

# CARE HOME CLOSED ON APRIL 30, 2019

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

|                                                               |                                                |
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| <b>Facility's Name: Luczon, Cipriana (ARCH)</b>               | <b>CHAPTER 100.1</b>                           |
| <b>Address:<br/>1765 Gulick Avenue Honolulu, Hawaii 96817</b> | <b>Inspection Date: January 3, 2017 Annual</b> |

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

|                                     | Rules (Criteria)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Plan of Correction                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Completion Date                                                |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-7 <u>General operational policies.</u> (c)<br/> 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><br/> Resident #1 signed general operating policy reflects requirement for licensee to give two weeks' notice of intent to discharge resident.</p> | <p><b><u>YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Primary Caregiver of ARCH must give (30) Thirty Days Notice of Intent to discharge resident.</i></p> <p><i>Primary Care Giver also executed a written agreement between the primary care giver of the ARCH and ARCH resident that 30 Days Notice of Intent to discharge resident be given.</i></p> <p style="text-align: right;">DUH-UDCA LICENSING</p> | <p><i>1-6-2017</i></p> <p style="text-align: right;">11:24</p> |

|                                     | Rules (Criteria)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Plan of Correction                                                                                                                                                                                                                                                                                                                                   | Completion Date                            |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-7 <u>General operational policies.</u> (c)<br/> 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><br/> Resident #1 signed general operating policy reflects requirement for licensee to give two weeks' notice of intent to discharge resident.</p> | <p style="text-align: center;"><b>PART 2</b><br/> <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>- The new policy was upgraded to 30 day.<br/> - Whenever I discharge a patient I will give them 30 days notice</p> | <p style="text-align: right;">10/30/18</p> |

|                                     | Rules (Criteria)                                                                                                                                                                                                                                                                                                                                              | Plan of Correction                                                                                                                                                                                                                                                                                                                               | Completion Date                                                 |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b)<br/>All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><b><u>FINDINGS</u></b><br/>Household Member #1 No documentation of two-step TB clearance.</p> | <p><b><u>YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Household member #1 - Documentation of the two-step TB clearance was obtained on 1/24/2017. Therefore, TB Clearance is available for review/record.</i></p> <p style="text-align: right;">DUH-ORCA LICENSING</p> | <p><i>1/24/2017</i></p> <p style="text-align: center;">1/24</p> |

|                                     | Rules (Criteria)                                                                                                                                                                                                                                                                                                                                       | Plan of Correction                                                                                                                                                                                                                                                                                                     | Completion Date        |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b)<br/>All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u><br/>Household Member #1 No documentation of two-step TB clearance.</p> | <p style="text-align: center;"><b>PART 2</b><br/><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>- In the future, I will let them have documentation of 2 Step TB Clearance</i></p> | <p><i>10/30/18</i></p> |

|                                     | Rules (Criteria)                                                                                                                                                                                                                                                                                                                                      | Plan of Correction                                                                                                                                                                                                                                                                                                                      | Completion Date                                                             |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b)<br/>All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><b>FINDINGS</b><br/>Household Member #2 No documentation of initial positive PPD.</p> | <p><b><u>YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Household member #2 was able to obtain and complete the TB clearance dated 9/30/2016.</i></p> <p><i>Household member #2 had PPD Assessment dated 9/11/2016 which the result were both negative.</i></p> | <p><i>9/30/2016</i></p> <p style="text-align: right;">D.H. ORCA LIBENSI</p> |

|                                     | Rules (Criteria)                                                                                                              | Plan of Correction                                                                                                                                                                                                                                          | Completion Date        |
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| <input checked="" type="checkbox"/> | <p><b>RULE # §11-100.1-9 (b)</b></p> <p><b>FINDINGS</b><br/>Household Member #2 No documentation of initial positive PPD.</p> | <p><b>PART 2</b><br/><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><i>- I will list on the calendar as a reminder for requesting positive PPD</i></p> | <p><i>10/30/18</i></p> |

|                                     | Rules (Criteria)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Plan of Correction                                                                                                                                                                                                                                                                                                                                                                        | Completion Date                                                                     |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u><br/>(e)(4)<br/>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><br/>Substitute Care Giver #1 No documentation of training by primary care giver to make medications available to residents and document such action.</p> | <p><b><u>YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Substitute Care giver #1 - Documentation of training by Primary caregiver was satisfied and completed on 2016. Substitute Care giver #1 completed CNA class/training.</i></p> <p style="text-align: right; vertical-align: bottom;">DH-CICA LICENSING</p> | <p><i>1/6/2017</i></p> <p style="text-align: right; vertical-align: bottom;">25</p> |



|                                     | Rules (Criteria)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Plan of Correction                                                                                                                                                                                                                                                                                                           | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u><br/>(e)(4)<br/>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><br/>Substitute Care Giver #1 No documentation of training by primary care giver to make medications available to residents and document such action.</p> | <p style="text-align: center;"><b>PART 2</b><br/><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>For future, any and all training will be immediately listed or recorded when completed.</p> |                 |

|                                     | Rules (Criteria)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Plan of Correction                                                                                                                                                                                                                                                                                                                                                                                                                             | Completion Date                    |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (a)(3)<br/> The licensee shall maintain written procedures to follow in an emergency which shall include provisions for the following:</p> <p>Response to disasters which would include evacuation, emergency shelters, and food supply, and as directed by the Civil Defense.</p> <p><b><u>FINDINGS</u></b><br/> Care home's disaster plan reflects that the Red Cross will provide shelter to residents if care home is not habitable.</p> | <p><b><u>YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Primary care giver is well aware and knowledgeable about the Emergency Plan, Fire Drill and Disaster Preparedness.</i></p> <p><i>Primary care giver always keeps the Fire Drill plan/Emergency plan in a binder and available to reach employees.</i></p> <p style="text-align: right;">DUI-CICA LICENSING</p> | <p><i>1/6/2017</i></p> <p>5005</p> |

|                                     | Rules (Criteria)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Plan of Correction                                                                                                                                                                                                                                                                                                                   | Completion Date                             |
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|                                     | Rules (Criteria)                                                                                                                                                                                                                                                                                                                                                    | Plan of Correction                                                                                                                                                                                                                          | Completion Date                                                              |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-14 <u>Food sanitation.</u> (f)<br/>           Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><b><u>FINDINGS</u></b><br/>           Clorox bleach unsecured in second bathroom accessible by residents.</p> | <p><b><u>YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Clorox Bleach or any Toxic chemicals Cleaning Agents were put away - stored in a safe place/locker.</i></p> | <p><i>1/6/2017</i></p> <p style="text-align: right;">DUP-CLICA LICENSING</p> |

|                                     | Rules (Criteria)                                                                                                                                                                                                                                                                                                                              | Plan of Correction                                                                                                                                                                                                                                                                                                                                                                                  | Completion Date                                    |
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|                                     | Rules (Criteria)                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Plan of Correction                                                                                                                                                                                                              | Completion Date                                                                                                                                              |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (a)(1)<br/> 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>FINDINGS</b><br/> Resident #1 No primary care giver's assessment.</p> | <p><b><u>YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Admission<br/> Resident #1 Assessment is available for review. A copy will be submitted</i></p> | <p><i>4/25/2023</i></p> <p style="text-align: center;">76</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">DEFICIA L I C E N S I N G</p> |

|                                     | Rules (Criteria)                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Plan of Correction                                                                                                                                                                                                                                                                                                                           | Completion Date                                   |
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|                                     | Rules (Criteria)                                                                                                                                                                                                                                                                                                                                                                                         | Plan of Correction                                                                                                                                                                                                                                                                                            | Complete Date                                                 |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (b)(1)<br/>During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><b><u>FINDINGS</u></b><br/>Resident #1 No documentation of annual TB clearance.</p> | <p align="center"><b><u>YOU CORRECT THE DEFICIENCY?</u></b></p> <p align="center"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Resident # 1 Annual TB clearance<br/>03 24 2017<br/>was obtained and<br/>satisfactory completed</i></p> <p align="right">DAN-CROA LICENSING</p> | <p align="right"><i>3/24/2017</i></p> <p align="right">96</p> |



|                                     | Rules (Criteria)                                                                                                                                                                                                                                                                                                                                                                                         | Plan of Correction                                                                                                                                                                                                                                                                                                                                                       | Completion Date                                    |
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|                                     | Rules (Criteria)                                                                                                                                                                                                                                                                                                                                                                                  | Plan of Correction                                                                                                                                                                                                                                                                  | Completion Date                                              |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (b)(8)<br/>During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><b><u>FINDINGS</u></b><br/>Resident #1 No progress note by care giver for physician office visits on 12/5/16, 12/15/16.</p> | <p><b><u>YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Primary care given was not given a progress note by a physician during doctor's visit. # was obtained on 3/27/2017. Copy will be submitted.</i></p> | <p><i>3/27/2017</i></p> <p style="text-align: right;">96</p> |

|                                     | Rules (Criteria)                                                                                                                                                                                                                                                                                                                                                                                  | Plan of Correction                                                                                                                                                                                                                                                                                                              | Completion Date |
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|                                     | Rules (Criteria)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Plan of Correction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Completion Date                                               |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (e)<br/>           In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p><b>FINDINGS</b><br/>           Resident #1 emergency information sheet reflects discontinued Metformin 850 mg BID, Plavix 75 mg QD, Cimetidine 400 mg QD, Simvastatin 40 mg QHS, Ranitidine 150 mg QD, Niaspan 500 mg QHS, Risperdal 3 mg 1 ½ tablets QHS, Benztropine 1 mg QD, Diphenhydramine 50 mg QHS.</p> | <p><b><u>YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Findings are Discontinued:</i><br/> <i>Here are the following current medications prescribed by Resident #1 Physician.</i></p> <ol style="list-style-type: none"> <li><i>1) Clozapin 225mg qts<br/>225 mg AM</i></li> <li><i>2) Citalopram 40mg 1tab AM</i></li> <li><i>3) Parrofibrate 160mg 1tab HS</i></li> </ol> <p style="text-align: right; font-size: small;">DURWARD LUCASINI</p> | <p><i>12/15/2016</i></p> <p style="text-align: right;">25</p> |

|                                     | Rules (Criteria)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Plan of Correction                                                                                                                                                                                                                                                                                                                           | Completion Date                            |
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|                                     | Rules (Criteria)                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Plan of Correction                                                                                                                                                                                                                                                                                                | Completion Date                         |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B)<br/>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>FINDINGS</b><br/>Resident #1 No plastic pillow protector or name permanently inscribed on pillow to denote ownership.</p> | <p><b><u>YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Resident #1 plastic pillow protector and name permanently inscribed satisfactorily completed.</i></p> <p><i>In the future I will put plastic pillow/labeled it correctly.</i></p> | <p><i>1/24/2017</i></p> <p><i>5</i></p> |

|                                     | Rules (Criteria)                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Plan of Correction                                                                                                                                                                                                                                                                                                                                 | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B)<br/>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><br/>Resident #1 No plastic pillow protector or name permanently inscribed on pillow to denote ownership.</p> | <p style="text-align: center;"><b>PART 2</b><br/><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR<br/>FUTURE PLAN: WHAT WILL YOU DO TO<br/>ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>- In the future, plastic cover for pillows will be provided and names will be written on pillow case.</p> | <p>10/30/18</p> |

|                                     | Rules (Criteria)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Plan of Correction                                                                                                                                                                                                                            | Completion Date                                              |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (p)(5)<br/>Miscellaneous:</p> <p>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.</p> <p><b><u>FINDINGS</u></b><br/>Resident #1 hardwired signaling device not operable.</p> | <p><b><u>YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Resident #1 hardwired signaling device not operable was fixed or repaired on 1/6/2017. It works well.</i></p> | <p><i>1/6/2017</i></p> <p style="text-align: center;">-7</p> |



|                                     | Rules (Criteria)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Plan of Correction                                                                                                                                                                                                                                                                                                              | Completion Date                                    |
|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (p)(5)<br/>Miscellaneous:</p> <p>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.</p> <p><b><u>FINDINGS</u></b><br/>Resident #1 hardwired signaling device not operable.</p> | <p style="text-align: center;"><b>PART 2</b><br/><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR<br/>FUTURE PLAN: WHAT WILL YOU DO TO<br/>ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>-In the future, my assistant will check on signaling systems twice a month.</i></p> | <p style="text-align: center;"><i>10/20/18</i></p> |

Licensee's/Administrator's Signature: 

Print Name: CIPRIANA U. LUCZON

Date: 4/3/2017

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Licensee's/Administrator's Signature: 

Print Name: Cipriana U. Luczon

Date: 10/30/18