

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Zennia's (DDDH)	CHAPTER 89
Address: 94-265 Puamano Place, Waipahu, Hawaii 96797	Inspection Date: June 20, 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>§11-89-9 <u>General staff health requirements.</u> (a)(2) All individuals living in the facility including those who provide services directly to residents shall have documented evidence that they have had examination by a physician prior to their first contact with the residents of the home and thereafter as frequently as the department deems necessary. The examination shall be specifically oriented to rule out communicable disease and shall include tests for tuberculosis.</p> <p>If a tuberculin skin test is positive, a standard chest x-ray and appropriate medical follow-up shall be obtained. A satisfactory chest x-ray shall be required yearly thereafter for three successive years.</p> <p><u>FINDINGS</u> An annual TB screening was not completed for Caregivers #1, #2 and #3, who have a history of a positive TB skin test and negative chest x-ray thereafter.</p>	<p style="text-align: center;">PART 1 <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>attached are copies of the the revised Annual TB screening Form from the physician of Care Givers #2 & #3 indicating that there is no evidence of Pulmonary Tuberculosis.</i></p>	<p style="text-align: right;"><i>3/8/18</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-9 <u>General staff health requirements.</u> (a)(2) All individuals living in the facility including those who provide services directly to residents shall have documented evidence that they have had examination by a physician prior to their first contact with the residents of the home and thereafter as frequently as the department deems necessary. The examination shall be specifically oriented to rule out communicable disease and shall include tests for tuberculosis.</p> <p>If a tuberculin skin test is positive, a standard chest x-ray and appropriate medical follow-up shall be obtained. A satisfactory chest x-ray shall be required yearly thereafter for three successive years.</p> <p><u>FINDINGS</u> An annual TB screening was not completed for Caregivers #1, #2 and #3, who have a history of a positive TB skin test and negative chest x-ray thereafter.</p>	<p style="text-align: center;">PART 2 <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>In the future, I'll put it on the calendar one month before the due date of the TB Test for all the Care Givers (Main (Primary Care Giver) & Substitutes). After the TB screening forms are completed before the doctor signs it ^{will} make sure to review the forms.</i></p>	<p style="text-align: right;"><i>3/8/18</i></p>

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<input checked="" type="checkbox"/>	<p>§11-89-9 <u>General staff health requirements.</u> (a)(2) All individuals living in the facility including those who provide services directly to residents shall have documented evidence that they have had examination by a physician prior to their first contact with the residents of the home and thereafter as frequently as the department deems necessary. The examination shall be specifically oriented to rule out communicable disease and shall include tests for tuberculosis.</p> <p>If a tuberculin skin test is positive, a standard chest x-ray and appropriate medical follow-up shall be obtained. A satisfactory chest x-ray shall be required yearly thereafter for three successive years.</p> <p><u>FINDINGS</u> A current TB clearance was not available for Caregiver #4.</p>	<p style="text-align: center;">PART 1 <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>Already corrected the deficiency. Obtained a copy of the TB Risk Assessment and attestation screening from respective doctor of Assistant Care Giver #4. Pls see attached.</i></p>	<p style="text-align: right;"><i>11/20/17</i></p>

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<input checked="" type="checkbox"/>	<p>§11-89-9 <u>General staff health requirements.</u> (a)(2) All individuals living in the facility including those who provide services directly to residents shall have documented evidence that they have had examination by a physician prior to their first contact with the residents of the home and thereafter as frequently as the department deems necessary. The examination shall be specifically oriented to rule out communicable disease and shall include tests for tuberculosis.</p> <p>If a tuberculin skin test is positive, a standard chest x-ray and appropriate medical follow-up shall be obtained. A satisfactory chest x-ray shall be required yearly thereafter for three successive years.</p> <p>FINDINGS A current TB clearance was not available for Caregiver #4.</p>	<p style="text-align: center;">PART 2 <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>In the future, I will put a reminder note on the calendar 1 month before the due date of the Annual TB Screening Test for Care Giver as well as the Substitute Care Givers. Will verbally remind them that TB Test is due soon.</i></p>	<p style="text-align: right;"><i>3/8/18</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-9 <u>General staff health requirements.</u> (f)(3) Responsible adults shall be capable of managing any emergency occurring in the facility as well as the caregiver could have managed had he or she been present. At a minimum, the responsible adult shall have the following skills during the periods of absence of the certified caregiver. This does not preclude the temporary transfer of the residents to another suitable certified and licensed facility.</p> <p>Be CPR certified.</p> <p><u>FINDINGS</u> For Caregiver #4, evidence of current CPR certification was not available.</p>	<p style="text-align: center;">PART 1 <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>already corrected the deficiency. Requested a current copy of Caregiver's #4 CPR certification Pls. see attached.</i></p>	<p style="text-align: right;"><i>11/20/17</i></p>

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<input checked="" type="checkbox"/>	<p>§11-89-9 <u>General staff health requirements.</u> (f)(3) Responsible adults shall be capable of managing any emergency occurring in the facility as well as the caregiver could have managed had he or she been present. At a minimum, the responsible adult shall have the following skills during the periods of absence of the certified caregiver. This does not preclude the temporary transfer of the residents to another suitable certified and licensed facility.</p> <p>Be CPR certified.</p> <p><u>FINDINGS</u> For Caregiver #4, evidence of current CPR certification was not available.</p>	<p style="text-align: center;">PART 2 <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>In the future, will make a list of the Household substitute care Givers and put it on the calendar, 1 month before the due date of their CPR certification. Will ask also the help of the assistant care Giver to review all the requirements that expires in the future.</i></p>	<p style="text-align: right;"><i>3/8/18</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-89-9 <u>General staff health requirements.</u> (f)(4) Responsible adults shall be capable of managing any emergency occurring in the facility as well as the caregiver could have managed had he or she been present. At a minimum, the responsible adult shall have the following skills during the periods of absence of the certified caregiver. This does not preclude the temporary transfer of the residents to another suitable certified and licensed facility.</p> <p>Have a valid certificate in first aid training.</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Already corrected the deficiency.</i></p>	
	<p><u>FINDINGS</u> For Caregiver #4, evidence of current First Aid certification was not available.</p>	<p><i>Requested the current First Aid certification from caregiver #4</i></p> <p><i>Please see attached.</i></p>	<p><i>11/20/17</i></p>

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<input checked="" type="checkbox"/>	<p>§11-89-9 <u>General staff health requirements.</u> (f)(4) Responsible adults shall be capable of managing any emergency occurring in the facility as well as the caregiver could have managed had he or she been present. At a minimum, the responsible adult shall have the following skills during the periods of absence of the certified caregiver. This does not preclude the temporary transfer of the residents to another suitable certified and licensed facility.</p> <p>Have a valid certificate in first aid training.</p> <p><u>FINDINGS</u> For Caregiver #4, evidence of current First Aid certification was not available.</p>	<p style="text-align: center;">PART 2 <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>In the future, will put a reminder note on the calendar 1 month before First Aid certification is due for care givers and substitute care givers. Will also remind the substitute care givers that First Aid is due soon.</i></p>	<p style="text-align: right;"><i>3/8/18</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><u>FINDINGS</u> Cable was taped down and running across the entryway to Bedroom #1 creating a potential safety hazard.</p>	<p style="text-align: center;">PART 1 <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>already corrected the deficiency.</i> <i>Cable^{wire} has already been re-routed to a safer place which is around the door frame.</i></p>	<p style="text-align: right;"><i>11/20/17</i></p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> For Resident #1, Ventolin HFA 90 mcg Inhaler, inhale 1 puff every 4 hours as needed was dispensed on June 5, 2017; however, there was no physician order found.</p>	<p style="text-align: center;">PART 1 <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>already corrected the deficiency Requested a copy of the revised doctor's progress note. It was not used because doctor didn't need during visit for PRN use for Resident #1 Pls see attached.</i></p>	<p style="text-align: right;"><i>11/22/17</i></p>

Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/> <p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> For Resident #1, Ventolin HFA 90 mcg Inhaler, inhale 1 puff every 4 hours as needed was dispensed on June 5, 2017; however, there was no physician order found.</p>	<p style="text-align: center;">PART 2 <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>In the future, for resident #1 will make sure to check while at the doctors clinic that whatever the physician's orders are, should be listed on the progress note. Anything missing can be corrected right away. Will ask also the doctor to double check the physician order to make sure everything is complete.</i></p>	<p style="text-align: right;"><i>11/20/17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(6) Medications:</p> <p>All physician orders shall be re-evaluated and signed by the physician every three months or at the next physician's visit, whichever comes first.</p> <p><u>FINDINGS</u> For Resident #1, Losartan Potassium 100 mg tablet (Cozaar), take ½ tablet by mouth twice a day was not updated on January 7, 2017 and October 14, 2016 with the other medications; however, it was listed on the January 2017 and October 2016 medication records.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<p><input checked="" type="checkbox"/> §11-89-14 <u>Resident health and safety standards.</u> (e)(6) Medications:</p> <p>All physician orders shall be re-evaluated and signed by the physician every three months or at the next physician's visit, whichever comes first.</p> <p><u>FINDINGS</u> For Resident #1, Losartan Potassium 100 mg tablet (Cozaar), take ½ tablet by mouth twice a day was not updated on January 7, 2017 and October 14, 2016 with the other medications; however, it was listed on the January 2017 and October 2016 medication records.</p>	<p style="text-align: center;">PART 2 <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>Resident #1</i></p> <p><i>In the future will see to it that before leaving the doctors clinic, will check the list of the medications that's on the progress note of the physician if everything is listed. If something is missing, will confirm ^{or verify} with the doctor if missing medication is discontinued. Will ask also the help of the assistant caregiver #2, #3 & #4 to double check the record to ensure that it doesn't happen again.</i></p>	<p style="text-align: right;"><i>11/20/17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><u>FINDINGS</u></p> <p>For Resident #1, the 3-month medication updates of July 9, 2016, October 14, 2016, January 7, 2017 and April 20, 2017 note, Levothyroxine 112 mcg, take ½ to 1 tab by mouth daily before breakfast. However, the June 2016 – February 2017 medication records note, Levothyroxine 112 Meq tablet, take 1 tab by mouth every day before meals, and the March 2017 – June 2017 medication records note, Levothyroxine 112 tablet, take 1 tab by mouth every day before meals.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<p><input checked="" type="checkbox"/> §11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><u>FINDINGS</u> For Resident #1, the medication records from June 2016 – December 2016 list, Metformin HCL 50 mg oral tablet, take 2 tabs by mouth two times per day with meals. The strength should be 500 mg.</p>	<p style="text-align: center;">PART 2 <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>Resident #1</i></p> <p><i>In the future, will see to it that strength of the physician's orders should match what is being listed on the medication record. Will ask the help of the assistant caregivers to double check the medication record if if everything is okay. If something needs to be corrected it shall be corrected right away.</i></p> <p><i>Pls see attached.</i></p>	<p style="text-align: right;"><i>11/20/17</i></p>

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<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><u>FINDINGS</u> For Resident #1, on July 27, 2016, Tylenol PRN only for pain 500 mg BID PRN was ordered; however, it was not reflected on the medication records and there was no physician order to discontinue it.</p>	<p style="text-align: center;">PART 1 <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>Already corrected the deficiency. Resident #1 Obtained a revised copy of doctor's progress note on 7/27/16. Tylenol PRN not used. As see attached.</i></p>	<p style="text-align: center;">11/20/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><u>FINDINGS</u> For Resident #1, on July 27, 2016, Tylenol PRN only for pain 500 mg BID PRN was ordered; however, it was not reflected on the medication records and there was no physician order to discontinue it.</p>	<p style="text-align: center;">PART 2 <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>Resident #1</i></p> <p><i>In the future, will make sure that that whatever is the physicians orders are should be reflected in the medication record. Will ask the help of the assistant care giver (#2, #3 & #4) to ensure it doesn't happen again</i></p>	<p style="text-align: right;"><i>11/20/17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><u>FINDINGS</u> For Resident #1, on July 27, 2016, an x-ray of the right knee was done due to complaints of pain. There were no caregiver notes regarding the resident's complaints of pain and/or resident's response to the Ibuprofen ordered on July 23, 2016 and given from July 24, 2016 – July 28, 2016.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><u>FINDINGS</u> For Resident #1, on July 27, 2016, an x-ray of the right knee was done due to complaints of pain. There were no caregiver notes regarding the resident's complaints of pain and/or resident's response to the Ibuprofen ordered on July 23, 2016 and given from July 24, 2016 – July 28, 2016.</p>	<p style="text-align: center;">PART 2 <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>In the future, I'll make sure that when administering any pain medication, I'll document on the medical record. I will also ask the resident on how she/he is doing. I'll also observe and document on how he responds when taking his/her pain medication. 3/8/18</i></p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(3) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Entries by the caregiver describing treatments and services rendered;</p> <p><u>FINDINGS</u> For Resident #1, on July 9, 2016, physician ordered the One Touch Glucometer Strips to be used PRN only. It was later discontinued on July 27, 2016; however, there was no documentation in the resident's record if blood sugar tests were ever done and/or documentation of the blood sugar readings.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(3) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Entries by the caregiver describing treatments and services rendered;</p> <p><u>FINDINGS</u> For Resident #1, on July 9, 2016, physician ordered the One Touch Glucometer Strips to be used PRN only. It was later discontinued on July 27, 2016; however, there was no documentation in the resident's record if blood sugar tests were ever done and/or documentation of the blood sugar readings.</p>	<p style="text-align: center;">PART 2 <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>Resident #1 In the future, will see to it that before leaving the doctor's office will verify with the physician if the One Touch Glucometer Strip is covered under the medical plan of the resident ³ before if not will ask for any alternative. Pls. see attached</i></p>	<p style="text-align: right;"><i>11/20/17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(5) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Physician's signed orders for diet, medications, special appliances, adaptive equipment, and treatments;</p> <p><u>FINDINGS</u> There was no standardized diet order for Resident #1. On July 27, 2016, the physician documented to let the resident try to lose weight. On April 20, 2017, the physician documented that the resident's diet was discussed and the need for resident to lose weight.</p>	<p style="text-align: center;">PART 1 <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>Diet order for regular diet was obtained for resident #1</i></p>	<p style="text-align: center;"><i>5/24/18</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(5) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Physician's signed orders for diet, medications, special appliances, adaptive equipment, and treatments;</p> <p><u>FINDINGS</u> There was no standardized diet order for Resident #1. On July 27, 2016, the physician documented to let the resident try to lose weight. On April 20, 2017, the physician documented that the resident's diet was discussed and the need for resident to lose weight.</p>	<p style="text-align: center;">PART 2 <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>In the future if the resident is on a regular diet, diet order will be updated every year on the physical examination form. If resident is on special diet, the diet order will be updated every 3 months on the medication update form. Will also have the substitute caregiver to double check to ensure the diet order is updated as appropriate.</i></p>	<p style="text-align: right;"><i>5/24/18</i></p>

33 Medical records will be checked by the substitute caregiver 1x/wk.

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition</u>. (c) Foods shall be selected and prepared to meet the food desires and habits of residents as much as possible, provided nutritional quality is maintained. One week's menu shall be posted. There shall be a minimum of food supplies for three days, which will be adequate for the number of people to be served.</p> <p><u>FINDINGS</u> The menu was not posted.</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>already corrected the deficiency.</i></p> <p><i>Menu already posted - See attached 11/20/17</i></p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition</u>. (c) Foods shall be selected and prepared to meet the food desires and habits of residents as much as possible, provided nutritional quality is maintained. One week's menu shall be posted. There shall be a minimum of food supplies for three days, which will be adequate for the number of people to be served.</p> <p><u>FINDINGS</u> The menu was not posted.</p>	<p style="text-align: center;">PART 2 <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>In the future, I'll put a note on the calendar to post the weekly menu (Sunday) I will also ask the substitute caregiver to check every week (Sunday) that menu is posted.</i></p>	<p style="text-align: center;">Completion Date</p> <p style="text-align: right;"><i>3/8/18</i></p>

Licensee's/Administrator's Signature: Zenna Agpava

Print Name: Zenna Agpava

Date: 11/20/17

Licensee's/Administrator's Signature: Zenna Agpava

Print Name: Zenna Agpava

Date: 3/8/18

Licensee's/Administrator's Signature: Zenna Agpava

Print Name: Zenna Agpava

Date: 5/24/18