;"><i>11-30-16</i></p> <p style="text-align: center;">47</p> <p style="text-align: center;">1/10</p> <p style="text-align: center;">MICHIGAN LICENSING</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 style="text-align: center;">From now on I will document on the map immediately upon making the aids available to residents.</p>	<p style="text-align: center;">11-30-16</p> <p style="text-align: center;">RECORDED</p> <p style="text-align: center;">DIVISION OF LICENSING</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p>FINDINGS Resident #1 – "Sertraline 50 mg i tab a.m." ordered; however, the October 2015 medication record was not initialed for 10/30/15 and 10/31/15.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>I acknowledge that I failed to initial the meds that I made available on the dates indicated</i></p>	<p style="text-align: center;"><i>11-30-16</i></p> <p style="text-align: right; font-size: small;"> DOR-DHCA LICENSING RECEIVED </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 style="text-align: center;">From now on I will document on the order immediately upon making the order available to resident.</p>	<p style="text-align: center;">11-30-16</p> <p style="text-align: center;">STATE OF ILLINOIS DIH-OHCA LICENSING</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – “Benztropine 0.5 mg twice daily” ordered; the April 2016 medication record reflected the medication was given at 7 a.m. only.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center; font-size: 1.2em;"> <i>Error acknowledged. I admitted to document properly meds. given as ordered.</i> </p>	<p style="text-align: center; font-size: 1.2em;"> <i>11-30-16</i> </p>

11-30-16
 11-30-16

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>11-100.1-15(m)</p> <p>FINDINGS Resident #1 – “Benztropine 0.5 mg twice daily” ordered; the April 2016 medication record reflected the medication was given at 7 a.m. only.</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><i>To ^B prevent a similar AB deficiency I will check the doc. order & the label & the med. record to make sure of AB all the ^{AB} information of the the ^{AB} name. Before I gave the medication I will check the label & check the med. record.</i></p>	<p>June 9, 2017</p> <p style="text-align: right;">17 JUN -8 P1:33</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – “Aripiprazole 20 mg i tab a.m.” ordered 6/23/16, 3/21/16, and 10/26/15; however, the medication records reflected “30 mg.” There were 20 mg tablets on hand.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Error acknowledged & documented wrong dosage on the dates indicated 11-30-16</i></p>	<p style="text-align: right; vertical-align: bottom;"> <small>RECORDED 18</small> </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 style="text-align: center;"> <i>From now on, I will double check my documen- tation to reflect correct dosages written by M.D. and ^{w/} correct dosages in the meds. bottle.</i> </p>	<p style="text-align: center;">11-30-16</p>

DUI-ORCA LICENSE

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> Resident #1 – No admission assessment by PCG at the time of readmission on 9/22/15.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">I noted my omission of admissions assessment for Res. #1 on 7/19/16. I failed to complete documents required before admission.</p>	<p style="text-align: center;">17-30-16</p> <p style="text-align: center;">87</p> <p style="text-align: center;">10/20/16</p> <p style="text-align: center;">DASH-ORCA LICENSING</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-17(a)(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 style="text-align: center;">From now on, for every admission of a resident, I will refer to my admission check list, to ensure that all requirements are met prior to admitting a resident</p>	<p style="text-align: center;">11-30-16</p>

MICHIGAN BOARD OF LICENSING

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11/30/16

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(6) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Physician or APRN signed orders for diet, medications, and treatments;</p> <p><u>FINDINGS</u> Resident #1 – No physician orders for diet, medications and treatment at the time of readmission on 9/22/15.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>I obtain a duplicate copy of the discharge, and ^{diet & meds} order for copy misplaced during inspection</i></p>	<p style="text-align: center;"><i>11-30-16</i></p> <p style="text-align: center;">87</p> <p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">DHH-CHCA LICENSING</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-17(a)(6)	<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>From now on, I will check that all documents are at obtained prior to admitting resident from the hospital. I will refer requirements from the admission checklist everytime I admit.</p>	<p style="text-align: right;">11-30-16</p> <p style="text-align: right; transform: rotate(-90deg);">DHH-OHCA LICENSING</p> <p style="text-align: right; transform: rotate(-90deg);">RECORDED</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) 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><u>FINDINGS</u> Resident #1 – No progress notes from July 2015 to the day of the inspection 7/19/16.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>I was made aware during inspection that I failed to record my resident condition on my progress notes for about a year.</i></p>	<p style="text-align: center;"><i>11-30-16</i></p> <p style="text-align: center;">STATE OF OHIO DEPARTMENT OF HEALTH OHIO HEALTH CARE LICENSING</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<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 FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>From now on every end of each month, I will do my progress notes to reflect my residents general condition.</p> <hr/> <p>I will mark my calendar w/a reminder to do my progress note every month so I don't forget.</p>	<p>11-30-16</p> <p>June 8, 2017</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) 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><u>FINDINGS</u> Resident #1 – No progress notes of the change in condition (diagnosed with pneumonia) and physician order for medication on 10/5/15.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>I acknowledge that I failed to document my resident's illness and the doctor's treatment on 10/5/15.</i></p>	<p style="text-align: center;"><i>11-30-16</i></p> <p style="text-align: center;">87</p> <p style="text-align: center;">141601100</p> <p style="text-align: center;">D.H. OHIO LICENSING</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<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 FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"> <i>From now on every time my resident become ill or injured, I must document immediately when possible, in the progress notes the details of the incident, treatment & care provided.</i> </p>	<p style="text-align: right;">11-30-16</p> <p style="text-align: right;">48</p>

DIVISION OF LICENSING
 STATE OF OHIO

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) 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><u>FINDINGS</u> Resident #1 – No progress notes of the change in condition for which he required hospitalization 9/18/15 to 9/22/15.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>I failed to record my resident's condition & hospitalization on said dates, and was made aware on the annual insp. Unable to correct due to length of the day.</i></p>	<p style="text-align: center;"><i>11-30-16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<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 FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>From now on, every occurrence or hospitalization of a resident I will document as soon as possible in the progress notes 11-30-16</p>	<p style="text-align: right;">8</p>

08/27/2016

	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><u>FINDINGS</u> No legend for initials on the medication records.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Upon notice, I began using a mark w/ legend 11-30-16</p>	<p style="text-align: center;">11-30-16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	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>From now on, I will be utilizing the updated medication record (MAR) OPCA provided, that has a legend, to record any entries that requires explanation.</p> <p>When I will^{AB} have my FS^{AB} coverage I will double check that I sign the legend before the^{AB} leave.</p>	<p>Jan. 15, 2017</p> <p>June 9 - 2017</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #1 – No accounting of money. PCG stated she purchases items for the resident but has not maintained a record.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>I am unable to replace lost receipts for items previously purchased. I did purchase a note book to record and an envelope to secure receipts,</i></p>	<p style="text-align: center;"><i>11-30-16</i></p>

DH-DHCH LICENSING

RECEIVED
11-30-16

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-19(d)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>From now on, everytime I buy things for my resident I will record in my notebook & keep the receipts in an envelope for each of the residents.</p> <p>check</p>	<p style="text-align: right;">on 4/10/16</p> <p style="text-align: right;">11-30-16</p> <p style="text-align: right;">PHILIP H. CROFT PHILIP H. CROFT PHILIP H. CROFT</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><u>FINDINGS</u> At the time of the Life Safety inspector's annual inspection on 6/10/16, the PCG was unable to produce documentation that smoke alarms were tested monthly.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>I acknowledge that on 6/10/16 I failed to document in my ARCH for the smoke alarm testing that were done monthly 11-30-16</i></p>	<p style="text-align: center;">11-30-16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>11-100.1-23(g)(3)(D)</p> <p><u>FINDINGS</u> At the time of the Life Safety inspector's annual inspection on 6/10/16, the PCG was unable to produce documentation that smoke alarms were tested monthly.</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 FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">I have posted the Smoke Smoke Detector monthly record from the dining area, where it is accessible & visible, in order for me or my SCB's to be add to document the result of the alarm testing done every first week of the month month immediately.</p>	<p style="text-align: right;">Jan. 15, 2017</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><u>FINDINGS</u> At the time of the annual inspection on 7/19/16, no documentation of smoke alarm testing since 6/25/15.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>I acknowledge that I failed to document my smoke alarm testing done for about a year, as noted during my annual inspection.</i></p>	<p style="text-align: center;"><i>11-30-16</i></p> <p style="text-align: center;">48</p> <p style="text-align: center;">DUIH-DHCA LICENSING</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>11-100.1-23(g)(3)(D)</p> <p><u>FINDINGS</u> At the time of the annual inspection on 7/19/16, no documentation of smoke alarm testing since 6/25/15.</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 FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">I have posted the Smoke Detector Monthly Record form on a visible & accessible space on the dining area, to ensure that I will remember to document my monthly smoke alarm testing every 1st week of the month.</p>	<p style="text-align: right;">Jan. 15, 2017</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(G) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system;</p> <p><u>FINDINGS</u> At the time of the Life Safety inspector's annual inspection on 6/10/16, the PCG was unable to produce documentation that fire drills were conducted quarterly.</p> <p>At the time of the annual inspection on 7/19/16, no documentation of fire drills since 6/25/15.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>I ack now ledge that I failed to document the fire drill performed since June 2015. 11-30-16</i></p>	<p style="text-align: center;"><i>11-30-16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-23(g)(3)(G)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">I have posted the "Fire Drill Record" next to the "SD monthly record" on the same location in the dining area. as a reminder to conduct fire drill monthly during the 1st week of each month.</p>	<p style="text-align: right;">Jan. 15, 2017</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>FINDINGS Resident #1 – No self-preservation certification at the time of readmission on 9/22/15.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>I obtained a copy of self preservation certification and placed in resident chat. on 11/30/16</i></p>	<p style="text-align: center;">11-30-16</p> <p style="text-align: center;">11-30-16</p>

11-30-16

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-23(g)(3)(I)	<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>Prior to discharge ^{from} from the hospital I will inform the staff of the documents the I need for admission I will use use my admission check list so I don't miss any ^{of} any document</p>	<p style="text-align: right;">June 9, 2017</p> <p style="text-align: right;">17 JUN -8 P1:33</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-23(g)(3)(I)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"> <i>From now on, before readmitting my resident I will refer to the "admission" "admission/Readmission check list" form and request all required documents, including self preservation certification, from the discharging facility be obtained complete prior to admission to my care home.</i> </p>	<p style="text-align: right;"><i>Jan 15, 2017</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(A) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each resident shall be provided for their individual use, a clean bed including spring with mattress, at least thirty six inches wide, of sufficient length and proper height for the resident and to permit an individual in a wheelchair to get in and out of bed unassisted;</p> <p><u>FINDINGS</u> The adult residential care home is licensed for four (4) beds; however, there were only three (3) beds for resident use.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I purchased a bed on 11/30/16 to complete the required number of beds licensed. Receipt enclosed.</p>	<p style="text-align: center;">11-30-16</p> <p style="text-align: center;">DUI-ONCA LICENSING</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-23(o)(3)(A)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">From now on, I will ensure that the number of the beds licensed is provided in the CH at all time</p>	<p style="text-align: right;">11-30-16</p> <p style="text-align: right; font-size: small;">STATE OF OHIO DEPARTMENT OF LICENSING</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><u>FINDINGS</u> One resident, no pliable plastic pillow protector.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>I provided a pillow protector, for my resident, purchased on June 25, 2016</i></p>	<p style="text-align: right;"><i>11-30-16</i></p> <p style="text-align: center;"><i>6</i></p> <p style="text-align: center;">DH-CHCA LICENSE #</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 FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"> <i>From now on, every beginning of each month I will inspect all pillow protectors to ensure pillow protectors (to ensure pillow protectors) are in good condition</i> </p>	<p style="text-align: right;">11-30-16</p>

FLORIDA LICENSING

Licensee's/Administrator's Signature: Angelita Balualua

Print Name: Angelita Balualua

Date: November 30, 2016

Licensee's/Administrator's Signature: Angelita Balualua

Print Name: ANGELITA BALUALUA

Date: Jan. 13, 2017

Licensee's/Administrator's Signature: Angelita Balualua

Print Name: ANGELITA BALUALUA

Date: June 8, 2017

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