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Office of Health Care Assurance

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State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kina Ole Estate Elua, LLC	CHAPTER 100.1
Address: 45-225 A William Henry Road, Kaneohe, Hawaii 96744	Inspection Date: April 28 & 29, 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>§11-100.1-9 <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 #1 – No initial two-step tuberculosis (TB) clearance prior to contact with residents. Date of hire 2/20/16; two-step TB clearance dated 3/9/16 and 3/16/16.</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>Yes, Substitute caregiver #1 has two-step TB clearance dated 3/09/16 and 3/16/16. When screening applicants HR director will ensure this requirement is met. This HR error was corrected</p>	<p style="text-align: center;">KIC 4/29/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-9(b)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>in the New Hire Packet there is the TB/Physical paperwork. in order to have contact with resident, House Manager, Human Resources or RN needs to sign off stating that they have physically received TB/Physical forms</p> <p>please see Attached</p>	11/9/16

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> On 4/28/16, milk delivered to site adjacent to Kina Ole Ekolu was not immediately picked up by Kina Ole Estate Elua, LLC staff and refrigerated. The temperature of the milk was 53 degrees F.</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>YES, MILK WAS THROWN AWAY AFTER INSPECTION</p>	<p style="text-align: center;">KK 4/29/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>11-100.1-14(a)</p> <p>FINDINGS On 4/28/16, milk delivered to site adjacent to Kina Ole Ekolu was not immediately picked up by Kina Ole Estate Elua, LLC staff and refrigerated. The temperature of the milk was 53 degrees F.</p>	<p>Part 2</p> <p>FUTURE PLAN</p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>① DELIVERY OF MILK BY MEADOW GOLD WAS CANCELLED ON 05-03-2016.</p> <p>② A COOLER WAS PURCHASED FOR USE WHEN PCG IS GOING TO PURCHASE PERISHABLE ITEMS, INCLUDING MILK. THE PROCEDURE INCLUDES FILLING COOLER WITH ICE, TRANSPORTING PERISHABLE ITEMS IN THE COOLER THEN PROMPTLY REFRIGERATING UPON RETURN TO KINAOLE ELUA.</p> <p>③ TO ENSURE SIMILAR DEFICIENCY DOESN'T RECUR, PCG OR DESIGNEE</p>	<p>17 JAN 11 AM 0:28</p> <p>1.500.000.0000</p>

SIGNS UNDERSTANDING OF PROCEDURE WHEN SIGNING OUT & IN FOR VEHICLE.
 ④ HR & RN WILL AUDIT FOR COMPLIANCE.

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – No progress notes for skin tear to left foot on 1/11/16 for which an incident report was made.</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>NO.</p> <p>It wasn't corrected because I'm unable to go back and edit progress notes for the month of January.</p> <p>i will be following future plan going forward</p>	<p>4/29/16</p> <p>11/09/16 Future Plan</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-17(b)(3)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>progress notes will be completed immediately by PCG. when any incident occurs RN will be ensuring that PCG progress notes / incident reports are completed when any incident occurs. RN will sign and date as a checks - balance to ensure this doesn't happen again.</p>	11/09/16

	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 – Progress notes did not indicate the resident is on “stool softeners/laxatives” which is reflected on the Kina Ole form.</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>NO, I'm unable to go back and edit previous progress notes but, I will be following future plan going forward</p>	<p>4/29/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>11-100.1-17(b)(3)</p> <p><u>FINDINGS</u> Resident #1 – Progress notes did not indicate the resident is on “stool softeners/laxatives” which is reflected on the Kina Ole form.</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>Kina'Ole Progress Note form has been modified and stool softener/Laxatives option has been removed. I will refer to medication records and include in Progress Notes need for stool softener or Laxatives and response to PRN medications.</p>	<p style="text-align: center;">5-16-17</p> <p style="text-align: right;">RECEIVED</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – No progress notes for fall on 6/29/15 (noted in a fax to the physician). The resident sustained skin tears to the left shoulder, left wrist and left hand.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>NO, i'm unable to go back and edit previous progress notes. but, I will be following the future plan going forward</p>	<p>4/29/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-17(b)(3)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Progress notes will be completed immediately by PCG following any incident. RN will ensure progress notes and/or incident reports are completed.</p> <p>RN will be ensuring PCG Progress Notes are completed when any incident occurs. RN will sign and date as a check-balance to ensure this doesn't happen again.</p>	11/09/16

	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 - There was no documentation as to changes in the resident's condition (i.e., resident sometimes spits out medication) which resulted in medication being crushed and given with applesauce and a request for a physician order to "crush 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>NO, I'm unable to change previous progress notes but, I will be following future plan going forward.</p>	<p style="text-align: center;">4/29/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-17(b)(3)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>When there's a change in resident's condition, results in contacting physician to request an order. Then, PCG will document in progress notes as appropriate.</p>	11/09/16

	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 – Progress notes did not include observations of the resident's response to nutritional supplement (Kirkland brand complete nutrition shake) ordered on 6/1/15.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>NO, I'm unable to go back and edit previous progress notes. But, i will be following future plan going forward</p>	<p style="text-align: center;">4/29/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>11-100.1-17(b)(3)</p> <p><u>FINDINGS</u> Resident #1 – Progress notes did not include observations of the resident’s response to nutritional supplement (Kirkland brand complete nutrition shake) ordered on 6/1/15.</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>PCA will immediately document any changes or observations onto monthly progress notes. PCA will do a weekly check and monitor resident during meals more often to ensure observations of the resident's response to nutritional supplement is documented onto monthly progress notes. PCA will communicate with Registered Dietician on observations and responses to residents nutritional supplements.</p>	<p>11/9/16</p> <p>17 JAN 11 AM 28</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Progress notes did not include observations of the resident's response to “larger portions for meals to help increase weight” ordered on 10/1/15.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>NO, I'm unable to go back to previous progress notes on 10/1/15 to edit. But, I will be following the future plan going forward.</p>	<p style="text-align: center;">4/29/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>11-100.1-17(b)(3)</p> <p><u>FINDINGS</u> Resident #1 – Progress notes did not include observations of the resident’s response to “larger portions for meals to help increase weight” ordered on 10/1/15.</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>when there is a physicians order to increase meal portions for weight gain i will document observation on how resident is tolerating new order any changes in weight in progress notes.</p>	<p>5-11-17</p> <p>RECEIVED</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><u>FINDINGS</u> Resident #3 – No weight record for July to September 2015. The resident was discharged 9/27/15.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>NO. I'm unable to go back to weight records from July to September 2015. But, I will be following future plan going forward</p>	<p>4/29/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>11-100.1-17(b)(7)</p> <p><u>FINDINGS</u> Resident #3 – No weight record for July to September 2015. The resident was discharged 9/27/15.</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>PCA will no longer use computer for weights for it caused errors. PCA will now hand write all monthly weights onto records immediately when weight is taken. PCA will review monthly weight records more frequently. weights have been added to MAR which is done before breakfast on the first of each month.</p>	<p>11/9/16</p> <p>97 JAN 11 AM 28</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><u>FINDINGS</u> Resident #4 – No weight record for January to March 2016. The resident was discharged 4/5/16.</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>NO, I'm unable to edit /add to weights from Jan. - March 2016. But, I will be following future plan going forward</p>	<p>4/29/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>11-100.1-17(b)(7)</p> <p>FINDINGS Resident #4-No weight record for January to March 2016. The resident was discharged 4/5/16.</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>PCA will no longer use computer for weight recordings. It has caused errors. PCB will now hand write all monthly weights onto monthly records immediately when weight is taken. PCA will review monthly weight records more frequently. weights have been added to MRE which is done before breakfast on the first of each month.</p>	<p>11/9/16</p> <p>17 JAN 11 AM 28</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 fall on 6/29/15 (noted in a fax to the physician). The resident sustained skin tears to the left shoulder, left wrist and left hand.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>NO.</p> <p>I'm unable to edit/write up documentation for fall on 6/29/15. But, I will be following future plan going forward</p>	<p>4/29/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	11-100.1-17(c)	<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>	
		<ol style="list-style-type: none"> 1. Re-inservice all PCG/GCG on incident reporting 2. Re-inservice all PCG/GCG on falls and post fall monitoring 3. Re-inservice all PCG/GCG on skin tear protocol. 4. Fall packet is made available and at easy access for staff (in EIVA office, 3rd tray on organizer) <p>Please see attached Fall procedure</p>	11/04/16

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>11-100.1-17(c)</p> <p><u>FINDINGS</u> Resident #1 – No incident report for fall on 6/29/15 (noted in a fax to the physician). The resident sustained skin tears to the left shoulder, left wrist and left hand.</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>PCG will immediately document any incidents right after notifying physician to ensure it is documented onto monthly progress notes.</p> <p>PCG will review monthly progress notes weekly to ensure all incidents, observations or changes are documented accordingly.</p> <p>PCG will make sure topics for all meetings and trainings are on sign sheets. PCG will read and review sign in sheet before staff signs.</p>	<p>11/4/16</p> <p>97 JAN 11 AM 2:3</p> <p>DOUGLAS BLANCHARD</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>11-100.1-17(c)</p> <p><u>FINDINGS</u> Resident #1 – No incident report for fall on 6/29/15 (noted in a fax to the physician). The resident sustained skin tears to the left shoulder, left wrist and left hand.</p>	<p>Part 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I will create a check list to use for staff and myself to use to ensure that an incident report is initiated for any falls or unusual circumstances affecting the resident. check list will also include progress notes to be written.</i></p>	<p>5-11-17</p> <p>RECEIVED</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (e) Resident living areas shall be designed and equipped for the safety, comfort, and privacy of the resident;</p> <p><u>FINDINGS</u> Current dining tables do not allow the wheelchair residents to get close enough to the table to dine comfortably due to the wide table base. One (1) wheelchair resident had to reach over her lap to eat. The second wheelchair resident had to position his wheelchair at an angle to get close enough to the table to eat.</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>Yes, Table was removed and replaced with a table that both residents could get close enough to the table to dine comfortably.</p>	<p style="text-align: right;">4/29^{KK}/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>11-100.1-23(e)</p> <p><u>FINDINGS</u> Current dining tables do not allow the wheelchair residents to get close enough to the table to dine comfortably due to the wide table base. One (1) wheelchair resident had to reach over her lap to eat. The second wheelchair resident had to position his wheelchair at an angle to get close enough to the table to eat.</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>PCA will do weekly checks during meals to ensure residents sitting on chairs and wheelchairs are close enough to dining table and comfortable.</p> <p>PCA will read Hawaii Administrative Rules Chapter 100.1 to ensure dining tables are in compliance to chapter 100 rules and regulations.</p>	<p>4/29/16</p> <p>97 JAN 11 AM 28</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(B) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p><u>FINDINGS</u> On 4/28/16, an arm chair was obstructing the doorway to Bedroom #7.</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>Yes, Arm chair was immediately removed. Resident was notified by HM & Nurse consultant that we are not to block the doorways. A stop sign was placed outside of door.</p>	<p>4/29/16</p>

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<input checked="" type="checkbox"/>	11-100.1-23(g)(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>1. ENSURE that pathways are clear of obstruction. when doing hourly resident checks. They are to ensure doorways and pathways are unobstructed.</p> <p>2. written instructions to all staff that there shall be a clear and unobstructed access to safe area of refuge. All staff to sign/date after they know instruction</p>	11/09/16

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(1)(D) 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>Housekeeping:</p> <p>All walls, ceilings, windows and fixtures shall be kept clean; and toilets and lavatories shall be cleaned and deodorized daily.</p> <p>FINDINGS Bedroom #6 – Window blinds dusty.</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>Yes, All windows^{KK} & blinds were cleaned following survey</p>	<p style="text-align: right;">4/29/16^{KK}</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-23(h)(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> <p>1. Schedule for housekeeping updated to include dusting windows blinds weekly. Each room is assigned to a GCG. PCG does rounds weekly to ensure it's done.</p> <p>2. Will be added to House Safety/ Housekeeping for compliance to check every other week.</p>	11/09/16

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><u>FINDINGS</u> Bedroom #1 – Pillows had no plastic pillow protectors and were not labeled with the resident’s initials on them.</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>Yes.</p> <p>Plastic covers were added to pillows after HM spoke to family</p>	<p style="text-align: right;">4/29^{KC}/16</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>Plastic pillow covers will be added to the pillows when their admitted and any time after as needed. The resident's initials will be added on to the pillow covers on date of admission. Pillow covers will be changed every 6 months or as needed</p>	11/09/16

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-53 <u>Personnel and staffing requirements.</u> (c) All Type II ARCHs shall have available a registered nurse to provide direct management and oversight of residents and direct care staff. The registered nurse shall provide assessments of residents with appropriate training and oversight of staff to ensure that resident needs are met.</p> <p><u>FINDINGS</u> Resident #2 – No documentation that the registered nurse provided oversight of the resident as it relates to case management services.</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>Yes. Confirmed c Alicia T, RN for Islands Hospice that RN Case Management was provided in the past for Kina'Ole residents. But now this service is not available.</p>	<p>4/29/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>11-100.1-53(c)</p> <p><u>FINDINGS</u> Resident #2 – No documentation that the registered nurse provided oversight of the resident as it relates to case management services.</p>	<p>Part 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>To prevent similar delinquencies I will notify facility RD if resident admitted as "JCF" without en services. I will document all contacts made.</i></p>	<p>5-11-17</p> <p>RECEIVED</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-54 <u>General operational policies.</u> (1) In addition to the requirements in section 11-100.1-7, the Type II ARCH shall have general operational policies on the following topics:</p> <p>Nursing services, delegation and staffing pattern/ratio;</p> <p><u>FINDINGS</u> No facility protocol for falls referenced in the Safety care plan.</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>Yes. Fall procedure was obtained that day. Attached is the procedure we need to follow if a fall occurs.</p>	<p style="text-align: center;">4-29-16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	11-100.1-54(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>1. policy & procedure binder updated to include Falls and made available to all staff in nurse station</p> <p>2. inservice for Falls + Fall prevention completed for all PCG/SCG on 11/04/2016</p>	<p>4/29/16</p> <p>11/4/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-54(1) <u>FINDINGS</u> No facility protocol for falls referenced in the Safety care plan.	<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><i>PCs will read facility protocol for falls referenced in Safety Care plan to ensure this deficiency does not recur. PCs will read and review Safety Care plan more often. PCs and staff will review Safety Care Plan monthly.</i></p>	<i>11/4/16</i>
		<p><i>I will read the care plan if there are facility protocols referred in the care plan I will request a copy of the protocol from administration.</i></p>	<i>5-11-17</i>

	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 – No documentation of training or monitoring of care givers regarding resident’s behavior. For example: the resident self-propels himself into other resident bedrooms. One (1) resident had an arm chair placed in front of the doorway to prevent his entry into her bedroom, obstructing egress.</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>Yes this deficiency has been corrected.</i></p> <hr/> <p><i>Per notified on regarding training to address residents behavior and documented in residents progress notes.</i></p>	<p style="text-align: center;">4/29/16</p> <hr/> <p style="text-align: center;">5-11-17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>11-100.1-83(1)</p> <p><u>FINDINGS</u> Resident #1 – No documentation of training or monitoring of care givers regarding resident’s behavior. For example: the resident self-propels himself into other resident bedrooms. One (1) resident had an arm chair placed in front of the doorway to prevent his entry into her bedroom, obstructing egress.</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><i>PCA immediately removed chair when surveyor (Nurse Consultant) brought it to her attention. PCA notified Case Manager and both worked together on ways to help with situation. A stop sign has been posted in front of bedroom door on wall to keep doorway free of obstruction. PCA will work with Case Manager on care plan to ensure proper training swices are provided to staff by Case manager regarding residents behavior.</i></p>	<p style="text-align: center;">4/18/16</p> <p style="text-align: right;">97 JAN 11 10:29</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>11-100.1-83(1)</p> <p><u>FINDINGS</u> Resident #1 – No documentation of training or monitoring of care givers regarding resident’s behavior. For example: the resident self-propels himself into other resident bedrooms. One (1) resident had an arm chair placed in front of the doorway to prevent his entry into her bedroom, obstructing egress.</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><i>when a resident is exhibiting behaviors i will consult with facilities RN and CN regarding training and a care plan to address residents behavior. we will not place objects in front residents doorway to obstruct pathway.</i></p>	<p style="text-align: center;"><i>5-11-17</i></p> <p style="text-align: right;">RECEIVED</p>

	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>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><u>FINDINGS</u> Resident #2 – No documentation of pneumococcal and influenza vaccinations.</p>	<p>Yes, Contacted RN from hospice immediately and obtained documents from hospice</p>	<p>4/29/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>11-100.1-84(b)(4)</p> <p><u>FINDINGS</u> Resident #2 – No documentation of pneumococcal and influenza vaccinations.</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>PCG will have a admission check list done prior to admission. PCG will communicate with family and physician prior to admission to go over required admission documents before resident enters facility. Resident will not be admission to facility until all immunization for pneumococcal and influenza has been done and current. PCG will immediately file current immunizations as soon as it is completed to resident binder.</p>	<p>4/29/14</p> <p>4/29/14</p> <p>4/29/14</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (a) Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who:</p> <p>FINDINGS Resident #2 – No case management services at the time of admission.</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>Yes.</p> <p>contacted RN from hospice. Per RN, they no longer do waiver letters.</p> <p>unable to obtain waiver letter due to resident being deceased.</p>	<p style="text-align: center;">4/29/16^{RF}</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>11-100.1-88(a)</p> <p>FINDINGS Resident #2 – No case management services at the time of admission.</p>	<p>Part 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>To prevent a similar deficiency I will notify facility 20 if resident admitted as "JCF" without CN services. I will document all contacts made.</i></p>	<p>5-11-17</p> <p>RECEIVED</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p><u>FINDINGS</u> Resident #2 – No case management services at the time of admission.</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>YES, Contacted RN from Hospice. Per RN, they no longer do waiver letters.</p> <p>Unable to obtain waiver letter due to resident being deceased</p>	<p>4/29/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>11-100.1-88(c)</p> <p>FINDINGS Resident #2 – No case management services at the time of admission.</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>To prevent a similar deficiency Facility Rb and or will be notified of resident behaviors as they occur. I will read the care plan Error RB</p> <p>To prevent a similar deficiency I will notify the facility Rb if resident admitted at "IET" without OR services. I will document all contacts made.</p>	<p>5-11-17</p> <p>RECEIVED</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p>FINDINGS Resident #1 - No care plan for resident identified with underweight status, weight loss, and on nutritional supplements.</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>The deficiency was not corrected as POC received on 10/31/16 and resident expired in June 2016.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>11-100.1-88(c)(2)</p> <p><u>FINDINGS</u> Resident #1 – No care plan for resident identified with underweight status, weight loss, and on nutritional supplements.</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>PCG . Will read Care Plan and identify specialized services in which Case manager will be providing . PCG will work with Case manager to assure all specialized service are provided accordingly. PCG will read Care Plan weekly to ensure Care Plan reflects the needs for resident.</p>	<p>11/9/16</p> <p>97 JAN 11 10:29</p> <p>DUNBAR LIBRARY</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> Resident #1 – Care plan did not reflect that the medication is crushed only if the resident spits it out. Care givers offer his first pill of the day; if he spits it out, they crush the pill and give it with applesauce.</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>Care plan reviewed and it was noted on the care plan intervention regarding crushing of the medication.</p> <p>* Please see attached copy of careplan.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>11-100.1-88(c)(4)</p> <p><u>FINDINGS</u> Resident #1 – Care plan did not reflect that the medication is crushed only if the resident spits it out. Care givers offer his first pill of the day; if he spits it out, they crush the pill and give it with applesauce.</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>PCG will work with Case Manager on Care Plan to ensure physicians order is transcribed immediately when received. PCG will read Care Plan to ensure Case Manager is also documenting resident's changes and medication orders are followed. PCG will read and review Care Plan weekly to ensure Care Plan reflects the needs of the resident.</p>	<p style="text-align: right;">11/9/16</p> <p style="text-align: right;">97 JAN 11 AM 029</p>

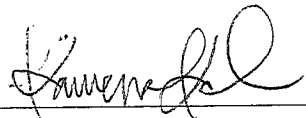
	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p><u>§11-100.1-88 Case management qualifications and services. (c)(4)</u> Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p>FINDINGS Resident #1 - Behavior care plan did not address interventions for resident self-propelling his wheelchair into other resident's bedrooms. For one (1) resident, an arm chair was placed in front of the doorway to prevent entry.</p>	<p align="center">Part 1</p> <p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The deficiency was not corrected as POC received on 10/31/16 and resident expired in June 2016.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>11-100.1-88(c)(4)</p> <p><u>FINDINGS</u> Resident #1 – Behavior care plan did not address interventions for resident self-propelling his wheelchair into other resident’s bedrooms. For one (1) resident, an arm chair was placed in front of the doorway to prevent entry.</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>To prevent a similar delinquency facility RD and CR will be notified of residents behaviors as they occur. I will read the care plan and if the care plan doesn't include interventions used to address residents behavior I will work with CR to update care plan.</p>	<p>5-11-17</p> <p>RECEIVED</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services (c)(10)</u> Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate;</p> <p><u>FINDINGS</u> Resident #1 - No documentation of a comprehensive reassessment every six months. Last comprehensive assessment 6/4/15.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>A Comprehensive assessment was completed in December of 2015. it was not clearly identified as "comprehensive" in the note. The identification of "monthly" and "comprehensive" was added</p> <p>*Please see attached note.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>11-100.1-88(c)(10)</p> <p><u>FINDINGS</u> Resident #1 – No documentation of a comprehensive reassessment every six months. Last comprehensive assessment 6/4/15.</p>	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I will add a log in the case managers section of the residents binder to keep track of initial assessment and the comprehensive reassessment every 6 months. I will remind on one month in advance.</i></p>	<p style="text-align: center;">5/11/17</p>

RECEIVED

Licensee's/Administrator's Signature: 

Print Name: Kawena Kahui

Date: 11/10/16

Licensee's/Administrator's Signature: 

Print Name: Rowena Bringas

Date: 1-5-17

Licensee's/Administrator's Signature: 

Print Name: Rowena K.A. Bringas

Date: 5-11-17