

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Weber's	CHAPTER 100.1
Address: 3056 Nihi Street, Honolulu, Hawaii 96819	Inspection Date: November 7, 2017 Annual

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

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> "Humalog" vials and syringes unsecured in the refrigerator.</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><u>Corrective Actions:</u> We have two (2) refrigerators, one for the clients and one for the family. We removed the "humalog" insulin vials and syringes from the client's refrigerator and placed them to the family's refrigerator which is down stairs. We also bought a plastic container with lock to secure the "humalog" vials and syringes.</p>	<p style="text-align: center;">11-20-17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> "Humalog" vials and syringes unsecured in the refrigerator.</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><u>Future Plan:</u></p> <p>We will ensure the "humalog" vials and syringes or any other medications will be labelled with names and kept in a separate, locked container wooden or plastic container</p> <p>(a) If the medication belongs to my ^{our} family, it shall be kept in ^{our} my family's refrigerator (brown sticks)</p> <p>(b) only my client's medications will be kept in the client's refrigerator, none else</p>	<p style="text-align: center;">11-20-17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> "Humalog" vials and syringes unsecured in the refrigerator. <i>FO</i></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>To prevent a similar deficiency from recurring I will check the refrigerator every time I open the refrigerator door for unsecured medications. I will ^{train} substitute caregivers to check for the unsecured medications each time they open the refrigerator door;</i></p>	<p style="text-align: center;"><i>1-19-2018</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 - "levothyroxine 75 mg one time daily" written on the physician order sheet by the care giver and signed by the physician as an update order on 7/7/17, 9/8/17 and 11/1/17; however, the pharmacy label read "75 mcg."</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><u>Corrective Action:</u></p> <p>We made a telephone order from our resident #1 doctor on Nov 8, 2017 on my physician's order sheet. This is what we put on the physician's order sheet: "Levothyroxine 75 mcg, one time daily", put the name underneath the doctor's signature the next doctor's visit in January, 2018</p>	<p style="text-align: center;">11-20-2017</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 - "levothyroxine 75 mg one time daily" written on the physician order sheet by the care giver and signed by the physician as an update order on 7/7/17, 9/8/17 and 11/1/17; however, the pharmacy label read "75 mcg."</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><u>Future Plan:</u></p> <p>On every doctor's visit we will ensure that list all medications names, directions, and dosage are correct, especially the dosage <u>UNITS</u></p> <p>a) we will ensure pharmacy and MD orders must <u>match</u>.</p> <p>b) If we receive new refill medications from pharmacy, we will double check for correct label</p> <p>c) Every <u>three</u> months we will double check at all our clients medication labels and MD orders must be on the same at all times</p> <p>d) Final month before inspection we will recheck all clients medications and MD orders sheets shall match for accuracy</p>	<p style="text-align: center;">11-20-2017</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 - "Azo cranberry + probiotic 250 mg 1 tab QD" ordered 11/1/17; the medication label read "Cranberry & D-Mannos herbal supplement." Medication record read: "Azo cranberry + probiotic 250 mg 1 tab QD."</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><u>Corrective Action:</u> We called the MD's office during the inspection, the correct order is cran-vit. C mannose - FOS-brandam 1, 937-185 mg/15 ml oral liquid daily, not the Azo Cranberry + probiotic 250mg -30 mg tab. QD. We made the telephone order on November 7, 2017 to have doctor's signature on the next MD's visits. We also made changes on our medication record to read "Cran-vit. C mannose - FOS brandam 1, 937-185 mg/15 ml oral liquid daily"</p>	<p style="text-align: right;">11-30-2017</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 - "Azo cranberry + probiotic 250 mg 1 tab QD" ordered 11/1/17; the medication label read "Cranberry & D-Mannos herbal supplement." Medication record read: "Azo cranberry + probiotic 250 mg 1 tab QD."</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><u>Future Plan:</u></p> <p>We will ensure we on every MD's visit, we list all medications name, directions, and dosage correctly.</p> <p>a) If medication is OTC, we ensure the label is correct and accurate for the MD's signature</p> <p>b) we will ensure th MD's medication ordered the OTC med label and the med record shall be same as instructions</p> <p>c) Every 3 months we will double check all clients medication labels & MD's order must be same at all time</p> <p>d) Final month before inspection we will verify clients meds and MD orders match</p>	<p style="text-align: right;">11-20-2017</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 - "cyanobalamin 500 mg (vit B-12) 1 tab QD" written on the physician order sheet by the care giver and signed by APRN as an update order on 9/8/17; however, the bottle label noted "500 mcg."</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><u>Corrective Action :</u> I made telephone order from resident's #1 doctor on Nov 7, 2017 on physician order sheet. This is what I put on MD's order sheet cyanobalamin 500 mcg 1 tab daily (vit B-12) and put name underneath doctor's signature on next doctor visit for Jan/2018</p>	<p style="text-align: right;">11-20-2017</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 - "cyanobalamin 500 mg (vit B-12) 1 tab QD" written on the physician order sheet by the care giver and signed by APRN as an update order on 9/8/17; however, the bottle label noted "500 mcg."</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><u>Future Plans</u></p> <p>Every doctor visit we will ensure to list all medication name, direction, and dosage are correct</p> <p>a) we will ensure pharmacy order & MD's order must match</p> <p>b) If we receive new refill medication from pharmacy, we will ensure to double check for correct label</p> <p>c) We will double check every 3 months each client's medications labeled & MD's order must be same at all times</p> <p>d) Final month before inspection we will recheck each client's medications & MD orders for accurate match</p>	<p style="text-align: right;">11-20-2017</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 - "levothyroxine" order (4/29/17) noted it was to be taken before breakfast; however, the medication record noted it was taken at "8 a.m." Breakfast served 7:30 a.m. to 8 a.m. The medication is best taken on an empty stomach at least 30 minutes to 1 hour before eating breakfast with a full glass of water.</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;"><u>Corrective Action</u></p> <p style="text-align: center;"><i>on our medication record for client #1, we changed the time for client #1 to start eating to 0800 so we could give the "levothyroxine" at 0700</i></p>	<p>11-20-2017</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 - "levothyroxine" order (4/29/17) noted it was to be taken before breakfast; however, the medication record noted it was taken at "8 a.m." Breakfast served 7:30 a.m. to 8 a.m. The medication is best taken on an empty stomach at least 30 minutes to 1 hour before eating breakfast with a full glass of water.</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><u>Future Plans:</u></p> <p>We will check the MD's order thoroughly, including <u>when</u> and <u>how</u> to give the medications before eating, after eating, or with food. We will ensure we have need make changes also in our our medications record. If there is any adverse effect between medications and food as per MD's ordered.</p>	<p style="text-align: center;">11-20-2017</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 - "levothyroxine 75 mg" recorded on the medication record April 2017 to November 2017. Label read "75 mcg."</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><u>Corrective Actions:</u></p> <p>Client #1 on our medication record to read "Levothyroxine 75 mcg" instead of "levothyroxine 75 mg" as of November 8, 2017 (after the inspection)</p>	<p style="text-align: center;">11-20-2017</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 - "levothyroxine 75 mg" recorded on the medication record April 2017 to November 2017. Label read "75 mcg."</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><u>Future Plan:</u></p> <p>We will ensure the "medications record" is accurate as MD's ordered and pharmacy medication label</p> <p>a) Any medication changes from the MD's ordered, we will ensure pharmacy medication label and our medication record changed to per MD's ordered</p> <p>b) Every 3 months we will double check all our diets medication labeled and MD's ordered must be same at all times</p> <p>c) one month before inspection we will check again all diets medication & MD's order sheet shall match accurately</p>	<p style="text-align: right;">11-20-2017</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>FINDINGS Resident #1 - "carbidopa 250 mg-levodopa 100 mg i tab TID" ordered; however, the medication record read "carbidopa 25 mg 1 tab TID." Medication discontinued 11/1/17.</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><u>Corrective Action:</u></p> <p>On Client #1 We made perfix changes on "medications record" to read "Carbidopa 25 mg-levodopa 100 mg 1 tab TID"</p>	<p>11-20-2017</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 - "carbidopa 250 mg-levodopa 100 mg i tab TID" ordered; however, the medication record read "carbidopa 25 mg 1 tab TID." Medication discontinued 11/1/17.</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><u>Future Plan :</u></p> <p>We will ensure "medication record" is accurate as per MD's ordered and pharmacy medications labeled.</p> <p>a) If there are any medication changes from MD's ordered, we will ensure pharmacy medication labeled and medication record "changed" to be consistent with MD order.</p> <p>b) Every 3 months we will double check clients medication record labeled and MD's order must be same at all times</p> <p>c) one month before inspection we will check all clients medication and MD's orders match accurately</p>	<p style="text-align: right;">11-20-2017</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #1 - Second TB skin test on 4/11/17 did not have the results documented.</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><u>Corrective Action:</u> We went to Lanakila Health Ctr to have the record of Client #1 TB test step #2. that was given August 24, 2017 could be considered as step 2 TB test and that is good for one year per Lanakila personnel</p>	<p style="text-align: center;">11-20-2017</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #1 - Second TB skin test on 4/11/17 did not have the results documented.</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 from recurring I will use the admission check list and I will also check for the date and results of TB clearances.</i></p>	<p><i>1-19-2018</i></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 - Progress notes for September 2017 noted a fall on 9/30/17; however, the incident report dated 9/30/17 noted the date of the incident was 10/30/17. Clarify if there was a fall on 10/30/17.</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><u>Corrective Action:</u></p> <p>To clarify the fall happened on September 30, 2017 however it was dated October 30, 2017 for honest mistake made. Ink changes on the date of our report on September 30, 2017 on incident report</p>	<p style="text-align: center;">11-20-2017</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 - Progress notes for September 2017 noted a fall on 9/30/17; however, the incident report dated 9/30/17 noted the date of the incident was 10/30/17. Clarify if there was a fall on 10/30/17.</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><u>Future Plan:</u> We will ensure to have better attention to what written down</p> <p>a) ensure incident report on the day of incident</p> <p>b) ensure progress notes of incident reports completed on same day incident happens</p>	<p style="text-align: center;">11-20-2017</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(A) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Fire escapes, stairways and other exit equipment shall be maintained operational and in good repair and free of obstruction;</p> <p>FINDINGS Front wooden exit door was very difficult to open. The top of the door was stuck in the door jamb.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>the door was trimmed with block-plane and is is no longer sticking to inside of door jamb, thus making normal entry/exit possible without any excess force</i></p>	<p style="text-align: center;"><i>November 13, 2017</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(A) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Fire escapes, stairways and other exit equipment shall be maintained operational and in good repair and free of obstruction;</p> <p>FINDINGS Front wooden exit door was very difficult to open. The top of the door was stuck in the door jamb.</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>The door will be checked weekly to ensure it will not stick to inside of jamb. If it does begin to rub against inside of jamb it will be replaced with block plane so it does not stick. That is what will be done to avoid this problem in the future.</i></p>	<p style="text-align: right;"><i>11-20-2017</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(A) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Fire escapes, stairways and other exit equipment shall be maintained operational and in good repair and free of obstruction;</p> <p><u>FINDINGS</u> Second exit was obstructed by recliner foot rest and walkers during the lunch meal.</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>all recliners were moved so that when extended no blockage of fire exit exists. All walkers were moved so that minimum of <u>three (3)</u> feet of clearance exists on passage to exits.</i></p>	<p style="text-align: center;"><i>November 15, 2017</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(A) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Fire escapes, stairways and other exit equipment shall be maintained operational and in good repair and free of obstruction;</p> <p><u>FINDINGS</u> Second exit was obstructed by recliner foot rest and walkers during the lunch meal.</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>for future, all exits will be kept clear sufficient enough to provide three (3) feet width passage directly to this fire exit</i></p>	<p>11-20-2017</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p><u>FINDINGS</u> No barrier/protective gate to prevent resident access/fall(s) from the resident living area at the top of the steep internal stairway going down to the lower floor.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Stairway gate installed will be kept locked for future to prevent accidentally wandering and falling down stairs. Gate was installed November 20</i></p>	<p style="text-align: center;"><i>November 20 2017</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p><u>FINDINGS</u> No barrier/protective gate to prevent resident access/fall(s) from the top of the steep external cement stairway outside and adjacent to the second exit from the ARCH. The stairway goes down to the lower living area of the home.</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>gate was installed November 20 to keep residents out of stairway thus preventing accidental falls. "Keep Out" sign also placed at top of stairway at gate</i></p>	<p style="text-align: right;"><i>Nov 20, 2017</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p><u>FINDINGS</u> No barrier/protective gate to prevent resident access/fall(s) from the top of the steep external cement stairway outside and adjacent to the second exit from the ARCH. The stairway goes down to the lower living area of the home.</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 style="text-align: center;"><i>The gate at top of stairway will remain locked and secure to prevent future falls by any wandering resident</i></p>	<p style="text-align: right;"><i>11-20-2017</i></p>

Licensee's/Administrator's Signature: Perla C. Weber

Print Name: PERLA C. WEBER

Date: 11-20-2017

Licensee's/Administrator's Signature: 

Print Name: Kenneth A. Weber

Date: 12 December 2017

Licensee's/Administrator's Signature: Perla C. Weber

Print Name: PERLA C. WEBER

Date: 1-19-2018