Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kina Ole Estate Elima, LLC	**CHAPTER 100.1**
Address: **1368 Kuloaa Place, Kailua, Hawaii 96744**	**Inspection Date: May 26 & 27, 2016 Annual**

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

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Refrigerated medications were in a separate container; however, the container was not locked.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Refrigerated medications were in a separate container; however, the container was not locked.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #2 – "Metoprolol succinate ER 50 mg Take ½ tab (25 mg) orally daily hold for SBP below 90 or pulse below 60" ordered 3/18/16; however, the parameters were not followed. For example, the medication was held on the following days: • On 5/17/16, BP = 99/74, HR = 99 • On 5/24/16, BP = 92/73, HR = 104	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #2 – "Metoprolol succinate ER 50 mg Take ½ tab (25 mg) orally daily hold for SBP below 90 or pulse below 60" ordered 3/18/16; however, the parameters were not followed. For example, the medication was held on the following days: • On 5/17/16, BP = 99/74, HR = 99 • On 5/24/16, BP = 92/73, HR = 104	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-15 Medications. (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications. **FINDINGS** Resident #1 – Discontinued medication "quetiapine" and "Vigamox" found with current medication.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	Rules (Criteria)	Plan of Correction	Completion Date
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	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-17 Records and reports. (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: Documentation of primary care giver's assessment of resident upon admission; **FINDINGS** Resident #1 – The admission assessment noted that the skin was not intact; however, there was no documentation/description of the condition of the skin on the admission assessment. The 3/18/16 progress notes reflected "pressure sores visible on buttocks;" however, no description of the location of the pressure sores, size, or appearance.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	Rules (Criteria)	Plan of Correction	Completion Date
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	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-17 Records and reports. (a)(6) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: Physician or APRN signed orders for diet, medications, and treatments; **FINDINGS** Resident #1 – No documentation of medication, diet, treatment orders at the time of admission 3/18/16.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-17 Records and reports. (a)(6) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: Physician or APRN signed orders for diet, medications, and treatments; **FINDINGS** Resident #1 – No documentation of medication, diet, treatment orders at the time of admission 3/18/16.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; **FINDINGS** Resident #1 – Progress notes did not reflect the fall on 4/5/16 resulting in a skin tear to the knee. Resident #1 – Progress notes for the fall on 4/23/16 at 1 a.m. was written by the House Manager the following day. Documentation did not include the location or severity of the head injury ("bump on head.") There was no post fall monitoring. Resident #1 – Progress notes (4/14/16) reflected: "Staff noticed that redness was present on butt and an open sore on buttock cheek;" however, there was no documentation of the location, size or description of the "open sore." Resident #1 – No progress notes for skin tear to the right forearm, right hand by knuckle 4th & 5th fingers for which the Case Manager has instructions (dated 5/10/16) for care. Resident #2 – Progress notes did not reflect the need for "lidocaine patch."	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; **FINDINGS** Resident #1 – Progress notes did not reflect the fall on 4/5/16 resulting in a skin tear to the knee. Resident #1 – Progress notes for the fall on 4/23/16 at 1 a.m. was written by the House Manager the following day. Documentation did not include the location or severity of the head injury ("bump on head.") There was no post fall monitoring. Resident #1 – Progress notes (4/14/16) reflected: "Staff noticed that redness was present on butt and an open sore on buttock cheek;" however, there was no documentation of the location, size or description of the "open sore." Resident #1 – No progress notes for skin tear to the right forearm, right hand by knuckle 4th & 5th fingers for which the Case Manager has instructions (dated 5/10/16) for care. Resident #2 – Progress notes did not reflect the need for "lidocaine patch."	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-17 Records and reports. (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary. **FINDINGS** Resident #1 – No incident report for fall on 4/5/16 resulting in a skin tear to the knee. Physician notified by fax.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-17 Records and reports. (f)(1) General rules regarding records: All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry; **FINDINGS** Resident #1 – Multiple entries in the resident record were written in blue ink by the case manager.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-23 Physical environment. (l)(1) An enclosed dining area within the Type I ARCH shall be provided for residents which shall be apart from sleeping quarters but may be in continuity to the living room area. The following shall prevail: At least one table with twenty nine inches clearance between floor and lower edge shall be provided to allow for those residents using wheelchairs; **FINDINGS** No table with twenty-nine inches clearance. There were two (2) tables with clearances less than 27 inches.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**	

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☒	§11-100.1-23 Physical environment. (l)(1) An enclosed dining area within the Type I ARCH shall be provided for residents which shall be apart from sleeping quarters but may be in continuity to the living room area. The following shall prevail: At least one table with twenty nine inches clearance between floor and lower edge shall be provided to allow for those residents using wheelchairs; **FINDINGS** No table with twenty-nine inches clearance. There were two (2) tables with clearances less than 27 inches.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-54 General operational policies. (1) In addition to the requirements in section 11-100.1-7, the Type II ARCH shall have general operational policies on the following topics: Nursing services, delegation and staffing pattern/ratio; **FINDINGS** The Post Fall Monitoring procedure is not followed. For example: • Resident #1 had an ice pack applied to the head following a fall on 4/23/16; however, no monitoring was done. • Resident #2 had a laceration requiring sutures to the forehead on 12/21/15; however, no monitoring was done. The Administration of Medications General Guidelines is not followed. For example, the guidelines state: • "If a dose of regularly scheduled medication is held because the administration parameters are not met…indicate the reason the medication was held." No documentation of the reason why the medication was held. For example: Resident #1 o "Metoprolol succinate ER 50 mg Take ½ tablet (25 mg) orally daily hold for SBP below 90 or pulse below 60." ▪ On 5/22/16, BP = 88/65, HR = 70; no documentation why the medication was held. ▪ On 4/30/16, BP = 82/55, HR = 71; no documentation why the medication was	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	Rules (Criteria)	Plan of Correction	Completion Date
	held. ▪ On 4/25/16, BP = 88/71, HR = 111; no documentation why the medication was held. ▪ On 3/20/16, BP = 94/68, HR = 77; no documentation why the medication was held. • "The resident's medication record (MR) is initialed by the person administering a medication…Initials on the MR are verified with a full signature in the space provided." The full signature of the care giver was not documented on the space provided for example: o May 2016 medication record: "LL" did not have the full signature o April 2016 medication record: "LL" and "DT" did not have the full signature o March 2016 medication record: "LL," "KH," "CC," and "KJ" did not have the full signature		

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	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(1) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects; **FINDINGS** Resident #1 – The comprehensive assessment was not completed by the case manager prior to admission on 3/18/16. Resident #1 – The comprehensive assessment completed on 3/20/16 noted "no open areas to coccyx;" however, the House Manager's progress notes of 3/18/16 noted "pressure sores visible on buttocks."	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident; **FINDINGS** Resident #1 – Care plan did not reflect that the resident is wheelchair dependent for mobility.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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☒	§11-100.1-88 Case management qualifications and services. (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions; **FINDINGS** Resident #1 – "ADLs" care plan intervention noted "requires 1 staff to assist with meals and feed him…;" however, on 5/26/16, the resident observed feeding himself using a fork and cup. The dietitian notes of 4/8/16 noted "resident is able to feed self but is assisted as needed to finish meals."	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-13 Nutrition. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets. **FINDINGS** Resident #2 – No documentation that "Normal. Heart Healthy diet" ordered on 2/1/16 was clarified with the physician. "Normal" is not a standard diet order.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-20 Resident health care standards. (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain. **FINDINGS** Resident #1 – No documentation that the physician was notified about "pressure sores visible on buttocks" as stated in progress notes dated for the week of 3/13/16 – 3/19/16 and "staff noticed that redness was present on butt and an open sore on his butt cheek" as stated in progress notes dated 4/14/16.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-55 Nutrition and food sanitation. (1) In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs: A registered dietitian shall be utilized to assist in the planning of menus, and provide nutritional assessments for those residents identified to be at nutritional risk or on special diets. All consultations shall be documented; **FINDINGS** Resident #1 – No documentation that the Consultant RD was utilized to provide nutritional assessments for resident identified to be at nutritional risk. Progress notes dated for the week of 3/13/16 – 3/19/16 stated that "pressure sores visible on buttocks" and progress notes dated 4/14/16 stated "staff noticed that redness was present on butt and an open sore on his butt cheek."	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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☒	§11-100.1-55 Nutrition and food sanitation. (1) In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs: A registered dietitian shall be utilized to assist in the planning of menus, and provide nutritional assessments for those residents identified to be at nutritional risk or on special diets. All consultations shall be documented; **FINDINGS** Resident #1 – No documentation that the Consultant RD was utilized to provide nutritional assessments for resident identified to be at nutritional risk. Progress notes dated for the week of 3/13/16 – 3/19/16 stated that "pressure sores visible on buttocks" and progress notes dated 4/14/16 stated "staff noticed that redness was present on butt and an open sore on his butt cheek."	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident; **FINDINGS** Resident #1 – Nutrition care plan did not include specific procedures for interventions or services and measureable goals and outcomes related to the resident's nutritional status, including but not limited to change in weight, change in appetite, hydration, and bowel habits. Resident #1 – Care plan for "Impaired skin integrity and at risk for pressure ulcer development due to incontinence, decreased mobility, advancing age, and requires staff	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	Rules (Criteria)	Plan of Correction	Completion Date
	assistance for ADL's" did not include specific procedures for interventions or services and measureable goals and outcomes related to the prevention and treatment of pressure ulcers.		

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident; **FINDINGS** Resident #1 – Nutrition care plan did not include specific procedures for interventions or services and measureable goals and outcomes related to the resident's nutritional status, including but not limited to change in weight, change in appetite, hydration, and bowel habits. Resident #1 – Care plan for "Impaired skin integrity and at risk for pressure ulcer development due to incontinence, decreased mobility, advancing age, and requires staff	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**	

	Rules (Criteria)	Plan of Correction	Completion Date
	assistance for ADL's" did not include specific procedures for interventions or services and measureable goals and outcomes related to the prevention and treatment of pressure ulcers.		

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-23 Physical environment. (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers. **FINDINGS** Bedroom #8 – Wall paint peeling off by bed headboard area.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-23 Physical environment. (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers. **FINDINGS** Bedroom #8 – Wall paint peeling off by bed headboard area.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-23 Physical environment. (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. Housekeeping: 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; **FINDINGS** Bedroom #7 & #8 – Blinds in resident bedroom windows are dusty.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-23 Physical environment. (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. Housekeeping: 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; **FINDINGS** Bedroom #7 & #8 – Blinds in resident bedroom windows are dusty.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-23 Physical environment. (p)(5) Miscellaneous: Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system. **FINDINGS** Bedroom #8 – Bedside signaling device not working.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-23 Physical environment. (p)(5) Miscellaneous: Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system. **FINDINGS** Bedroom #8 – Bedside signaling device not working.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**	

Licensee’s/Administrator’s Signature: _____

Print Name: _____

Date: _____