

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Heart to Heart Care Home	CHAPTER 100.1
Address: 94-384 Ana Lane, Waipahu, Hawaii 96797	Inspection Date: January 6, 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.

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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) - No documentation of six (6) hours of training sessions.</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>- Records of attended training sessions were obtained and placed in care home binder² binder. It is now available for review or further inspection.</p>	<p style="text-align: center;">- 1/6/2017</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #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> <ul style="list-style-type: none"> - Checklist made of all requirements needed to be in compliance with Chapter 100.1 for annual and/or random inspections - Checklist will be implemented prior to annual inspection and quarterly. - Checklist to be double checked by substitute caregiver to prevent errors. 	

	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) #1 & SCG #2 - No two-step tuberculosis (TB) clearance. Documentation incomplete. The dates skin tests were read was not indicated.</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>- Complete documentation obtained of two-step tuberculosis (TB) clearance obtained from SCG #1 and SCG #2. Both date skin test administered and skin test read are documented.</p>	<p style="text-align: center;">1/13/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE #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> <ul style="list-style-type: none"> - Profiles and checklist created for all caregivers of requirements needed to be in compliance with Chapter 100.1. - Checklist includes when requirements were submitted or met by caregiver, and when the renewal will be due. - Checklist to be double checked by each substitute caregiver to prevent error. 	

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	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 documented prior to admission for respite. PCG unable to provide respite admission date.</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;">-Unable to correct, as admission had already taken place</p>	<p style="text-align: center;">-N/A</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-10(a)</p> <p><u>FINDINGS</u> Resident #1 - No level of care documented prior to admission for respite. PCG unable to provide respite admission date.</p>	<p align="center">PART 2</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> <ul style="list-style-type: none"> - Checklist created to include all requirements for admission to an AECCH facility, as stated in Chapter 100.1 - Checklist will be implemented with all admissions, including respite residents - Admission to Heart to Heart Care Home will be denied if requirements on the Admission checklist are not met prior to admission. Family members, social workers, and case managers will be notified. - Substitute caregivers will also be educated of admission checklist and procedure to double check for PCG. 	

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	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>FINDINGS Resident #1 -No level of care prior to admission 4/1/16.</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>-Although unable to obtain a level of care prior to admission, because admission had already occurred. Level of care order obtained from PCP at next MD visit conducted on 4/6/17.</p>	<p style="text-align: center;">4/6/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-10(a)</p> <p><u>FINDINGS</u> Resident #1 -No level of care prior to admission 4/1/16.</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> <ul style="list-style-type: none"> - Checklist created to include all requirements for admission to an Aged facility, as stated in chapter 100.1, which will include a level of care assessment from MD. - Checklist will be implemented with all admissions, including respite residents. - Admission to heart to heart care home will be denied if requirements on the Admission checklist are not met prior to admission. Family members, social workers, and case managers will be notified. - substitute caregivers will be educated of admission checklist and procedure to serve as a double check for PCG. 	

	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.</p>	<p>PART 1.</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>- Battery changed for metal stem thermometer. Thermometer checked to ensure it is properly working. Thermometer kept in kitchen for all caregivers to use.</p>	<p>- 1/7/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-14(e)	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>- Thermometer will be checked monthly - at the same time smoke detector batteries are checked. -</p> <p>- Thermometer will be turned off and on at each est check.</p> <p>- All substitute Caregivers will be trained and educated to perform thermometer check alongside smoke detector battery check monthly.</p>	<p style="text-align: right; vertical-align: bottom;">13:11</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> "Sun Triple Clean" laundry detergent unsecured on a shelf in the laundry 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;">- Laundry detergent placed in locked storage cabinet, alongside all cleaning other cleaning agents.</p>	<p style="text-align: center;">2/6/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-14(f)</p> <p><u>FINDINGS</u> "Sun Triple Clean" laundry detergent unsecured on a shelf in the laundry area.</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> <ul style="list-style-type: none"> - Checklist created of all requirements needed to be in compliance with chapter 100.1 for annual and/or random inspections. - Checklist will be implemented daily as a double check and ^{to} foster proper chemical handling culture and habit among all caregivers. - All caregivers will be trained and educated to secure laundry detergent after each use in locked cabinet. Heart to Heart care home will enforce the policy that requires each care caregiver who removes a chemical from a locked cabinet, to return it right away into the locked cabinet after use. 	

	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> Cabinet had a padlock that was engaged but the double doors were not unsecured. Cabinet contained the following chemicals: Muriatic Acid for swimming pools, bleach - two (2) bottles, WD 40, Sun Triple Clean laundry detergent, Raid Defense system spray, Roto Rooter commercial grade pipe shield, Clorox cleaner with bleach, All-purpose cleaner with bleach, and charcoal lighter - three (3) bottles.</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>- Double doors to storage cabinet secured and engaged with padlock</i></p>	<p style="text-align: center;"><i>1/6/17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-14(f)</p> <p><u>FINDINGS</u> Cabinet had a padlock that was engaged but the double doors were not unsecured. Cabinet contained the following chemicals: Muriatic Acid for swimming pools, bleach - two (2) bottles, WD 40, Sun Triple Clean laundry detergent, Raid Defense system spray, Roto Rooter commercial grade pipe shield, Clorox cleaner with bleach, All-purpose cleaner with bleach, and charcoal lighter - three (3) bottles.</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>- Checklist created of all requirements needed to be in compliance with Chapter 100.1 - including ^{proper chemical storage.} for annual and/or random inspections.</p> <p>- checklist will be implemented daily as a double check and to foster proper chemical handling culture and habit among all caregivers</p> <p>- All caregivers will be trained and educated to secure cabinet and engage lock after each time materials from cabinet is accessed.</p> <p>Heart to Heart Care Home will enforce a policy that requires each caregiver to lock the cabinet immediately after obtaining the needed supply from cabinet.</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> Phillips Milk of Magnesia unsecured in the refrigerator.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>- Milk of Magnesia bottle removed from refrigerator and disposed in trash.</p>	<p>- 2/6/17</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #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>- Lockable medication container purchased for medications that need to be stored in the refrigerator.</p> <p>- All caregivers will be trained and educated that all refrigerated medication must be stored in a lock ⁱⁿ labeled and kept in a locked container.</p> <p>Heart to Heart care home will enforce a policy that requires each caregiver who removes medication from a locked container to immediately replace the medication and engage the lock.</p> <p>- This will ^{will} also be included in the daily checklist as a double check to foster proper medication handling culture & habit among all caregivers.</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 - "NaCl 1 gm once a day for hyponatremia" ordered 11/22/16 was not started until 12/1/16. No documentation why the delay in starting the medication.</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>- Late entry placed in progress notes to explain delay in start of medication</i></p>	<p style="text-align: center;">1/6/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-15(e)</p> <p><u>FINDINGS</u> Resident #1 - "NaCl 1 gm once a day for hyponatremia" ordered 11/22/16 was not started until 12/1/16. No documentation why the delay in starting the medication.</p>	<p align="center">PART 2</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> <ul style="list-style-type: none"> - Checklist created on documentation required from physicians office after every MD visit. - Checklist to include a reminder to write a note and document reasons why for any delay in start of medications - Substitute caregivers will be trained of required ^{documentation regarding} medications, post MD visits, and delays to serve as a double check for ERS PCG. 	

	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 - "Colace 100 mg BID" ordered 11/22/16 was discontinued on 12/1/16. No physician order to discontinue.</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>- Order received to discontinue Colace 100mg BID. from MD. Phone order done on 1/9/17 and written order signed on next MD visit on 2/7/17</p>	<p style="text-align: center;">2/7/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-15(e)</p> <p><u>FINDINGS</u> Resident #1 - "Colace 100 mg BID" ordered 11/22/16 was discontinued on 12/1/16. No physician order to discontinue.</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>All residents will have a written list of all current medications on each physician visit for physician to sign and authorize, to clarify medications and keep medications orders current. The same list will be used among all physicians to prevent duplications or omissions in medications. The same list will be used to create the resident's MARs. No medications will be discontinued/^{or started} unless there is a matching order.</p> <p>All caregivers will be trained and educated in this process/procedure to serve as a double check for the PCG.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 - No flowsheet for medications made available to resident while a respite resident.</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>- Previous records from respite stay were purged from current medical record and kept at another location. - Records have since been obtained and are present at the home.</p>	<p style="text-align: center;">-1/7/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-15(f)</p> <p><u>FINDINGS</u> Resident #1 - No flowsheet for medications made available to resident while a respite resident.</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>- All medical records for all residents will be kept, th secured in one location at the home, so that it is available for annual and/or random inspections.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1- "Guaifenesin DM 1-2 tsp every 6 hours prn cough" ordered 10/8/16 was not recorded on the October 2016 and November 2016 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;"><i>- Unable to complete, as time frame and months have passed.</i></p>	<p style="text-align: center;">N/A</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-15(f)</p> <p><u>FINDINGS</u> Resident #1- "Guaifenesin DM 1-2 tsp every 6 hours prn cough" ordered 10/8/16 was not recorded on the October 2016 and November 2016 medication records.</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>All residents will have a written list of all current medications at each physician visit for physician to sign and authorize to discontinue medications and keep medication orders current. The same list/order will be used among all physicians to prevent duplication or omissions in medications. The same list/order current order will be used to create the monthly MRE. No medications will be discontinued and/or started from MRE until there is a matching order. All caregivers will be trained of this process/procedure & serve as a double check for PCP.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) 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 - Medications were not updated 4/12/16 to 10/8/16: oxybutynin, tramadol, Colace & Robitussin.</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>-Unable to correct, due to time frame has passed.</i></p>	<p style="text-align: center;"><i>- N/A</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-15(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>- All residents will have a written list of all current medications (standing & PRN) on each physician visit, for the physician to sign and authorize. The same list will be used among all physicians to prevent duplications or omissions in medications.</p> <p>- All residents will have a personalized calendar that will indicate when the last MD visit was and when upcoming visits are needed for medication order renewal.</p> <p>- All caregivers will be trained & educated on this calendar to serve as a double check for PCG.</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 - No medication record for medications taken by the resident while a respite resident.</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>-Previous records from respite stay were purged from current medical record. and kept at another location. Records have since been obtained and are present at the home.</p>	<p style="text-align: center;">-1/7/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-15(m)</p> <p><u>FINDINGS</u> Resident #1 - No medication record for medications taken by the resident while a respite resident.</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>- All medical records for all residents will be kept, secured in one location at the care home, so that it is available upon request for annual and/or random inspections.</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 - No medication records April 2016 to August 2016.</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>-Previous medication records were purged from current M.A.R. binder and stored at another location -Records have since been moved back to the care home and are present and secured at the care home.</p>	<p style="text-align: center;">4/7/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-15(m)</p> <p><u>FINDINGS</u> Resident #1 - No medication records April 2016 to August 2016.</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>-All medical records for all residents will be kept, secured in one location at the home, so that it is available upon request for annual and/or random inspections.</p>	<p>11/11/16</p>

	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 primary care giver assessment upon admission for respite.</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>-Previous records from respite stay were purged from current medical record and kept at another location. Records have since been obtained and are present at the home</p>	<p style="text-align: center;">4-7/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-17(a)(1)</p> <p><u>FINDINGS</u> Resident #1 - No primary care giver assessment upon admission for respite.</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>- Previous records from respite stay were purged</p> <p>- All medical records for all residents will be kept secured in one location at the home, so that it is available for annual and/or random inspections.</p> <p>- Admission checklist created of all documents necessary for admission to Arect. This checklist will be implemented for all admissions including respite residents.</p> <p>- All caregivers trained and educated on checklist to serve as a double check for PCG.</p>	

	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 - Admission assessment (4/1/16) did not include injury to forehead sustained on 3/31/16 while resident was in respite at the ARCH.</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;">- Admission assessment corrected to include detailed & entire skin assessment. (Addendum added)</p>	<p style="text-align: center;">4/6/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-17(a)(1)</p> <p><u>FINDINGS</u> Resident #1 - Admission assessment (4/1/16) did not include injury to forehead sustained on 3/31/16 while resident was in respite at the ARCH.</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> <ul style="list-style-type: none"> - checklist created to include all requirements for admission to an ARCH facility, as stated in chapter 100.1 - Checklist will be implemented with all admissions, including respite residents - Admission to Heart to Heart Care Home will be denied if requirements on the Admission checklist are not met prior to admission. Family members, social workers, and case managers will be notified - Complete and thorough assessments will be conducted on all resident admissions. All findings will be documented thoroughly on Admission Assessment record. - All caregivers will be trained and documented 	

educated on admission checklist and proper admission assessment to serve as a double check for PCG.

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #1 - No report of a medical examination and tuberculosis upon admission for respite.</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;">- Unable to fulfill/correct as admission has already taken place</p>	<p style="text-align: center;">N/A</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-17(a)(4)</p> <p><u>FINDINGS</u> Resident #1 - No report of a medical examination and tuberculosis upon admission for respite.</p>	<p align="center">PART 2</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>- Checklist created to include all requirements for Admission to an Aged facility, as stated in chapter 100.1.</p> <p>- checklist will be implemented with all admissions, including respite residents.</p> <p>- Admission to Heart to Heart Care Home will be denied if requirements on Admission checklist are not met prior to admission. This will be strictly enforced. Family members, social workers, and case managers will be notified.</p> <p>- All caregivers will be trained of^r and educated on admission checklist to serve as a double check for pgs</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #1 - No report of recent medical examination and current diagnosis at the time of admission on 4/1/16.</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>- Unable to complete/correct as Admission took place in April 2016</i></p>	<p style="text-align: center;"><i>- N/A</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-17(a)(4)</p> <p><u>FINDINGS</u> Resident #1 - No report of recent medical examination and current diagnosis at the time of admission on 4/1/16.</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> <ul style="list-style-type: none"> - Checklist created to include all requirements for admission to an AFBH facility, as stated in chapter 100.1 - checklist will be implemented with all admissions, including respite residents. - Admission to Heart to Heart Care Home will be denied if requirements on Admission Checklist are not met prior to admission. This will be strictly enforced. Family members, social workers, and case managers will be notified. - All caregivers will be trained and educated on admission checklist to serve as a double check for PCG. 	

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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)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #1 - No two-step TB clearance. Single step placed 2/6/16 and read 2/8/16.</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>- Although unable to obtain another TB test in 2016 or prior to admission.</p> <p>- Two step TB clearance obtained from PCP. First step placed on 4/6/17.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-17(a)(4)</p> <p><u>FINDINGS</u> Resident #1 - No two-step TB clearance. Single step placed 2/6/16 and read 2/8/16.</p>	<p align="center">PART 2</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>- checklist created to include all requirements for Admission to an AROH facility specifically a <u>two-step</u> TB clearance. - with clearly marked placement & reading dates.</p> <p>- checklist will be implemented with all admissions, including respite residents</p> <p>- admission to Home & Adult care home will be denied if requirements on Admission checklist are not met prior to admission. This will be strictly enforced. Family members, social workers, and case managers will be notified.</p> <p>- All caregivers will be trained and educated on admission checklist to serve as a double check for PCG</p>	

	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, medication and treatments upon admission for respite.</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>Unable to correct, as admission has already occurred.</i></p>	<p style="text-align: center;"><i>N/A</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-17(a)(6)</p> <p>FINDINGS Resident #1 - No physician orders for diet, medication and treatments upon admission for respite.</p>	<p align="center">PART 2</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> <ul style="list-style-type: none"> - Checklist created to include all requirements for Admission to an Aged facility, as stated in chapter 100.1 - Checklist will be implemented with all admissions, including respite residents. - Admission to Heart to Heart Care Home will be denied if requirements on Admission Checklist are not met prior to admission. - This will be strictly enforced. Family members, social workers, and case managers will be notified. - All caregivers will be trained and educated on admission checklist to serve serve as a double check for PCCs 	

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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)(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 admission orders for diet (4/1/16).</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;">-Unable to correct, as admission had already occurred</p>	<p style="text-align: center;">-N/A</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-17(a)(6)</p> <p><u>FINDINGS</u> Resident #1 - No admission orders for diet (4/1/16).</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>- Checklist created to include all requirements for admission to an APCA facility, as stated in chapter 100.1 - checklist will be implemented with all admissions including respite residents. - Admission to Heart to Heart Care Home will be denied if requirements & Admission checklist are not met prior to admission this will be strictly enforced. Family members, social workers, and case managers will be notified. - All caregivers will be trained and educated on admission checklist to serve as a double check for pay.</p>	

	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 admission orders for the following medications: propranolol, Keppra, oxcarbazepine, quetiapine, lithium, leucovorin, magnesium oxide, and famotidine at the time of admission 4/1/16.</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;">-Unable to correct, as admission has already occurred.</p>	<p style="text-align: center;">-N/A</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-17(a)(6)</p> <p><u>FINDINGS</u> Resident #1 - No admission orders for the following medications: propranolol, Keppra, oxcarbazepine, quetiapine, lithium, leucovorin, magnesium oxide, and famotidine at the time of admission 4/1/16.</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>- checklist created to include all requirements for admission to care unit - which includes a physician order for <u>all</u> medications at time of admission.</p> <p>- checklist will be implemented with all admissions, including respite residents.</p> <p>- Admission to the care home will be denied if all requirements on checklist are not fulfilled prior to admission. This will be strictly enforced. Family members, social workers, and case managers will be notified.</p> <p>- All caregivers will be trained and educated on admission checklist to serve as a double check for PCes</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(8) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A current inventory of money and valuables.</p> <p><u>FINDINGS</u> Resident #1 - No inventory of valuables.</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;">-Unable to correct inventory on admission, as admission had already occurred. However, inventory done on ^{current} belongings on 4/7/17.</p>	<p>4-7-17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-17(a)(8)	<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> <ul style="list-style-type: none"> - checklist created on what document items need to be completed by caregiver after each admission, per Chapter 100.1. - checklist to be implemented with each admission, including respite admissions. - All caregivers will be trained and educated on checklist to serve as a double check for PCP. 	

	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 during respite. Resident fell on 3/31/16 and was taken to the physician for medical care.</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>-Previous records from respite stay were purged from current medical record, and kept at another location. Records have since been obtained and moved to the care home, where it is secured in a central location.</p>	<p style="text-align: center;">1/7/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-17(b)(3)</p> <p><u>FINDINGS</u> Resident #1 - No progress notes during respite. Resident fell on 3/31/16 and was taken to the physician for medical care.</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>All medical records for all residents will be kept secured in one location at the care home, so that it is available upon request for annual and/or random inspections.</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> (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>FINDINGS Resident #1 - Progress notes did not reflect tolerance to "Keflex 500 mg 1 QID x 7 days" and "amantadine 100 mg BID x 5 days" ordered 3/31/16.</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;">- Late entry placed in progress notes to reflect resident tolerance to Keflex 500 mg^{PO} QID x 7 days and Amantadine 100 mg PO BID q 5 days</p>	<p style="text-align: center;">1/7/17</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-17(b)(3)</p> <p><u>FINDINGS</u> Resident #1 - Progress notes did not reflect tolerance to "Keflex 500 mg 1 QID x 7 days" and "amantadine 100 mg BID x 5 days" ordered 3/31/16.</p>	<p align="center">PART 2</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>- checklist created for each resident on what documentation need to be updated/ completed monthly, quarterly & yearly etc. This includes progress notes, inventory of belongings, accounting & physician & medication orders.</p> <p>- Documentation regarding special circumstances (i.e. incident reports, medication changes, changes in status) will occur immediately in medical record.</p> <p>- All staff caregivers will be trained & educated on checklist and policies regarding records and reports, to serve as a double check for PEG.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #1 - No entries describing treatments and services rendered for fall on 3/31/16 as a respite resident.</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;">-Previous records from respite stay were purged from current medical record, and kept at another location.</p> <p style="text-align: center;">-Records have since been obtained and moved to care home, where it is secured in a central location.</p>	<p style="text-align: center;">4/7/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-17(b)(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 style="text-align: center;">- All medical records for all residents will be kept, secured in one location at the care home, so that it is available upon request for annual and/or random inspections.</p>	<p style="text-align: right; font-size: small;">Lynn S. Alford</p> <p style="text-align: right;">11/2</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(5) During residence, records shall include:</p> <p>Entries detailing all medications administered or made available;</p> <p><u>FINDINGS</u> Resident #1 - No entries detailing medications administered or made available as a respite resident.</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>-previous records from respite stay were purged from current medical record and kept at another location. -records have since been obtained and moved to the care home, where it is secured in a central location.</p>	<p style="text-align: center;">1/7/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-17(b)(5)	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>-All medical records for all residents will be kept, secured in one location at the care home, so that it is available upon request for annual and/or random inspections.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> Resident #1 - No incident report for 10/17/16 emergency room visit following a fall.</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>- Incident report filed, initially in October 2016, however ^{completed copy} was NOT received from DOD Case manager.</p> <p>- Copies obtained from case manager and secured in resident's medical record.</p>	<p style="text-align: center;">4/4/17</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-17(c)</p> <p><u>FINDINGS</u> Resident #1 - No incident report for 10/17/16 emergency room visit following a fall.</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>- Incident reports will be filed immediately prior to sending IR out to case managers, copies will be made so that it is available in the residents' medical record & can be provided upon request.</p> <p>- All caregivers will be educated in this process to serve as a double check for PCG.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p>FINDINGS Resident #1 - No incident report for fall on 3/31/16 while a respite resident in the ARCH.</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>- Incident report initially filed in April 2016 however completed copy was not released from DOD case manager manager.</p> <p>Copies obtained from case manager and secured in resident's medical record.</p>	<p style="text-align: right;">2/11/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-17(c)</p> <p><u>FINDINGS</u> Resident #1 - No incident report for fall on 3/31/16 while a respite resident in the ARCH.</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>- Incident reports will be filed immediately prior to sending it to case managers, copies will be made so that it is available in the resident's medical record & can be provided upon request.</p> <p>- All caregivers will be educated in this process to serve as a double check for PCG.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><u>FINDINGS</u> Resident #1 - Blue ink used on the November 2016 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;">-Unable to correct, as MIA had already been used on medication record.</p>	

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	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE #11-100.1-17(f)(1)	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>- All staff trained and educated not to utilize blue ink pens on residents' medical records.</p> <p>- Blue ink pens are no longer available for use at the care home. Black inked pens are supplied and purchased for documentation purposes.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> Resident register did not reflect Resident #1 admission for respite.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>-resident register corrected to add resident #1 admission for respite.</p>	<p>1/7/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE #11-100.1-17(h)(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>- checklist created to include all requirements for Admissions to an Adult facility as stated in Chapter 10.1, and documentation required after admission</p> <p>- checklist will be implemented with all admissions including respite residents.</p> <p>Admission</p> <p>- All caregivers will be trained and educated on checklist to serve as a double check for PCA</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 written accounting of resident's money May 2016 to January 2017.</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;">- Written accounting completed for May 2016 - January 2017. and secured in medical record.</p>	<p style="text-align: center;">1/11/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #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>- Checklist created for each resident on what documentation needs to be updated/completed monthly, quarterly, yearly, etc. This includes: progress notes, inventory of belongings, accounting, and physician & medication orders.</p> <p>- All caregivers will be trained and educated on checklist to serve as a double check for PCG.</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 assessment at the time of admission for respite.</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>- Unable to correct, as admission had already occurred.</i></p>	<p style="text-align: center;"><i>- N/A</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-23(g)(3)(I)</p> <p>FINDINGS Resident #1 - No self-preservation assessment at the time of admission for respite.</p>	<p align="center">PART 2</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> <ul style="list-style-type: none"> - checklist created to include all requirements for admission to an ARA facility, as stated in chapter 100.1 - checklist will be implemented with all admissions, including respite residents. - Admission to Heart to Heart Care Home will be denied if requirements on Admission Checklist are not met prior to admission. This will be strictly enforced. Family members, social workers, & case managers will be notified. - All caregivers will be trained and educated on checklist to serve as a double check for PCG. 	

	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 assessment at the time of admission 4/1/16.</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>Unable to correct as admission had already occurred</i></p>	<p style="text-align: center;"><i>N/A</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-23(g)(3)(I)</p> <p><u>FINDINGS</u> Resident #1 - No self-preservation assessment at the time of admission 4/1/16.</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> <ul style="list-style-type: none"> - checklist created to include all requirements for admission to an ARCT facility as stated in Chapter 100.1 - checklist will be implemented with all admissions, including respite residents - Admission to Heart to Heart Corrections will be denied if requirements on Admission checklist are not met prior to admission. This will be strictly enforced. Family members, social workers, and case managers will be notified. - All caregivers will be educated and trained on checklist to serve as a double check for PCG. 	

	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> Screen broken on the second exit screen door.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>- screen repaired on second exit screen door</p>	<p>Yr 17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-23(h)</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>A home checklist created of all requirements needed for home to be at physically in compliance with chapter 100.1. for annual & random inspections.</p> <p>- checklist will be implemented daily.</p> <p>All caregivers will be trained to report any deficiencies to PCG immediately after it is noted, to ensure prompt resolution of deficiency.</p> <p>- All substitute caregivers will be trained on checklist, to serve as a double check for PCG.</p> <p>- PCG is responsible for ensuring that repairs are completed promptly.</p>	

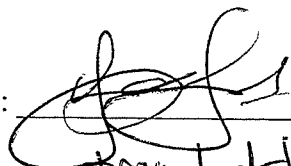
	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(1)(D) Bedrooms:</p> <p>General conditions:</p> <p>Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;</p> <p><u>FINDINGS</u> Resident #1 - Hoyer lift stored in the resident's bedroom. The resident does not require the Hoyer lift.</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>Hoyer lift removed from resident's bedroom and stored in caregivers room.</p>	<p style="text-align: center;">4/6/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-23(o)(1)(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> <ul style="list-style-type: none"> - Resident rooms will no longer be used as storage for equipment or supplies. - Home checklist created of all requirements needed for home to be physically in compliance with Chapter 100.1 - Checklist will be implemented prior to annual inspection and quarterly. - Checklist to be double checked by substitute caregivers to prevent error. 	<p style="text-align: right; vertical-align: bottom;">2013</p>

Licensee's/Administrator's Signature: _____

Print Name: _____

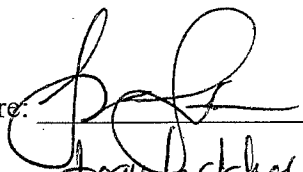
Date: _____


Tracy Lockhart
March 9, 2017

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____


Tracy Lockhart
4/6/17

2013