

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Pascual's	CHAPTER 100.1
Address: 1521 Ala Iolani Place Honolulu, Hawaii 96819	Inspection Date: September 15, 2023 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>§11-100.1-8 <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> Some concerns exist regarding whether providing health care is still within Primary and Substitute caregiver's realm of capability:</p> <ul style="list-style-type: none"> • PCG was unable explain how she was administering Resident #2's Genotropin (Somatropin) such as, how many times a day she's getting the injection, set up on injection prior to administration, disposal of sharps, proper rotation of injection cites. • Progress notes do not describe Resident's response to provision of care. • Many MAR errors • Multiple errors in Physician's renewal orders with no follow up. • As of the date of annual inspection, no follow up with pharmacy on delivery of new dose of medication ordered on 8/21/23 (after 25 days). • Disorganized records • Repeat deficiencies include but not limited to: <ul style="list-style-type: none"> ○ Medications being available ○ Progress Notes incomplete ○ Missing care giver and Resident clearances ○ Many MAR errors ○ Physician order follow ups <p>Continued on next page....</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>Continued on next page....</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>Continued from previous page...</p> <ul style="list-style-type: none"> • No recognition that care home currently has three (3) residents certified as non-self-preserving. • No staff or responsible adult for each non-self-preserving resident. • Unsecured medications in resident's bathroom and refrigerator. • Nurse Consultant suggested a fire drill to which a Resident responded that this would be her first fire drill. 	<p>Continued from previous page...</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> Some concerns exist regarding whether providing health care is still within Primary and Substitute caregiver's realm of capability:</p> <ul style="list-style-type: none"> • PCG was unable explain how she was administering Resident #2's Genotropin (Somatropin) such as, how many times a day she's getting the injection, set up on injection prior to administration, disposal of sharps, proper rotation of injection cites. • Progress notes do not describe Resident's response to provision of care. • Many MAR errors • Multiple errors in Physician's renewal orders with no follow up. • As of the date of annual inspection, no follow up with pharmacy on delivery of new dose of medication ordered on 8/21/23 (after 25 days). • Disorganized records • Repeat deficiencies include but not limited to: <ul style="list-style-type: none"> ○ Medications being available ○ Progress Notes incomplete ○ Missing care giver and Resident clearances ○ Many MAR errors ○ Physician order follow ups <p>Continued on next page....</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>Continued on next page....</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>Continued from previous page...</p> <ul style="list-style-type: none"> • No recognition that care home currently has three (3) residents certified as non-self-preserving. • No staff or responsible adult for each non-self-preserving resident. • Unsecured medications in resident's bathroom and refrigerator. • Nurse Consultant suggested a fire drill to which a Resident responded that this would be her first fire drill. 	<p>Continued from previous page...</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(12) 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>If it is deemed necessary by the department, be examined by a physician and/or mental health professional as a condition for continued licensure. The examination shall be specifically oriented to determine if the primary care giver is physically and/or mentally capable of caring for the residents;</p> <p><u>FINDINGS</u> Some concerns exist regarding whether providing health care is still within Primary and Substitute caregiver's realm of capability.</p> <p>???</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(12) 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>If it is deemed necessary by the department, be examined by a physician and/or mental health professional as a condition for continued licensure. The examination shall be specifically oriented to determine if the primary care giver is physically and/or mentally capable of caring for the residents;</p> <p><u>FINDINGS</u> Some concerns exist regarding whether providing health care is still within Primary and Substitute caregiver's realm of capability.</p> <p>???</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) 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><u>FINDINGS</u> Substitute Care Giver (SCG) #1 and #2 – No documented evidence of Primary Care Giver (PCG) training of SCG's.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) 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><u>FINDINGS</u> Substitute Care Giver (SCG) #1 and #2 – No documented evidence of Primary Care Giver (PCG) training of SCG's.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department.</p> <p><u>FINDINGS</u> Residents #1, #2, #3 and #4 – Need current Level of Care (LOC) evaluations along with an in person Physical exam that includes a review of systems (ROS).</p> <p>Suspect LOC has increased.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department.</p> <p><u>FINDINGS</u> Residents #1, #2, #3 and #4 – Need current Level of Care (LOC) evaluations along with an in person Physical exam that includes a review of systems (ROS).</p> <p>Suspect LOC has increased.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><u>FINDINGS</u> Residents #1, #2, and #3 – No current annual Physician/APRN signed diet orders.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><u>FINDINGS</u> Residents #1, #2, and #3 – No current annual Physician/APRN signed diet orders.</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>	

	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><u>FINDINGS</u> Bottle of Clorox bleach found unsecured under downstairs wet bar sink next to orange flavored drink powder</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>	

	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><u>FINDINGS</u> Bottle of Clorox bleach found unsecured under downstairs wet bar sink next to orange flavored drink powder</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> The following medicated ointments and antiseptics were unsecured and unlabeled (unless otherwise specified) in the downstairs resident's bathroom:</p> <ul style="list-style-type: none"> • Two (2) bottles of Hydrogen Peroxide • Two (2) tubes of Hydrocortisone 1% • One tube of Bacitracin • Two (2) tubes of triple antibiotic ointment • One (1) tube of Mupirocin 2% ointment • One (1) box (unopened) of Mupirocin 2% (has pharmacy label for Resident #4) 	<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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> The following medicated ointments and antiseptics were unsecured and unlabeled (unless otherwise specified) in the downstairs resident's bathroom:</p> <ul style="list-style-type: none"> • Two (2) bottles of Hydrogen Peroxide • Two (2) tubes of Hydrocortisone 1% • One tube of Bacitracin • Two (2) tubes of triple antibiotic ointment • One (1) tube of Mupirocin 2% ointment • One (1) box (unopened) of Mupirocin 2% (has pharmacy label for Resident #4) 	<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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff-controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #2 – A bag of approximately 30 (thirty) individually wrapped packets of Genotropin (Somatropin) 0.4mg syringe with injection needle, were found unsecure in resident's refrigerator, in care home area.</p> <p><u>The medication did not have a pharmacy label.</u></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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff-controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #2 – A bag of approximately 30 (thirty) individually wrapped packets of Genotropin (Somatropin) 0.4mg syringe with injection needle, were found unsecure in resident's refrigerator, in care home area.</p> <p><u>The medication did not have a pharmacy label.</u></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>	

	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><u>FINDINGS</u> Resident #2 – A bag of approximately 30 (thirty) individually wrapped packets of Genotropin (Somatropin) 0.4mg syringe with injection needle, were found <u>unsecured in resident's refrigerator</u>, downstairs in care home area.</p> <p>Refrigerated medications need to be locked in storage container in refrigerator.</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>	

	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><u>FINDINGS</u> Resident #2 – A bag of approximately 30 (thirty) individually wrapped packets of Genotropin (Somatropin) 0.4mg syringe with injection needle, were found <u>unsecured in resident's refrigerator</u>, downstairs in care home area.</p> <p>Refrigerated medications need to be locked in storage container in refrigerator.</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>	

	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 #2 – 8/21/23 Physician’s order reads, “Increase Genotropin injection to 0.6 mg daily”, however, currently 0.4 mg is available.</p> <p>The medication in 0.6 mg is not available to Resident.</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>	

	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 #2 – 8/21/23 Physician’s order reads, “Increase Genotropin injection to 0.6 mg daily”, however, currently 0.4 mg is available.</p> <p>The medication in 0.6 mg is not available to Resident.</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>	

	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 – For the months of 11/2022 to current, the following medication is listed on the medication administration record (MAR) , however, no Physician/APRN signed order was available for the department to review:</p> <p>“Albuterol PRN inhale every 6 hours from nebulizer.”</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>	

	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 – For the months of 11/2022 to current, the following medication is listed on the MAR , however, no Physician/APRN signed order was available for the department to review:</p> <p>“Albuterol PRN inhale every 6 hours from nebulizer.”</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>	

	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 – The following Physician signed renewal orders dated 9/1/22, 11/17/22, 3/31/23, and 4/24/23, are not complete orders:</p> <ul style="list-style-type: none"> • “Banophen 25mg for insomnia PRN” – Order is missing route by which medication is to be administered and does not list an indication (instructions for when to administer the PRN medication). • “Oyster shell calcium 500g 1-tab BID” – Order is missing route by which medication is to be administered by. Also, strength of tab is incorrectly measured in grams; should be measured in milligrams. • “Vitamin C 500mg 1-tab BID” – Order is missing route by which medication is to be administered by. • “Metamucil 1-tab HS” – Order is missing route by which supplement is to be administered by. Need clarification regarding order as it is written to take “1-tab HS” <u>Should order be written as a powder form with instructions regarding mixing Metamucil with liquid prior to administering?</u> • “Vitamin E 400 units 1 qd” - Order is missing route by which medication is to be administered by. • “Colace (Docusate) 100mg take 1 cap BID” - Order is missing route by which medication is to be administered by. <p>To correct this deficiency, please provide current and complete Physician signed orders along with your plan of correction.</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>	

	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 – The following Physician signed renewal orders dated 9/1/22, 11/17/22, 3/31/23, and 4/24/23, are not complete orders:</p> <ul style="list-style-type: none"> • “Banophen 25mg for insomnia PRN” – Order is missing route by which medication is to be administered and does not list an indication (instructions for when to administer the PRN medication). • “Oyster shell calcium 500g 1-tab BID” – Order is missing route by which medication is to be administered by. Also, strength of tab is incorrectly measured in grams; should be measured in milligrams. • “Vitamin C 500mg 1-tab BID” – Order is missing route by which medication is to be administered by. • “Metamucil 1-tab HS” – Order is missing route by which supplement is to be administered by. Need clarification regarding order as it is written to take “1-tab HS” <u>Should order be written as a powder form with instructions regarding mixing Metamucil with liquid prior to administering?</u> • “Vitamin E 400 units 1 qd” - Order is missing route by which medication is to be administered by. • “Colace (Docusate) 100mg take 1 cap BID” - Order is missing route by which medication is to be administered by. 	<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>	

	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 - Physician/APRN signed order for Simvastatin is ordered for QHS, however, MAR indicates it is being given at 6AM.</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>	

	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 - Physician/APRN signed order for Simvastatin is ordered for QHS, however, MAR indicates it is being given at 6AM.</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>	

	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 #1 – A number of MAR entries, throughout this inspection year, were not transcribed as complete orders:</p> <ul style="list-style-type: none"> • “Banophen 25mg for insomnia” – Entry is missing route by which medication is to be administered by. Entry also does not indicate that it is ordered as a “PRN” medication and does not list an indication (instructions for when to administer the PRN medication). • “Oyster shell calcium 500g 1-tab BID” – Entry is missing route by which medication is to be administered by. Also, strength of tab is incorrectly measured in grams; should be measured in milligrams. • “Vitamin C 500mg 1-tab BID” – Entry is missing route by which medication is to be administered by. • “Metamucil 1-tab HS” – Order is missing route by which medication is to be administered by as well as instructions regarding mixing Metamucil with liquid prior to administering. • “Vitamin E 400 units 1 qd” - Entry is missing route by which medication is to be administered by. • “Colace (Docusate) 100mg take 1 cap BID” - Entry is missing route by which medication is to be administered by. • Albuterol PRN inhale every 6 hours from nebulizer.” Entry is missing an indication (instructions for when to administer the PRN medication). • <p>To correct this deficiency, please provide the corrected current months MAR along with your plan of correction.</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>	

	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 #1 – A number of MAR entries, throughout this inspection year, were not transcribed as complete orders:</p> <ul style="list-style-type: none"> • “Banophen 25mg for insomnia” – Entry is missing route by which medication is to be administered by. Entry also does not indicate that it is ordered as a “PRN” medication and does not list an indication (instructions for when to administer the PRN medication). • “Oyster shell calcium 500g 1-tab BID” – Entry is missing route by which medication is to be administered by. Also, strength of tab is incorrectly measured in grams; should be measured in milligrams. • “Vitamin C 500mg 1-tab BID” – Entry is missing route by which medication is to be administered by. • “Metamucil 1-tab HS” – Order is missing route by which medication is to be administered by as well as instructions regarding mixing Metamucil with liquid prior to administering. • “Vitamin E 400 units 1 qd” - Entry is missing route by which medication is to be administered by. • “Colace (Docusate) 100mg take 1 cap BID” - Entry is missing route by which medication is to be administered by. • Albuterol PRN inhale every 6 hours from nebulizer.” Entry is missing an indication (instructions for when to administer the PRN medication). 	<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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (k) Medication errors and drug reactions shall be reported immediately to the physician or APRN responsible for the medical care of the client and shall document observations and action taken in the resident's record.</p> <p><u>FINDINGS</u> Resident #2 –</p> <ul style="list-style-type: none"> • 10/31/22 Physician's order reads, "Start Somatropin 0.2MG Prsy (Pre-filled syringe) inject 0.2 mg into the skin one time per day". • 5/15/23 Physician's order reads, "Increase Genotropin injection to 0.4 mg daily". • 8/21/23 Physician's order reads, "Increase Genotropin injection to 0.6 mg daily". <p>Per PCG, she has been administering 0.4 mg injection to resident daily as 0.6 mg dose pre-filled syringes have not yet been delivered.</p> <p>No evidence of follow-up with Physician or Pharmacy on delivery of new dose. As of the date of this inspection, it has been 25 days since new order was written.</p> <p>Please provide proof that correct dose has been obtained.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (k) Medication errors and drug reactions shall be reported immediately to the physician or APRN responsible for the medical care of the client and shall document observations and action taken in the resident's record.</p> <p><u>FINDINGS</u> Resident #2 –</p> <ul style="list-style-type: none"> • 10/31/22 Physician’s order reads, “Start Somatropin 0.2MG Prsy (Pre-filled syringe) inject 0.2 mg into the skin one time per day”. • 5/15/23 Physician’s order reads, “Increase Genotropin injection to 0.4 mg daily”. • 8/21/23 Physician’s order reads, “Increase Genotropin injection to 0.6 mg daily”. <p>Per PCG, she has been administering 0.4 mg injection to resident daily as 0.6 mg dose pre-filled syringes have not yet been delivered.</p> <p>No evidence of follow-up with Physician or Pharmacy on delivery of new dose. As of the date of this inspection, it has been 25 days since new order was written.</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>	

	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><u>FINDINGS</u> No current plan/procedure on how to securely separate or dispose of expired medicated ointments and antiseptics found in resident's bathroom.</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>	

	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><u>FINDINGS</u> No current plan/procedure on how to securely separate or dispose of expired medicated ointments and antiseptics found in resident's bathroom.</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>	

	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><u>FINDINGS</u> Resident #2 – Regarding discontinued Genotropin (Somatropin) 0.4mg, no current plan/procedure on how to securely separate or dispose of discontinued medications.</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>	

	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><u>FINDINGS</u> Resident #2 – Regarding discontinued Genotropin (Somatropin) 0.4mg, no current plan/procedure on how to securely separate or dispose of discontinued medications.</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>	

	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><u>FINDINGS</u> Resident #1 – On 9/1/22 and renewed on 11/17/22, 3/31/23, and 4/24/23, Physician signed renewal orders read, “Banophen 25mg for insomnia PRN”. This medication was administered between thirteen (13) and thirty-one (31) times a month throughout this inspection year, however, the MAR does not label the medication as a PRN and it is scheduled on the MAR for 6PM. (Although the MAR does not label the medication as a PRN, it is not initialed as given daily every month.)</p> <ul style="list-style-type: none"> • 6PM is too early for a PRN for insomnia • Actual time PRN is given is not noted on the MAR <p>To correct this deficiency, please provide the corrected current months MAR along with your plan of correction.</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>	

	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><u>FINDINGS</u> Resident #1 – On 9/1/22 and renewed on 11/17/22, 3/31/23, and 4/24/23, Physician signed renewal orders read, “Banophen 25mg for insomnia PRN”. This medication was administered between thirteen (13) and thirty-one (31) times a month throughout this inspection year, however, the MAR does not label the medication as a PRN and it is scheduled on the MAR for 6PM. (Although the MAR does not label the medication as a PRN, it is not initialed as given daily every month.)</p> <ul style="list-style-type: none"> • 6PM is too early for a PRN for insomnia • Actual time PRN is given is not noted on the MAR 	<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>	

	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><u>FINDINGS</u> Resident #2 – The following medication, including Physician changes to dose, was not transcribed to the MAR for the duration of the inspection year:</p> <ul style="list-style-type: none"> • 10/31/22 Physician's order reads, "Start Somatropin 0.2MG Prsy (Pre-filled syringe) inject 0.2 mg into the skin one time per day". • 5/15/23 Physician's order reads, "Increase Genotropin injection to 0.4 mg daily". • 8/21/23 Physician's order reads, "Increase Genotropin injection to 0.6 mg daily". <p>To correct this deficiency, please provide the corrected current months MAR along with your plan of correction.</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>	

	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><u>FINDINGS</u> Resident #2 – The following medication, including Physician changes to dose, was not transcribed to the MAR for the duration of the inspection year:</p> <ul style="list-style-type: none"> • 10/31/22 Physician's order reads, "Start Somatropin 0.2MG Prsy (Pre-filled syringe) inject 0.2 mg into the skin one time per day". • 5/15/23 Physician's order reads, "Increase Genotropin injection to 0.4 mg daily". • 8/21/23 Physician's order reads, "Increase Genotropin injection to 0.6 mg daily". 	<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>	

	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><u>FINDINGS</u> Resident #2 – The following medication, including Physician changes to dose, was not initialed when given for the duration of the inspection year:</p> <ul style="list-style-type: none"> • 10/31/22 Physician's order reads, "Start Somatropin 0.2MG Prsy (Pre-filled syringe) inject 0.2 mg into the skin one time per day". • 5/15/23 Physician's order reads, "Increase Genotropin injection to 0.4 mg daily". • 8/21/23 Physician's order reads, "Increase Genotropin injection to 0.6 mg daily". <p>To correct this deficiency, please provide a current and correct MAR along with your plan of correction.</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>	

	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><u>FINDINGS</u> Resident #2 – The following medication, including Physician changes to dose, was not initialed when given for the duration of the inspection year:</p> <ul style="list-style-type: none"> • 10/31/22 Physician's order reads, "Start Somatropin 0.2MG Prsy (Pre-filled syringe) inject 0.2 mg into the skin one time per day". • 5/15/23 Physician's order reads, "Increase Genotropin injection to 0.4 mg daily". • 8/21/23 Physician's order reads, "Increase Genotropin injection to 0.6 mg daily". 	<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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (n) Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN. Written procedures shall be available for storage, monitoring and documentation.</p> <p><u>FINDINGS</u> Resident #2 – PCG currently administering Genotropin (Somatropin) injection to Resident #2 daily which requires that the PCG have a valid RN or LPN license.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (n) Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN. Written procedures shall be available for storage, monitoring and documentation.</p> <p><u>FINDINGS</u> Resident #2 – PCG currently administering Genotropin (Somatropin) injection to Resident #2 daily which requires that the PCG have a valid RN or LPN license.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (n) Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN. Written procedures shall be available for storage, monitoring and documentation.</p> <p><u>FINDINGS</u> Resident #2 –</p> <ul style="list-style-type: none"> • Due to PCG not having valid RN or LPN license, Physician must evaluate whether Resident #2 is able to self-administer the Genotropin (Somatropin) injection herself. • Physician must write an order stating that resident is capable and can administer her own injections. Currently there is no such order. • There must be documented evidence from Resident or Resident's representative, family, and PCG stating that they believe Resident self-administering the injection is safe. Currently there are no such evidence. Per PCG, she does not feel that Resident #2 is capable of self-administering the injection. • Currently there are no written procedures available for review that pertain to the storage, monitoring, and documenting of self-administered medications. <p>If self-administration is determined to be safe by all parties involved, please submit MD order, attestation from all resident's representatives (OPG, Case Manager, and PCG), and written care home procedures describing how care home with provide adequate storage, monitoring, and documentation of the medication.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (n) Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN. Written procedures shall be available for storage, monitoring and documentation.</p> <p><u>FINDINGS</u> Resident #2 –</p> <ul style="list-style-type: none"> • Due to PCG not having valid RN or LPN license, Physician must evaluate whether Resident #2 is able to self-administer the Genotropin (Somatropin) injection herself. • Physician must write an order stating that resident is capable and can administer her own injections. Currently there is no such order. • There must be documented evidence from Resident or Resident's representative, family, and PCG stating that they believe Resident self-administering the injection is safe. Currently there are no such evidence. Per PCG, she does not feel that Resident #2 is capable of self-administering the injection. • Currently there are no written procedures available for review that pertain to the storage, monitoring, and documenting of self-administered medications. 	<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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) 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>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #3 – No documented evidence of initial two-step tuberculosis (TB) clearance results.</p> <p>Please provide proof of two-step tuberculosis clearance along with your plan of correction.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) 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>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #3 – No documented evidence of initial two-step tuberculosis (TB) clearance results.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) 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>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #2 – No documented evidence of proof of positive TB history.</p> <p>Please provide proof of positive tuberculosis result along with your plan of correction.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) 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>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #2 – No documented evidence of proof of positive TB history.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) 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>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence of initial 2-step TB clearance results.</p> <p>Please provide proof of two-step tuberculosis clearance along with your plan of correction.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) 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>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence of initial 2-step TB clearance results.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) 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><u>FINDINGS</u> Resident #1, #2, #3 and #4 – Annual physical exams do not include a review of systems.</p> <p>Please provide a physical exam for each resident that includes a review of systems.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) 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><u>FINDINGS</u> Resident #1, #2, #3 and #4 – Annual physical exams do not include a review of systems.</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>	

	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><u>FINDINGS</u> Resident #1, #2, #3 and #4 – Progress notes lack the basic components required by Chapter 11-100.1 HAR and are insubstantial in helping to assess residents physical or mental states and any action taken by caregivers.</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>	

	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><u>FINDINGS</u> Resident #1, #2, #3 and #4 – Progress notes lack the basic components required by Chapter 11-100.1 HAR and are insubstantial in helping to assess residents physical or mental states and any action taken by caregivers.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(5) During residence, records shall include:</p> <p>Entries detailing all medications administered or made available;</p> <p><u>FINDINGS</u> Resident #1 – Progress notes do not contain a description of circumstances in which PRN medications were administered.</p> <ul style="list-style-type: none"> • PCG’s observation or explanation of the circumstances as to why each PRN was administered (for example, “On 9/2/23 at 10pm resident was wide awake and requested a PRN for insomnia.”) • What time the PRN was administered. • Resident’s response to taking the PRN. (for example, “At 10:10pm Banophen 25mg PRN for insomnia was given to resident. She was still awake and requested a PRN for insomnia. Medication was effective, Resident was asleep by 10:30pm.”) <p>Please provide an actual current example of proper documentation of a PRN along with your plan of correction.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(5) During residence, records shall include:</p> <p>Entries detailing all medications administered or made available;</p> <p><u>FINDINGS</u> Resident #1 – Progress notes do not contain a description of circumstances in which PRN medications were administered.</p> <ol style="list-style-type: none"> 1. PCG’s observation or explanation of the circumstances as to why each PRN was administered (for example, “On 9/2/23 at 10pm resident was wide awake and requested a PRN for insomnia.”) 2. What time the PRN was administered. 3. Resident’s response to taking the PRN. (for example, “At 10:10pm Banophen 25mg PRN for insomnia was given to resident. She was still awake and requested a PRN for insomnia. Medication was effective, Resident was asleep by 10:30pm.”) 	<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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><u>FINDINGS</u> Resident #1 - White out used on December 2022 and October 2022 MARs.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><u>FINDINGS</u> Resident #1 - White out used on December 2022 and October 2022 MARs.</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>	

	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 #1 – The following record items were missing, incomplete, or inaccurate:</p> <ul style="list-style-type: none"> • Progress Notes • Medication Administration Record • Legal guardian documents • Physician's orders • Communications or correspondence pertaining to resident's physical or mental state 	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <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 #1 – The following record items were missing, incomplete, or inaccurate:</p> <ul style="list-style-type: none"> • Progress Notes • Medication Administration Record • Legal guardian documents • Physician's orders • Communications or correspondence pertaining to resident's physical or mental state 	<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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (b) Individuals associated with the ownership or operation of a Type I ARCH, the licensee, and the primary care giver shall not serve as guardian, power of attorney, or trustee of the resident or resident's estate.</p> <p><u>FINDINGS</u> Resident #1 – No evidence of notarized document identifying who the Power of Attorney (POA) is. Resident signed care home General Operating Policies (GOP) contract and financial statement in 2009, however, per PCG resident has had a Public Guardian (OPG) since 1998.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (b) Individuals associated with the ownership or operation of a Type I ARCH, the licensee, and the primary care giver shall not serve as guardian, power of attorney, or trustee of the resident or resident's estate.</p> <p><u>FINDINGS</u> Resident #1 – No evidence of notarized document identifying who the Power of Attorney (POA) is. Resident signed care home General Operating Policies (GOP) contract and financial statement in 2009, however, per PCG resident has had a Public Guardian (OPG) since 1998.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #1 – Primary Care Giver (PCG) not currently keeping track of resident's monthly allowance.</p> <p>Please submit a current tracking sheet of resident's monthly allowance along with your plan of correction.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #1 – Primary Care Giver (PCG) not currently keeping track of resident's monthly allowance.</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>	

	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><u>FINDINGS</u> Some concerns exist regarding whether providing health care is still within Primary and Substitute caregiver's realm of capability:</p> <ul style="list-style-type: none"> • PCG was unable explain how she was administering Resident #2's Genotropin (Somatropin) such as, how many times a day she's getting the injection, set up on injection prior to administration, disposal of sharps, proper rotation of injection cites. • Progress notes do not describe Resident's response to provision of care. • Many MAR errors • Multiple errors in Physician's renewal orders with no follow up. • As of the date of annual inspection, no follow up with pharmacy on delivery of new dose of medication ordered on 8/21/23 (after 25 days). • Disorganized records • Repeat deficiencies include but not limited to: <ul style="list-style-type: none"> ○ Medications being available ○ Progress Notes incomplete ○ Missing care giver and Resident clearances ○ Many MAR errors ○ Physician order follow ups • No recognition that care home currently has three (3) residents certified as non-self-preserving. • No staff or responsible adult for each non-self-preserving resident. • Unsecured medications in resident's bathroom and refrigerator. • Nurse Consultant suggested a fire drill to which a Resident responded that this would be her first fire drill. 	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <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><u>FINDINGS</u> Some concerns exist regarding whether providing health care is still within Primary and Substitute caregiver's realm of capability:</p> <ul style="list-style-type: none"> • PCG was unable explain how she was administering Resident #2's Genotropin (Somatropin) such as, how many times a day she's getting the injection, set up on injection prior to administration, disposal of sharps, proper rotation of injection cites. • Progress notes do not describe Resident's response to provision of care. • Many MAR errors • Multiple errors in Physician's renewal orders with no follow up. • As of the date of annual inspection, no follow up with pharmacy on delivery of new dose of medication ordered on 8/21/23 (after 25 days). • Disorganized records • Repeat deficiencies include but not limited to: <ul style="list-style-type: none"> ○ Medications being available ○ Progress Notes incomplete ○ Missing care giver and Resident clearances ○ Many MAR errors ○ Physician order follow ups • No recognition that care home currently has three (3) residents certified as non-self-preserving. • No staff or responsible adult for each non-self-preserving resident. • Unsecured medications in resident's bathroom and refrigerator. • Nurse Consultant suggested a fire drill to which a Resident responded that this would be her first fire drill. 	<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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p><u>FINDINGS</u> Resident #1 – No evidence that PCG followed up with Physician/APRN to clarify the following signed orders dated 9/1/2022 and renewed 11/17/22, 3/31/23, and 4/24/23:</p> <ul style="list-style-type: none"> • “Banophen 25mg for insomnia OD PRN” – Order is missing route by which medication is to be administered by as well as an indication (instructions for when to administer the PRN medication). • “Oyster shell calcium 500g 1-tab BID” – Order is missing route by which medication is to be administered by. Also, strength of tab is incorrectly measured in grams; should be measured in milligrams. • “Vitamin C 500mg 1-tab BID” – Order is missing route by which medication is to be administered by. • “Metamucil 1-tab HS” – Order is missing route by which medication is to be administered by. • “Vitamin E 400 units 1 qd” - Order is missing route by which medication is to be administered by. • “Colace (Docusate) 100mg take 1 cap BID” - Order is missing route by which medication is to be administered by. 	<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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p><u>FINDINGS</u> Resident #1 – No evidence that PCG followed up with Physician/APRN to clarify the following signed orders dated 9/1/2022 and renewed 11/17/22, 3/31/23, and 4/24/23:</p> <ul style="list-style-type: none"> • “Banophen 25mg for insomnia OD PRN” – Order is missing route by which medication is to be administered by as well as an indication (instructions for when to administer the PRN medication). • “Oyster shell calcium 500g 1-tab BID” – Order is missing route by which medication is to be administered by. Also, strength of tab is incorrectly measured in grams; should be measured in milligrams. • “Vitamin C 500mg 1-tab BID” – Order is missing route by which medication is to be administered by. • “Metamucil 1-tab HS” – Order is missing route by which medication is to be administered by. • “Vitamin E 400 units 1 qd” - Order is missing route by which medication is to be administered by. • “Colace (Docusate) 100mg take 1 cap BID” - Order is missing route by which medication is to be administered by. 	<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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p><u>FINDINGS</u> Resident records are in an unsystematic, unfinished and disorganized state which results in errors, inadequate and incomplete documentation in all areas of the records.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p><u>FINDINGS</u> Resident records are in an unsystematic, unfinished and disorganized state which results in errors, inadequate and incomplete documentation in all areas of the records.</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>	

	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><u>FINDINGS</u> Internal stairwell, which is residents must navigate to reach a designated fire exit, is now partially blocked by a Stair Lift Chair.</p> <p>*Referred to Life Safety Consultant to determine if stair lift chair in internal stairwell is acceptable.</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>	

	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><u>FINDINGS</u> Internal stairwell, which is residents must navigate to reach a designated fire exit, is now partially blocked by a Stair Lift Chair.</p> <p>*Referred to Life Safety Consultant to determine if stair lift chair in internal stairwell is acceptable.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p><u>FINDINGS</u> Currently care home has (3) three residents certified as non-self-preserving, Residents #1, #3 and #4.</p> <p>Maximum is two (2).</p> <p>Please submit new re-certifications of each resident's self-preservation status along with your plan of correction.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p><u>FINDINGS</u> Currently care home has (3) three residents certified as non-self-preserving, Residents #1, #3 and #4.</p> <p>Maximum is two (2).</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>	

	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><u>FINDINGS</u> No pump action soap located at downstairs wet bar nor in bathroom that is between bedroom #2 and internal stairway</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>	

	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><u>FINDINGS</u> No pump action soap located at downstairs wet bar nor in bathroom that is between bedroom #2 and internal stairway</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>	

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____