

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aina Haina Quality Living	CHAPTER 100.1
Address: 5304 Limu Place, Honolulu, Hawaii 96821	Inspection Date: August 7, 2024 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

**FAILURE TO CORRECT CITED DEFICIENCIES AS PER THE PLAN OF CORRECTION COULD RESULT IN REFUSAL TO RENEW YOUR LICENSE PER HAR 11-100.1-3(e)(3).**

	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><b><u>FINDINGS</u></b>  Primary Caregiver (PCG), Substitute Caregiver (SCG) #2 – Fieldprint clearance unavailable</p> <p>SCG #1 – Fieldprint clearance dated 7/7/23 only contained APS/CAN and e-crim dated 8/29/23. No documented evidence of an initial clearance including APS/CAN/Fingerprinting was completed.</p> <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>PGG was removed from the schedule until the Fieldprint appointment and data collection were completed. Data collection was completed. Awaiting for the result.</p> <p>SCG1 Fieldprint fingerprinting appointment and data collection completed on 07/31/24. Awaiting for the result.</p> <p>SCG2 was removed from the schedule until the Fieldprint appointment and data collection were completed. Fieldprint data collection was completed. Awaiting for the result.</p>	<p>09/03/2024</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><b><u>FINDINGS</u></b>  Primary Caregiver (PCG), Substitute Caregiver (SCG) #2 – Fieldprint clearance unavailable</p> <p>SCG #1 – Fieldprint clearance dated 7/7/23 only contained APS/CAN and e-crim dated 8/29/23. No documented evidence of an initial clearance including APS/CAN/Fingerprinting was completed.</p> <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Facility Director sent a notification to each staff and all staff that going forward; no staff will be allowed to work without completed Fieldprint clearance. It was also clarified that APS/CAN was deemed insufficient for OCHA compliance. Electronic Calendar and facility hard copy calendar marked and utilized as a reminder to the Director and PCG/RN.</p>	<p>08/15/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§ 11-100.1-8 <u>Primary care giver qualifications.</u> (a)(5)  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 completed ARCH teaching modules that are approved annually by the department;</p> <p><b><u>FINDINGS</u></b>  PCG – No documented evidence ARCH teaching modules course was completed</p> <p>Submit a copy of completion with plan of correction.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>There was a misunderstanding with staff presenting as PCG during the survey. She was still in trainee as PCG while completing her ARCH modules and compliance to other requirements. Her salary was increased to incentivize her to step up to the role. However, there was no notification to OCHA for a change of facility PCG. She was still being trained. This was clarified and a checklist for PCG qualification was presented to her. The current PCG was out of the facility during the survey. Consequently, the PCG trainee quit her employment and did not submit evidence of the completion of her ARCH teaching modules.</p>	<p style="text-align: center;">08/20/2024</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(5)  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 completed ARCH teaching modules that are approved annually by the department;</p> <p><b><u>FINDINGS</u></b>  PCG – No documented evidence ARCH teaching modules course was completed</p> <p>Submit a copy of completion with plan of correction.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>The Facility Director and RN/PCG made a checklist and double-check to determine the completeness of PCG Credentials. It was agreed; that when all requirements in the checklist are completed, notice of change of PCG will be submitted to OCHA and signed by the Facility Director.</p>	08/18/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(6)  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 at least one year experience working full time or its equivalent providing direct nurse aide care as an employee of a state licensed and approved intermediate care facility, skilled nursing facility, home health agency, or hospital or demonstrate competency equivalence through completion of a program approved by the department;</p> <p><b><u>FINDINGS</u></b>  PCG – No documented evidence one (1) year of full-time working experience or its equivalent providing direct nurse aide care completed</p> <p>Submit evidence with plan of correction.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Certificate of 1 year of full-time working experience obtained. Copy attached.</p>	08/10/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(6) 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 at least one year experience working full time or its equivalent providing direct nurse aide care as an employee of a state licensed and approved intermediate care facility, skilled nursing facility, home health agency, or hospital or demonstrate competency equivalence through completion of a program approved by the department;</p> <p><b><u>FINDINGS</u></b> PCG – No documented evidence one (1) year of full-time working experience or its equivalent providing direct nurse aide care completed</p> <p>Submit evidence with plan of correction.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Facility Director and RN/PCG to double-check and determine the completeness of PCG credentials. A checklist was created to ensure completeness before notifying the change of PCG to DOH OCHA.</p>	08/19/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u>  (a)  All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><b><u>FINDINGS</u></b>  PCG – Current physical exam unavailable. Last physical dated 3/30/23.</p> <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Staff was removed from the schedule until the Physical Exam was completed. Physical exam completed. Copy attached.</p>	<p style="text-align: center;">08/20/2024</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><b><u>FINDINGS</u></b>  PCG – Annual physical exam unavailable. Last physical dated 3/30/23.</p> <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>The Facility Director was tasked to check and maintain a binder of credentials and respective expiry dates of each staff. Notice was sent to staff that no one with expired credentials is allowed to work by the facility director. PCG/RN was tasked to double-check and review the spreadsheet of credentials every 1st Saturday of the month this was marked on the facility calendar and electronic calendar.</p>	<p style="text-align: center;">08/19/2024</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><b><u>FINDINGS</u></b> PCG – Annual tuberculosis (TB) clearance unavailable. Last TB dated 3/30/23.</p> <p>SCG #1, SCG #2 – Initial TB clearance (proof of PPD+) unavailable for review.</p> <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>PCG trainee annual Tuberculosis TST done. However, the staff quit work and did not submit TB clearance. She will not be allowed to return to work without a copy of the completed document.</p> <p>SCG #1 Copy of initial TB clearance ( proof of PPD+) on 7/12/93 obtained and attached.</p> <p>SCG #2 Copy of initial TB clearance ( proof of PPD+) dated 05/272011 obtained and attached.</p>	08/20/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><b><u>FINDINGS</u></b> PCG – Annual tuberculosis (TB) clearance unavailable. Last TB dated 3/30/23.</p> <p>SCG #1, SCG #2 – Initial TB clearance (proof of PPD+) unavailable for review.</p> <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>The Facility Director was tasked to check and maintain a binder of credentials and respective expiry dates of each staff. Notice was sent to staff that no one with expired credentials is allowed to work by the facility director. PCG/RN was tasked to double-check and review the spreadsheet of credentials every 1st Saturday of the month this was marked on the facility calendar and electronic calendar.</p> <p>SCG1 and SCG2 initial TB clearance ( proof of PPD +) was thinned out from the current Employee Record Binder. Copies were retrieved and placed back in said binder. PCG/RN noted on documents " DO NOT THIN" to prevent similar error</p>	<p style="text-align: center;">08/27/2024</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)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><b><u>FINDINGS</u></b> PCG and SCG #2 – No documented evidence of a current First Aid certification. PCG’s certification expired on 1/31/2024, and SCG #2 expired on 5/2024.</p> <p>Submit valid first-aid certification with plan of correction.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>PCG trainee First Aid certification was completed on 1/31/24. A copy was not placed in the Employee Record Binder. Copy attached.</p> <p>SCG#2 First Aid certification completed on 8/1/2024 and copy attached.</p>	<p>08/09/2024</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)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><b><u>FINDINGS</u></b> PCG and SCG #2 – No documented evidence of a current First Aid certification. PCG’s certification expired on 1/31/2024, and SCG #2 expired on 5/2024.</p> <p>Submit valid first-aid certification with plan of correction.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN’T HAPPEN AGAIN?</b></p> <p>The Facility Director was tasked to check and maintain a binder of credentials and respective expiry dates of each staff. Notice was sent to staff that no one with expired credentials is allowed to work by the facility director. PCG/RN was tasked to double-check and review the spreadsheet of credentials every 1st Saturday of the month this was marked on the facility calendar and electronic calendar.</p>	08/21/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><b><u>FINDINGS</u></b> PCG and SCG #2 – No documented evidence of a current cardiopulmonary resuscitation (CPR) certification. PCG’s certification expired on 1/31/2024, and SCG #2 expired on 5/2024.</p> <p>Submit a copy of valid CPR certification with plan of correction.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>PCG trainee cardiopulmonary resuscitation (CPR) certification was completed on 1/31/24. A copy was not placed in the Employee Record Binder. Copy attached.</p> <p>SCG#2 cardiopulmonary resuscitation (CPR) certification completed on 8/1/2024 and copy attached.</p>	08/09/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><b><u>FINDINGS</u></b> PCG and SCG #2 – No documented evidence of a current cardiopulmonary resuscitation (CPR) certification. PCG’s certification expired on 1/31/2024, and SCG #2 expired on 5/2024.</p> <p>Submit a copy of valid CPR certification with plan of correction.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN’T HAPPEN AGAIN?</b></p> <p>The Facility Director was tasked to check and maintain a binder of credentials and respective expiry dates of each staff. Notice was sent to staff that no one with expired credentials is allowed to work by the facility director. PCG/RN was tasked to double-check and review the spreadsheet of credentials every 1st Saturday of the month this was marked on the facility calendar and electronic calendar.</p>	<p>08/21/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Inventory of possessions unavailable for admission on 2/19/24</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Inventory of possessions unavailable for admission on 2/19/24</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>The resident was readmitted from SNF &amp; short-term rehab on 2/19/24. The admission checklist was revised to include an inventory of possessions for readmission not just admission. PCG was tasked to utilize the Admission/readmission checklist for compliance. The shift team leader is assigned to do an inventory of possessions for admission/readmission. PCG to double-check the completeness of the task.</p>	<p style="text-align: center;">08/18/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><b><u>FINDINGS</u></b> Bedroom #3 – Open box of Ensure stored on floor in closet</p> <p>Bedroom #4 – Open box of Boost and unopened box of Members Mark chocolate protein shakes stored on floor in closet</p> <p>Bin of emergency food supply stored directly on garage floor</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>The Open box of Ensure in room #3, the open box of Boost, and the unopened box of Members Mark chocolate protein in room #4 were removed and placed inside the supply pantry elevated more than 36 inches from the floor. The family/POA of respective rooms was notified by PCG/RN that supplements should be handed to staff for proper storage. No food and supplements should be kept inside the room.</p> <p>The Bin of emergency food supply was removed and placed on a rack storage designated for Emergency food supply. The said rack was approx. 4 feet from the ground.</p>	<p style="text-align: center;">08/08/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><b><u>FINDINGS</u></b> Bedroom #3 – Open box of Ensure stored on floor in closet</p> <p>Bedroom #4 – Open box of Boost and unopened box of Members Mark chocolate protein shakes stored on floor in closet</p> <p>Bin of emergency food supply stored directly on garage floor</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>A notice was posted inside the resident's closet/room not to store food and supplements inside the room and on the floor. Staff re-oriented on food handling, no food be placed on the floor.</p> <p>Labels were also made and posted to designated Emergency Food Supply rack and storage.</p>	<p>08/10/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><b><u>FINDINGS</u></b> Two (2) refrigerator thermometers read 57.5°F and 60°F, above acceptable maximum temperature of 45°F</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>The handyman was contacted to check the refrigerator. It was deemed cheaper to replace than repair. A new refrigerator was purchased and scheduled for delivery by the facility director.</p>	<p style="text-align: center;">08/10/2024</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><b><u>FINDINGS</u></b> Two (2) refrigerator thermometers read 57.5°F and 60°F, above acceptable maximum temperature of 45°F</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Two shift team leaders were assigned to do daily temperature checks. This task is to be done by AM and NOC shift and to report to PCG/RN for discrepancies. PCG was tasked to double-check check temperature log 2 x a week ( Monday and Friday) noted on the facility calendar.</p>	<p style="text-align: center;">08/23/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation.</p> <p><b><u>FINDINGS</u></b> Caregivers report temperature of food is not checked when cooking food for residents</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation</u>. (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation.</p> <p><b><u>FINDINGS</u></b> Caregivers report temperature of food is not checked when cooking food for residents</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In-service to all staff conducted on DOH Food Safety guidelines. Focusing on Cooking Temperature. DOH Food Safety &amp; Sanitation guidelines " How to get a green placard is posted in the kitchen for information and cooking temperature references. Each staff was tested for return demonstration on how to use a food thermometer, and how to check cooking temperature for skills &amp; knowledge assessment. PCG to conduct a random check monthly to assess staff checking when cooking food for residents.</p>	<p>08/28/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #2 – Medication Administration Record (MAR) for 6/30/24 did not have documentation whether Atorvastatin, Sennoside-Docusate Sodium, and Aricept was made available. August MAR also did not have documentation that medications were being made available on the following dates:</p> <ul style="list-style-type: none"> <li>• Entresto 24-25mg AM dose: no documentation from 8/4/24-8/7/24</li> <li>• Entresto 24-25mg PM dose: no documentation on 8/4/24</li> <li>• Lasix 40mg: no documentation from 8/4/24-8/7/24</li> <li>• Spironolactone 50mg: no documentation from 8/4/24-8/7/24</li> <li>• Eliquis 5mg AM dose: no documentation from 8/4/24-8/7/24</li> <li>• Eliquis 5mg PM dose: no documentation on 8/4/24.</li> <li>• Metformin 500mg AM dose: no documentation from 8/4/24-8/7/24</li> <li>• Metformin 500mg PM dose: no documentation on 8/4/24</li> <li>• Jardiance 10mg: no documentation from 8/4/24-8/7/24</li> <li>• Atorvastatin 40mg: no documentation from 8/4/24-8/7/24</li> <li>• Sennoside-Docusate Sodium AM: no documentation from 8/4/24-8/7/24</li> <li>• Sennoside-Docusate Sodium PM: no documentation on 8/4/24</li> <li>• Aricept 5mg: no documentation on 8/4/24</li> </ul>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #2 – Medication Administration Record (MAR) for 6/30/24 did not have documentation whether Atorvastatin, Sennoside-Docusate Sodium, and Aricept was made available. August MAR also did not have documentation that medications were being made available on the following dates:</p> <ul style="list-style-type: none"> <li>• Entresto 24-25mg AM dose: no documentation from 8/4/24-8/7/24</li> <li>• Entresto 24-25mg PM dose: no documentation on 8/4/24</li> <li>• Lasix 40mg: no documentation from 8/4/24-8/7/24</li> <li>• Spironolactone 50mg: no documentation from 8/4/24-8/7/24</li> <li>• Eliquis 5mg AM dose: no documentation from 8/4/24-8/7/24</li> <li>• Eliquis 5mg PM dose: no documentation on 8/4/24.</li> <li>• Metformin 500mg AM dose: no documentation from 8/4/24-8/7/24</li> <li>• Metformin 500mg PM dose: no documentation on 8/4/24</li> <li>• Jardiance 10mg: no documentation from 8/4/24-8/7/24</li> <li>• Atorvastatin 40mg: no documentation from 8/4/24-8/7/24</li> <li>• Sennoside-Docusate Sodium AM: no documentation from 8/4/24-8/7/24</li> <li>• Sennoside-Docusate Sodium PM: no documentation on 8/4/24</li> <li>• Aricept 5mg: no documentation on 8/4/24</li> </ul>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Staff that failed to document in the Medication Administration Record on the mentioned dates was identified &amp; retrained in med pass utilizing checklist for PRimary and Substitute Caregiver Training as a tool specifically on topic for medication instructions/handouts and documentation.</p> <p>PCG/RN to conduct daily checks of MAR to ensure compliance in documentation. Staff who fail to do so will be taken off passing meds.</p>	08/25/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Medication order dated 2/21/24 states, “Amlodipine Besylate 5mg tab, 1 tab orally once a day. Hold for SBP &lt;110 or HR &lt;60, Call MD if SBP &gt;180 or DBP &gt; 80 for more than 5 days in a row; however, per MAR, medication administered despite SBP/HR falling within hold range on the following dates:</p> <ul style="list-style-type: none"> <li>• 6/23/24 – HR 53, 6/16/24 – HR 51, 5/12/24 – SBP 101, 4/17/24 – HR 56, 4/3/24 – HR 56, 3/17/24 – HR 59, 3/13/24 – HR 59, 3/6/24 – HR 59</li> </ul>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Medication order dated 2/21/24 states, "Amlodipine Besylate 5mg tab, 1 tab orally once a day. Hold for SBP &lt;110 or HR &lt;60, Call MD if SBP &gt;180 or DBP &gt; 80 for more than 5 days in a row; however, per MAR, medication administered despite SBP/HR falling within hold range on the following dates:</p> <ul style="list-style-type: none"> <li>6/23/24 – HR 53, 6/16/24 – HR 51, 5/12/24 – SBP 101, 4/17/24 – HR 56, 4/3/24 – HR 56, 3/17/24 – HR 59, 3/13/24 – HR 59, 3/6/24 – HR 59</li> </ul>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Staff that failed to add HOLD in the Medication Administration Record on the mentioned dates was identified &amp; retrained in med pass utilizing checklist for PRimary and Substitute Caregiver Training as a tool specifically on topic for medication instructions/handouts and documentation.</p> <p>Shift leaders are trained and assigned to check MAR at the start of their shift for discrepancies in med pass and notify PCG/RN right away.</p> <p>PCG/RN to conduct daily checks of MAR to ensure compliance in documentation. Staff who fail to do so will be taken off passing meds.</p>	<p style="text-align: center;">08/25/2024</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><b><u>FINDINGS</u></b> Resident #2 – Physician order dated 6/13/24 for “Nystatin External Powder 100000 unit/gm topical powder,” with a discontinuation date of 7/5/2024. However, the medication order was not reflected in 6/2024 and 7/2024 MAR indicating medication was not made available from 6/13/24-7/5/24.</p>	<p style="text-align: center;">PART I</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #2 – Physician order dated 6/13/24 for “Nystatin External Powder 100000 unit/gm topical powder,” with a discontinuation date of 7/5/2024. However, the medication order was not reflected in 6/2024 and 7/2024 MAR indicating medication was not made available from 6/13/24-7/5/24.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>A checklist was created for PCG to triple-check Physician Orders and Medication Administration Records for accuracy during admission/ readmissions.</p> <p>RN to double-check physician orders are reflected in MAR during admission/ readmissions.</p>	<p>08/20/2024</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><b><u>FINDINGS</u></b> Resident #2 – Physician order dated 8/1/24 to “stop donepezil when current supply runs out”, was not transcribed into the 8/2024 MAR.</p> <p>Submit updated 8/2024 MAR with plan of correction.</p>	<p style="text-align: center;"><b>PART I</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Order was transcribed in Medication Administration Record. See attached.</p>	<p style="text-align: center;">08/08/2024</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><b><u>FINDINGS</u></b> Resident #2 – Physician order dated 8/1/24 to “stop donepezil when current supply runs out”, was not transcribed into the 8/2024 MAR.</p> <p>Submit updated 8/2024 MAR with plan of correction.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>A checklist was created for PCG to triple check Physician orders before filing in chart and during admission and readmissions.</p> <p>Team leaders were also trained to review Physician notes and copy onto the staff communication notebook for follow-up and double-checking if orders were carried. PCG was tasked to read and review the staff communication notebook daily.</p>	<p style="text-align: center;">08/25/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g)  All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – The following medications were not reevaluated every four (4) months between 2/19/24-7/29/24:</p> <ul style="list-style-type: none"> <li>• Acetaminophen, milk of magnesia, multivitamin, vitamin C, vitamin D3 (2/21/24), Eucerin cream, chlorhexidine 0.1% rinse</li> </ul>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><b><u>FINDINGS</u></b> Resident #1 – The following medications were not reevaluated every four (4) months between 2/19/24-7/29/24:</p> <ul style="list-style-type: none"> <li>Acetaminophen, milk of magnesia, multivitamin, vitamin C, vitamin D3 (2/21/24), Eucerin cream, chlorhexidine 0.1% rinse</li> </ul>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>A spreadsheet was created by PCG/RN to ensure the Physician Order sheet containing the list of medications for each resident is sent to PCP for quarterly review and re-evaluation. This spreadsheet will be reviewed for compliance every 1st Saturday of the month.</p> <p>Upon receiving the Physician Order Sheet from MD, PCG to double check that MD signed each and all pages to ensure re-evaluation of each and all medications and treatments.</p>	<p>08/17/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§ 11-100.1-23 <u>Physical environment.</u> (g)(3)(G) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system;</p> <p><b><u>FINDINGS</u></b> Smoke alarm chirping in facility (office room)</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Smoke alarm battery changed right away. Chirping ceased.</p>	<p style="text-align: center;">08/08/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(G) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system;</p> <p><b><u>FINDINGS</u></b> Smoke alarm chirping in facility (office room)</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG and shift team leaders trained with return demonstrations on how to change batteries on smoke detectors. They are also tasked to change batteries right away when chirping occurs.</p> <p>PGC to check battery supplies every second Saturday of the month to ensure the availability of supplies.</p>	<p style="text-align: center;">08/12/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(4)  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>Water supply. Hot and cold water shall be readily available to residents for personal washing purposes. Temperature of hot water at plumbing fixtures used by residents shall be regulated and maintained within the range of 100°-120°F.</p> <p><b><u>FINDINGS</u></b>  Hot water temperature measured at 139.2°F, exceeding maximum safe temperature of 120°F</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Poncho Solar Hot water maintenance and provider was contacted by the facility Director for maintenance. The Thermo regulator of the hot water tank needs replacement and scheduled</p>	<p>08/31/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(4) 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>Water supply. Hot and cold water shall be readily available to residents for personal washing purposes. Temperature of hot water at plumbing fixtures used by residents shall be regulated and maintained within the range of 100°-120°F.</p> <p><b><u>FINDINGS</u></b> Hot water temperature measured at 139.2°F, exceeding maximum safe temperature of 120°F</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Shift team leaders are assigned to do daily hot water temperature checks twice a day. This will done by the AM and PM shifts for double-checking and to notify the Director/ owner and PCG if the temperature exceeds 120F.</p> <p>PCG marked the facility calendar to check the Temperature log 2x a week ( Monday and Fridays) to double-check compliance.</p>	<p>08/27/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><b><u>FINDINGS</u></b> Bedroom #8 – Two (2) oxygen tanks stored in bedroom closet. Additionally, tanks not properly stored in stands</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Oxygen tank provider Apria was contacted to remove two oxygen tanks stored in the bedroom closet. Tanks were removed by the vendor.</p>	<p style="text-align: right;">08/09/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><b><u>FINDINGS</u></b> Bedroom #8 – Two (2) oxygen tanks stored in bedroom closet. Additionally, tanks not properly stored in stands</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG and Team leaders were instructed to double-check when tanks are delivered; that it has a stand and are not stored inside the closet for safety.</p> <p>A note was also created in the Staff Reminder Binder regarding oxygen tanks needing a stand for safety and guidance in storage.</p> <p>PCG was tasked to double-check check each tank in the facility has a stand and is stored properly to be done every Saturday of the month.</p>	<p style="text-align: center;">08/15/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><b><u>FINDINGS</u></b> "Oxygen in use" warning sign not posted on exterior entrance of facility despite oxygen tanks being utilized in bedroom #8</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>A warning sign stating" Oxygen in use" was purchased and posted on the exterior, near the main entrance, of the facility.</p>	<p style="text-align: right;">08/09/2024</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><b><u>FINDINGS</u></b> "Oxygen in use" warning sign not posted on exterior entrance of facility despite oxygen tanks being utilized in bedroom #8</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>The warning sign "OXYGEN IN USE" posted on the exterior entrance of the facility was made permanent and not removable. PCG was tasked to do random checks every last Saturday of the month that said signage remains. This is noted on the facility calendar and on the Staff Reminder Binder to be reviewed by staff every week.</p>	<p>09/03/2024</p>

Licensee's/Administrator's Signature: Elizabeth Murphey, RN

Print Name: Elizabeth Murphey, RN

Date: 09/04/2024