

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hale Malama	CHAPTER 100.1
Address: 94-1088 Farrington Highway, Waipahu, Hawaii 96797	Inspection Date: February 11, 2020 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.**

**YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><b><u>FINDINGS</u></b> Primary care giver (PCG) - No annual physical examination (PE).  Substitute care giver (SCG) #1 - No annual PE.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes - The primary caregiver called her physician to make an appointment for physical examination. The substitute caregiver went with the primary caregiver. Together they were able to obtain the Annual physical exam.</p>	02/12/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><b><u>FINDINGS</u></b> Primary care giver (PCG) - No annual physical examination (PE).  Substitute care giver (SCG) #1 - No annual PE.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>In the future, to ensure it doesn't happen again, I will do the following:</i></p> <ol style="list-style-type: none"> <li><i>1.) I will set up a reminder for myself and my substitute like my cell phone or my computer or designate someone for reminder.</i></li> <li><i>2.) after receiving the reminder, immediately make an appointment to see a physician for physical exam.</i></li> <li><i>3.) After obtaining the physical exam, I will place the certifications together with my substitutes in the ARCH binder.</i></li> <li><i>4.) I will make copies of my completed physical exam and my substitutes, then place the updated documents in the ARCH binder.</i></li> </ol>	05/14/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) 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> PCG - No annual screening for symptoms consistent with pulmonary tuberculosis (TB).  SCG #1 - No annual screening for symptoms consistent with pulmonary tuberculosis (TB).  SCG #2 - No annual screening for symptoms consistent with pulmonary tuberculosis (TB).</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes — The primary caregiver together with the Substitute #1 and the Substitute #2 were able to see the primary caregiver's physician who was able to verify and screened for the annual screening symptoms consistent with the pulmonary tuberculosis.</p>	02/12/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) 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> PCG - No annual screening for symptoms consistent with pulmonary tuberculosis (TB).  SCG #1 - No annual screening for symptoms consistent with pulmonary tuberculosis (TB).  SCG #2 - No annual screening for symptoms consistent with pulmonary tuberculosis (TB).</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future, to ensure it doesn't happen again, I will do the following:</p> <ol style="list-style-type: none"> <li>1.) I will set up a reminder for myself and my substitutes like: cell phone or computer reminder and designate someone to remind me and my substitutes.</li> <li>2.) When receiving the reminder, right away I will make an appointment to see my physician together <sup>with</sup> my substitutes.</li> <li>3.) After receiving the annual screening for symptoms consistent with pulmonary tuberculosis (TB), I will make copies of the documents.</li> <li>4.) The TB clearance certificate for myself and my substitutes will be placed in the ARCH binder.</li> </ol>	05/14/20

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a)  Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p><b><u>FINDINGS</u></b>  Resident #1 - No level of care prior to admission on 12/26/19. The level of care was dated 1/9/20.</p>	<p><b>PART 1</b></p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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☒	<p>§11-100.1-10 <u>Admission policies.</u> (a)  Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p><b>FINDINGS</b>  Resident #1 - No level of care prior to admission on 12/26/19. The level of care was dated 1/9/20.</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, to ensure it doesn't happen again, I will do the following:</p> <ol style="list-style-type: none"> <li>1.) When I receive a referral, I will ask questions to determine if the potential resident is fit for our care home.</li> <li>2.) If the resident is fit for our care home, I will make sure to follow the "<del>proper</del> <sup>admission</sup> admission" checklists provided by OHCA and give the referring person a copy of the checklists.</li> <li>3.) Upon receiving the documents, I will go to my "<del>proper</del> <sup>admission</sup> admission" checklists again to assure that all the necessary documents are present and dated by the potential resident's physician or APRN.</li> <li>4.) If all "<del>proper</del> <sup>admission</sup> admission" documents are present and signed, then, I will proceed with the admission.</li> </ol>	06/04/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) 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> Bleach, laundry detergent, fabric softener were unsecured in the laundry area.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>The Bleach, laundry detergent, fabric softener, were taken out immediately after the laundry was done and these cleaning agents were taken to a secured area by the kitchen and locked it.</p>	02/11/20



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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation</u>. (f) 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><u>FINDINGS</u> Bleach, laundry detergent, fabric softener were unsecured in the laundry area.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, to ensure it doesn't happen again, I will do the following:</p> <ol style="list-style-type: none"> <li>1.) I will provide a designated storage/ cabinet with a secured lock for toxic chemicals and cleaning agents in the laundry.</li> <li>2.) I will post a signage on the cabinet by the laundry area to remind everyone that toxic chemicals and laundry detergents must be secured after each use.</li> <li>3.) I will provide training to Substitute Caregivers (SCG) to routinely check for unsecured toxic chemicals and cleaning agents in the laundry area and to secure them if found unsecured.</li> <li>4.) I will check on a daily basis before leaving for the day that the laundry area cabinets are locked.</li> </ol>	06/04/20

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) 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> Bleach, Comet, Clorox Cleanup Cleaner + Bleach and other toxic chemicals and cleaning agents were unsecured under the kitchen sink cabinets.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes —</p> <p>The Bleach, comet, clorox cleanup cleaner plus Bleach and other toxic chemicals and cleaning agents were secured immediately by putting a lock outside the kitchen sink cabinet.</p>	02/11/20

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) 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> Bleach, Comet, Clorox Cleanup Cleaner + Bleach and other toxic chemicals and cleaning agents were unsecured under the kitchen sink cabinets.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In order for this incident not to happen again, the primary and the substitutes caregivers will be mindful and check everyday and throughout the day that these cleaning agents will be secured under the sink cabinets and have a lock all the time.</p>	02/11/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b)  Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><b><u>FINDINGS</u></b>  "Compro supp, oxycodone hydrochloride liquid, haloperidol liquid and bisacodyl supp" were unsecured in the resident area refrigerator.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes —</p> <p>Since these medications belong to the resident that just got discharged, the caregiver discarded these medicines in a proper container guided by a pharmacist.</p> <p>There are no more medications in the refrigerator.</p>	02/11/20

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (b)            Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><b><u>FINDINGS</u></b>            "Compro supp, oxycodone hydrochloride liquid, haloperidol liquid and bisacodyl supp" were unsecured in the resident area refrigerator.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future, if there are medications needed to be kept in the refrigerator, the caregiver will check the appropriate container everyday to ensure that it is secure by locking the container and continue to check on it all throughout the day.</p>	02/11/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 - "Prednisolone sodium phosphate 10 mg Tbid 30 mg daily" ordered 1/9/20; the medication label read "prednisolone ODT 10 mg tablets dissolve 3 tablets on the tongue daily." The January 2020 and February 2020 medication records noted "prednisolone 20 mg by mouth daily."</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>yes —</p> <p>The primary caregiver called the physician and asked for the clarification of the medication. He then clarified and documented.</p>	<p>02/13/20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 - "Prednisolone sodium phosphate 10 mg Tbid 30 mg daily" ordered 1/9/20; the medication label read "prednisolone ODT 10 mg tablets dissolve 3 tablets on the tongue daily." The January 2020 and February 2020 medication records noted "prednisolone 20 mg by mouth daily."</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, to ensure that it doesn't happen again, I will do the following:</p> <ol style="list-style-type: none"> <li>1) I will read the physician's order against the pharmacy label to determine if the physician's order needs to be clarified.</li> <li>2) Once I find a discrepancy, I will call the physician to clarify his order.</li> <li>3) I will also call the pharmacy to assure that we receive the same physician's order.</li> <li>4) If the pharmacy notify me that their available medication is of different route, for example, "under the tongue," I will call the physician again informing him of the pharmacy's available medication and if it's "ok" with him. If he says "yes" then I will ask him to write a new or clarified order.</li> <li>5) I will then document the clarified/new medication order.</li> <li>6) Once I have the medication, I will read the medication label with the medication record.</li> <li>7) I will train the SCG regarding comparing the medication label with the medication record prior to making the medication available to the resident.</li> <li>8) I will have the telephone order verified by the physician at the next office visit or by fax.</li> </ol>	06/04/20

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 - "Tums 500 mg Give 2 tabs po 4 times daily" ordered 1/9/20; the label noted "Chew 2 tablets by mouth four times daily as needed for indigestion. The medication is taken 4 times per day.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes — The caregiver called the physician and was asking him to clarify his order which he did and documented. He then called the pharmacist and the label changed to physician's ordered.</p>	02/13/20



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 - "amlodipine 5 mg tablets Take 1.5 tabs by mouth daily" ordered 1/9/20; the January 2020 and February 2020 medication records noted "1 tab" taken by the resident. The label noted "take 1 and 1/2 tablets."</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes — The caregiver always read the medication label when giving medicine to the resident. She had been given medication 1 1/2 tablet but somehow transcribed only one tablet on the medication record. The caregiver then add 1/2 tab. to the "1 tab" to correct the medication record</p>	02/11/20

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 - "amlodipine 5 mg tablets Take 1.5 tabs by mouth daily" ordered 1/9/20; the January 2020 and February 2020 medication records noted "1 tab" taken by the resident. The label noted "take 1 and 1/2 tablets."</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>In the future, to ensure that it doesn't happen again, I will do the following:</i></p> <ol style="list-style-type: none"> <li><i>1.) I will repeatedly read the physician's order, then the pharmacy label.</i></li> <li><i>2.) After confirming the physician's order and the pharmacy label, I will then write the order down on the medication record.</i></li> <li><i>3.) After transcribing the order, I will again read the physician's order, the pharmacy label, and the medication record three times to check the accuracy of my transcription.</i></li> <li><i>4.) After finishing all my transcription on the medication record, I will ask someone to go over my transcription and check for accuracy and completeness of the order.</i></li> </ol>	05/14/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 - "Preservative free artificial tears Omega 3 Refresh 2-3 times a day" ordered 1/23/20; however, the order did not specify the number of drops and did not specify the eye(s). The medication record did not specify the number of drops and did not specify the eye(s). The label noted "1 drop both eyes."</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes —</p> <p>The caregiver called the physician and asked for the clarification of her order and she clarified her order through the phone as well as her documentation of her order sent through the fax machine.</p>	02/14/20

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 - "Preservative free artificial tears Omega 3 Refresh 2-3 times a day" ordered 1/23/20; however, the order did not specify the number of drops and did not specify the eye(s). The medication record did not specify the number of drops and did not specify the eye(s). The label noted "1 drop both eyes."</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, to ensure it doesn't happen again, I will do the following:</p> <ol style="list-style-type: none"> <li>1.) Once I read and found out that the order has no dosage and no route, I will immediately call the physician and clarify the order from him/her</li> <li>2.) When the order is correct, I will ask the physician to call the pharmacy so the pharmacy can provide the right label.</li> <li>3.) Once I receive the right order and the right label from the pharmacy, I will then correct the medication record by transcribing the right order in completeness.</li> </ol>	05/14/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><b><u>FINDINGS</u></b> Resident #1 - "acetaminophen 650 mg supp Insert 1 suppository rectally 3 times a day as needed for pain" ordered 1/9/20. The PCG stated the resident is able to take oral medication. No suppository available. Oral tablets with the current supply of medication. The order was not clarified with the physician.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes —</p> <p>The caregiver spoke to the physician who ordered the medication and he said that the order was an old one and the she takes all her medications by mouth. Physician then discontinued the suppository order and documented.</p>	02/14/20

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><b><u>FINDINGS</u></b> Resident #1 - "acetaminophen 650 mg supp Insert 1 suppository rectally 3 times a day as needed for pain" ordered 1/9/20. The PCG stated the resident is able to take oral medication. No suppository available. Oral tablets with the current supply of medication. The order was not clarified with the physician.</p> <p>Note: There were 2 conflicting route orders by the physician: One, per po, and the other one by rectal.</p> <p>Pharmacy only received po order, that was why they delivered oral tablets only.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>If in the future, to ensure it doesn't happen again, I will do the following:</i></p> <ol style="list-style-type: none"> <li>1) I will be mindful and thoroughly read the physician's order using the 7 rights of medication.</li> <li>2) Once I find 2 conflicting orders, I will call the physician to clarify his orders.</li> <li>3) I will notify the physician that the resident can take oral medication.</li> <li>4) Once the oral order has been clarified, I will ask the physician to discontinue the suppository order.</li> <li>5) I will document the clarified order.</li> <li>6) I will compare the medication record with the pharmacy's label and to find out what type of medication they delivered.</li> <li>7) I will train the SCG to compare the medication label with the medication record prior to making the medication available to the resident.</li> </ol>	06/04/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b> Resident #1 - "triamterene -HTCZ 37.5-25 mg cap Take 1 cap by mouth every day in the morning" ordered 1/21/20; the medication was not recorded on the February 2020 medication record.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes — When the caregiver found out that there was no medication record on February 2020 of triamterene - HTCZ 37.5-25mg, the caregiver immediately recorded the above mentioned medicine on the medication record.</p>	02/11/20



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b> Resident #1 - "triamterene -HTCZ 37.5-25 mg cap Take 1 cap by mouth every day in the morning" ordered 1/21/20; the medication was not recorded on the February 2020 medication record.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future, to ensure that it doesn't happen again, I will do the following:</p> <ol style="list-style-type: none"> <li>1.) After I transcribe the medications to the next month, I will count how many medications from the previous month, then count how many medications I transcribed on the present medication record making sure it is the same count.</li> <li>2.) I will read and count three times making sure that I transcribed the medications correctly and completely.</li> <li>3.) I will have someone to check my transcription from the previous month to the present to confirm that I correctly transcribed the medications completely.</li> </ol>	05/14/20

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b> Resident #1 - "calcitonin (Salmon) 200 units/spray instill 1 spray into one nostril once daily. Alternate nostrils." ordered 1/9/20; the medication record did not indicate that the sprays were instilled in alternating nostrils daily.</p>	<p><b>PART 1</b></p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b> Resident #1 - "calcitonin (Salmon) 200 units/spray instill 1 spray into one nostril once daily. Alternate nostrils." ordered 1/9/20; the medication record did not indicate that the sprays were instilled in alternating nostrils daily.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>In the future, the caregiver will thoroughly read the physician's order and when there is an order for alternating nostril, the the caregiver will right away write down on the medication record: "R" for right nostril, and "L" for left nostril.</i></p>	<p>02/11/20</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b> Resident #1 - "amlodipine, omeprazole and atorvastatin" were not initialed by the care giver 1/23-31/20.</p>	<p><b>PART 1</b></p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b> Resident #1 - "amlodipine, omeprazole and atorvastatin" were not initialed by the care giver 1/23-31/20.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>So that the caregiver will not miss to initial the given medications, the medication record will be separated from the resident's binder and place it on a clip board and when she gives to the resident the medications right away she will initial the medications she just gave to the resident. Caregiver also will go over the medication record 3-4 times and check if all the medications given are initialed by the caregiver.</p>	02/11/20

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b> Resident #1 - "omeprazole 40 mg daily" and "atorvastatin 20 mg daily" ordered 1/9/20; however, the February 2020 medication record was not initialed by the care giver 2/5-10/20. The PCG stated the medication was taken by the resident.</p>	<p><b>PART 1</b></p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b> Resident #1 - "omeprazole 40 mg daily" and "atorvastatin 20 mg daily" ordered 1/9/20; however, the February 2020 medication record was not initialed by the care giver 2/5-10/20. The PCG stated the medication was taken by the resident.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To avoid the same incident in the future; the caregiver will do the following:</p> <ol style="list-style-type: none"> <li>1. Place the medication record on a clip board and right after giving the medications to the resident, the caregiver will immediately initial the medicines given.</li> <li>2. The caregiver will check the medication record 3-4 times a day to ensure that all the medications given that day will be initialed by the caregiver.</li> </ol>	02/11/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1 - No January 2020 progress notes.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes —</p> <p>As soon as the caregiver found out that there was no progress notes on January 2020, she immediately wrote down the progress notes of January 2020.</p>	<p>02/11/20</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1 - No January 2020 progress notes.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future, to ensure that this incident will not happen again, the caregiver will do the following:</p> <ol style="list-style-type: none"> <li>1. Designate a date to do progress notes if nothing is happening that month and document.</li> <li>2. Check every 1st day of the month if the previous month has been documented.</li> </ol>	02/11/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><b><u>FINDINGS</u></b> Resident #1 - "Vaginal dilator 3 times a week" ordered 2/6/20; no documentation that the treatment was initiated.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes —</p> <p>The resident had been doing her treatment every evening but was not recorded. After caregiver found out that there was no documentation of the treatment, caregiver immediately recorded on the treatment record done by the resident.</p>	<p>02/14/20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><b><u>FINDINGS</u></b> Resident #1 - "Vaginal dilator 3 times a week" ordered 2/6/20; no documentation that the treatment was initiated.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>So that this incident will not happen again, the caregiver will immediately initiate a treatment record right after she receive an order from the physician. Caregiver right away will record the treatment after the resident finish her treatment.</p>	02/11/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><b><u>FINDINGS</u></b> For one discharged resident, the discharge date was not recorded on the resident register.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes — Right after the caregiver found out that the resident who admitted in the hospital is consider a "discharge" resident, she immediately recorded that date the hospital admitted the resident.</p>	02/11/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><b><u>FINDINGS</u></b> For one discharged resident, the discharge date was not recorded on the resident register.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>In the future, to ensure it doesn't happen again, I will do the following:</i></p> <ol style="list-style-type: none"> <li><i>1.) Once I find out that the resident has been admitted in the hospital, immediately I will document his/her discharge in the facility.</i></li> <li><i>2.) I will check and recheck weekly to update the resident's register and update any discharge resident I might miss recording.</i></li> </ol>	<i>05/14/20</i>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> All SCGs - No documentation of SCG training for eye drop instillation, suppositories and nasal spray.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes —</p> <p>All SCG were received training and documented on the following:</p> <ul style="list-style-type: none"> <li>- eye drop instillation</li> <li>- suppositories</li> <li>- nasal spray</li> </ul>	02/13/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> All SCGs - No documentation of SCG training for eye drop instillation, suppositories and nasal spray.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future, to ensure it doesn't happen again, I will do the following:</p> <ol style="list-style-type: none"> <li>1.) I will include in the SCG orientation the skills training on: eye drop instillation, suppositories and nasal spray.</li> <li>2.) After training these skills, I will immediately have the SCGs sign to verify that they received the training and I will confirmed by signing the certification.</li> <li>3.) These skills training will be copied and be available and place in the ARCH binder.</li> </ol>	05/14/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(B) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p><b><u>FINDINGS</u></b> The path to the second exit had water on the floor from the washing machine. Safety hazard.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes —</p> <p>Immediately when the caregiver found out that the floor was wet from the washing machine, the caregiver wiped the floor with dry cloth until the floor became dry, then the next day the caregiver bought a brand new washing machine and took out the old washing machine.</p>	02/12/20



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(B) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p><b><u>FINDINGS</u></b> The path to the second exit had water on the floor from the washing machine. Safety hazard.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>So that this incident will not happen again, caregiver will do the following:</p> <ol style="list-style-type: none"> <li>1. check every morning the path to the second exit for a wet floor.</li> <li>2. If the floor is wet, immediately dry it with dry cloth.</li> <li>3. check the washing machine daily if there is any leak from the machine</li> </ol>	02/12/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><b><u>FINDINGS</u></b> Scented bleach is used to sanitize dishes.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes — The caregiver finally found a store that carry a regular bleach instead of scented bleach.</p>	02/12/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><b><u>FINDINGS</u></b> Scented bleach is used to sanitize dishes.</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>In the future, the caregiver will only buy <u>Regular</u> bleach and nothing else.</i></p>	<p>02/12/20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(1)(C) Bedrooms:</p> <p>General conditions:</p> <p>Family members shall not sleep in residents' bedrooms;</p> <p><b><u>FINDINGS</u></b> Care giver is sleeping in a resident's bedroom.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes. I removed the folding sofa chair that was in the resident's bedroom. However, there is no caregiver sleeping in the resident's room. The night before the inspection, the resident who has a dementia became restless and was wandering from room to room. I then moved the folding sofa chair from the second exit door by the laundry and placed it in the resident's room. I guided him back to his room and dimmed the light and I lied down on the chair that I unfolded, then I told him that he should be sleeping too since everyone is sleeping. He finally went to sleep but the next morning I did not have the time to put back the chair until after my inspection, I immediately put back the chair to it's original place by the second exit door.</p>	05/14/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-23 <u>Physical environment.</u> (o)(1)(C) Bedrooms:</p> <p>General conditions:</p> <p>Family members shall not sleep in residents' bedrooms;</p> <p><u>FINDINGS</u> Care giver is sleeping in a resident's bedroom.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, to ensure that it doesn't happen again. I will do the following:</p> <ol style="list-style-type: none"> <li>1.) I will not use any sofa or folding chair to pretend to sleep.</li> <li>2.) I will be mindful always that it is prohibited to sleep in the resident's bedroom.</li> <li>3.) I will also let my <sup>know</sup> substitutes caregivers that only the resident can sleep in his/her bedroom and nobody else.</li> </ol>	05/14/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u> (o)(1)(C) Bedrooms:</p> <p>General conditions:</p> <p>Family members shall not sleep in residents' bedrooms;</p> <p><b><u>FINDINGS</u></b> Care giver is sleeping in a resident's bedroom.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Just for clarification: There is no live-in caregiver. In the future, to ensure it doesn't happen again, I will do the following:</p> <ol style="list-style-type: none"> <li>1) I will do 1-2 hours routine rounds at night.</li> <li>2) I will have an additional night shift staff to assist with behavior management.</li> <li>3) I will consider to purchase a motion activated alarm to help us be more aware when the resident get out of bed at night.</li> </ol>	06/04/20

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3)  A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><b><u>FINDINGS</u></b>  No monthly fire drill for January 2020.</p>	<p><b>PART 1</b></p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3)  A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><b><u>FINDINGS</u></b>  No monthly fire drill for January 2020.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>In the future, in order to ensure that fire drill will be documented, the caregiver will designate a date every month to conduct a drill and immediately she will document the drill.</i></p>	<p><i>02/11/20</i></p>



Licensee's/Administrator's Signature: Leticia Dexter

Print Name: Leticia Dexter

Date: 04/13/2020

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Licensee's/Administrator's Signature: Leticia Dexter

Print Name: Leticia Dexter

Date: 05/14/2020

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Licensee's/Administrator's Signature: Leticia Dexter

Print Name: Leticia Dexter

Date: 06/04/2020

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