

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Emmy's	CHAPTER 100.1
Address: 94-382 Kaholo Street, Mililani, Hawaii 96789	Inspection Date: April 12, 2016 Annual

IMMEDIATE ADVISORY

POSTING OF DEFICIENCIES AND PLANS OF CORRECTIONS

If you fail to submit a plan of correction (POC) within ten (10) working days of receipt of your Statement of Deficiencies (SOD): Your SOD will be posted on the Department of Health (DOH) website with the following statement:

"POC NOT RECEIVED AS OF <DATE>"

If you initially submit an unacceptable POC (UPOC), you have ten (10) working days to submit an acceptable POC. If the revised POC is still unacceptable, your SOD will be posted on the DOH website with the following statement:

"POC NOT ACCEPTABLE"

If you initially submit an unacceptable POC (UPOC), but you fail to submit a revised POC, your SOD will be posted on the DOH website with the following statement:

"POC NOT ACCEPTABLE"

	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> Substitute care giver (SCG) #2 – No initial two-step tuberculosis (TB) clearance. Submit copy of one (1) additional TB skin test with the plan of correction (POC).</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>11-100.1-9(b) What did you do to correct it?</p> <p>SCG#2 had her PPD skin test on 6/20/2014. Was read on 6/27/2014. Result: Negative (See Attached)</p>	<p>4-14-16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	RULE # §11-100.1-9(b)	<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>11-100.1-9(b) (con't) What will you do in the future to not make the samemistake again?</p> <p>To prevent the same mistake in the future, PCG created a "Personnel Form" to include but not limited to Employees Name, TB Screening 2 Step TB Clearance, TB Physical Exam, CPR/ First Aid, ect to make sure that all necessary paperwork are present upon hiring a new employee. The form will also be checked by PCG or substitute caregiver every 6 months for expiration dates. SCG#2 is no longer at Emmy's Care Home, LLC.</p>	4-14-16

	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 and SCG #2 – No documentation of training to make prescribed medications available to residents. Submit copy for each with the POC.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>11-100.1-9(e)(4) What will you do to correct it?</p> <p>Care Home Operator provided training for SCG#1 and SCG#2 for medication documentation training on the OHCA substitute care giver training form. (See Attached)</p>	<p>4-20-16</p> <p style="text-align: right;">17 JAN 13 AM 055</p>

Rules (Criteria)	Plan of Correction	Completion Date
RULE # §11-100.1-9(e)(4)	<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><i>I develop a checklist to follow in hiring and has the requirements for new employees which includes medication training. I will use the checklist to ensure training complete for new substitute caregivers.</i></p>	

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u> No menus available.</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>11-100.1-13(b) What will you do to correct it?</p> <p>Care Home Operator has already been made a 7 days cycle menus. On the day that after the 7 days cycle and need to change for another week. Care Home Operator forget to hang another new menu on the wall at the dining and kitchen area which Care Home Operator thought already been posted.</p> <p>Immediately after the visit a new menus was posted in the dining and kitchen area. Care Home Operator educate all caregivers to follow menu daily. Care Home Operator provided a menu substitute record posted next to daily weekly menu to be used by the caregivers if food being substituted. If food being substituted, a menu substitute record must be used to document foods being substituted.</p>	<p style="text-align: right;">16 DEC 16 PT 35 4-12 16</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH DIVISION OF LICENSING</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	RULE # §11-100.1-13(b)	<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>11-100.1-13(b)(con't) What will you do in the future to not make the same mistake again?</p> <p>Care Home Operator will make sure that 7 days weekly cycle menus is always prepared. Care home Operator will make sure that weekly menu will always posted in the kitchen and dining area after the 7 days cycle. Care Home Operator will make sure that menus is always prepared and available for review.</p>	<p style="text-align: center;">4-12-16</p> <p style="text-align: right;">STATE OF HAWAII DDM-OHCA-LICENSES/IN *16 DEC 16 P1:35 J.L.C.</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> Menus were not posted in the kitchen and dining area.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>11-100.1-13(d) What did you do to correct it?</p> <p>Copies of menu week#1 were immediately posted in the kitchen and one in the dining room. The menus were posted on 4/12/16 at 5:00 p.m. Substitution will be done daily accordingly. Substitution sheet will be available in the kitchen and dining room area so PCG can write the substituted food immediately.</p>	<p>4-12-16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>RULE # §11-100.1-13(d)</p> <p>FINDINGS Menus were not posted in the kitchen and dining area.</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>11-100.1-13(d) What will you do in the future to not make the same mistake again?</p> <p>On Monday's when the cycle start, I will post another menu for the new week. I have a place in the dining room for the menu to be posted. I also have a place in the kitchen area.</p>	<p>4-12-16</p> <p style="text-align: right;"> 17 JAN 13 10:55 DEPARTMENT OF HEALTH SERVICES BUREAU OF COMMUNITY HEALTH PROMOTION </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><u>FINDINGS</u> Uncovered cut papaya in the refrigerator.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>11-100.1-14(b) What will you do to correct it?</p> <p>Care Home Operator educate all employees and members of the house to put any left overs in a sealed container. All foods items should be covered, labeled, and dated.</p>	<p>9-5-16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>RULE # §11-100.1-14(b)</p> <p><u>FINDINGS</u> Uncovered cut papaya in the refrigerator.</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>11-100.1-14(b) What will you do in the future to not make the same mistake again?</p> <p>Care Home Operator educate all caregivers and family members that any foods left open or foods or foods that freshly cut and left over foods should be put in a sealed and covered container, labeled, and dated. Care Home Operator provided a label and a pen next to the refrigerator for all caregivers and family membersto be used whenever there is a left over foods that needs to be covered and labeled. Care Home Operator will continue to monitor foods that is uncovered.</p>	<p>9-5-16</p> <p>9-5-16</p>
		<p>I will put a sign on the refrigerator door to remind family members and care givers. Each time I open the refrigerator, I will check that there is no uncovered foods.</p>	<p>9-5-16</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p><u>FINDINGS</u> No metal stem thermometer to check cold food temperature.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>11-100.1-14(e) What did you do to correct it?</p> <p>Immediately after the visit, Care Home Operator bought a digital stem thermometer.</p>	<p>4-12-16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>RULE # §11-100.1-14(e)</p> <p><u>FINDINGS</u> No metal stem thermometer to check cold food temperature.</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>11-100.1-14 What will you do in the future to not make the same mistake again?</p> <p>Care Home Operator is to check monthly the metal stem thermometer to make sure that it is working or need to buy a new one. Care Home Operator will make sure that metal thermometer to check food temperature is available upon request for review.</p>	<p style="text-align: center;">4-12-16</p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF LICENSING</p> <p style="text-align: center;">16 DEC 16 P 1:35</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 and cleaning agents in the following areas:</p> <ol style="list-style-type: none"> 1. Under the kitchen sink (no locking mechanism) – Pine-Glo, Raid insect spray, Pledge, Glass Plus 2. Under the resident bathroom sink (no locking mechanism) – Detergent, bleach, cleaning agents 3. Second laundry area in the back of the arch (no locking mechanism) – Laundry detergent and laundry softener 	<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>11-100.1-14(f) What did you do to correct it?</p> <p>Immediately after the visit, Car@ Home Operator went bought locks to kitchen sink, resident bathroom sink, and second laundry area in the back of the Arch to secured and lock toxic chemicals and cleaning agents.</p>	<p>4-12-16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>RULE # §11-100.1-14(f)</p> <p><u>FINDINGS</u> Unsecured toxic chemicals and cleaning agents in the following areas:</p> <ol style="list-style-type: none"> 4. Under the kitchen sink (no locking mechanism) – Pine-Glo, Raid insect spray, Pledge, Glass Plus 5. Under the resident bathroom sink (no locking mechanism) – Detergent, bleach, cleaning agents 6. Second laundry area in the back of the arch (no locking mechanism) – Laundry detergent and laundry softener 	<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;">11-100.1-14(f) What will you do in the future to not make the same mistake again?</p> <p>Care Home Operator will make sure that all tixic chemicals and cleaning agents is not lying around and be all locked and secured in the cabinets. Everyday Care Home Operator and staff will be assigned to check daily that locks are secured.</p> <hr/> <p>I sat with the care givers and family members that all toxic agents should not be lying around and need to be locked in the cabinets at all times. I will put a sign on the cabinets saying that cabinets locked at all times.</p>	<p style="text-align: center;">4-12-16</p> <hr/> <p style="text-align: center;">4-12-16</p>

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	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 a container on the floor in the back dining area.</p> <p>Medication cabinet was unlocked. The padlock was not engaged.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>11-100.1-15(b) What did you do to correct it?</p> <p>Immediately ater the visit, Care Home Operator took it out the medication in a container on the fllor and lock them in the cabinets.</p> <p>11-100.1-15(b) What did you do to correct it?</p> <p>Care Home Operator educate all family members and care givers to lock the cabinet at all times when not in use and padlock is always engage.</p>	<p>4-12-16</p> <p>4-12-16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>RULE # §11-100.1-15(b)</p> <p><u>FINDINGS</u> Unsecured medication in a container on the floor in the back dining area.</p> <p>Medication cabinet was unlocked. The padlock was not engaged.</p>	<p align="center"><u>FUTURE PLAN</u></p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>11-100.1-15(b) What will you do in the future to not make the same mistake again?</p> <ol style="list-style-type: none"> 1. Care Home Operator will check daily that there is no medication lying around and all will be locked in the cabinet for safwty. 2. Care Home Operator will check daily that medication cabinet is always lock at all times when not in use. 	<p align="center">9-5-16</p> <p align="center">16 DEC 16 P1:35</p> <p align="center">STATE OF HAWAII DEPARTMENT OF LICENSING</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 – No physician order for “Namenda XR 28 mg Take one tab by mouth daily” recorded on the medication record.</p> <p>Resident #1 – “Namenda XR 20 mg i daily” ordered 5/14/15; however, the May 2015 medication record and all subsequent medication records reflected “28 mg”. Available were “10 mg” tablets.</p> <p>Resident #1 – No physician order for “Namenda 10 mg” tabs taken by the resident.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>What will you do to correct it?</p> <ol style="list-style-type: none"> 1. I went to clarify with the doctor the Namemda XR 28mg and get a new order. 2. I corrected the MAR to reflect 20mg daily and I went to the pharmacy to get a new corrected medication. 3. Namenda 10mg discontinued. Current order 10mg BID. 	<p>4-14-16</p>
		<p><i>on april 14, 2016, I took the resident to the doctor to clarify the Namenda order. Namenda 10mg BID ordered.</i></p>	<p>APR 14 10:55 AM</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	RULE # §11-100.1-15(e)	<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>11-100.1-15(e)(con't) What will you do in the future to not make the same mistake again?</p> <p>To prevent the same mistake in the future, a form was created with all the residents' names on it and the frequency of when they should go to PMD and specialty doctors like Psychiatrist, Urologist, etc. The form will be updated and checked every months by PCG or substitute care givers for updates and changes.</p>	4-14-16
		In the future as soon as doctor change medication dose, I will discard previous medication and start using new prescription. All staff instructed to match order, MAR, and medication bottle.	4-14-16
		I will check the physician order to match the MAR and the bottle. And if the order is not match, call the doctor to clarify and also double check.	4-14-16

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications. (g)</u> All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 – The following medications were not updated from 11/7/14 to present; a period of seventeen (17) months: Plavix, diltiazem, simvastatin, diphenoxylate-atropine, benzonate and Tylenol.</p> <p>Resident #1 – The following medications were not updated from 5/14/15 to present; a period of ten (10) months: Zolof 25 mg, Exelon patch, Namenda XR 20 mg.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>11-100.1-15(g) What did you do to correct it?</p> <p>Care Home Operator made an appointment to see resident PCP for follow-up check-up on 4-19-16. Brought resident list of medication for doctor's review. PCP updated resident medication list including resident diet.</p>	<p>4-19-16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>RULE # §11-100.1-15(g)</p> <p>FINDINGS Resident #1 – The following medications were not updated from 11/7/14 to present; a period of seventeen (17) months: Plavix, diltiazem, simvastatin, diphenoxylate-atropine, benzonate and Tylenol.</p> <p>Resident #1 – The following medications were not updated from 5/14/15 to present; a period of ten (10) months: Zolof 25 mg, Exelon patch, Namenda XR 20 mg.</p>	<p align="center"><u>FUTURE PLAN</u></p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>11-100.1-15(g) What will you do in the future to not make the same mistake again?</p> <p>Care Home Operator will take list of medication with the resident each time she see her PCP for doctor's visit and for medication update at least once a year. I will use the OCHA physicians order form include the meds and diet.</p>	<p align="center">4-19-16</p>
		<p>I reorganized the chart so that I can easily find. I talk to the CM that the chart is reorganize so that documents is easily accessible. After the visit, I will check the chart that the documents is not move around. Check that medication updates are in place every 4 months.</p>	<p align="center">4-19-16</p> <p align="right">M/S 1/35 L/D</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	RULE # §11-100.1-15(g)	<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><i>Before I leave the doctor's office, I will make an appointment to return in four months. I will take the appointment and write the date down in my calendar.</i></p>	

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(2) 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>Recording of identifying information such as resident's name, social security number, racial extraction, marital status, date of birth, sex, and minister or religious denomination, and information about medical plan or coverage;</p> <p>FINDINGS Resident #1 – Emergency Information Sheet (Blue Water Resources, LLC) was not current:</p> <ol style="list-style-type: none"> 1. Identified the daughter as guardian/family; however, the daughter died February 2016. 2. Listed the diet as “low fat, low salt (2 mg); however, the resident is on a “regular diet”. 3. Does not identify current substitute care givers. 	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>11-100.1-17(a)(2)</p> <p>What did you do to correct it?</p> <p>I updated the emergency information sheet.</p>	<p>4-20-16</p> <p style="text-align: right;"> <small> 17 JAN 13 AM 55 9:07 AM DEPARTMENT OF LICENSING </small> </p>

	Rules (Criteria)	Plan of Correction	Completion Date
	RULE # §11-100.1-17(a)(2)	<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>11-100.1-17(a)(2)</p> <p>What will you do in the future to not make the same mistake again?</p> <p>When there are changes to the emergency information, I will documented to the emergency information form right away and I will review the form for accuracy monthly.</p>	<p style="text-align: center;">4-20-16</p> <p style="text-align: right; font-size: small;"> 97 JAN 13 10:55 Denisha Alphonse </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 monthly progress notes for April 2015 and May 2015.</p> <p>The weight record was not accurate as it contained:</p> <ol style="list-style-type: none"> 1. One (1) resident discharged on 1/7/15, weights recorded: February 2015 to December 2015. 2. One (1) resident discharged on 10/6/15, weights recorded: November 2015, December 2015, January 2016, February 2016 and March 2016. 3. One (1) current resident, no monthly weights 4/4/15 to present. 	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>11-100.1-17(b)(3) What did you do to correct it?</p> <p>Care Home Operator did progress notes for April 2015 to May 2015.</p> <p>The weight record was not accurate as it contained:</p> <ol style="list-style-type: none"> 1. Care Home Operator updated the weight list. 2. There is no resident discharged on 10-06-16 according to my care home manual. I have one resident admitted on 10-6-15. This one resident is with Emmy's Care Home, LLC until present. 3. According to my care home manual resident's are all current on their monthly weights. 9-5-16 	

	Rules (Criteria)	Plan of Correction	Completion Date
	RULE # §11-100.1-17(b)(3)	<p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>11-100.1-17(b)(3)</p> <p>What will you do in the future to not make the same mistake again?</p> <p>I have a checklist of task for me to be doing monthly. On the 15th, I will start documenting in the progress notes. And at the end of the month and check that is being done. And progress notes will be updated when changes occur of the resident condition. Weight record revised. When I record the weights, I will double check the weights for the right resident.</p>	<p style="text-align: right;">9-5-16</p> <p style="text-align: right;">JAN 13 10:55</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><u>FINDINGS</u> Resident #1 – No legend for symbols used on the “Personal Care/Skilled Nursing Activities” form and the medication records.</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 have a legend for initials used on the personal care/skilled nursing activities form and the medication records.</i></p>	

Rules (Criteria)	Plan of Correction	Completion Date
RULE # §11-100.1-17(f)(2)	<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><i>I will instruct the caregiver to write their name and initial on the legend. Check it daily to make sure they completed the legend.</i></p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(A) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Fire escapes, stairways and other exit equipment shall be maintained operational and in good repair and free of obstruction;</p> <p><u>FINDINGS</u> Egress to the second exit partially obstructed by a fish tank and stand which decreased the clear width to 27 ¾ inches.</p> <p>The screen door to the garage was obstructed by a plank-like object placed across the bottom of the doorway.</p> <p>Egress from the second exit to the garage was obstructed by a cooler filled with water, garden hose and extension cord lying across the path to the area of refuge.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>11-100.1-23(g)(3)(A) What did you do to correct it?</p> <ol style="list-style-type: none"> 1. Care Home Operator removed fish tank and stand after the visit. 2. Care Home Operator removed the plank-like object placed across the bottom of the doorway after the visit. 3. Care Home Operator removed the cooler filled with water, garden hose and extension cord lying across the path to the area of refuge after the visit. 	<p>4-12-16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>RULE # §11-100.1-23(g)(3)(A)</p> <p><u>FINDINGS</u> Egress to the second exit partially obstructed by a fish tank and stand which decreased the clear width to 27 ¾ inches.</p> <p>The screen door to the garage was obstructed by a plank-like object placed across the bottom of the doorway.</p> <p>Egress from the second exit to the garage was obstructed by a cooler filled with water, garden hose and extension cord lying across the path to the area of refuge.</p>	<p align="center"><u>FUTURE PLAN</u></p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>11-100.1-23(g)(3)(A) What will you do in the future to not make the same mistake again?</p> <p>All staff reminded to remove any obstruction as soon as noted. Also, staff instructed not to use any object that will obstruct exits.</p>	<p align="center">4-12-16</p>
		<p>I will check frequently during the day that no obstruction to the exits. Staff and household members will instructed that the exit are free from obstruction.</p>	<p align="center">4-12-16</p> <p align="right"> <small> DEPT OF HEALTH DIVISION OF LICENSING APR 16 11 36 AM '16 </small> </p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(B) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p><u>FINDINGS</u> Residents residing in the front of the ARCH must pass through the kitchen to the second exit at the back of the ARCH because of a very large dining table. Clearance through the kitchen was 29 inches.</p> <p>Bedroom #1 – The locking device on the bedroom door was installed so that the resident could be locked in the bedroom from the outside. Primary care giver made aware at the time of the inspection that the locking device had to be reversed as soon as possible so that the resident could not be locked in the bedroom.</p> <p>At the time of the Life Safety inspection on April 29, 2016, the lock situation had not been corrected. The door latching hardware on bedroom #1 was removed from the door by the Life Safety Surveyor.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>11-100.1-23(g)(3)(B) What did you do to correct it?</p> <ol style="list-style-type: none"> 1. Care Home Operator removed all unnecessary objects and move the table more to the back to have more access thru the kitchen and thru the second exit. 2. Care Home Operator change the locking device on bedroom 1 so that the resident could not be locked in the bedroom from the outside. 	<p>4-29-16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	RULE # §11-100.1-23(g)(3)(B)	<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;">11-100.1-23(g)(3)(B)</p> <p>What will you do in the future to not make the same mistake again?</p> <p>Instruct staff not to move the table so there is at least 32 inches for exit. Check the area frequently during the day.</p> <p>If there is any replacement of the door knob, I will check that the locking device is in the right side of the door.</p>	<p style="text-align: center;">4-29-16</p> <p style="text-align: right; font-size: small;"> 17 JAN 13 10:55 DEPARTMENT OF... </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> No documentation of fire drills April 2015, May 2015, July 2015 through February 2016.</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>11-100.1-23(g)(3)(D) What did you do to correct it?</p> <p>Care Home Operator updated the fire drills list. Care Home Operator did fire drills two times on each month.</p>	9-4-16

	Rules (Criteria)	Plan of Correction	Completion Date
	RULE # §11-100.1-23(g)(3)(D)	<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;">11-100.1-23(g)(3)(D)</p> <p style="text-align: center;">What will you do in the future to not make mistake again?</p> <p style="text-align: center;">The forms will be check monthly and documented right away after the fire drills. I will make sure that when we make the fire drills that it will be documented right away and place in the care home folder book.</p>	<p style="text-align: center;">9-4-16</p> <p style="text-align: right; font-size: small;"> 17 JAN 13 10:55 5 07 11 11 DATA COLLECTION </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> Smoke detector was beeping throughout the inspection.</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>11-100.1-23(g)(3)(G) What did you do to correct it?</p> <p>Care Home Operator change the battery that was beeping throughout the inspection after the visit.</p>	<p>4-12-16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	RULE # §11-100.1-23(g)(3)(G)	<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><i>If the smoke detector start beeping, I will replace the battery. If still beeping, I will call fire department right away.</i></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><u>FINDINGS</u> Resident #1 – No self-preservation certification since 12/21/07 when the resident was self-preserving. Currently, the resident requires physical assistance with ambulation.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>11-100.1-23(g)(3)(I) What did you do to correct it? Care Home Operator obtained a new self-preservation certification to resident PCP on 4-19-16.</p>	<p>4-19-16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>RULE # §11-100.1-23(g)(3)(I)</p> <p>FINDINGS Resident #1 – No self-preservation certification since 12/21/07 when the resident was self-preserving. Currently, the resident requires physical assistance with ambulation.</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>11-100.1-23(g)(3)(I) What will you do in the future to not make the same mistake again?</p> <p>Care Home Operator will make sure that once resident noted that non-preserving is to bring self-preservation certification form to resident PCP for update. Care Home Operator will also make sure that each time a resident return to her PCP every 4 to 6 months for follow-up check-ups is to bring with resident the self-preservation certification form for doctor's update.</p>	<p>4-19-16</p> <p>STATE OF PENNSYLVANIA DEPARTMENT OF LICENSING</p> <p>16 DEC 16 PM 3:36</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) 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><u>FINDINGS</u> Holes in the drywall:</p> <ol style="list-style-type: none"> 1. Upper corner in the back shower 2. In the resident dining area wall. 	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>11-100.1-23(h) What did you do to correct it?</p> <ol style="list-style-type: none"> 1. Care Home Operator husband patched the holes on the upper back shower after the visit. 2. Care Home Operator husband patched the holes in the resident dining area wall after the visit. 	<p>4-12-16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	RULE # §11-100.1-23(h)	<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>11-100.1-23(h) (con't) What will you do in the future to not make the same mistake again?</p> <p>In the future, repairs will be done as soon as noted.</p>	4-12-16

	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><u>FINDINGS</u> Live cockroaches at the base of the freezer in the wet bar.</p> <p>Live cockroach in the kitchen.</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>11-100.1-23(h)(3) What did you do to correct it?</p> <p>Care Home Operator hired a Licensed roach exterminator to treat the premises again on 4-17-16. Returned in one week for follow-up on 4-24-16 with effective results. To their follow-up visit there's no roaches noted around.</p>	<p>4-17-16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	RULE # §11-100.1-23(h)(3)	<p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>11-100.1-23(h)(3)(con't) What will you do in the future to not make the same mistake again?</p> <p>Care Home Operator will maintain and monitor to make sure that no roaches or infestations bugs to the kitchen and wet bar area and to the premises. No small garbage receptacles will be use for food scrap left open on top of kitchen counter that will attract roaches. Remove garbage on daily basis. Good housekeeping and thorough cleaning daily. Application of cockroach gel bait every three months in cabinets door and hinges. Pest control personnel will visit the Care Home every months for follow-up for pest infestation and treatment as needed.</p>	4-17-16

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (i)(4)(A) All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure.</p> <p>Lighting:</p> <p>Appropriate lighting fixtures adequate in number shall be provided for the comfort of residents and care givers;</p> <p><u>FINDINGS</u> Light fixture over the resident dining table had two (2) light bulbs that were not functioning.</p> <p>Light fixture over the back dining table had three (3) light bulbs that were not functioning.</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>11-100.1-23(i)(4)(A) What did you do to correct it?</p> <ol style="list-style-type: none"> 1. Care Home Operator chnaged the light fixtures over the resident dining table after the visit. 2. Care Home Operator changes the light fixtures over the back dining table after the visit. 	<p>4-12-16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	RULE # §11-100.1-23(i)(4)(A)	<p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>11-100.1-23(i)(4)(A)(con't) What will you do in the future to not make the same mistake again?</p> <p>Care Home Operator will make sure that light fixtures are all functional at all times. Changed light fixtures as soon as noted.</p>	4-12-16

	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><u>FINDINGS</u> Two (2) trash cans, one (1) in the wet bar and one (1) the kitchen, did not have tight fitting covers.</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>11-100.1-23(j)(I) What did you do to correct it??</p> <p>Care Home Operator removed the old trash can in the wet bar and in the kitchen and Care Home Operator bought a step trash can with tight fitting covers after the visit.</p>	<p>4-12-16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	RULE # §11-100.1-23(j)(1)	<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>11-100.1-23(j)(I)(con't) What will you do in the future to not make the same mistake again?</p> <p>Care Home Operator will make sure that all trash cans will always have a tight fitting covers.</p>	4-12-16

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (I)(1) An enclosed dining area within the Type I ARCH shall be provided for residents which shall be apart from sleeping quarters but may be in continuity to the living room area. The following shall prevail:</p> <p>At least one table with twenty nine inches clearance between floor and lower edge shall be provided to allow for those residents using wheelchairs;</p> <p><u>FINDINGS</u> No table with twenty-nine (29) inch clearance for wheelchair resident. Two (2) tables had 25 ½ inch clearance.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>11-100.1-23(I)(I) What did you do to correct it?</p> <p>Care Home Operator hired a carpenter to raise the table to 29 inches for wheelchair residents.</p>	<p>4-18-16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	RULE # §11-100.1-23(I)(1)	<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>11.100.1-23(I)(I)(con't) What will you do in the future to not make the same mistake again?</p> <p>Care Home Operator will make sure that table that beigh bought should be 29 inches in height and is wheelchair accessible to residents.</p>	4-18-16

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) 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> For one (1) resident, the mattress was covered by plastic on which he slept. There was no fitted sheet covering the mattress.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>11-100.1-23(o)(3)(B) What did you do to correct it?</p> <p>Care Home Operator spokw to resident after the visit regarding putting lower sheet to his bed. Resident verbalized understanding. Care Home Operator covered resident bed with lower sheet.</p>	<p>4-12-16</p>

Rules (Criteria)	Plan of Correction	Completion Date
<p>RULE # §11-100.1-23(o)(3)(B)</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><i>If resident's refused sheets, I will inform resident that sheets are needed. If resident's continues to refuse, I will notify family residents to find another place to stay. I will check that the sheets are in place daily.</i></p>	
	<p>In the future, Care Home Operator instructed all staff to make sure that all resident's mattress have plastic cover and a fitted sheet covering the mattress.</p>	<p>4-12-16</p>
	<p>Fitted sheets when remove from resident beds must be replace immediately with a new fitted sheets. I will make sure that I have enough inventory of fitted sheets of each residents beds.</p>	<p>4-12-16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><u>FINDINGS</u> SCG #2 – No documentation of training by the case manager in providing personal and specialized care. SCG employed since September 2015.</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>11-100.1-83(I) What did you do to correct it?</p> <p>Care Home Operator notified CM to schedule a training to SCG#2 in providing personal and specialized care. Training completed on 4-20-16.</p>	<p>4-20-16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	RULE # §11-100.1-83(1)	<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><i>I will work with the case manager to provide training for substitute caregivers. on my next employee checklist, I will include training by case manager for EPOCH residents.</i></p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><u>FINDINGS</u> No documentation of fire drills April 2015, May 2015, and July 2015 through February 2016.</p> <p>At the time of the Life Safety inspection on April 29, 2016, the care giver was unable to produce documentation for fire drills for current year 2015 to present.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>11-100.1-86(a)(3) What did you do to correct it??</p> <p>Care Home Operator updated fire drills through Feb 2016.</p>	<p>9-4-16</p>
		<p>Written plan for fire drill will be followed on a monthly basis. Fire drill monitoring form must be completed immediately after the drill. The form will be maintain and filed in care home chart.</p>	<p>9-4-16</p>
		<p><i>In conducting a fire drill monthly and documenting the fire drill and file the report right away. File the report in the care home binder.</i></p>	

	Rules (Criteria)	Plan of Correction	Completion Date
	RULE # §11-100.1-86(a)(3)	<p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I'm using a calendar and marking the day of the drill each month. In my calendar the day I conducted the fire drill document and file the report in the care home binder.</i></p>	
		<p>Follow the procedure as written to prevent from re-occurrence.</p>	<p>9-4-16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(4) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Hard wired smoke detectors shall be approved by a nationally recognized testing laboratory and all shall be tested at least monthly to assure working order;</p> <p><u>FINDINGS</u> No documentation of smoke detector testing April 2015 to March 2016.</p> <p>At the time of the Life Safety inspection on April 29, 2016, the care giver was unable to produce documentation for testing of smoke detectors for current year 2015 to present.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>11-100.1-86(a)(4) what did you do to correct it? Care Home Operator updated the smoke detector testing record until March 2016.</p>	<p>9-5-16</p>
		<p>Care Home Operator check all hard wire and battery smoke detectors if they are in working condition and if need battery changed, smoke detectors changed, and in need electrician to be called. Care Home Operator is also updated and documented smoke detector testing monthly as required.</p>	<p>9-5-16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	RULE # §11-100.1-86(a)(4)	<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><i>I'm using a calendar and marking the day of the drill each month. on my calendar the day I conducted the smoke drill. Recent and file the report in the case home binder right away.</i></p>	
		<p>Follow the procedure as written to prevent a similar from re-occurrence.</p>	9-5-16

Licensee's/Administrator's Signature: Emalynd P. Esteban
Print Name: Emalynd P. Esteban
Date: 9-8-16

Licensee's/Administrator's Signature: Emalynd P. Esteban
Print Name: Emalynd P. Esteban
Date: 12-15-16

Licensee's/Administrator's Signature: Emalynd P. Esteban
Print Name: Emalynd P. Esteban
Date: January 12, 2017

Licensee's/Administrator's Signature: Emalynd P. Esteban
Print Name: Emalynd P. Esteban
Date: 5-11-17