

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Prime Health Services Care Home	CHAPTER 100.1
Address: 99-1041 Halawa Heights Road, Aiea, Hawaii 96701	Inspection Date: September 8, 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.

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JAN 12 2017

Initial: _____

Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/> §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. FINDINGS Substitute care giver (SCG) #1 - No documentation of positive tuberculosis (TB) skin test. Chest x-ray of 4/22/15 did not indicate history of positive skin test. Submit copy of positive TB skin test with the plan of correction (POC).	<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>PCG ADVISED SCG #1 A COPY OF POSITIVE SKIN TEST RESULT, AND SINCE IT WAS DONE OVER 10 YEARS PER SCG #1 AND CANNOT CONTACT PREVIOUS PCP, SHE WILL NEED TO GET ANOTHER TB-SKIN TEST DONE AT LANAKILA HEALTH CENTER. PCG WILL SUBMIT A COPY AS SOON AS SCG HAS PROVIDED A DOCUMENTATION OF TB-SKIN TEST RESULT.</p>	<p style="text-align: center;">3/31/17</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>PCG WILL HAVE A CHECKLIST OF ALL REQUIRED DOCUMENTS NEEDED FOR SCC AND COMPLETED UPON AWARD.</p> <p>PCG WILL HAVE A DOCUMENTATION OF THE POSITIVE TB SKIN TEST AND CHEST X-RAY FOR ALL SCC UPON AWARD IF THERE IS A HISTORY OF POSITIVE SKIN TEST. THIS WILL BE ADDED TO THE CHECKLIST.</p>	<p style="text-align: right;">2/27/18</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> SCG #2 - No documentation of positive TB skin test and/or chest x-ray. Submit copy with the POC.</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>POC ADVISED SCG TO PROVIDE A COPY OF POSITIVE TB SKIN TEST RESULT & CHEST X-RAY AS SOON AS POSSIBLE.</p> <p>DOCUMENTS SUBMITTED PER ATTACHMENT.</p>	<p style="text-align: center;">3/31/17</p> <p style="text-align: right; vertical-align: bottom;">46</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>PCG WILL HAVE A CHECKLIST OF ALL REQUIRED DOCUMENTS FOR VCG LIVE HISTORY OF POSITIVE SWAB TEST AND X-RAY RESULTS BEFORE STARTING TO WORK AT PRIME HEALTH SERVICES CARE HOME, AND WILL BE CHECKED BY PCG EVERY FIRST OF THE MONTH TO ENSURE ALL DOCUMENTS ARE CURRENT.</p>	<p style="text-align: center;">3/31/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p>FINDINGS SCG #1 - No cardiopulmonary resuscitation certification. Submit copy with the POC.</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>POC ACQUIRED A COPY OF CPR CERTIFICATION FOR SCG #1 AND FILED IN THE COMPLIANCE FOLDER.</p>	<p style="text-align: right;">2/27/18 N</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-9(f)(1)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PLG WILL HAVE A CHECKLIST OF SCG REQUIREMENTS THAT NEED TO BE COMPLETED AND CHECKED BY PLG, CPR CERTIFICATION NEEDS TO BE SUBMITTED. NO CURRENT CPR, NO WORK.</p>	<p style="text-align: center;">1/6/17</p> <p style="text-align: right;">RECEIVED</p>

JAN 12 2017

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p>FINDINGS Resident #1 - No level of care assessment prior to admission on 10/30/15.</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>PCG NOTIFIED RESIDENTS PCP TO FILL-UP AND SIGN CURRENT LEVEL OF CARE ASSESSMENT FORM AND RETURN FAX TO PRIME HEALTH SERVICES CARE HIM AS SOON AS POSSIBLE.</p>	<p style="text-align: center;">1/6/17</p> <p style="text-align: right;">RECEIVED</p>

JAN 18 2017

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-10(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>PCG WILL HAVE A CHECKLIST OF ALL DOCUMENTS NEEDED TO BE COMPLETED BEFORE RESIDENT ADMISSION. AND WILL BE CHECKED TOGETHER WITH RESIDENT'S RESPONSIBLE PARTY ON OR BEFORE ADMISSION TO ENSURE ALL DOCUMENTS ARE COMPLETED. AND PCG WILL CHECK DOCUMENTS EVERY 3 MONTHS OR AS NEEDED IF LEVEL OF CARE CHANGES.</p>	3/31/17

	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> Triple antibiotic ointment 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;">PCG REMOVED TRIPLE ANTIBIOTIC OINTMENT ON THE FIRST AID KIT AND DISCARDED ACCORDINGLY.</p>	<p style="text-align: center;">1/6/17</p> <p style="text-align: right; font-weight: bold; font-size: 1.2em;">RECEIVED</p>

JAN 12 2017

	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>PLG WILL CHECK FIRST AID KIT EVERY FIRST DAY OF THE MONTH AND A CHECKLIST OF ALL NEEDED SUPPLY IN THE FIRST AID KIT WILL BE ATTACHED. PLG EDUCATES ALL JOBS TO CHECK FIRST AID KIT CHECKLIST BEFORE AND AFTER USE AND MAKE SURE SUPPLIES ARE COMPLETE.</p>	<p style="text-align: right;">1/6/17</p> <p style="text-align: right;">RECEIVED</p>

JAN 12 2017

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u> No menu substitution list.</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>PLG LISTED MENU SUBSTITUTION ON MEALS AND WAS POSTED AT DINING AREA.</p>	<p style="text-align: center;">1/6/17</p> <p style="text-align: right;">RECEIVED</p>

JAN 12 2017

Initial: _____

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-13(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>PLG WILL HAVE MENU SUBSTITUTION LEFT ON EACH MEAL INCLUDED ON THE WEEKLY MENU AND WILL BE POSTED ON THE DINING AREA.</p>	<p style="text-align: right;">1/6/17</p> <p style="text-align: right;">RECEIVED</p>

JAN 16 2017

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (b) All foods shall be stored in covered containers.</p> <p><u>FINDINGS</u> Uncovered meat defrosting in the refrigerator.</p>	<p>Part 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PLC PLACED UNCOVERED MEAT DEFROSTING IN THE REFRIGERATOR INSIDE A PLASTIC CONTAINER WITH COVER.</p>	<p>1/9/17</p> <p>RECEIVED</p>

JAN 12 2017

	Rules (Criteria)	Plan of Correction	Completion Date
☒	11-100.1-14(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>PLG EDUCATED ALL VCS TO COVER AND PLACE A DATE ON ALL FOOD INSIDE THE REFRIGERATOR. RCS WILL CHECK INSIDE REFRIGERATOR EVERY EVENING TO ENSURE ALL FOOD ARE COVERED.</p>	<p style="text-align: center;">1/9/17</p> <p style="text-align: right;">REC</p>

JAN 18 2017

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p>FINDINGS Resident #1 - Label of current bottle: "Lisinopril 5 mg tablet Take 1 tablet by mouth every day" was altered. The number "1" was scratched out and "2 tab," "see MR dose" written on the label. Medication ordered since 11/3/15 and dispensed on 8/8/16.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PCG NOTIFIED RESIDENT'S PRIMARY CARE PHYSICIAN TO CALL IN CURRENT MEDICATION ORDERED TO RESIDENT'S PHARMACY AND MEDICATION LABEL REFLECTS CURRENT ORDER.</p> <p>NEW MEDICATION RECEIVED WITH CORRECT LABEL AS ORDERED.</p> <p style="text-align: right; font-size: small;">LINDA LITTON</p>	<p>3/31/17</p> <p style="text-align: right;">EK</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-15(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>PCP AND ALL JCS WILL NOT ACCEPT ALTERED LABELS ON MEDICATION SUPPLIED BY FAMILY MEMBER AND WILL NEED TO GET APPROPRIATE MEDICATION WITH CORRECT LABEL AS ORDERED BY PCP.</p>	2/27/18

	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>FINDINGS Resident #1 - "Prednisone 20 mg 2 qd x 5 days" ordered 5/19/16; the May 2016 medication record reflected "Prednisone 20 mg take 1 tablet twice a day for 5 days (8 a.m. & 5 p.m.)."</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>PLS CORRECTED ERROR ON THE MEDICATION RECORD AND REFLECTED MEDICATION AS ORDERED BY THE RESIDENT'S PCP.</p>	<p style="text-align: center;">1/9/17</p> <p style="text-align: right;">RECEIVED</p>

JAN 2 2017

	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>PLG FOLLOWING ALL VCE TO TRANSCRIBE MEDICATIONS ORDERED CORRECTLY ALL WILL BE CHECK AND INITIAL BY TWO STAFFS AFTER ORDERS ARE REFLECTED ON THE MEDICATION RECORDS.</p>	1/9/17

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JAN 12 2017

	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 - The 6/29/16 After Visit Summary (ER Pali Momi) noted "Prednisone (Deltasone) 20 mg tablet Take 2 tablets by mouth one time per day" "10 tabs dispensed." The June 2016 and July 2016 medication records reflected "Prednisone 20 mg take i tab po daily for 10 days;" however, the medication was initialed twice a day for <u>11</u> days.</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>PLG CORRECTED ERROR ON THE MEDICATION RECORD AND REFLECTED AS ORDERED BY RESIDENT'S PHYSICIAN.</p>	<p style="text-align: center;">1/9/17</p> <p style="text-align: right;">RECEIVED</p>

JAN 12 2017

	Rules (Criteria)	Plan of Correction	Completion Date
☒	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>PCG WILL IDENTIFY ^{RECORD} IN THE ^{IN THE} MEDICATION FLOW CHART ^{SHORT TERM MEDICATION} BY RECORDING ^{TO} DAYS FROM 1-W, SO PCG DOES NOT INITIAL AFTER 10 DAY PERIOD.</p> <p>PCG WILL CHECK THE MEDICATION RECORD FOR ACCURACY.</p> <p>PCG WILL EDUCATE ALL NCC TO INITIAL IN MEDICATION RECORDS AFTER MEDICATION Y MOVE AVAILABLE TO VERBENT.</p>	<p style="text-align: right;">2/27/18</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p>FINDINGS Resident #1 - No medication update 11/3/15 to date of inspection 9/8/16; a period of ten (10) months.</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>PCG NOTIFIED RESIDENT'S PCP AND FAXED MEDICATION RECORD TO GET UPDATED BY HAWKINS INITIALED ON EACH AND DATE ON EACH PAGE AND RETURN FAX TO PRIME HEALTH SERVICES CARE HOME.</p>	<p style="text-align: center;">1/9/17</p> <p style="text-align: right;">RECEIVED</p>

JAN 12 2017

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-15(g)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG WILL FAX REQUIRST'S VACATION RECORD TO THEIR PRIMARY CARE PHYSICIAN EVERY FIRST OF THE MONTH TO BE UPDATED BY VISITING ON THE PAGE AND RETURN FAX TO PRIME HEALTH SERVICES CARE HOME. PCG WILL BRING UPDATED COPIES AND VISITING REQUIRST'S FOLLOW-UP VLT.</p>	<p style="text-align: right;">3/31/17</p> <p style="text-align: right; font-size: small;">LITTON LUCAS</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Resident #1 - "Amlodipine 2.5 mg Take 1 tablet po daily" ordered 11/3/15; however, the following was found with current medication:</p> <ul style="list-style-type: none"> One bottle labeled: "Amlodipine besylate 5 mg tab Take 1 tablet by mouth everyday" with "filled date 8/5/15, use by date 8/4/16." 	<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;">DIS DISCARDED OLD MEDICATION ORDERED AND REPLACED WITH NEW MEDICATION WITH CORRECT LABEL AS ORDERED.</p>	<p style="text-align: center;">1/9/17</p> <p style="text-align: right; font-weight: bold;">RECEIVED</p>

JAN 12 2017

	Rules (Criteria)	Plan of Correction	Completion Date
☒	11-100.1-15(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>PCG WILL RETURN OLD MEDICATIONS DELIVERED TO FAMILY AND WILL CHECK ALL RECIPIENT'S CURRENT MEDICATION BOTTLE, ALL LABELS SHOULD MATCH WITH CURRENT MEDICATION DELIVERED BY THE RECIPIENT'S PHYSICIAN. PCG WILL NOTIFY RECIPIENT'S PCP AND PHARMACY IF LABELS DON'T MATCH CURRENT MEDICATIONS DELIVERED, AND NEEDS TO BE CORRECTED AS SOON AS POSSIBLE.</p>	<p style="text-align: center;">1/9/17</p> <p style="text-align: right;">RECEIVED</p>

JAN 12 2017

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p>FINDINGS Resident #1 - "Amlodipine 2.5 mg Take 1 tablet po daily" ordered 11/3/15; however, the following was found with current medication:</p> <ul style="list-style-type: none"> A second bottle labeled: "Amlodipine besylate 5 mg tab Take 1 tablet by mouth everyday" with "filled date 11/7/15, use by date 11/6/16." 	<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>PCG NOTIFIED RESIDENT'S PRIMARY CARE PHYSICIAN TO CALL IN CURRENT MEDICATION ORDERED TO PHARMACY AND CORRECT DISCREPANCY. MEDICATION WITH CORRECT LABEL RECEIVED, AND WRONG LABELED MEDICATION WAS DISCARDED.</p>	<p align="right">3/31/</p> <p align="right">Duff Gilchrist</p> <p align="right">05</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-1001.15(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>PCG EDUCATES PCS TO CHECK MEDICATION LABELS WHEN RECEIVED AND NEED TO MATCH WITH CURRENT MEDICATION ORDERED BY THE PRIMARY CARE PHYSICIAN.</p> <p>ANY DISCREPANCIES WILL NOT BE ACCEPTED AND PCS WILL NOTIFY PATIENT'S PRIMARY CARE PHYSICIAN AND PHARMACY TO CORRECT DISCREPANCY.</p>	<p style="text-align: center;">3/31/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 - No documentation of medications taken by the resident 10/30/15 and 10/31/15. Medication recordkeeping began 11/1/15. Resident admitted 10/30/15. Medication orders dated 11/3/15.</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>DLG UPDATED RESIDENT'S MEDICATION RECORD STARTING FROM THE DAY OF ADMISSION AND ALL MEDICATIONS WERE AVAILABLE TO RESIDENT AS ORDERED WAS REFLECTED IN THE RESIDENT'S MEDICATION RECORD.</p>	<p style="text-align: right;">1/9/17</p> <p style="text-align: right;">RECEIVED</p>

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<input checked="" type="checkbox"/>	11-100.1-15(m)	<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> PCE WILL MAKE THE REQUIRED MEDICATION RECORD AS SOON AS REQUIRED MEDICATIONS ORDERED BY PRIMARY CARE PHYSICIAN IS RECEIVED, AND WILL NEED TO BE COMPLETED ON OR BEFORE VISIT ADMINISTRATION. PCE EDUCATES CAREGIVER TO SEND MEDICATION RECORDS IN A TIMELY MANNER AS ADVISED AND ANY REFUSAL MADE BY VISITOR WILL BE PROPERLY DOCUMENTED IN THE VISITOR PROGRESS NOTES. </p>	<p style="text-align: right;">3/31/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	11-100.1-15(m)	<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>PCB WILL REQUIRE THE RESIDENT'S HEALTH GUARDIAN TO SUBMIT A A LIST OF ALL MEDICATIONS BEING TAKEN BY THE RESIDENT PRIOR TO ADMISSION, SO THAT PCB CAN VERIFY TO THE RESIDENT PCB CURRENT MEDICATIONS IS REVIEWED.</p>	2/27/18

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 - "Atorvastatin, Lisinopril, amlodipine and mirtazapine" were not initialed as taken on 1/30/16 and 1/31/16.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PLG UPDATED RESIDENT'S MEDICATION RECORD AND MEDICATIONS WERE AVAILABLE TO RESIDENT WAS INITIALED AND REFLECTED FROM THE DAY OF ADMISSION, AS ORDERED BY PHYSICIAN.</p>	<p style="text-align: right;">1/9/17</p> <p style="text-align: right;">RECEIVED</p>

JAN 12 2017

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-15(m)	<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 EVALUATES ALL JCB TO INITIAL IN HOW MEDICATION RECORD AFTER MEDICATION IS GIVEN AND PCG WILL CHECK MEDICATION RECORD ONE HOUR BEFORE JCB TAKE THEIR SHIFT.</p>	<p style="text-align: center;">2/27/18</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 - "Memantine" was not initialed as taken on 1/30/16 at 5 p.m. and 1/31/16 (BID).</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>PLG UPDATED RESIDENT'S MEDICATION RECORDS AND MEDICATIONS NOW AVAILABLE TO RESIDENT WAS INITIALED AND REFLECTED FROM THE DAY OF ADMISSION AS ORDERED BY PHYSICIAN.</p>	<p style="text-align: right;">1/12/17</p> <p style="text-align: right; font-weight: bold; font-size: 1.2em;">RECEIVED</p>

JAN 12 2017

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-15(m)	<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 EDUCATE ALL VCG TO INITIAL ALL MEDICATIONS EVEN AFTER IT WAS MADE AVAILABLE TO RESIDENT. PCG WILL CHECK MEDICATION RECORDS ARE THOROUGH BEFORE VCG STARTS PLAN.</p>	<p style="text-align: right;">2/27/18</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p>FINDINGS Resident #1 - No report of medical examination upon admission 10/30/15 (completed on 11/3/15).</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>PLS NOTIFIED RESIDENT'S PRIMARY CARE PHYSICIAN TO PROVIDE A COPY OF RESIDENT'S LAST MEDICAL EXAMINATION. A COPY OF RESIDENT'S MEDICAL EXAMINATION COMPLETED.</p>	<p style="text-align: right;">1/12/17</p> <p style="text-align: right;">RECEIVED</p>

JAN 12 2017

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-17(a)(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>PLG WILL HAVE A CHECKLIST OF ALL DOCUMENTS OR FORMS NEEDED TO BE COMPLETED BEFORE ADMISSION TO PUBLIC HEALTH SERVICES CARE HOME.</p> <p>PLG WILL HAVE PHYSICAL OR MEDICAL EXAMINATION SUBMITTED IN OR BEFORE THE ADMISSION OF RESIDENT.</p>	<p style="text-align: center;">1/12/17</p> <p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">JAN 12 2017</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(6) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Physician or APRN signed orders for diet, medications, and treatments;</p> <p>FINDINGS Resident #1 - No medication and diet orders upon admission 10/30/15 (dated 11/3/15).</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>PLC NOTIFIED RESIDENT'S PRIMARY CARE PHYSICIAN TO PROVIDE DIET AND MEDICATION ORDERS FOR NEW RESIDENT UPON ADMISSION. PHYSICIAN SIGNED ORDERS FOR MEDICATION AND DIET DELIVERED.</p>	<p style="text-align: center;">1/2/17</p> <p style="text-align: right; font-weight: bold; font-size: 1.2em;">RECEIVED</p>

JAN 12 2017

	Rules (Criteria)	Plan of Correction	Completion Date
	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>PLU WILL HAVE A CHECKLIST OF ALL NEEDED DOCUMENTS THAT NEEDS TO BE COMPLETED BY RELEVANT PHYSICIAN AND RESPONSIBLE PARTY. AND NEEDS TO BE SUBMITTED IN OR BEFORE EXAMINATION.</p>	<p style="text-align: right;">1/12/17</p> <p style="text-align: right; font-weight: bold; font-size: 1.2em;">RECEIVED</p>

JAN 12 2017

	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 reflect that resident uses a walker for ambulation.</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>XCG UPDATED RESIDENT'S PROGRESS NOTES UPON ADMISSION AND USE OF FRONT WHEEL WALKER AS AN ASSISTIVE DEVICE FOR AMBULATION WAS REFLECTED.</p>	<p style="text-align: center;">1/12/17</p> <p style="text-align: right;">RECEIVED</p>

JAN 12 2017

	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>PCG WILL DO AN ASSESSMENT ON THE RESIDENT UPON ADMISSION, AND WILL INCLUDE SUBJECTIVE AND OBJECTIVE DATA BASED ON PCG'S OBSERVATION / ASSESSMENT. ANY ADAPTIVE DEVICE WILL BE REFLECTED ON THE PROGRESS NOTES AND WILL BE INCLUDED ON THE CARE PLAN, AND PCG WILL ENSURE VICE TO FOLLOW UP AND ENSURE THAT RESIDENTS NEED FOR ADAPTIVE DEVICE FOR AMBULATION IS REFLECTED ON THE PROGRESS NOTES.</p>	3/31/17

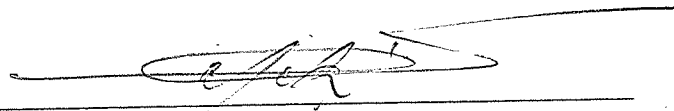
	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>FINDINGS Resident #1 - No self-preservation certification at the time of admission 10/30/15.</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>PCG NOTIFIED RESIDENT'S PRIMARY CARE PHYSICIAN TO COMPLETE, VIEW AND FAX A COPY OF RESIDENT'S SELF-PRESERVATION CERTIFICATION. A COPY OF DOCUMENT RECEIVED.</p>	<p style="text-align: center;">1/2/17</p>

JAN 12 2017

	Rules (Criteria)	Plan of Correction	Completion Date
☒	11-100.1-23(g)(3)(I)	<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>PLG WILL HAVE A CHECKLIST OF ALL DOCUMENTS NEEDED BEFORE ADMISSION AND COPIES WILL BE GIVEN TO REMITTANT RESPONSIBLE PARTY TO BE COMPLETED</p> <p>ALL DOCUMENTS WILL BE RETURNED AND REVIEWED BY PLG AS SOON AS POSSIBLE OR NO LATER THAN ONE DAY BEFORE ADMISSION.</p>	<p style="text-align: center;">1/12/17</p> <p style="text-align: right;">RECEIVED</p>

JAN 12 2017

Licensee's/Administrator's Signature: _____



Print Name: _____

RAFAEL M. ANTONIO

Date: _____

1/12/17

Licensee's/Administrator's Signature: _____



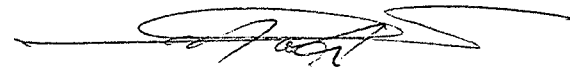
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RAFAEL M. ANTONIO

Date: _____

3/31/17

Licensee's/Administrator's Signature: _____



Print Name: _____

RAFAEL M. ANTONIO

Date: _____

12/27/16

RECEIVED

JAN 12 2017

Initial: _____