

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Ugalino ARCH</b>	<b>CHAPTER 100.1</b>
<b>Address: 1017 Ehoeho Avenue, Wahiawa, Hawaii 96786</b>	<b>Inspection Date: September 20, 2016 Annual</b>

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

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10)  The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current;</p> <p><b><u>FINDINGS</u></b>  Primary care giver - No documentation of training sessions. Submit copy of six (6) hours with the plan of correction (POC).</p>	<p style="text-align: center;"><b>Part 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I corrected this deficiency by going on for training sessions. copy of the certificate is enclosed</i></p>	<p style="text-align: right;"><i>9/25/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>11-100.1-8(a)(10)</p> <p style="text-align: right;">DOR-OHIO LICENSES</p> <p style="text-align: right;">29</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 make appt. with Maryan Mc Murray the nurse for the training session for April, May &amp; June 2017. I plan to schedule training for April, May, June of 2 hrs each session.</i></p>	<p style="text-align: right;"><i>3/29 3/30/17 gn</i></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><b>FINDINGS</b>  Substitute care giver (SCG) #2 - No documentation of positive skin test and chest x-ray. <b>Submit copies with the POC.</b></p>	<p style="text-align: center;"><b>Part 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I corrected this deficiency by getting from the substitute care giver for her skin test result and chest x-ray result. Enclosed is a copy of her skin test results and x-ray result.</i></p>	<p><i>9/23/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
	11-100.1-9(b)           DPH-OHCA LICENSE   62	<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 will not throw away positive TB clearances. For new substitute caregiver I will ask them for two step TB clearance or if positive the result of the skin test I will ask for X-ray. If I don't get the TB clearance I will not let them work in my care home.</p>	           3/29/17

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><b><u>FINDINGS</u></b> SCG #1 &amp; SCG #2 - No documentation of training to make prescribed medication available to residents. <b>Submit copy of training for each with the POC.</b></p>	<p style="text-align: center;"><b>Part 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I trained my substitute caregiver today 9/22/16 for them to know how to give medication to the residents. Copy of the substitute caregiver 9/22/16 training is enclosed.</i></p>	

	Rules (Criteria)	Plan of Correction	Completion Date
	11-100.1-9(e)(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><i>I have a checklist to follow for new substitute case gives which include medication training.</i></p>	<p style="text-align: right;"><i>3/29/17</i></p>

DCH-OHCA LICENSE-MI

29

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><b>FINDINGS</b> Menus not posted in kitchen and dining areas.</p>	<p style="text-align: center;"><b>Part 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I posted the menus at the kitchen and dining area for the residents available for them to look at the menus.</i></p>	<p><i>7/22/16</i></p>



	Rules (Criteria)	Plan of Correction	Completion Date
	11-100.1-13(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>Every Sunday I will post the current menu in the residents dining area and kitchen area.</p>	<p style="text-align: right;">3/29/19</p> <p style="text-align: right; font-size: small;">29</p> <p style="text-align: right; font-size: x-small; transform: rotate(-90deg);">DEPT-CHICAGO LICENSING</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p><b><u>FINDINGS</u></b> No metal stem thermometer to check cold food temperature.</p>	<p style="text-align: center;"><b>Part 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>I went to Long Drugs store to buy the metal stem thermometer on Sept. 26, 2016.</i></p>	<p style="text-align: center;"><i>9/26/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
	11-100.1-14(e)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>Everyday I will check the stem where I keep it to make sure its there and nobody touch.</i></p>	<p style="text-align: center;">DIR-CHCA LICENSE #</p> <p style="text-align: center;">1/1/2013</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (c)            Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><b><u>FINDINGS</u></b>            Resident #1 - Internal and external medication were stored in the same container.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I separated the internal and external medication from different containers on Sept. 20, 2016.</i></p>	<p style="text-align: center;"><i>9/20/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
	11-100.1-15(c)	<p style="text-align: center;"><b>Part 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>I will put a sign on the medication container for external and internal medication. I will check everyday to make sure the medications are separated.</i></p>	<p style="text-align: right;"><i>3/29/17</i></p>

DOR-ORCA LICENSE

30

	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><b><u>FINDINGS</u></b> Resident #1 - "Methotrexate 2.5 mg Take 3 tabs weekly" ordered 8/30/16. Medication label reflected "Take 2 tablets."</p>	<p style="text-align: center;"><b>Part 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Went to the Pharmacy to fixed the label for methotrexate 2.5 mg 3 tabs weekly.</i></p>	<p style="text-align: center;"><i>9/20/16</i></p>

	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>I will see to it that doctors orders and labelled will be the same, match together with the doctors and labeled for future plan.</p>	<p style="text-align: right;">9/20/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 - "Change Clonazepam as 1 mg prn for ↑ anxiety/voices up to 2/day" ordered 6/8/16; the medication records (July, August and September 2016) reflected "Take 1 tablet by mouth daily as needed when voices and anxiety are worse." The label reflected "Take 1 tablet by mouth daily as needed when voices and anxiety are worse."</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>I followed clonazepam 1mg prn for anxiety up to 2/day on doctor's order.</i></p>	<p style="text-align: center;"><i>9/20/16</i></p>



Rules (Criteria)	Plan of Correction	Completion Date
<p>11-100.1-15(e)</p> <p>For the Clonazepam, I clarify the doctor's order and corrected the med. record label to make sure it matches, if don't match then I will call the doctor.</p> <p>For the methotrexate Sept. 2016 medication record, to prevent a similar deficiency from happening again I am marking the medication record so that I don't miss the weekly Thursday doses. The days in between Thursday is cross off.</p> <p style="text-align: right;">3/29/17</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><del>Everyday I will check the <sup>label</sup> <del>label</del> where I keep it to make sure <sup>it's</sup> <del>it's</del> there and nobody touch.</del></p> <p>For the methotrexate, I clarify with the doctor by phone 9/20/16. get a new bottle and the label match the doctor order I am going to check the label to make sure that it match the doctor order, if no match I will call the doctor.</p>	<p style="text-align: center;">3/29/17</p> <p style="text-align: right;">3/29/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 - The September 2016 medication record reflected "Methotrexate 2.5 mg Take 3 tablets weekly" ordered 8/30/16. Was initialed daily.</p>	<p style="text-align: center;"><b>Part 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I corrected this deficiency on my medication record by initiating once a week for methotrexate 2.5 mg take 3 tablets weekly.</i></p>	<p style="text-align: right;"><i>12/5/16</i></p>

	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>Steps for me to do is to follow the medication ordered from the doctor to insure medication order are the same as the medication record to be initialled.</p>	<p style="text-align: right;">12/5/14</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1)  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p><b><u>FINDINGS</u></b>  Resident #1- No admission assessment at the time of readmission on 6/3/16.</p>	<p style="text-align: center;"><b>Part 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I filled up the admission assessment form to correct my deficiency of readmission for 6/3/16.</i></p>	<p style="text-align: right;"><i>9/20/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
	11-100.1-17(a)(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>I have a check list to follow for admission or readmission that includes the admission assessment.</i></p>	<p style="text-align: center;"><i>3/29/11</i></p> <p style="text-align: center;">30</p> <p style="text-align: center;">DNR-CHCA LICENSING</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><b><u>FINDINGS</u></b> Resident #1 - No annual tuberculosis test. Submit copy with the POC.</p>	<p style="text-align: center;"><b>Part 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I obtained the tuberculosis test result on 9/21/16 from the departments of Health in Wehiawa. Copy of the result is enclosed.</i></p>	<p><i>9/21/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
	11-100.1-17(b)(1)	<p align="center"><b><u>FUTURE PLAN</u></b></p> <p align="center"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>I will use a calendar to keep track when TB Test and Physical Exam is due.</i></p>	<p align="right"><i>3/29/21</i></p> <p align="center">30</p>

DHH-ORCA LICENSES

	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><b><u>FINDINGS</u></b> Resident #1 - No progress notes regarding events preceding admission to Queen's Medical Center Kekela on 5/25/16. Per discharge summary, resident presented with superficial lacerations to the wrist. Took a razor and made cuts to her wrist with intention to kill herself.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I write down my progress notes for these events on 5/25/16 upon admission to Queen medical Center.</i></p>	<p style="text-align: right;"><i>9/22/16</i></p>



	Rules (Criteria)	Plan of Correction	Completion Date
	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><i>Before going to the hospital 12/5/16 I will provide a detailed plan to prevent a similar deficiency from recurring by taking notes or document what is going on into my progress notes.</i></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><b><u>FINDINGS</u></b> Resident #1 - No progress notes for September 2015 to May 2016.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I did find my progress notes for September 2015 to May 2016.</i></p>	<p style="text-align: right;"><i>9/27/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
	11-100.1-17(b)(3)          DCH-DHCA LICENSING   03	Part 2  <u>FUTURE PLAN</u>  USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  <i>On the 15th of every month            I will mark my calendar            to do my progress notes,            and at the end of the month            I will mark my calendar to            check if I did my progress            notes. I will keep my progress            notes on the resident's record            not on my desk.</i>	          3/29/19

	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><b><u>FINDINGS</u></b> Resident #1 - Progress notes did not reflect resident's need for and response to prn "Clonazepam" taken twice daily in June 2016 and daily in July, August and September 2016.</p>	<p style="text-align: center;"><b>Part 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I <sup>now</sup> write down to my progress notes all what is happened and the respond to prn on the medication for all the respond and observation on the prn meds.</i></p>	<p style="text-align: right;"><i>9/27/16</i></p>	

	Rules (Criteria)	Plan of Correction	Completion Date
	11-100.1-17(b)(3)          03	Part 2  <u>FUTURE PLAN</u>  USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  <del>               On the 15th <sup>even for</sup> of every month I will mark my calendar to do my progress notes and at the end of the month I will I will mark my calendar to check if I did my progress notes. I will             </del>  For the clonazepam or any pain medication I will document on my progress notes why the pain medication is needed and how bit it help.	3/29/17

	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><b><u>FINDINGS</u></b>  Resident #1 - No incident report of events preceding admission to Queen's Medical Center Kekela on 5/25/16. Per discharge summary, resident presented with superficial lacerations to the wrist. Took a razor and made cuts to her wrist with intention to kill herself.</p>	<p style="text-align: center;"><b>Part 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I filled up the incident report for this incident happened on 5/25/16 going to Queen medical Center :</i></p>	<p><i>9/26/16</i></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> <p>I will always complete the incident report everytime a resident goes to the hospital for future incidents at my care home for the residents reports for safety.</p>	<p style="text-align: right;">9/26/10</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><b><u>FINDINGS</u></b> Chain link gate from the second exit had a padlock.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>I remove the padlock on the gates for safety.</i></p>	<p style="text-align: center;"><i>9/20/16</i></p>



	Rules (Criteria)	Plan of Correction	Completion Date
	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><i>I will never padlock the gate all the time for future safety.</i></p>	<i>9/20/16</i>

Licensee's/Administrator's Signature: Josefina Ugalino ARCH  
Print Name: Josefina Ugalino  
Date: 9/28/16

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Licensee's/Administrator's Signature: Josefina Ugalino ARCH  
Print Name: Josefina Ugalino  
Date: 12-5-16

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Licensee's/Administrator's Signature: Josefina Ugalino  
Print Name: Josefina Ugalino  
Date: 3/29/17