

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: ACT Care Services LLC	CHAPTER 100.1
Address: 1453 Uila Street, Honolulu, Hawaii 96818	Inspection Date: September 10, 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 PER HAR 11-100.1-3(e)(2). 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>§11-100.1-10 <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><b><u>FINDINGS</u></b> Bedroom #2 – Wheelchair bound resident (resident #1) residing in bedroom licensed for AMBULATORY ONLY residents</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>YES. ANOTHER LETTER WAS SENT THROUGH EMAIL TO NURSE CONSULTANT, REQUESTING FOR BEDROOM #2 TO BE LICENSED AS A WHEELCHAIR RESIDENT BEDROOM ON THE DAY OF ANNUAL INSPECTION.</p>	<p style="text-align: center;">09/10/2024</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><b><u>FINDINGS</u></b> Bedroom #2 – Wheelchair bound resident (resident #1) residing in bedroom licensed for AMBULATORY ONLY 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>UPON CHECKING THE FACILITY FOR RESIDENT ROOM RESTRICTIONS/ASSIGNMENTS OF USAGEADMINISTRATOR/PCG WILL ADD CHECK BOX TO THE NEW ADMISSIN/RE-ADMISSION CHECKLIST OF THE FACILTY THAT IF THE RESIDENT IS AMBULATORY, BEDBOUND OR WHEELCHAIR BOUND WITH NOTE IN AN OPEN/CLOSED PARENTHESIS OF THE ROOMS THAT CAN BE OCCUPIED</p> <p>THE CHECKLIST WILL LOOK AS FOLLOWS: AMBULATORY (CAN OCCUPY ROOMS 1,2,3,4,5) WHEELCHAIR BOUND (CAN OCCUPY ROOMS 1,2,3) BEDBOUND (CAN OCCUPY ROOM 1)</p>	<p style="text-align: center;">10/29/2024</p>

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<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><b><u>FINDINGS</u></b>  Bedroom #4 – Resident residing in unlicensed bedroom</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>YES , AN EMAIL WAS SENT TO THE NURSE CONSULTANT DURING INSPECTION, ASKING FOR BEDROOM #4 TO BE LICENSED AS A RESIDENT ROOM.</p>	09/10/2024

	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><b><u>FINDINGS</u></b>  Bedroom #4 – Resident residing in unlicensed bedroom</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>RESIDENT ROOM DOOR WILL HAVE A REMINDER NOTICE OF ITS PERMITTABLE USAGE ON THE BACK OF THE DOOR SUCH AS FOLLOWS.</p> <p>RESIDENT ROOM 1-- LICENSED AND CAN BE OCCUPIED BY AN AMBULATORY RESIDENT, OR A WHEELCHAIR BOUND AND/OR A BEDBOUND RESIDENT</p> <p>RESIDENT ROOM 2-- LICENSED AND CAN BE OCCUPIED BY AN AMBULATORY RESIDENT OR A WHEELCHAIR RESIDENT</p> <p>RESIDENT ROOM 3-- LICENSED AND CAN BE OCCUPIED BY AN AMBULATORY RESIDENT OR A WHEELCHAIR RESIDENT</p> <p>RESIDENT ROOM 4-- PENDING OHCA APPROVAL FOR RESIDENT USE</p> <p>RESIDENT ROOM 5-- LICENSED AND CAN BE OCCUPIED BY AN AMBULATORY RESIDENT ONLY</p>	<p style="text-align: center;">10/29/2024</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><b><u>FINDINGS</u></b>            Medications stored in unsecured cabinet</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>YES, SCGs ON DUTY DURING THE ANNUAL INSPECTION WERE RE-TRAINED ON SECURING MEDICATION CABINETS, AFTER NURSE CONSULTANT LEFT. A MEETING WAS HELD THE SAME DAY WITH ALL SCGs ABOUT PROPER SECUREMENT OF MEDICATIONS IN THE REFRIGERATOR AND IN THE MEDICINE CABINET. A ROSTER OF SCG RESPONSIBLE FOR SECURING CABINETS WAS MADE BY PCG AND IT WAS POSTED IN FRONT OF THE MEDICINE CABINET</p>	09/10/2024

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b)            Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><b><u>FINDINGS</u></b>            Medications stored in unsecured cabinet</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>CG WILL CHECK ON A DAILY BASIS IF BOTH MEDICATION CABINETS/CONTAINERS ARE LOCKED OR THEIR LOCKS SECURELY ENGAGED BY CHECKING IT PERSONALLY WHEN IN THE FACILITY AND/OR BY CALLING ON DUTY SCGs TO CHECK IF ALL LOCKS ARE ENGAGED.</p>	<p style="text-align: right;">09/10/2024</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b)            Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><b><u>FINDINGS</u></b>            Medication box in refrigerator stored unsecured</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>YES, SCGs ON DUTY DURING THE ANNUAL INSPECTION WERE RE-TRAINED ON SECURING MEDICATION CABINETS, AFTER NURSE CONSULTANT LEFT. A MEETING WAS HELD THE SAME DAY WITH ALL SCGs ABOUT PROPER SECUREMENT OF MEDICATIONS IN THE REFRIGERATOR AND IN THE MEDICINE CABINET. A ROSTER OF SCG RESPONSIBLE FOR SECURING CABINETS WAS MADE BY PCG AND IT WAS POSTED IN FRONT OF THE MEDICINE CABINET</p>	09/10/2024



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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Monthly progress notes from 3/2024-7/2024 do not include resident's observed response to daily and PRN medications</p>	<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>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documented evidence in progress notes of physician's visit made on 4/12/24</p>	<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>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(8)            During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – No documented evidence in progress notes of physician's visit made on 4/12/24</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>PCG ADDED A REMINDER ON THE LIST OF WHAT ARE TO BE RECORDED IN A RESIDENT'S PROGRESS NOTES,</p>	<p>09/10/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><b><u>FINDINGS</u></b> Resident #2 – Resident register not updated to reflect discharge date of 8/28/24</p> <p>Submit a copy of updated resident register 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>YES, RIGHT AFTER THE NURSE CONSULTANT LEFT PCG ENTERED THE DATA OF RESIDENT#2 EXPIRING ON THE RESIDENT REGISTER.</p>	<p style="text-align: center;">09/10/2024</p>



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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><b><u>FINDINGS</u></b> No documented evidence any monthly fire drills were performed during hours of darkness</p>	<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>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><b><u>FINDINGS</u></b> No documented evidence any monthly fire drills were performed during hours of darkness</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>ADMINISTRATOR PRE-SCHEDULED FIRE DRILLS DATE ON THE FACILITY TRAININGS INDICATING THE SCG CONDUCTING THE DRILL AND ALSO INDICATING IF ITS A DAY DRILL OR A NIGHT DRILL, TIME IS NOT SPECIFICALLY INDICATED. FACILITY STAFF/SCG ARE INFORMED THAT IF THE DRILL DATE INDICATED AS A DAY DRILL TIME WILL BE BETWEEN THE HOURS OF 6AM TO 5PM OR WHENEVER THERE IS STILL SUNLIGHT AND IF NIGHT DRILL IS INDICATED THE DRILL WILL BE CONDUCTED DURING THE HOURS OF 6PM TO 9PM.</p>	<p style="text-align: center;">10/29/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(4)  Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – No documented evidence of current influenza vaccination or declination from resident/POA</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>YES, PCG CALLED RESIDENT SON/DPOA WITH THE PRESENCE OF THE NURSE CONSULTANT DURING THE ANNUAL VISIT. SON/ DPOA VERBALIZED UNDERSTANDING OF THE DEPARTMENTS REQUIREMENTS BUT WISHES THAT RESIDENT #1 WON'T HAVE ANY VACCINATION; SON/DPOA EMAILED PCG OF THEIR WISHES AND A COPY WAS ALSO EMAILED TO THE NURSE CONSULTANT. PCG PRINTED THE EMAIL AND IT IS NOW ON FILE IN RESIDENT#1 CHART.</p>	09/10/2024

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<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documented evidence of current influenza vaccination or declination from resident/POA</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/ADMINSTRATOR WILL ADD A CHECK BOX ON THE FACILITY ADMISSION/RE-ADMISSION CHECKLIST AS FOLLOWS:</p> <p>WILLING TO OBTAIN IMMUNIZATION REQUIREMENTS DECLINES ANY FORM OF IMMUNIZATION REQUIREMENTS (DPOA/RESIDENT WILL SIGN DECLINATION FORM FOR RECORD PURPOSES)</p> <p>A STANDARD DECLINATION FORM WILL BE READY FOR ANY RESIDENT/DPOA WHO DECLINED RESIDENT IMMUNIZATION AND THE SIGNED FORM WILL BE FILED ON THE RESIDENTS CHART</p>	10/29/2024

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2)  Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Use of full side rails while in bed due to resident's high risk for falls is not reflected in resident's care plan under "Problem #8 – Mobility and Safety (risk for falls or injury)"</p> <p>Submit a copy of updated care plan with plan of correction.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>YES, RN/CM WAS CALLED TO INCLUDE SIDE RAILS ON HER CARE PLAN. RN/CM UPDATED HER CARE PLAN .</p>	<p>09/21/2024</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2)  Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Use of full side rails while in bed due to resident's high risk for falls is not reflected in resident's care plan under "Problem #8 – Mobility and Safety (risk for falls or injury)"</p> <p>Submit a copy of updated care plan with plan of correction.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG AND RN/CM WILL BE REVIEWING THE RESIDENTS' CARE PLAN IN A MONTHLY BASIS (ROUTINE MONTHLY CARE PLAN REVIEW WILL BE ELECTRONICALLY ENTERED IN PCG SMART PHONE CALENDAR, AND THIS WILL BE AN ALERT SET ON A MONTHLY BASIS) AND/ OR AS NEEDED. AS CHANGES ON THE RESIDENTS' NEEDS OCCURS PCG AND RN/CM WILL MAKE NECESSARY ADDITIONS OR CORRECTIONS OF THE CARE PLAN. PCG WILL USE "POST-IT" NOTES ON THE RESIDENTS CHART TO ALERT THE RN/CM AND THE PCG OF ANY CARE CHANGE NEEDS, THE CHANGE WILL BE NOTED AND THE RN/CM WILL BE NOTIFIED THROUGH TEXT MESSAGE. IN ADDITION TO THIS RN/CM WILL BE ALERTED AS SOON AS THE ELECTRONIC SMART CALENDAR ALERT THE PCG, BY SENDING HER A TEXT MESSAGE AND CALLING HER ABOUT THE ROUTINE CARE PLAN REVIEW.</p>	<p>10/29/2024</p>

Licensee's/Administrator's Signature: antonettesarmiento

Print Name: antonettesarmiento

Date: 09/27/2024



Licensee's/Administrator's Signature: Antonette Sarmiento

Print Name: Antonette Sarmiento

Date: 10/29/2024