

Office of Health Care Assurance

State Licensing Section

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Esteban, Veronica (ARCH) "ESTEBAN CARE HOME, LLC"	CHAPTER 100.1
Address: 1342 Kamehameha IV Road, Honolulu, Hawaii 96819	Inspection Date: January 4, 2018 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.

RECEIVED

JAN 18 2018

Initial: \_\_\_\_\_

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-7 <u>General operational policies.</u> (c)  A written agreement shall be completed at the time of admission between the licensee or primary care giver of the ARCH or expanded ARCH and the ARCH or expanded ARCH resident and the ARCH or expanded ARCH resident's family, legal guardian, surrogate or responsible agency that sets forth that resident's rights, the licensee or primary care giver of the ARCH or expanded ARCH responsibilities to that resident, the services which will be provided by the licensee or primary care giver of the ARCH or expanded ARCH according to that resident's schedule of activities or care plan, and that resident's responsibilities to the licensee or primary care giver of the ARCH or expanded ARCH.</p> <p><u>FINDINGS</u>  Resident #1, readmitted 3/13/17 General operational policy (GOP) dated <u>12/17/17</u>. Repeat deficiency from 2016, 2017.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: right;">RECEIVED</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-7 <u>General operational policies.</u> (c)  A written agreement shall be completed at the time of admission between the licensee or primary care giver of the ARCH or expanded ARCH and the ARCH or expanded ARCH resident and the ARCH or expanded ARCH resident's family, legal guardian, surrogate or responsible agency that sets forth that resident's rights, the licensee or primary care giver of the ARCH or expanded ARCH responsibilities to that resident, the services which will be provided by the licensee or primary care giver of the ARCH or expanded ARCH according to that resident's schedule of activities or care plan, and that resident's responsibilities to the licensee or primary care giver of the ARCH or expanded ARCH.</p> <p><b><u>FINDINGS</u></b>  Resident #1, readmitted 3/13/17 General operational policy (GOP) dated <u>12/17/17</u>. Repeat deficiency from 2016, 2017.</p> <p style="text-align: center;"><b>My Future Plans and Steps are:</b></p> <ul style="list-style-type: none"> <li>• Resident(s) being readmitted for the 2<sup>nd</sup> time; must sign all the papers which include the General operational policy.</li> <li>• Make a check list for new and returning residents (24 hrs/admitted to hospital)</li> </ul>	<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 style="text-align: right;">01-04- 2018 TE</p> <p style="text-align: center;"><b>RECEIVED</b></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u>  (a)  All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u>  Housekeeper, no evidence of a physical examination prior to first contact with residents. Repeat deficiency from 2016.</p> <p>Page 4  Yes, deficiency corrected.  Received housekeeper (not just family member) physical examination was reschedule on 1/10/2018. (TB card was given before she started)  (On 2/28/2018 – Meeting at DOH at 2pm – SCG – JE had placed housekeeper’s physical examination paper on conference table for Ms. Anderson to review document.)</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: right;">01.10.2018  ve</p> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u>  (a)  All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u>  Housekeeper, no evidence of a physical examination prior to first contact with residents. Repeat deficiency from 2016.</p> <p>Page 5</p> <p>My Future Plans and Steps are:</p> <ul style="list-style-type: none"> <li>• For any future housekeeper or helpers</li> <li>• Make a list; same for the Substitute Care Giver.</li> <li>• Inform new hires the requirements.</li> <li>• State they can't start until both TB and Physical examination must be turn in before starting. (+ not just TB)</li> </ul>	<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>(ORAL) 01-04-2018</p> <p>(Received P.E) 01-10-2018 VE</p> <p>RECEIVED</p>

	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> Substitute care giver (SCG) #1 and #2, no evidence of substitute care giver training by the primary care giver (PCG) for safe medication administration. Repeat deficiency from 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 style="text-align: center;">Yes, deficiency corrected. <i>(Note: SCG #1 and #2 has completed their training – one month before inspection (12/28/2017). The PCG did the training and had seen the papers earlier. The SCG had put it on the other clip board.)</i> On 2/28/2018 – Meeting at DOH at 2pm – SCG – JE had placed both SCG training papers on conference table for Ms. Anderson to review document.</p>	<p style="text-align: center; vertical-align: middle;">01-04- 2018 VE</p> <p style="text-align: right; font-weight: bold; font-size: 1.2em;">RECEIVED</p>

	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> Substitute care giver (SCG) #1 and #2, no evidence of substitute care giver training by the primary care giver (PCG) for safe medication administration. Repeat deficiency from 2016.</p>	<p style="text-align: center;">PART 2</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 style="text-align: center;">My Future Plans and Steps are:</p> <ul style="list-style-type: none"> <li>▪ After training file the papers immediately.</li> <li>▪ File in White Admin 3-binder folder &amp; put new clear protection sheet &amp; tab.</li> </ul>	<p style="text-align: right;">01-04- 2018 NE</p> <p style="text-align: right;"><b>RECEIVED</b></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (d)  The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department.</p> <p><b><u>FINDINGS</u></b>  Resident #1, no evidence of a level of care assessment upon readmission.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p style="text-align: center;"><i>(note: already explain to Ms. Anderson on 2/28/18; re: dr. made copies)</i></p>	

RECEIVED

MAR 13 2018



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department.</p> <p><u>FINDINGS</u> Resident #1, no evidence of a level of care assessment upon readmission.</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;">My Future Plans and Steps are:</p> <ul style="list-style-type: none"> <li>▪ At the doctor's office or hospital</li> <li>▪ Check to review if all papers on the check list</li> <li>▪ Count the papers the nurse pulled out to make copies.</li> <li>▪ Re-count at the doctor's office before going home.</li> </ul>	<p style="text-align: right;">01.04. 2018 ve</p> <p style="text-align: right;">RECEIVED</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (i)            Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><b><u>FINDINGS</u></b>            Resident #1, no diet order upon readmission. Repeat deficiency from 2017.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p><i>(note: already explained to Ms. Anderson on 2/28/18; re: dr. made copies)</i></p>	<p>RECEIVED</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (i)  Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><u>FINDINGS</u>  Resident #1, no diet order upon readmission. Repeat deficiency from 2017.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></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 style="text-align: center;">My Future Plans and Steps are: (at the doctor's office)</p> <ul style="list-style-type: none"> <li>▪ Check to review if all papers on the check list</li> <li>▪ Count the papers the nurse pulled out to make copies.</li> <li>▪ Re-count at the doctor's office before going home.</li> </ul>	<p style="text-align: right; font-size: 1.2em;">01.04. 2018 de</p> <p style="text-align: right; font-weight: bold; font-size: 1.1em;">RECEIVED</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><b><u>FINDINGS</u></b> Bedroom #2, no thermometer in the mini-refrigerator used by a resident. Repeat deficiency from 2017.</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;">Yes, deficiency corrected.</p> <ul style="list-style-type: none"> <li>• Put in another new thermometer. Resident took it out and found old one in the back of cabinet drawers.</li> </ul>	<p style="text-align: center; vertical-align: top;">01.05.2018 VE</p> <p style="text-align: right; font-weight: bold; font-size: 1.2em;">RECEIVED</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> Bedroom #2, no thermometer in the mini-refrigerator used by a resident. Repeat deficiency from 2017.</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>My Future Plans and Steps are:</p> <ul style="list-style-type: none"> <li>▪ Explain to resident why its important to keep the thermometer inside. (and say, "please do not take out")</li> <li>▪ When cleaning the room, check if thermometer is visible</li> </ul>	<p style="text-align: right; vertical-align: top;">01.04. 2018 ve</p> <p style="text-align: right; font-weight: bold; font-size: 1.2em;">RECEIVED</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>            Bedroom #3, unsecured and unlabeled medication; i.e., four (4) loose tablets/capsules (green tablet, red capsule, pink and salmon tablets) in a drawer. Repeat deficiency from 2016, 2017.</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;">Yes, deficiency corrected.</p> <ul style="list-style-type: none"> <li>• Disposed of loose pills; found in vacant room; also cleaned the drawers. The discharge resident hid his pills in the vacant room.</li> </ul>	<p style="text-align: center; font-size: 1.5em;">01.04. 2018 VE</p> <p style="text-align: right; font-weight: bold; font-size: 1.2em;">RECEIVED</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><b>FINDINGS</b>            Bedroom #3, unsecured and unlabeled medication; i.e., four (4) loose tablets/capsules (green tablet, red capsule, pink and salmon tablets) in a drawer. Repeat deficiency from 2016, 2017.</p>	<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>My Future Plans and Steps are:            When the resident is taking their meds:</p> <ul style="list-style-type: none"> <li>▪ Have them show under their tongue</li> <li>▪ Show both hands; palms up</li> </ul>	<p style="text-align: right;">01.04. 2018 V2</p> <p style="text-align: right;"><b>RECEIVED</b></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, order (9/28/17) reads, "<u>Risperidone 1 mg</u> 1 tablet po Q AM and 2 tablets po Q PM". However, no medication available during the annual inspection conducted on 01/04/18. No documentation in the resident record of actions taken to order medication refills. Repeat deficiency from 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 style="text-align: center;">Yes, deficiency corrected.</p> <ul style="list-style-type: none"> <li>• PCG had used the last tablet in the morning of 01/04/18.</li> </ul> <p><i>(Note: SCG had gone to the pharmacy, but the pharmacist said the doctor didn't call back to renew the prescription. SCG picked up medication at 530pm for the resident's PM.)</i></p>	<p style="text-align: right; font-size: 1.2em;">01-04-2018 ve</p> <p style="text-align: right; font-weight: bold; font-size: 1.5em;">RECEIVED</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, order (9/28/17) reads, "Risperidone 1 mg 1 tablet po Q AM and 2 tablets po Q PM". However, no medication available during the annual inspection conducted on 01/04/18. No documentation in the resident record of actions taken to order medication refills. Repeat deficiency from 2016.</p>	<p style="text-align: center;">PART 2</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 style="text-align: center;">My Future Plans and Steps are:</p> <ul style="list-style-type: none"> <li>▪ Don't re-used an old post-it note on the bottle. Make a new one.</li> <li>• Put down how many pills are left to give.</li> <li>▪ Also put on the progress note stating called doctor; doctor still didn't call in the pharmacy to renew expired prescription.</li> </ul>	<p style="text-align: right; font-size: 1.2em;">01.04. 2018 VE</p> <p style="text-align: right; font-weight: bold; font-size: 1.2em;">RECEIVED</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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, PCG made medication available without orders:</p> <ul style="list-style-type: none"> <li>• MAR reads, "Clozapine 100 mg 1 tablet po AM daily and <u>2 tablets po PM daily</u> and Clozapine 25 mg 2 tablets at HS" initialed made available 3/13/17 thru 1/4/18.</li> <li>• MD #2 examined resident 5/8/17, 6/6/17, 7/25/17, 8/8/17, 9/12/17 MD #2; however renewal order incomplete, "Continue current meds."</li> <li>• First complete signed order dated 10/03/17 reads, "Clozapine 100 mg 1 tablet po AM daily and <u>2 tablets po PM daily</u>, Clozapine 25 mg 2 tablets HS."</li> </ul>	<p>PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p style="text-align: right;"><i>Blank *note: (when picking up new RX; the pharmacy called Dr. Sharipova about the dosage change; Dr. S told pharmacy Clozapine 100mg, 1 tab in AM and 2 tabs PO QHS; as ordered - followed the bottles instructions)</i></p>	

RECEIVED

Initial: \_\_\_\_\_

	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, PCG made medication available without orders:</p> <ul style="list-style-type: none"> <li>• MAR reads, "Clozapine 100 mg 1 tablet po AM daily and <u>2 tablets po PM daily</u> and Clozapine 25 mg 2 tablets at HS" initialed made available 3/13/17 thru 1/4/18.</li> <li>• MD #2 examined resident 5/8/17, 6/6/17, 7/25/17, 8/8/17, 9/12/17 MD #2; however renewal order incomplete, "Continue current meds."</li> <li>• First complete signed order dated 10/03/17 reads, "Clozapine 100 mg 1 tablet po AM daily and <u>2 tablets po PM daily</u>, Clozapine 25 mg 2 tablets HS."</li> </ul>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>My Future Plans and Steps are:</p> <ul style="list-style-type: none"> <li>• Immediately write in progress note on the doctors new orders.</li> <li>• Write in progress – pharmacy caught the change in dosage will call both doctors. <i>(followed RX &amp; Doctors orders)</i></li> <li>• Write in progress and call back doctor and clarify order if it is incomplete, "Continue current meds."</li> <li>• Write in Progress note: First complete signed order dated on 10/03/17 reads.... <i>("Dr. Sharipova has this RX re-ordered from last year's prescription –continue current meds; so pharmacy correctly filled RX")</i></li> </ul>	<p>01-04. 2018 /12</p> <p>RECEIVED</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><b><u>FINDINGS</u></b> Resident #1, June 2017 MAR reads "7/25/17 Mirtazapine 15 mg take .5 tab po QHS" and initialed indicating medication made available 6/1/17 to 6/30/17. Order dated 7/25/17 is after June 2017.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p style="text-align: right;">RECEIVED</p> <p>(note: crossed out + initial)</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1, June 2017 MAR reads "7/25/17 Mirtazapine 15 mg take .5 tab po QHS" and initialed indicating medication made available 6/1/17 to 6/30/17. Order dated 7/25/17 is after June 2017.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></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>My Future Plans and Steps are:</p> <ul style="list-style-type: none"> <li>▪ If any of the Mars sheet accidentally is misplaced/lost; don't just copy the new Master sheet and just fill it.</li> <li>▪ Look at the PO orders first and see if any meds were discontinued or check on the Order date.</li> </ul> <p>(note: when doctor's nurse copies MARs; make sure to secure it back in folder Prongs)</p>	<p>01.04. 2018 VE</p> <p style="text-align: right;">RECEIVED</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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><b><u>FINDINGS</u></b> Resident #1, MD #1 and MD #2 reviewed medication orders every four (4) months; however, only MD #1 provided a complete signed order that did not match the order that MD #2 submitted to the pharmacy. MAR reflects pharmacy labeled bottles. Signed orders in the resident record do not reflect MAR or pharmacy labels as follows:</p> <ul style="list-style-type: none"> <li>• MD#1 order dated 3/7/17 reads, "<u>Clozapine 100 mg 1 tablet BID</u> and Clozapine 25 mg 2 tablets at HS". Documentation upon hospital discharge read same.</li> <li>• MAR reads, "<u>Clozapine 100 mg 1 tablet po AM daily and 2 tablets po PM daily</u> and Clozapine 25 mg 2 tablets at HS" initialed made available 3/13/17 thru 1/4/18.</li> <li>• MD #2 examined resident 5/8/17, 6/6/17, 7/25/17, 8/8/17, 9/12/17 MD #2; however renewal order incomplete, "Continue current meds."</li> <li>• First complete signed order dated 10/03/17 reads, "Clozapine 100 mg 1 tablet po AM daily and <u>2 tablets po PM daily</u>, Clozapine 25 mg 2 tablets HS."</li> </ul> <p style="text-align: right;"><i>*note: (3/17/17 - pharmacy called Dr. Sharipova about the dosage change; Dr. S told pharmacy Clozapine 100mg, 1 tab in AM and 2 tabs PO QHS; we followed the bottles instructions)</i></p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

RECEIVED

	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><b>FINDINGS</b> Resident #1, MD #1 and MD #2 reviewed medication orders every four (4) months; however, only MD #1 provided a complete signed order that did not match the order that MD #2 submitted to the pharmacy. MAR reflects pharmacy labeled bottles. Signed orders in the resident record do not reflect MAR or pharmacy labels as follows:</p> <ul style="list-style-type: none"> <li>• MD#1 order dated 3/7/17 reads, "<u>Clozapine 100 mg 1 tablet BID</u> and Clozapine 25 mg 2 tablets at HS". Documentation upon hospital discharge read same.</li> <li>• MAR reads, "<u>Clozapine 100 mg 1 tablet po AM daily and 2 tablets po PM daily</u> and Clozapine 25 mg 2 tablets at HS" initialed made available 3/13/17 thru 1/4/18.</li> <li>• MD #2 examined resident 5/8/17, 6/6/17, 7/25/17, 8/8/17, 9/12/17 MD #2; however renewal order incomplete, "Continue current meds."</li> <li>• First complete signed order dated 10/03/17 reads, "<u>Clozapine 100 mg 1 tablet po AM daily and 2 tablets po PM daily</u>, Clozapine 25 mg 2 tablets HS."</li> </ul>	<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>My Future Plans and Steps are:</p> <ul style="list-style-type: none"> <li>• After picking up resident from hospital.</li> <li>• Picking up new PO RX orders or refilling medications and its not what the doctor said or does not match the discharge summary PO orders. Immediately call the doctor who originally ordered the RX. Dr. S or that the Queens hospital &amp;/or other Dr. lowered the dosage. <i>"Even the pharmacy has caught the dosage change and called both doctors; we had to follow the bottle RX instructions"</i>.</li> <li>• Note it in the progress notes immediately of the change per which doctor.</li> </ul>	<p style="text-align: center;">01-04- 2018 ve</p> <p style="text-align: center;">RECEIVED</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, PCG added signatures to an assessment form dated 12/1/16 on 3/13/17. However, this documentation is not sufficient evidence of the PCG assessment of the resident's <u>condition upon readmission</u>. Repeat deficiency from 2017.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></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> (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, PCG added signatures to an assessment form dated 12/1/16 on 3/13/17. However, this documentation is not sufficient evidence of the PCG assessment of the resident's <u>condition upon readmission</u>. Repeat deficiency from 2017.</p>	<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 style="text-align: center;">My Future Plans and Steps are:</p> <ul style="list-style-type: none"> <li>• Put on admission list for Returning Resident must use new blank Assessment form for readmission.</li> <li>• Keep a staple copy "readmission sheet set" in resident's folder.</li> </ul>	<p style="text-align: right;">01.04. 2018 VC</p> <p style="text-align: right; font-weight: bold; font-size: 1.2em;">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><b><u>FINDINGS</u></b> Resident #1, no documentation of physician office visits 3/13/17, 4/11/17, 5/18/17, 6/12/17, 10/3/17, 11/07/17 and 12/21/17 in the progress notes. Repeat deficiency from 2017.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

RECEIVED

	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 documentation of physician office visits 3/13/17, 4/11/17, 5/18/17, 6/12/17 10/3/17, 11/07/17 and 12/21/17 in the progress notes. Repeat deficiency from 2017.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></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 style="text-align: center;">My Future Plans and Steps are:</p> <ul style="list-style-type: none"> <li>▪ Immediately; in progress note write-in office visit date.</li> <li>▪ &amp; next visit date.</li> </ul>	<p style="text-align: right; font-size: 1.2em;">01.04. 2018 VE</p> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">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><b><u>FINDINGS</u></b> Repeat deficiency from 2017. Resident #1, monthly summary note reads, "Tolerates all meals and medication." No documentation for the following:</p> <ol style="list-style-type: none"> <li>1. Adjustment following hospitalization.</li> <li>2. Response to medication discontinued or started; i.e. 7/25/17 entry reads, "discontinue Escitalopram." However, during the 7/25/17 office visit in addition to discontinuing medication, MD #2 ordered "Mirtazapine 15 mg, ½ tab QHS."</li> <li>3. Hydration.</li> <li>4. Case Manager visits.</li> </ol>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></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><b><u>FINDINGS</u></b> Repeat deficiency from 2017. Resident #1, monthly summary note reads, "Tolerates all meals and medication." No documentation for the following:</p> <ol style="list-style-type: none"> <li>1. Adjustment following hospitalization.</li> <li>2. Response to medication discontinued or started; i.e. 7/25/17 entry reads, "discontinue Escitalopram." However, during the 7/25/17 office visit in addition to discontinuing medication, MD #2 ordered "Mirtazapine 15 mg, ½ tab QHS."</li> <li>3. Hydration.</li> <li>4. Case Manager visits.</li> </ol>	<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 style="text-align: center;">My Future Plans and Steps are:</p> <ul style="list-style-type: none"> <li>• For all Doctor visit; make a list on new or discontinue meds.</li> <li>• Observe for the first 3 days;</li> <li>• note any changes of behavior or physical changes.</li> <li>• Highlight any additional information "Hydration" give water</li> <li>• Date and note all Case manager visits.</li> </ul>	<p style="text-align: right;">01-04 2018 VE</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> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><b><u>FINDINGS</u></b> Register was not correct. Resident #2 discharged on 6/12/17 and readmitted on <u>6/16/17</u>. However, register reads <u>6/16/16</u> as the date of readmission. Repeat deficiency from 2016, 2017.</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;">Yes, deficiency corrected.</p> <ul style="list-style-type: none"> <li>▪ Corrected: Type-o error; crossed out year 16 and added 17 and initial. The correct date is 6/16/17 and not 6/16/16.</li> </ul>	<p style="text-align: right; font-size: 1.2em;">01-04- 2018 W/E</p> <p style="text-align: right; font-weight: bold; font-size: 1.2em;">RECEIVED</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><b><u>FINDINGS</u></b> Register was not correct. Resident #2 discharged on 6/12/17 and readmitted on <u>6/16/17</u>. However, register reads <u>6/16/16</u> as the date of readmission. Repeat deficiency from 2016, 2017.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></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>My Future Plans and Steps are:</p> <ul style="list-style-type: none"> <li>▪ Check to make sure the correct date is written down;</li> <li>▪ and double check the dates</li> </ul>	<p style="text-align: right;">01-04- 2018 NE</p> <p style="text-align: right; font-weight: bold; font-size: 1.2em;">RECEIVED</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a)            The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><b><u>FINDINGS</u></b>            For Resident #1, readmitted 3/13/17. A financial statement was not completed determining or describing conditions under which the primary care giver and resident's family and or legal guardian agree as to who will be responsible for the resident's finances. Repeat deficiency from 2016, 2017.</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;">Yes, deficiency corrected.</p> <ul style="list-style-type: none"> <li>• A new form was made for the resident to sign for a single date and all empty lines has been filled-in.</li> </ul>	<p style="text-align: center;">01.04.2018</p> <p style="text-align: center;">VE</p> <p style="text-align: center;"><b>RECEIVED</b></p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a)  The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><u>FINDINGS</u>  For Resident #1, readmitted 3/13/17. A financial statement was not completed determining or describing conditions under which the primary care giver and resident's family and or legal guardian agree as to who will be responsible for the resident's finances. Repeat deficiency from 2016, 2017.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></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 style="text-align: center;">My Future Plans and Steps are:</p> <ul style="list-style-type: none"> <li>▪ For any New or Re-Admission of a resident; provide a new financial sheet to sign and date.</li> <li>▪ To fill out every line; n/a and not left empty.</li> <li>▪</li> </ul>	<p style="text-align: right;">01-04-2018  ve</p> <p style="text-align: center;">RECEIVED</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><u>FINDINGS</u> Resident #1, "monthly fee listed in the GOP is \$1,340-\$3,500." Repeat deficiency from 2016, 2017.</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;">Yes, deficiency corrected.</p> <ul style="list-style-type: none"> <li>• Written on the 3<sup>rd</sup> page. \$1,340.00 (The state current amount for SSI rate.)</li> </ul> <p><i>Note: The monthly amount was on first page for \$1,340.00 State Current Amount for SSI rate. The 3<sup>rd</sup> page has the range of payment "\$1,340.00 -\$3500"</i></p>	<p style="text-align: right;">01-04-2018 RECEIVED</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><b><u>FINDINGS</u></b> Resident #1, "monthly fee listed in the GOP is \$1,340-\$3,500." Repeat deficiency from 2016, 2017.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></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>My Future Plans and Steps are:</p> <ul style="list-style-type: none"> <li>• Change 3<sup>rd</sup> page to state only the monthly rate; the state current amount for SSI rate. And not the range of payment.</li> <li>• Check the amount of the SSI rate and update yearly.</li> </ul>	<p style="text-align: right;">01.04. 2018 RECEIVED OC</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(1)(A)  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>A plan including but not limited to sweeping, dusting, mopping, vacuuming, waxing, sanitizing, removal of odors and cleaning of windows and screens shall be made and implemented for routine periodic cleaning of the entire Type I ARCH and premises;</p> <p><b><u>FINDINGS</u></b>  Bedroom #1, layers of dust on the surfaces of stuffed animals, the dresser and shelf unit. Pillow cover stained; i.e., bed bug blood meal stains.</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;">Yes, deficiency corrected.</p> <ul style="list-style-type: none"> <li>• Removed all the stuffed animals; wiped and cleaned the dresser and shelf. Stored away all snacks (from mom's weekly visit) in a big clear plastic bin. Discarded stain pillow case and put a brand new zipper pillow case cover.</li> </ul>	<p style="text-align: center;">01-04- 2018</p> <p style="text-align: center;">EE</p> <p style="text-align: center;">RECEIVED</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(1)(A) 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>A plan including but not limited to sweeping, dusting, mopping, vacuuming, waxing, sanitizing, removal of odors and cleaning of windows and screens shall be made and implemented for routine periodic cleaning of the entire Type I ARCH and premises;</p> <p><b><u>FINDINGS</u></b> Bedroom #1, layers of dust on the surfaces of stuffed animals, the dresser and shelf unit. Pillow cover stained; i.e., bed bug blood meal stains.</p>	<p style="text-align: center;">PART 2</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 style="text-align: center;">My Future Plans and Steps are:</p> <ul style="list-style-type: none"> <li>• Check inventory for cleaning supplies and equipment <i>(note: to buy new to due running low on liquids, misplaced/lost, overused/damage)</i></li> <li>• List of detail chores to be done in the room</li> </ul>	<p style="text-align: right;">01.04. 2018 NE</p> <p style="text-align: right;"><b>RECEIVED</b></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(1)(B) 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>After discharge of any resident, the bed, bed furnishings, bedside furniture and equipment shall be thoroughly cleansed prior to subsequent resident admission;</p> <p><b>FINDINGS</b> Discharged resident belonging stored in dresser and closet following discharge.</p> <ul style="list-style-type: none"> <li>• Bedroom #3, Dresser contains clothing and blood glucose trips for Discharged Resident #1. Closet contains bags of close belonging to Discharged Resident #2. Dresser drawers are full of pup from material deterioration. The dresser is not functional. The drawers will not close.</li> <li>• Bedroom #4, Closet contains bags of close belonging to Discharged Resident #2.</li> </ul>	<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;">Yes, deficiency corrected.</p> <ul style="list-style-type: none"> <li>• Bedroom #3 All clothing/items for DC #1 has been taken out and boxed for the caseworker. The dresser drawer has been discarded.</li> <li>• Bedroom #4 The box clothing has been taken out from the room and the caseworker has been called to pick up the belongings.</li> </ul>	<p style="text-align: center;">01.04.18</p> <p style="text-align: center;">VE</p> <p style="text-align: center;">RECEIVED</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(1)(B)  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>After discharge of any resident, the bed, bed furnishings, bedside furniture and equipment shall be thoroughly cleansed prior to subsequent resident admission;</p> <p><b><u>FINDINGS</u></b>  Discharged resident belonging stored in dresser and closet following discharge.</p> <ul style="list-style-type: none"> <li>• Bedroom #3, Dresser contains clothing and blood glucose trips for Discharged Resident #1. Closet contains bags of close belonging to Discharged Resident #2. Dresser drawers are full of pup from material deterioration. The dresser is not functional. The drawers will not close.</li> <li>• Bedroom #4, Closet contains bags of close belonging to Discharged Resident #2.</li> </ul>	<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 style="text-align: center;"><b>My future plans and steps are:</b></p> <ul style="list-style-type: none"> <li>• Start packing/cleaning the room when the caseworker informs that resident is not returning.</li> <li>• Check the drawers when cleaning the room. <i>(functional/deterioration)</i></li> <li>• Check the vacant room closet when cleaning the room. <i>(discharged resident boxes/bags of clothing); if there is call and follow-up when caseworker will pick it up.)</i></li> </ul>	<p style="text-align: right;">01.04.18</p> <p style="text-align: right;">VE</p> <p style="text-align: right; font-weight: bold; font-size: 1.2em;">RECEIVED</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) 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>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><b><u>FINDINGS</u></b> Repeat deficiency from 2017.</p> <ol style="list-style-type: none"> <li>1. Bedroom #2, live bedbugs inside the pliable plastic pillow protector, tiny ants crawling on the desk.</li> <li>2. Bedroom #1, tiny ants crawling on the desk. Closet door is not in place. One of two sliding closet doors is off the track and is hard to move.</li> <li>3. Bedroom #3, Dresser drawers are full of pup from material deterioration. The dresser is not functional. The drawers will not close.</li> <li>4. Bathroom, honey comb openings along the entire outer edge of the door.</li> <li>5. Bedroom #4, honey comb openings along the entire outer edge of the door.</li> </ol>	<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;">Yes, deficiency corrected.</p> <ul style="list-style-type: none"> <li>• Discarded the pillow/plastic cover.</li> <li>• Cleaned desk. <i>(removed all snacks/drinks into plastic container)</i></li> <li>• Drawer discarded.</li> <li>• All doors - termite treated and fixed.</li> </ul>	<p style="text-align: center; font-size: 1.2em;">01.04.18</p> <p style="text-align: center; font-size: 1.5em;">VE</p> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-23 <u>Physical environment</u> (h)(3) 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>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><b><u>FINDINGS</u></b> Repeat deficiency from 2017.</p> <ol style="list-style-type: none"> <li>1. Bedroom #2, live bedbugs inside the pliable plastic pillow protector, tiny ants crawling on the desk.</li> <li>2. Bedroom #1, tiny ants crawling on the desk. Closet door is not in place. One of two sliding closet doors is off the track and is hard to move.</li> <li>3. Bedroom #3, Dresser drawers are full of pup from material deterioration. The dresser is not functional. The drawers will not close.</li> <li>4. Bathroom, honey comb openings along the entire outer edge of the door.</li> <li>5. Bedroom #4, honey comb openings along the entire outer edge of the door.</li> </ol> <p><b>My Future plans and steps are:</b></p> <ul style="list-style-type: none"> <li>• When cleaning the room, check the plastic pillow covering, slide/look in drawers and slide closet doors to check if its functional.</li> <li>• Remind residents when not eating snack to put in plastic bin.</li> <li>• When wiping desk use the lemon spray from bottom-leg to on-top.</li> <li>• When cleaning/spraying door handle check for any honey comb openings/dropping on the outer edge of the door.</li> </ul> <p style="text-align: center;"><i>-Write a note to have it treated/fix as soon as possible.</i></p>	<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 style="text-align: right;">01-04-18</p> <p style="text-align: right;">NE</p> <p style="text-align: right;">RECEIVED</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u> (i)(2)  All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure.</p> <p>Windows shall have screens having no less than sixteen meshes per inch.</p> <p><b><u>FINDINGS</u></b></p> <ul style="list-style-type: none"> <li>• Kitchen, all three (3) window screens damaged: Window #1 - openings 2" x3", 1" x 2.5", and ½" x ¼" Window #2 - opening ¾" x 3" and Window #3 openings 1.5" x 1" and 3" x 3").</li> <li>• Bedroom#2, window screen frame is loose.</li> <li>• Bedroom#3, Window #1- 20 small holes, Window #2 - 10 small holes, Window #3 - two (2) holes and Window #4 - 1 tear and 10 small holes.</li> </ul>	<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;">Yes, deficiency corrected.</p> <ul style="list-style-type: none"> <li>• The window screens were either replaced and/or fixed/patched; and the frame screen hooks are tightened.</li> </ul>	<p style="text-align: center;">01.05.18</p> <p style="text-align: center;">VE</p> <p style="text-align: center;">RECEIVED</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (i)(2)  All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure.</p> <p>Windows shall have screens having no less than sixteen meshes per inch.</p> <p><b>FINDINGS</b></p> <ul style="list-style-type: none"> <li>• Kitchen, all three (3) window screens damaged: Window #1 - openings 2" x3", 1" x 2.5", and ½" x ¼" Window #2 - opening ¾" x 3" and Window #3 openings 1.5" x 1" and 3" x 3").</li> <li>• Bedroom#2, window screen frame is loose.</li> <li>• Bedroom#3, Window #1- 20 small holes, Window #2 - 10 small holes, Window #3 - two (2) holes and Window #4 - 1 tear and 10 small holes.</li> </ul> <p>My Future plans and steps are:</p> <ul style="list-style-type: none"> <li>• When cleaning the room; wiping window glass – check the screen for any opening holes.</li> <li>• Apply window screen patch tape &amp; note to replace whole screen if necessary.</li> </ul>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></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 style="text-align: right;">01-05-18</p> <p style="text-align: right;">VE</p> <p style="text-align: right; font-weight: bold; font-size: 1.2em;">RECEIVED</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(1)(D) Bedrooms:</p> <p>General conditions:</p> <p>Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;</p> <p><b><u>FINDINGS</u></b> Licensed bedrooms used for storage. Repeat deficiency from 2017.</p> <ul style="list-style-type: none"> <li>• Bedroom #1, three (3) large stuffed animal toys; however, resident did not bring them or use them.</li> <li>• Bedroom #4, vacant and licensed by the department however, room contains a cabinet for excess linens. The closet contains a walker, extra linens, two (2) boxes of "Depends", three (3) packages of "Pull-ups" and a Discharged Resident #2's clothing.</li> </ul>	<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;">• Yes, deficiency corrected.</p> <ul style="list-style-type: none"> <li>• On January 4, 2018 took out all the stuffed toys in rooms.</li> <li>• On January 4, 2018 took out all excess linens and other items in vacant room.</li> </ul>	<p style="text-align: right;">01.04.18</p> <p style="text-align: right;"><i>VE</i></p> <p style="text-align: right;">RECEIVED</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(1)(D) Bedrooms:</p> <p>General conditions:</p> <p>Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;</p> <p><b><u>FINDINGS</u></b> Licensed bedrooms used for storage. Repeat deficiency from 2017.</p> <ul style="list-style-type: none"> <li>• Bedroom #1, three (3) large stuffed animal toys; however, resident did not bring them or use them.</li> <li>• Bedroom #4, vacant and licensed by the department however, room contains a cabinet for excess linens. The closet contains a walker, extra linens, two (2) boxes of "Depends", three (3) packages of "Pull-ups" and a Discharged Resident #2's clothing.</li> </ul>	<p style="text-align: center;">PART 2</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 style="text-align: center;">My Future plans and steps are:</p> <ul style="list-style-type: none"> <li>• When admitting new residents ask if they like the items in the room; remove immediately if not using it.</li> <li>• For new/extra linens put in bathroom linen closet</li> <li>• Store away orthopedic items/medical items: walker/cane/"depends" - outside storage unit.</li> </ul>	<p style="text-align: center;">01.04.18</p> <p style="text-align: center;"><i>VE</i></p> <p style="text-align: right;">RECEIVED</p>

	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><b><u>FINDINGS</u></b> No plastic pliable pillow protector on one of two pillows in Bedroom #2 and none for pillows in Bedroom # 1, #3 or #4.</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;">Yes, deficiency corrected.</p> <ul style="list-style-type: none"> <li>• Bought brand new plastic pliable pillow protectors (replaced missing items)</li> <li>• One pillow protector per resident and each room. <i>(resident took it off and/or discarded it)</i></li> </ul>	<p style="text-align: center;">01.05.18</p> <p style="text-align: center;"><i>NE</i></p> <p style="text-align: right; font-weight: bold; font-size: 1.2em;">RECEIVED</p>

	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><b><u>FINDINGS</u></b> No plastic pliable pillow protector on one of two pillows in Bedroom #2 and none for pillows in Bedroom # 1, #3 or #4.</p>	<p style="text-align: center;">PART 2</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 style="text-align: center;">My Future plans and steps are:</p> <ul style="list-style-type: none"> <li>• To make a linen log – <i>(list date/#items/missing items/inform housekeeper)</i></li> <li>• When changing bed sheet &amp; pillow-case; will check to see if the pillow protector is still on.</li> <li>• Explain to resident why it's important to have it on.</li> </ul>	<p style="text-align: center;">01-05-18</p> <p style="text-align: center;"><i>ve</i></p> <p style="text-align: right; font-weight: bold; font-size: 1.2em;">RECEIVED</p>

Licensee's/Administrator's Signature: Veronica Esteban

Print Name: Veronica Esteban

Date: 3-9-08

RECEIVED

Initial: \_\_\_\_\_