

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Jai Adult Residential Care Home	CHAPTER 100.1
Address: 1719 Perry Street, Honolulu, Hawaii 96819	Inspection Date: November 7, 2022 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.

23 MAY 18 P 1:16
STATE LICENSING SECTION
OFFICE OF HEALTH CARE ASSURANCE

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><u>FINDINGS</u> No documented evidence of Fieldprint background check for all caregivers and house hold members.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I have scheduled appointments for myself and other care givers to get our fieldprint background checks done.</i></p>	<p><i>01/20/23</i></p> <p>23 MAY 18 P 1:16</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><u>FINDINGS</u> No documented evidence of Fieldprint background check for all caregivers and house hold members.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future I will note in my personal planner as well as my wall calendar a reminder 10 mo. in advance from expiration date to make an appointment for myself as well as my other care givers & household members.</i></p>	<p style="text-align: right;"><i>others</i></p> <p style="text-align: right;">23 MAY 18 P 1:16</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 Primary care giver qualifications. (a)(9) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Have achieved acceptable levels of skill and training in first aid, nutrition, cardiopulmonary resuscitation, and appropriate nursing and behavior management as required for care of all residents admitted to the Type I ARCH;</p> <p>FINDINGS Substitute care giver #1, Substitute care giver #2: No documented evidence of cardiopulmonary resuscitation certification.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>I made an appointment for sub. care givers 1+2 to do a CPR certification class</i></p>	<p style="text-align: center;"><i>01/23</i></p> <p style="text-align: center;">23 MAY 18 P 1:16</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> <p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(9) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Have achieved acceptable levels of skill and training in first aid, nutrition, cardiopulmonary resuscitation, and appropriate nursing and behavior management as required for care of all residents admitted to the Type I ARCH;</p> <p><u>FINDINGS</u> Substitute care giver #1, Substitute care giver #2: No documented evidence of cardiopulmonary resuscitation certification.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future I will note down everyone's certification exp. date in my planner. I will also note down an appt. reminder 3 mo. prior to everyone's expiration date to make a new appointment for renewal. I will note three days in my planner & wall calendar.</i></p>	<p style="text-align: right;"><i>01/2023</i></p> <p style="text-align: right;">23 MAY 18 P1:16</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current;</p> <p>FINDINGS Primary care giver: No documented evidence of six (6) hours of continuing education.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I have completed the remainder of 3 hours worth of CE. classe online.</i></p>	<p style="text-align: right;"><i>12/22</i></p> <p style="text-align: right;">23 MAY 18 P1:16</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p><input checked="" type="checkbox"/> §11-100.1-8 Primary care giver qualifications. (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current;</p> <p>FINDINGS Primary care giver: No documented evidence of six (6) hours of continuing education.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future I will note in my personal planner a reminder to take two 1hr classes every three months of CE classes throughout the year. I will note on my wall calendar the dates & times of these classes.</i></p>	<p style="text-align: center;"><i>12/12</i></p> <p style="text-align: right;">23 MAY 18 P 1:15</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> Resident #1, Resident #5: No documented evidence of annual physical exam.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>I have made appointments for residents #1 & 5 to get their physical exams done.</i></p>	<p style="text-align: center;"><i>1/1/22</i></p> <p style="text-align: right;">23 MAY 18 P1:15</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p><input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements, (a) All individuals who either reside or provide care or services to residents in the Type I ARCII, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCII, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> Resident #1, Resident #5: No documented evidence of annual physical exam.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future I will write on a post it note the date of my residents phy exams and place it on the front cover of each individuals binder. This way I can determine when to set a new phy. exam appointment I will make their appointments 2 months prior to their exp. date. I also will make a note if I already have an appointment set and mention the date + time of upcoming phy exam.</i></p>	<p style="text-align: right;"><i>11/22</i></p> <p style="text-align: right;"><i>23 MAY 18 P 1:15</i></p> <p style="text-align: center; font-size: small;">STATE OF MICHIGAN</p>

	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><u>FINDINGS</u> Resident #1, Resident #5: No documented evidence of annual tuberculosis clearance.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>We made appointments for Residents #1 & 5 to get their TB test or chest x-ray clearances done</i></p>	<p style="text-align: center;"><i>4/22</i></p> <p style="text-align: center;">STATE OF ILLINOIS DEPARTMENT OF HEALTH STATE ILLINOIS</p> <p style="text-align: center;">23 MAY 18 P 1:15</p>

	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><u>FINDINGS</u> Resident #1, Resident #5: No documented evidence of annual tuberculosis clearance.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future I plan to write the exp. date of the residents TB clearance on a sticky note and tape it to the top of the individuals binder. One month prior to the date I will set appointments for them to get a new TB clearance. I will write that date in my planner as well as my wall calendar.</i></p>	<p style="text-align: right;"><i>11/22</i></p> <p style="text-align: right;">23 MAY 18 P1:15</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p>FINDINGS Resident #1: October 2022 medication administration record not signed from October 5th to 12th and 16th to 23rd.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: right;">23 MAY 18 P1:15</p> <p style="text-align: right; font-size: small;">STATE LIQUORS</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p>FINDINGS Resident #1: October 2022 medication administration record not signed from October 5th to 12th and 16th to 23rd.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future I will make few copies of residents M.A.R. and leave a set out in a designated private area for sub. care givers to initial right away in the event I am unavailable to administer medications. At the end of the month I will file all copies of the M.A.R.'s into each individual's binders.</i></p>	<p style="text-align: right;">11/22</p> <p style="text-align: right;">23 MAY 18 P 1:15</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p>FINDINGS Resident #3: October 2022 medication administration record not signed from October 1st to 12th and 17th to 23rd.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: right;">23 MAY 18 P 1:15</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #3: October 2022 medication administration record not signed from October 1st to 12th and 17th to 23rd.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future I will make few copies of individual MAR's + have a set out in a designated private area for sub caregivers to initial right away in the event I am not able to administer medication. At the end of the month I will file all copies of the MAR's into each individual's binders.</i></p> <p style="text-align: right; font-size: small;">STATE OF MARYLAND DEPARTMENT OF HEALTH STATE LIBRARIAN</p>	<p style="text-align: right;">23 MAY 18 P1:15</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p>FINDINGS Resident #4: October 2022 medication administration record not signed from October 5th to 12th and 18th to 22nd.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p style="text-align: right; font-size: small;">STATE OF PENNSYLVANIA DEPARTMENT OF STATE STATE LICENSING</p>	<p style="text-align: center;">23 MAY 18 P 1:15</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #4: October 2022 medication administration record not signed from October 5th to 12th and 18th to 22nd.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future I will make few copies of individuals M.A.'s & have a set out in a designated private area for sub care givers to initial right away in the event I am not able to administer medications. At the end of the month I will file all copies of the M.A.'s into each individuals binders.</i></p>	<p style="text-align: right;">11/22</p> <p style="text-align: right;">'23 MAY 18 P 1:15</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p>FINDINGS Resident #5: October 2022 medication administration record not signed from October 1st to 12th and 18th to 23rd.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p style="text-align: right; font-size: small;">STATE LABORERS</p>	<p style="text-align: center;">23 MAY 18 P1:15</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #5: October 2022 medication administration record not signed from October 1st to 12th and 18th to 23rd.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future I will make few copies of residents MAR's & leave a set out in a designated private area for sub caregivers to initial right away in the event I am not able to administer medication. At the end of the month I will file all copies of the MAR's into each individuals binders.</i></p>	<p style="text-align: right;">11/22</p> <p style="text-align: right;">23 MAY 18 P1:15</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #2: Records not in care home.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>I returned resident #2 binder of records into the file cabinet with the rest of my residents records.</i></p>	<p style="text-align: right;"><i>11/9/22</i></p> <p style="text-align: center;">STATE OF IOWA DEPARTMENT OF STATE LICENSING</p> <p style="text-align: right;">'23 MAY 18 P1:15</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§ 11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #2: Records not in care home.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future I will only take the page of the records that I am working on for the individual resident and return it into the binder as soon as I'm done or before the day ends. When I take out a sheet ^{page} to work on, I will put a reminder or sticky note on my fridge to remember to return it to its right binder.</p>	<p style="text-align: right;">11/22</p> <p style="text-align: right;">23 MAY 18 P1:15</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(3)(C) Miscellaneous records:</p> <p>When day care clients are permitted in a Type I ARCH, records shall be maintained and include:</p> <p>Emergency information;</p> <p>FINDINGS No documented evidence of emergency information sheet for any of the residents.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I returned the binder of all residents emergency information sheets back into my file cabinet with the rest of the record binders instead of leaving it in the section of the house where my sub-care giver resides in. I also put another set out with my menus & fire drills so that its readily available for EMS or the hospital in the event of an emergency.</i></p>	<p style="text-align: right;"><i>11/22</i></p> <p style="text-align: right;">23 MAY 18 P1:15</p>

STATE OF WASHINGTON
STATE LIBRARY

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(3)(C) Miscellaneous records:</p> <p>When day care clients are permitted in a Type I ARCH, records shall be maintained and include:</p> <p>Emergency information;</p> <p><u>FINDINGS</u> No documented evidence of emergency information sheet for any of the residents.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future I will keep my binder of all residents emergency info. sheets in my file cabinet. I also will make another set of copies and put one in each individual's record binder. I will make a sign note and place it on my main record book to remind me to update all copies when changes occur of every 3 months as needed.</i></p>	<p style="text-align: right;"><i>11/22</i></p> <p style="text-align: right;">23 MAY 18 P 1: 5</p>

Licensee's/Administrator's Signature:

JJ Pella

Print Name:

Jennifer Manchester

Date:

2/2/23

STATE OF IOWA
DORIS J. HALL
STATE LICENSING
23 MAY 18 P 1:17