

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hokulaki Senior Living, L.L.C.	CHAPTER 100.1
Address: 45-217 A William Henry Road, Kanoche, Hawaii 96744	Inspection Date: October 6 & 7, 2016 Annual

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


	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p><u>FINDINGS</u> Single application packet of Neosporin (expiration 5/15) in the first aid kit.</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>See Attached</i></p>	<p style="text-align: center;">10/11/2016</p> <p style="text-align: right;">47 11/11/16 10:39 Don. ALLEN</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-12(b)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>See Attached</i></p>	<p style="text-align: center;">10/11/2016</p> <p style="text-align: right; font-size: small;">47 NOV 21 10:39 DUNN A LIBRARY</p>

11-100.1-12(b) Medications

Yes, the deficiency was corrected.
The single application packet of Neosporin® found in the First Aid Kit by Consultant was discarded right away during inspection.

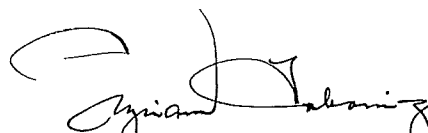
Date of Completion: October 11, 2016

 *Myriam Tabaniag, RN, PCG*
4/13/16

FUTURE PLAN

- * Staff meeting was held to educate and train all staff to check FIRST AID KIT (FA) for medication and expiration dates. Instructed staff that there should not be any medication in the FA Kit.
- * A First Aid Check List Form was created listing all the contents of the FA Kit and checked monthly by PCG or Care Home Manager to make sure that contents of FA Kit are in place and not expired.
- * Random check by PCG or Care Home Manager to make sure that contents of FA kit are in place and not expired.

Date of completion: October 11, 2016


Myriam Tabaniag, RN, PCG
Myriam Tabaniag, RN, PCG

1000 8 17 2016

39:10 11 17

	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> Medication unsecured at resident's bedside: Bedroom #6 - A box of Ipratropium bromide & albuterol sulfate inhalation solution ampules.</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>See Attached</i></p>	<p style="text-align: center;">10/11/2016</p> <p style="text-align: center;">97 NO:39</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-15(b)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>See Attached</i></p>	<p style="text-align: center;">10/11/2016</p> <p style="text-align: right; font-size: small;">17 10:39</p>

11-100. 1-15 (b) Medications (b)

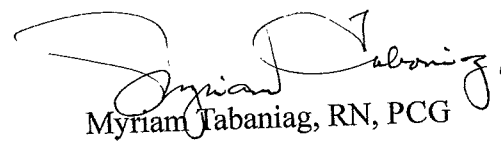
- * YES. The box of medication were discarded in the trash immediately as resident was discharged from care home on the day of inspection.

Date of completion: October 11, 2016

FUTURE PLAN

- * Education and staff training to remove and discard all medications left by discharged residents.
- * Check all drawers and closets in the room for any items and discard immediately especially medications left by residents that were discontinued before leaving.
- * Will do random or periodic checks done by PCG or Care Home manager to make sure that all closets and drawers are clean and empty of items that don't belong in that particular room.

Date of completion: October 11, 2016


Myriam Tabaniag, RN, PCG

11-100. 1-15 (b)

6E:0M

	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> Medication unsecured at resident's bedside: Bedroom #7 - Boxes of "Alphagan 0.1% eye drops," "Latanoprost ophth soln," "One Touch Ultra 2" glucometer and lancets.</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>See Attached</i></p>	<p style="text-align: center;">10/11/2016</p> <p style="text-align: center;">17 11 11 AM '16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-15(b)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>See Attached</i></p>	<p style="text-align: center;"><i>10/11/2016</i></p> <p style="text-align: right; font-size: small;">17 11 11 10:39 D:\...A\...</p>

11-100. 1-15 (b) Medications (b)

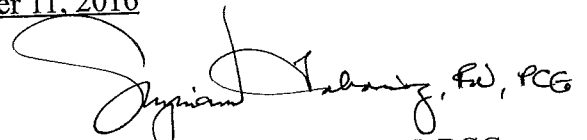
*YES. The plastic pink pan which contained the discontinued medications, glucometer and lancets which the resident's spouse had just brought to the care home from her house was secured in locked cabinet as soon as it was found.

Date of completion: October 11, 2016

FUTURE PLAN

- * Staff education and training to make sure that there's no medications or sharps in any kind or form in the resident's bedroom.
- * A sign was made and placed in every resident room to remind staff, residents and families that there should not be any medication and sharps in the bedrooms.
- * Informed families that they should not be bringing discontinued medications to the care home. If bringing items to the care home such as medications, sharps or food, to their loved ones, family members should give what they bring to the staff first to be checked for safety of the resident.
- * Random / Periodic checks will be done by PCG or Care Manager to check for meds or sharps in the room.

Date of completion: October 11, 2016


Myriam Tabaniag, RN, PCG

1000 10/11/16

17:00 10/11/16

	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> Medication unsecured at resident's bedside: Bedroom #8 - Tube of "Preparation H" cream.</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><i>See Attached</i></p>	<p>10/11/2016</p> <p style="text-align: right;">110-39</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-15(b)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>See Attached</i></p>	<p style="text-align: center;">10/11/2016</p> <p style="text-align: right; vertical-align: bottom;">68:00 11:39</p>

11-100. 1-15 (b) Medications (b)

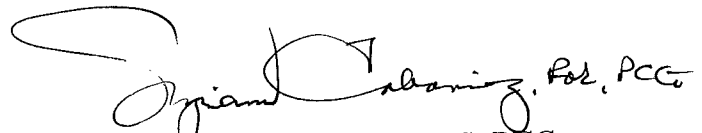
*YES. The tube of 'Preparation H' medication found at bedside brought by a family member was discarded in the trash immediately when found.

Date of completion: October 11, 2016

FUTURE PLAN

- * Staff education and training to make sure that there's no medications or sharps in any kind or form in the resident's bedroom.
- * A sign was made and placed in every resident room to remind staff, residents and families that there should not be any medication and sharps in the bedrooms.
- * Informed families that they should not be bringing discontinued medications to the care home. If bringing items to the care home such as medications, sharps or food, to their loved ones, family members should give what they bring to the staff first to be checked for safety of the resident.
- * Random / Periodic checks will be done by PCG or Care Manager to check for meds or sharps in the room.

Date of completion: October 11, 2016


Myriam Tabaniag, RNC, 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 - No physician order for "preparation H" unsecured at the bedside.</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><i>See Attached</i></p>	<p>10/7/2016</p> <p>68:01W</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-15(e)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>See Attached</i></p>	<p style="text-align: center;">10/7/2016</p> <p style="text-align: right;">110:39</p>

11-100.1-15 Medications. (e)


- * Unable to correct deficiency at the time. The family brought medication to resident's room as family member know Resident #1 has a history of external hemorrhoids. Family members thought Resident #1 could use it later. The tube of Preparation H was discarded immediately when found.

Date of completion: October 11, 2016

FUTURE PLAN

- *Staff education and training to make sure that there should be a doctor's order for all medications being taken by resident either by mouth or used by the resident as a topical. Also trained staff that all medications should be secured in a locked cabinet. No medication should be in the resident's medicine bin without a doctor's order.
- *A sign was made and placed in every resident room to remind staff, residents and families that there should not be any medications or sharps in the bedroom.
- *Informed families that they should not bring discontinued medications to the care home. If bringing items to the care home such as medications to their loved ones, family member should give what they are bringing to the staff first to be checked for the safety of the resident.
- *Random / periodic checks will be done by PCG or care manager to check for medications in the resident's bedroom or common area.

Date of completion: October 7, 2016


Myriam Tabaniag RNC, 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 #2 - No physician order for "Alphagan 0.1% eye drops" and "Latanoprost ophth soln" unsecured at the bedside.</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>See Attached</i></p>	<p style="text-align: center;">10/11/2016</p> <p style="text-align: center;">10:39</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-15(e)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>See Attached</i></p>	<p style="text-align: center;">10/11/2016</p> <p style="text-align: center;">65-0116</p>

11-100. 1-15 Medications (e)

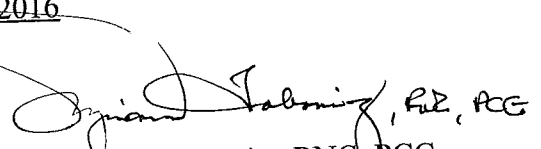
- * Unable to correct deficiency at the time. The family brought both eye drops medication to resident's room packed in a pan. Resident was not prescribed those eye medication found while a resident at Hokulaki. Those eye meds were brought by the spouse the afternoon before the inspection. Family Members thought "Resident could use it again later just in case so spouse wouldn't have to pay for them again." Both medication were secured in a locked cabinet as soon as they were found and given back to the wife on 10-11-16.

Date of completion: October 11, 2016

FUTURE PLAN

- *Staff education and training to make sure that there should be a doctor's order for all medications being taken by resident either by mouth or used by the resident as a topical. Also trained staff that all medications should be secured in a locked cabinet. No medication should be in the resident's medicine bin without a doctor's order.
- *A sign was made and placed in every resident room to remind staff, residents and families that there should not be any medications or sharps in the bedroom.
- *Informed families that they should not bring discontinued medications to the care home. If bringing items to the care home such as medications to their loved ones, family member should give what they are bringing to the staff first to be checked for the safety of the resident.
- *Random / periodic checks will be done by PCG or care manager to check for medications in the resident's bedroom or common area.

Date of completion: October 11, 2016


Myriam Tabaniag RNC, 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 #2 - "Renvela (gen for Sevelamer carbonate) (800 mg tablets) 2 tabs po TID with meals" ordered 7/27/16; the October 2016 medication record noted "(800 mg tablets) 1 tablet po three times daily with meals."</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>See Attached</i></p>	<p style="text-align: center;">10/10/2016</p> <p style="text-align: right;">10:39</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-15(e)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>See Attached</i></p>	<p style="text-align: center;">10/10/2016</p> <p style="text-align: right; font-size: small;">68:017 11/10/16 10:39</p>

11-100.1-15 Medications. (e)

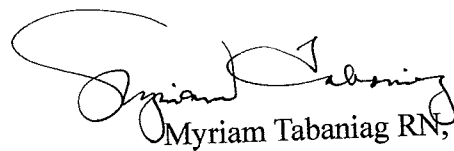
* The Renvela medication dosage was changed on the Medication Administration Record immediately as soon as the error was pointed out by the Consultant, reflecting the correct order on the dosage: Renvela (800mg tablets) 2 tabs po TID with meals.

Date of completion: October 10, 2016

FUTURE PLAN

* Inservice all designated substitutes who give meds to check for discrepancies of med orders, medication container labels and MARs and to report found mistakes and discrepancies to the RN so that it can be corrected right away.

Date of completion: October 10, 2016


Myriam Tabaniag RN, PCG


DATE: 10/10/16

TIME: 10:39 AM

11-100.1-15 (e) Medications

- 1.) PCG/RN will ensure that the Physician's orders will be read carefully and will be transcribed on the MAR correctly upon coming home from the doctor's visit.
-PCG/RN will then check to make sure that the PMD's order(s), the medication label(s) and the MAR should all read the same.
- 2.) RN/PCG will review MARs, Physician's orders and medication labels once a month to make sure that there are no discrepancies between the three items mentioned and to also check for accuracy.
- 3.) Random checks will be done at least once a month by RN/PCG to ensure accuracy of transcribing medications into the MAR, that medications were properly labeled and the doctor's orders are correctly written by the PMD/APRN.
- 4.) Clarification orders will be done if discrepancies are present.

Date of Completion: October 10, 2016

 Tabano, RN, PCG
4/13/17

ST. JOSEPH'S
HOSPITAL

'17 APR 24 P12:08

RECEIVED

	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 #2 - "Miralax Powder (sub for Polyethylene Glycol powder) Mix 17g of powder (about 1 heaping Tablespoon) po daily. Dissolve powder with 6-8 ozs of water or juice then drink slowly" ordered 7/27/16; the medication label reflected: "Mix 17 gm in 8 oz liquid and increase by 8 gms every other day until regular daily bowel movement." The medication record noted: "Mix 17 gm of powder with 6 oz of water or juice taken po daily."</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><i>See Attached</i></p>	<p>10/10/2016</p> <p>07:40</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-15(e)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>See Attached</i></p>	<p style="text-align: center;">10/10/2016</p> <p style="text-align: right;">M9 240</p>

11-100.1-15 Medications. (e)

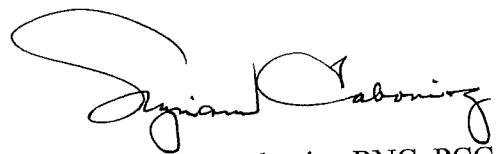
- * The medication label was changed to reflect the order, "Miralax Powder (sub for Polyethylene Glycol Powder) Mix 17g of powder (about 1 heaping Tablespoon) po daily." The 6 ozs of water or jusce was used due to resident's strict fluid restriction as he is on Dialysis. PMD was called to change order from 6-8 ozs. of waterr or juice to 6 ozs. of water or juice. Doctor's order, medication container label and MAR all matched after the proper corrections.

Date of completion: October 10, 2016

FUTURE PLAN

- * Doctor's orders, MARs and medication containers will be rechecked by PCG or a designated staff substitute to make sure that the three mentioned above are all the same.
- * Substitutes or staff giving medication will be inserviced to check for inconsistencies of medication orders, entries into the MAR and the medication labels.

Date of completion: October 10, 2016


Myriam Tabaniag RNC, 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 #2 - "Losartan 50 mg by mouth daily" ordered 7/27/16; the label reflected "25 mg one tablet daily." The October 2016 medication record reflected "50 mg" tablets taken by the resident. There was no documentation that the dosage was clarified with the physician.</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><i>See Attached</i></p>	<p>10/11/2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
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11-100. 1-15 (e)

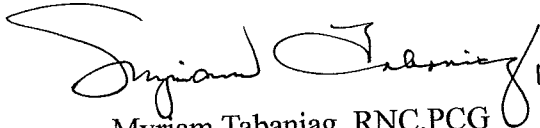
The doctor was called for clarification order to use the losartan 25mg tablets which is on hand, and to give the resident 2 tablets to reflect the order of Losartan 50mg po daily. New order reads, "Losartan (25mg tablets) 2 tablets po daily. Previous order was discontinued and new order was transcribed on the MAR.

Date of completion: October 11, 2016

FUTURE PLAN

* Inservice all designated substitutes who give meds to check for discrepancies of med orders, medication container labels and MAR's and to report found mistakes and discrepancies to the RN so that it can be corrected right away.

Date of completion: October 11, 2016


Myriam Tabaniag, RNC, PCG

10:40

10:40

11-100.1-15e) Medications

- 1.) PCG/RN will ensure that the Physician's orders will be read carefully and will be transcribed on the MAR correctly upon coming home from the doctor's or APRN's visit.
 - Physician's order will be compared to the medication label for accuracy then transcribed into the MAR.
 - A Clarification order will be obtained from the prescribing physician or APRN right away if a discrepancy is found. RN/PCG will then make sure that the Physician's order, Medication label and MAR transcription are all the same.

- 2.) RN/PCG will review MARs, Physician's orders and medication labels once a month with staff and train to check for discrepancies and check for accuracy. To report any discrepancies to RN/PCG. Any discrepancy will be corrected right away to prevent errors.

- 2.) Random audits by PCG/RN will be done at least once a month to monitor staff and to ensure accuracy of transcription of Physician's orders, MARs and medication labels.

Date of Completion: October 11, 2016

J. Sabanias, RN, PCG
4/13/17

STATE OF HOUSTON
PUBLIC HEALTH DEPARTMENT

APR 24 12:09 PM '17

07/10/17

	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 - "Donepezil, Fleet enema and dulcolax" noted on the Resident Admission Medical and Personal History form; however, the medications were not made available upon admission on 6/18/16. There was no documentation that the medications were clarified with the physician or discontinued. "Donepezil" was discontinued on 6/24/16.</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><i>See Attached</i></p>	<p>10/12/2016</p> <p style="text-align: right;">110 140</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-15(f)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>See Attached</i></p>	<p style="text-align: center;">10/12/2016</p> <p style="text-align: center;">10:40</p>

11-100.1-15 Medications.(f)

Unable to correct deficiency at this time.

- * The doctor's order that was given by the long Term Care facility where the new resident was discharged was very confusing. PMD was called to clarify order and ordered to make a list of what he wanted the new resident to take, so that was done on a "Telephone order." This new list of meds did not include the donepezil, Fleets Enema and Dulcolax. However, when the resident was brought to her PMD on 6/24/16, he wrote to discontinue the Donepezil to make sure that that medication should not be given to resident after he read the initial order from the long term facility again.

Date of completion: October 12, 2016

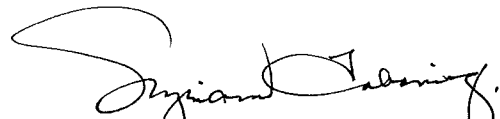
FUTURE PLAN

- * Only medications ordered by MD/APRN should be given to resident and if meds are ordered, they should be administered to resident as such, with the correct medication, in the correct dosage and route, at the proper time to the right resident.
- * A clarification order will be obtained if there's a discrepancy and confusion to the doctor's order.

Date of completion: October 12, 2016

10/12/16 10:40 AM

10/12/16 10:40 AM


Myriam Tabaniag RN, PCG

11-100.1-15 (f) Medications

Unable to correct deficiency at this time, however Medication list from the Long Term Care facility where resident was admitted from was reviewed again. Another clarification order was done to reflect medications that were not included in the initial list made on the "Telephone Order" from resident's PMD. Medications were discontinued as per PMD's order which were reflected on the Physician's Order Form and MAR made on the resident's following doctor's visit to her PMD.

Date of Completion: October 12, 2016

FUTURE PLAN

- 1.) The Physician's order of medications (Medication List) will be read carefully and reviewed thoroughly on admission of resident into the care home for accuracy and to check for inconsistencies and that every medication is included and transcribed to the MAR correctly.
- 2.) PCG/RN will obtain a clarification order immediately from PMD for any discrepancy/inconsistencies to correct and reflect changes made from the new PMD order. (Follow order to add medications or discontinue medications as indicated or ordered by the resident's physician as written on the Physician's order form.)

Date of Completion: October 12, 2016

17 APR 24 PM 12:09

J. Tabano, RN, R
4/13/17

	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 #2 - Progress notes dated 7/28/16 noted: "No order for Fasting Blood Sugar but because of his history of DM2 as a nursing measure took finger stick FBS = 93 mg/dl." No physician order for "prn" blood sugar testing.</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><i>See Attached</i></p>	<p>10/11/2016</p> <p style="text-align: right;">07:06</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-17(a)(6)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>See Attached</i></p>	<p style="text-align: center;">10/6/2016</p> <p style="text-align: right; vertical-align: bottom;">01/01/10</p>

11-100. 1-17 Records and reports. (a)(6)

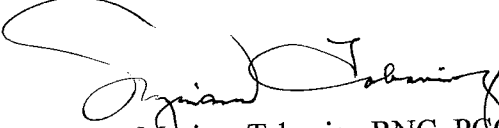
- * Unable to correct deficiency at this time. FBS was taken during admission of new resident due to history of DM2.

Date of completion: October 11, 2016

FUTURE PLAN

- * PCG will call PMD/APRN for a doctor's order for any procedures done to resident. Will always obtain or call for order for admission or PRN procedures such as checking for fasting blood sugar.
- * Will also inform staff of the need to obtain a physician's order for needed procedure.

Date of completion: October 11, 2016


Myriam Tabaniag RNC, PCG

	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 - The "Alteration in Skin Integrity" care plan intervention reflected "Cleanse leg sores and redness to sacral area daily with soap and water;" however, there was no documentation that the treatment was carried out.</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>See Attached</i></p>	<p style="text-align: center;">10/8/2016</p> <p style="text-align: right; vertical-align: bottom;">10/20</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	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;"><i>See Attached</i></p>	<p style="text-align: center;">10/8/2016</p> <p style="text-align: center;">07.0</p>

11-100.1-17 Records and reports. (b)(4)

* Unable to correct deficiency at this time.

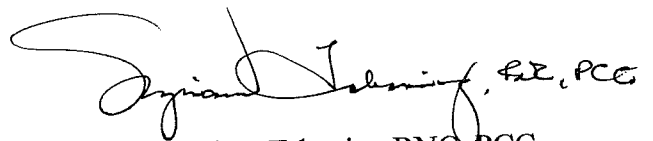
Date of completion: October 8, 2016

FUTURE PLAN

* Will properly document right away on the progress notes of any procedures and treatment done to the resident specified on the resident's care plan.

* Will inservice or provide training to substitute caregivers to do the same and designate the night shift staff to make sure that documentation of any procedure or treatments done that day will be properly documented on the resident's progress notes.

Date of completion: October 8, 2016


Myriam Tabaniag RNC, PCG

11-100.1-17(b)(4) Records and Reports

FUTURE PLAN

- 1.) The resident's plan of care made by CM will be read and reviewed by PCG/RN and staff to familiarize the tasks being done daily.
- 2.) The RN/PCG will do a periodic monthly audit to ensure that the procedures written on the plan of care are carried out and documented on the nurse's progress notes as indicated.
- 3.) RN/PCG will do a specific training on the problem identified in the care plan and will monitor staff on how to properly and correctly carry out procedures and document accurately and on time on the progress notes. Will also include outcomes in the documentation.
- 4.) A documentation of staff training will also added to the file.

Date of Completion: October 12, 2016

J. Cabanero, RN, PCG
4/13/17

APR 17 2017

APR 24 12:09 PM '17

APR 24 2017

	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> Resident #1 - The "Alteration in Skin Integrity" care plan intervention reflected "Cleanse leg sores and redness to sacral area daily with soap and water;" however, there was no documentation of substitute care giver training.</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>See Attached</i></p>	<p style="text-align: center;">10/13/2016</p> <p style="text-align: right; vertical-align: bottom;">07:10</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-83(1)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>See Attached</i></p>	<p style="text-align: center;">10/13/2016</p> <p style="text-align: center;">07:00</p>

11-100. 1-83 Personnel and Staffing Requirements.

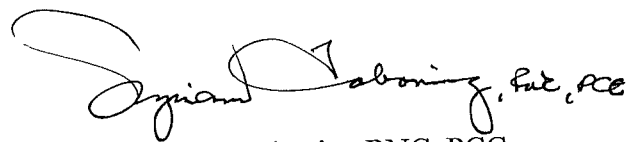
*Unable to correct deficiency at this time. However, the RN,CM was called to inform about the deficiency. Made an appointment to conduct an inservice training for the substitute caregivers which was done and completed on 10/13/16.

Date of completion: October 13, 2016

FUTURE PLAN

- * RN, CM will continue to provide inservice training to PCG and substitute caregivers as soon as the care plan is made for the resident and that will ensure that all substitute caregivers will sign the "sign-in sheet" provided to properly document that every substitute caregiver was properly trained for skills and application.
- * PCG will check the sign-in sheet roster to make sure that every caregiver has initialed and signed on the form.

Date of completion: October 13, 2016



Myriam Tabaniag RNC, PCG

11-100.1-83(1) Personnel and Staffing Requirements

FUTURE PLAN

- 1.) CM, RN will read, review and provide specific training to PCG and substitute caregivers immediately as soon as care plan of resident is delivered into the care home. A caregivers' training inservice log will be provided and every staff will sign in with initials and signature to document training done and attended.
- 2.) RN/PCG will do a monthly audit to the file of inservices to ensure that every staff has been inserviced or trained to specific procedures or treatments written on the resident's plan of care to carry out tasks correctly and appropriately and also that such training attended has been documented and filed.
- 3.) RN/PCG will conduct impromptu inservices to staff if the need arises and will be documented as such.

Date of Completion: October 13, 2016


Jh. Salas, RN, PCG
4/13/17

11-100.1-83(1)
PERSONNEL AND STAFFING REQUIREMENTS

17 APR 24 PM 12:09

11-100.1-83(1)

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><u>FINDINGS</u> Resident #1 - No documentation of influenza immunization at the time of admission (6/18/16). Influenza immunization dated 9/30/16.</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><i>See Attached</i></p>	<p>10/8/2016</p> <p>100-211</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-84(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;"><i>See Attached</i></p>	<p style="text-align: center;">10/8/2016</p> <p style="text-align: center;">40:41</p>

11- 100. 1-84 Admission requirements. (b)(4)

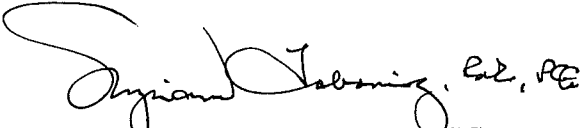
*Unable to correct deficiency at this time as resident has already been brought to her PMD for the Flu shot for the year 2016, which was done 9/30/16. Resident was admitted from a Long Term Care facility 6/18/16 and no documentation found of the influenza vaccine on the discharge paperwork.

Date of completion: October 8, 2016

FUTURE PLAN

- * An admission checklist was formed to include but not to limited to Immunization Records of Influenza and Pneumococcal vaccine, Physical Exam, Level of Care, Self-Preservation Statement etc.
 - * Above checklist will be used to make sure that all paperwork needed for admission will be included in the 'discharge papaerwork' of the discharging hospital, Long Term Care facility, care home or agency.
 - * Substitute caregivers will be inserviced on how to use the checklist and to make sure that the resident's chart contains all the necessary paperwork.
- * A chart review will be done by PCG every 3 months to check for completeness.

Date of completion: October 8, 2016


Myriam Tabaniag, RNC, 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>FINDINGS Bedroom #5 - One cabinet drawer handle is missing</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>See Attached</i></p>	<p style="text-align: center;">10/7/2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-23(h)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>See Attached</i></p>	<p style="text-align: center;">10/7/2016</p>

11 -100. 1-23 Physical environment. (h)

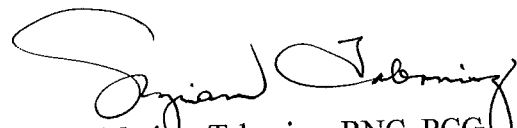
- * Cabinet drawer handle that was missing was replaced immediately on the same day of notification.

Date of completion: October 7, 2016

FUTURE PLAN

- * Maintenance man will check all cabinets and drawers on a monthly basis on every 1st day of the month for any broken or missing pieces and will be repaired and/or replaced immediately.
- * PCG and all substitute caregivers will also be trained to report to maintenance personnel of any broken, missing, malfunctioning or not working electrical or mechanical equipment, furniture, beds, cabinets or drawers.
- * A written note will be sent to maintenance personnel and the equipment or furniture to be repaired or item(s) to be replaced will be tagged, bearing the name of the equipment and what repair needs to be done, and the date.

Date of completion: October 7, 2016


Myriam Tabaniag, RNC, PCG

10/17/16 11:00

10:41

	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> Bedroom #7 - Only one (1) bulb was working out of four (4) bulbs in the ceiling light fixture.</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><i>See Attached</i></p>	<p>10/7/2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-23(i)(4)(A)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>See Attached</i></p>	<p style="text-align: center;">10/7/2016</p>

11-100. 1-23 Physical environment. (i)(4)(A)

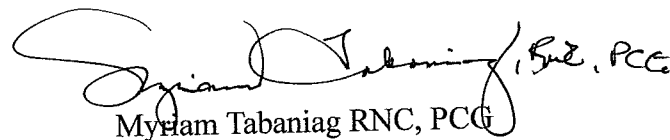
* Resident in Bedroom #7 requested to have only one of the 4 bulbs in the ceiling fixture on because it was too bright for him, so the other three bulbs were unscrewed halfway. Has another lamp in the room that he uses for reading. The other three bulbs were screwed back on so that four bulbs were on and in good lighting condition when tested and inspected.

Date of completion: October 7, 2016

FUTURE PLAN

- * Maintenance man will check and inspect all electrical and lighting fixtures located in the care home on a monthly basis on the 1st day of the month for proper maintenance of all light fixtures and also for preventive maintenance.
- *PCG and all substitute caregivers will also be trained to report to maintenance personnel of any broken, missing, malfunctioning or not working electrical fixtures and lighting.
- * A written note will be sent to maintenance personnel of the location of the light fixtures to be repaired or to be replaced will be tagged, bearing the location of the lighting fixture and what repair needs to be done, and the date.

Date of completion: October 7, 2016


Myram Tabaniag RNC, PCC

	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> Bedroom #8 - Ceiling light not working.</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>See Attached</i></p>	<p style="text-align: center;">10/7/2016</p> <p style="text-align: right; vertical-align: bottom;">17:05</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-23(i)(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;"><i>See Attached</i></p>	<p style="text-align: center;">10/7/2014</p> <p style="text-align: center;">11/01</p>

11-100. 1-23 Physical environment. (i)(4)(A)

- * The ceiling light in bedroom #8 was fixed immediately on the same day of notification.

Date of completion: October 7, 2016

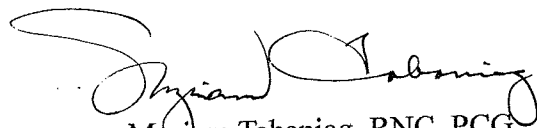
FUTURE PLAN

*Maintenance man will check and inspect all electrical and lighting fixtures located in the care home on a monthly basis on the 1st day of every month for proper maintenance of all light fixtures and also for preventive maintenance.

* PCG and all substitute caregivers will also be trained to report to maintenance personnel of any broken, missing, malfunctioning and not working electrical fixtures and lighting.

* A written note will be sent to maintenance personnel of the location of the light fixture and what repair needs to be done, and the date.

Date of completion: October 7, 2016


Myriam Tabaniag, RNC, PCG

	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 #5 - One (1) pillow did not have a pliable plastic pillow protector.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>See Attached</i></p>	<p style="text-align: center;">10/7/2016</p> <p style="text-align: center;">11/0/11</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-23(o)(3)(B)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>See Attached</i></p>	<p style="text-align: center;">10/7/2016</p> <p style="text-align: right; font-size: small;">17.106</p>

11-100.1-23 (o)(3)(B) Physical Environment

A soft pliable zippered plastic pillow protector cover was placed over a pillow in bedroom #5 immediately upon notification of missing pillow plastic protective cover.

Completion Date: 10/7/16

FUTURE PLAN

- 1.) PCG and or substitute caregivers will ensure that every pillow on the bed will have a pliable plastic protective cover on admission of every resident.
- 2.) Inservice training will be done for substitute caregivers to check pillows daily during bedmaking for the presence of pliable plastic protective covers on the pillows. Will replace plastic pillow covers immediately as warranted.
- 3.) PCG or a designated substitute caregiver will do random checks to make sure that every pillow in each room has a pliable plastic protective cover.

Date of Completion: October 7, 2016

S. J. Taboring, RSE, PCE
4/13/17

APR 24 11 40 AM '17

APR 24 12:09 PM '17

APR 24 11 40 AM '17

	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 #8 - One (1) pillow did not have a pliable plastic pillow protector.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>See Attached</i></p>	<p style="text-align: center;">10/7/2016</p> <p style="text-align: right; vertical-align: bottom;">10/21</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-23(o)(3)(B)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>See Attached</i></p>	<p style="text-align: center;">10/7/2016</p>

10/22

11- 100. 1-23 Physical environment. (o)(3)(B)

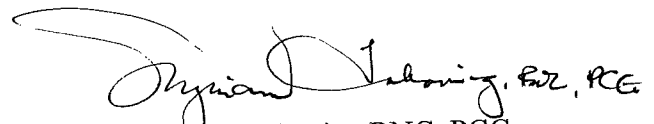
- * A soft, pliable zipped plastic pillow protector was placed in the pillow in bedroom #8 immediately upon notification of missing pillow plastic protector cover.

Date of completion: October 7, 2016

FUTURE PLAN

- * Inservice training was done to substitute caregivers to check pillows in each room every say when making beds to make sure that every pillow has plastic protective cover on them.
- * Also training was done to inform staff that personal pillow brought by residents into the care home will be identified by writing their names on each pillow that they bring in. Will place cover but with the resident's name on the pillow.
- * PCG or designated substitute will do a random check to make sure that every pillow in each room has a pliable plastic protective cover.

Date of completion: October 7, 2016


Myriam Tabaniag RNC, PCG

11-100.1-23

10:42

Licensee's/Administrator's Signature: Myriam R. Tabaniag
Print Name: MYRIAM R. TABANIAG
Date: 11/14/16

Licensee's/Administrator's Signature: Myriam R. Tabaniag
Print Name: MYRIAM R. TABANIAG
Date: 4/13/17