

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hale Malamalama Mauka	CHAPTER 100.1
Address: 246 Moomuku Place, Honolulu, Hawaii 96821	Inspection Date: May 2, 2017 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <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 - No documentation of six (6) hours of training sessions.</p>	<p style="text-align: center;">PART 1 <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><u>11-100.1-8 Primary care giver qualifications (Plan of Correction) Page 2</u></p> <p>The primary caregiver has modified the inservice education log to indicate hours of inservice and training sessions attended. She attended inservice training for infection control, fire & safety, disaster preparedness, accident prevention, resident rights, resident abuse, problems & needs of the aged, dental, HIPAA, and hazard communication that totaled to six hours. Please see attached inservice record for the primary care giver.</p>	<p style="text-align: right;">04/02/18</p>

	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 - No documentation of six (6) hours of training sessions.</p>	<p style="text-align: center;">PART 2 <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><u>11-100.1-8 Primary care giver qualifications (Future Plan) Page 3</u></p> <p>The facility has revised the inservice education log to indicate hours of inservice and training sessions attended. The primary care giver shall either attend and/or be provided inservice training that will total to a minimum of six hours. The Inservice Record log will be maintained by the Office Manager who will ensure the completion of the required inservice education.</p> <p>The primary care giver will in turn provide inservice training to her staff that will be identical to the annual sessions provided by the facility.</p> <p>The primary care giver will also join a caregivers association to ensure other ongoing education experiences or opportunities are included.</p>	<p style="text-align: right;">04/02/18</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) #1 - No annual examination for infectious diseases.</p>	<p style="text-align: center;">PART 1 <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><u>11-100.1-9 Personnel, staffing, and family requirements (Plan of Correction) Page 4</u></p> <p>SCG #1 annual examination was updated to include, "Employee is free of any communicable diseases."</p>	5/15/2017

	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) #1 - No annual examination for infectious diseases.</p>	<p style="text-align: center;">PART 2 <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><u>11-100.1-9 Personnel, staffing, and family requirements (Future Plan) Page 5</u></p> <p>Annual Examination/Physical Form for all employees/care givers was revised to include "Employee is free of any communicable diseases."</p> <p>The primary care giver will conduct a quarterly review of all care givers' annual examinations to ensure that the deficient practice will not recur.</p>	<p>5/15/2017</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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 screening for symptoms consistent with pulmonary (TB) by a physician/APRN.</p>	<p style="text-align: center;">PART 1 <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><u>11-100.1-9 Personnel, staffing, and family requirements (Plan of Correction) Page 6</u></p> <p>SCG#2 TB screening was updated, reviewed, and signed by a physician.</p>	<p style="text-align: right;">5/15/2017</p>

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<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 screening for symptoms consistent with pulmonary (TB) by a physician/APRN.</p>	<p style="text-align: center;">PART 2 <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><u>11-100.1-9 Personnel, staffing, and family requirements (Future Plan) Page 7</u></p> <p>The primary care giver reviewed and updated all SCG, SPC, and residents' TB Screening Forms to ensure that they were signed by a physician/APRN.</p> <p>The primary care giver will conduct a quarterly review of all SCG, SPC, and residents' TB Screening Forms to ensure they are reviewed and signed by a physician/APRN.</p> <p>The primary care giver will ensure a copy of all residents' and staff records are available on-site for review.</p>	<p style="text-align: right;">5/15/2017</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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 #1 - No first aid certification.</p>	<p style="text-align: center;">PART 1 <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><u>11-100.1-9 Personnel, staffing, and family requirements (Plan of Correction) Page 8</u></p> <p>SCG#1 obtained first aid certification.</p>	<p style="text-align: center;">5/15/2017</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> (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 #1 - No cardiopulmonary resuscitation certification.</p>	<p style="text-align: center;">PART 1 <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><u>11-100.1-9 Personnel, staffing, and family requirements (Plan of Correction) Page 10</u></p> <p>SCG #1 obtained CPR certification.</p>	<p style="text-align: center;">5/15/2017</p>

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<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 #1 - No cardiopulmonary resuscitation certification.</p>	<p style="text-align: center;">PART 2 <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><u>11-100.1-9 Personnel, staffing and family requirements (Future plan) Page 11</u></p> <p>The primary care giver will conduct a quarterly review of all the care givers' CPR certifications to ensure they are current.</p> <p>The primary caregiver will also obtain all care givers' CPR, first aid, and annual examination/physicals from personnel files to have available on site.</p>	<p style="text-align: right;">5/15/2017</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> Lysol disinfecting spray was unsecured in the community bathroom.</p>	<p style="text-align: center;">PART 1 <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><u>11-100.1-14 Food sanitation (Plan of Correction) Page 12</u></p> <p>Lysol spray was removed from the community bathroom on the survey day and locked.</p>	<p>5/2/2017</p>

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<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> Lysol disinfecting spray was unsecured in the community bathroom.</p>	<p style="text-align: center;">PART 2 <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 <u>Food sanitation (Future Plan)</u> Page 13</p> <p>All current/new care givers were educated about proper storage and usage of cleaning agents. Quarterly inservices will be provided by the primary care giver and daily inspections will be conducted and logged to ensure that the deficient practice will not recur. Please see attached sample Daily Inspection log.</p>	<p>04/02/18</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> "Lantanoprost eye drops" and "Non drowsy Tussin" were unsecured in the refrigerator.</p>	<p style="text-align: center;">PART 1 <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><u>11-100.1-15 Medications (Plan of Correction)</u> Page 14</p> <p>Medications that require storage in the refrigerator were secured in a locked box.</p>	<p>5/15/2017</p>

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	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 - "D/C Lasix 20 mg po daily prn" ordered 9/7/16 was not reflected on the September 2016 medication record.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
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	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 - "Cranberry 500 mg 1 tab po OD" ordered 7/29/16; the July 2016 medication record reflected "250 mg."</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</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 - "Cranberry 500 mg 1 tab po OD" ordered 7/29/16; the July 2016 medication record reflected "250 mg."</p>	<p style="text-align: center;">PART 2 <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 <u>Medications (Future Plan)</u> Page 19</p> <p>The physician order form will be used for all medications and supplements and filed in the resident's chart after the doctor's signature is obtained. Information on the physician's orders will be reflected on the individual medication form.</p> <p>A monthly review of the Physician's Orders and Medication Record will be conducted by the PCG and/or SCG.</p>	<p style="text-align: right;">04/02/18</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Resident #1 - "Q-tussin" discontinued 4/19/17; however, medication unsecured in the refrigerator.</p>	<p style="text-align: center;">PART 2 <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 <u>Medications (Future Plan) Page 21</u></p> <p>The primary caregiver will perform a monthly check of the medications that are stored in the refrigerator against the Medication Record and remove any discontinued medications.</p> <p>Daily inspections will be conducted and logged to ensure that the deficient practice will not recur. Please see attached sample Daily Inspection log.</p>	<p style="text-align: right;">04/02/18</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 - "Finesteride 5 mg 1 tab po OD" ordered 7/29/16; the July 2016 medication record was not initialed on 7/30/16 & 7/31/16 when taken by the resident. There was no documentation why the medication was not taken.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</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 - "Finesteride 5 mg 1 tab po OD" ordered 7/29/16; the July 2016 medication record was not initialed on 7/30/16 & 7/31/16 when taken by the resident. There was no documentation why the medication was not taken.</p>	<p style="text-align: center;">PART 2 <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 <u>Medications (Future Plan) Page 23</u></p> <p>A nightly Medication Record audit will be conducted by the care giver on duty. Any blank spaces will be promptly communicated to the PCG in the morning.</p>	<p style="text-align: right;">5/15/2017.</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 for a fall on 12/31/16.</p>	<p style="text-align: center;">PART 2 <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 <u>Records and Reports (Future Plan)</u> Page 25</p> <p>The PCG will include all additional information on the monthly progress notes, including falls or other incidents, to ensure that an intervention is in place and documented.</p> <p>All documentation shall be checked by the SCG quarterly.</p>	<p style="text-align: right;">5/15/2017</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> Bedroom #2 - One (1) pillow did not have a pliable plastic pillow protector.</p>	<p style="text-align: center;">PART 1 <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><u>11-100.1-23 Physical environment (Plan of Correction) Page 26</u></p> <p>A pliable plastic pillow protector was purchased and placed on the pillow.</p>	<p style="text-align: center;">5/15/2017</p>

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<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> Bedroom #2 - One (1) pillow did not have a pliable plastic pillow protector.</p>	<p style="text-align: center;">PART 2 <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><u>11-100.1-23 Physical environment (Future Plan) Page 27</u></p> <p>All new/current care givers were educated on immediately reporting any missing pillow protectors to the PCG for replacement.</p> <p>Daily inspections will be conducted and logged to ensure that the deficient practice will not recur. Please see attached sample Daily Inspection log.</p>	<p style="text-align: right;">04/02/18</p>

Licensee's/Administrator's Signature: Pauline Yofuku
Print Name: Pauline Y.O. Fukumura
Date: 1/8/2018

Licensee's/Administrator's Signature: Pauline Yofuku
Print Name: Pauline Y.O. Fukumura
Date: 04/04/18