

Office of Health Care Assurance

2024 OCT 21 10:30

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Outreach Care Home LLC	CHAPTER 100.1
Address: 98-1282 Hoohuali Place, Pearl City, Hawaii 96782	Inspection Date: July 11, 2024 Annual

24 OCT 21 10:30
STATE LICENSING SECTION

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>§11-100.1-3 <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>FINDINGS Substitute Care Giver (SCG) #1 – No current Fieldprint result. Available results were dated 11/21/2019 and 11/3/2020.</p> <p>Please submit a copy with your plan of correction (POC).</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>YES IT HAS BEEN CORRECTED. PRIMARY CAREGIVER MADE AN APPOINTMENT TO FIELDPRINT ON 7/12/2024</p> <p>- COPY SUBMITTED.</p>	<p style="text-align: center;">24 AUG 21 09:46</p> <p style="text-align: center;">7/18/2024</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>FINDINGS Substitute Care Giver (SCG) #1 – No current Fieldprint result. Available results were dated 11/21/2019 and 11/3/2020.</p> <p>Please submit a copy with your plan of correction (POC).</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">IN THE FUTURE, PRIMARY CAREGIVER WILL USE OR WILL SET UP PHONE CALENDAR REMINDER SO PCG WILL KEEP UPDATED ON TIME -</p>	<p style="text-align: center;">24 OCT 21 PM 5:00</p> <p style="text-align: center;">7/18/24</p> <p style="text-align: center;">24 AUG 21 PM 5:00</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>FINDINGS SCG #1 – Physician signed and dated on 7/2/2024 for a negative tuberculosis (TB) infection test (no test result available). Also, physician signed and dated 11/1/2023 for CXR done on 6/12/20219 and negative symptom screening. There was no record of positive PPD skin test. Thus, no initial TB clearance, per DOH TB Control Branch requirements.</p> <p>Please submit a copy of initial TB clearance with your POC.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>CONTACTED SCG #1 PCP OFFICE & MADE A CORRECTIONS FROM THE PREVIOUS RESULT FORM. ALSO OBTAINED A COPY OF INITIAL TB CLEARANCE FROM SCG #1 OTHER PRIMARY CARE GIVER.</p> <p>INITIAL TB CLEARANCE IS NOW ON FILE - COPY SUBMITTED.</p>	<p style="text-align: right;">24 OCT 21 12:00 WZ</p> <p style="text-align: right;">7/27/24</p> <p style="text-align: right;">24 AUG 21 10:56</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>FINDINGS SCG #1 – Physician signed and dated on 7/2/2024 for a negative tuberculosis (TB) infection test (no test result available). Also, physician signed and dated 11/1/2023 for CXR done on 6/12/20219 and negative symptom screening. There was no record of positive PPD skin test. Thus, no initial TB clearance, per DOH TB Control Branch requirements.</p> <p>Please submit a copy of initial TB clearance with your POC.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG WILL MAKE A CHECKLIST INDICATING THE CURRENT & INITIAL TB CLEARANCE & WILL MAKE SURE THAT IS BEING FILED IN PCG'S CHART.</p>	<p style="text-align: center;">24 08/21 01:56</p> <p style="text-align: center;">7/27/24</p> <p style="text-align: center;">24 AUG 21 01:56</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 1 ARCH by the resident shall be maintained.</p> <p><u>FINDINGS</u> Resident #1 – Eyeglasses were not listed in resident's personal items brought to the care home.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>YES, PCG CORRECTED THE DEFICIENCY. PCG MADE SURE THAT THE EYEGLASSES WAS LISTED ON RESIDENTS PERSONAL BELONGINGS CHECKLIST.</p>	<p style="text-align: center;">24 OCT 21 01:56</p> <p style="text-align: center;">7/15/24</p> <p style="text-align: center;">24 AUG 21 01:56</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><u>FINDINGS</u> Resident #1 – Eyeglasses were not listed in resident's personal items brought to the care home.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>IN THE FUTURE, PCG WILL DOUBLE CHECK ALL THE PERSONAL BELONGINGS OF THE RESIDENTS ^{WAS LISTED} UPON ADMISSION.</p> <p>I WILL USE ADMISSION CHECKLIST AS A REMINDER TO RECORD ALL BELONGINGS.</p>	<p style="text-align: center;">24 OCT 21 P 1 56</p> <p style="text-align: center;">-1/15/24</p> <p style="text-align: center;">10/21/24</p> <p style="text-align: center;">24 MAR 21 P 1 56</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 #1 – A bottle of D3-5 Cholecalciferol did not have a medication label.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>YES PCG CORRECTED THE DEFICIENCY. PCG LABELED THE BOTTLE OF D3-5 CHOLECALCIFEROL FOR RESIDENT #1</p>	<p style="text-align: center;">24 OCT 21 01:57</p> <p style="text-align: center;">7/13/24</p> <p style="text-align: center;">24 APR 21 01:57</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 #1 - A bottle of D3-5 Cholecalciferol did not have a medication label.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>IN THE FUTURE, PCG WILL LABEL ALL THE MEDICATIONS IF THEY ARE OVER THE COUNTER.</p> <p>I WILL LABEL ALL MEDICATION BOTTLES AS SOON AS IT IS BROUGHT TO THE CAREHOME. I WILL DOUBLE CHECK ALL BOTTLES AT LEAST ONCE A MONTH.</p>	<p style="text-align: center;">7/13/24</p> <p style="text-align: center;">10/24/24</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> Budesonide and a Formoterol Fumarate dihydrate inhaler was left unsecured in resident's bathroom #2.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">YES IT WAS BEING CORRECTED. DCG PUT THE BUDESONIDE AND A FORMOTEROL FUMARATE DIHYDRATE INHALER IN THE MEDICATION CART</p>	<p style="text-align: center;">24 OCT 21 11:47</p> <p style="text-align: center;">7/12/24</p> <p style="text-align: center;">24 AUG 21 01:57</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> Budesonide and a Formoterol Fumarate dihydrate inhaler was left unsecured in resident's bathroom #2.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>TO PREVENT THIS FROM HAPPENING AGAIN. PCG WILL MAKE SURE THAT AFTER THE RESIDENT USING IT, PCG WILL PUT IT BACK IN THE MEDICATION CART.</p> <p>- I WILL CHECK BATHROOM TO MAKE SURE NO MEDICATION IS LEFT AT TIME OF CLEANING EVERYDAY.</p>	<p style="text-align: center;">24 OCT 21 11:57</p> <p style="text-align: center;">7/13/24</p> <p style="text-align: center;">10/21/24</p> <p style="text-align: center;">24 AUG 21 21:57</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (c) Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><u>FINDINGS</u> Resident #1 – External and internal medication were stored in the same container. Corrected during inspection.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: center;">24 OCT 21 01:20</p> <p style="text-align: center;">24 NOV 21 01:57</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (c) Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><u>FINDINGS</u> Resident #1 – External and internal medication were stored in the same container. Corrected during inspection.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>IN THE FUTURE, PCG WILL SEPARATE THE EXTERNAL MEDICATIONS FROM INTERNAL MEDICATIONS FROM THE MEDICATION CART.</p> <p>- I WILL ALSO TRAIN SCG TO SEPARATE EXTERNAL & INTERNAL MEDICATIONS.</p>	<p>24 OCT 21 P 1 41 7/12/24</p> <p>10/24/24 24 OCT 21 1:57</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><u>FINDINGS</u> Resident #1 – There was no plan of care and activities schedule.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>YES PCG CORRECTED THE DEFICIENCY. PCG PRINT OUT A PLAN OF CARE & ACTIVITIES SCHEDULE FOR RESIDENT #1 & IT WAS FILED ON RESIDENT #1 CHART.</p>	<p>7/13/24</p> <p>7/24 AUG 27 08:07</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><u>FINDINGS</u> Resident #1 – There was no plan of care and activities schedule.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>TO PREVENT THIS FROM HAPPENING AGAIN, PCG WILL MAKE SURE THAT EVERY RESIDENTS CHART HAS THEIR OWN PLAN OF CARE AND ACTIVITIES.</p> <p>- I WILL USE ADMISSION CHECKLIST AS A REMINDER TO CREATE PLAN OF CARE.</p>	<p style="text-align: center;">24 OCT 21 12:00 PM</p> <p style="text-align: center;">7/18/24</p> <p style="text-align: center;">24 AUG 21 01:57</p> <p style="text-align: center;">10/21/24</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 initial TB clearance. Negative PPD skin test result dated 1/26/2024 was available. Also notes stated “#1 dose 1/17/2024@KMC (see attached copy),” but there was no attached copy available.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>YES PCG CORRECTED THE DEFICIENCY. CALLED KUAKINI MEDICAL CENTER ON 7/14/24 & HAD THEM FAXED THE COPY OF INITIAL TB CLEARANCE & IT'S BEING FILED IN RESIDENT'S #1 CHART.</p>	<p style="text-align: center;">24 OCT 21 21:50</p> <p style="text-align: center;">7/14/24</p> <p style="text-align: center;">24 AUG 21 04:57</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 initial TB clearance. Negative PPD skin test result dated 1/26/2024 was available. Also notes stated “#1 dose 1/17/2024@KMC (see attached copy),” but there was no attached copy available.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>IN THE FUTURE, THE PCG WILL ENSURE THE NEW ADMISSION OR RESIDENT HAVE THEIR INITIAL TB CLEARANCE BEING FILLED UP FOR ACCURATE DOCUMENTATION.</p> <p>- I WILL USE ADMISSION CHECKLIST AS A REMINDER TO OBTAIN REQUIRED DOCUMENTS.</p> <p>- I WILL REVIEW ALL DOCUMENTS WITHIN ONE WEEK OF NEW ADMISSION.</p>	<p style="text-align: center;">24 OCT 21 PM 12:24 7/14/24</p> <p style="text-align: center;">24 AUG 21 PM 5:57 10/21/24</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 – Emergency Information sheet was not up to date.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>YES IT WAS CORRECTED.</p> <p>PCG UPDATED THE EMERGENCY INFORMATION SHEET SPECIFICALLY RESIDENT #1 LIST OF MEDICATIONS IS BEING FILED IN RESIDENT'S CHART.</p>	<p>7/24 AUG 21 11:57</p> <p>7/18/24</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 – Emergency Information sheet was not up to date.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>TO PREVENT THIS FROM HAPPENING AGAIN, PCG WILL IMMEDIATELY UPDATE EACH RESIDENT EMERGENCY INFORMATION WHENEVER THEZE'S CHANGES. ALSO PCG WILL REVIEW THE RECORDS ONCE A MONTH.</p>	<p style="text-align: center;">24 OCT 21 21:21</p> <p style="text-align: center;">7/18/24</p> <p style="text-align: center;">24 NOV 21 21:57</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><u>FINDINGS</u> In Permanent Resident Register, "Admitted From" for one (1) current resident was not recorded. Corrected during inspection.</p>	<p>PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>24 OCT 21 P1 Z1</p> <p>24 AUG 21 01 57</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><u>FINDINGS</u> In Permanent Resident Register, "Admitted From" for one (1) current resident was not recorded. Corrected during inspection.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>IN THE FUTURE, DCG WILL ENSURE UPON ADMISSION ALL THE RESIDENT REGISTER FORM IS COMPLETED FOR PROPER DOCUMENTATION</p> <p>I WILL REVIEW ALL DOCUMENTS WITHIN ONE WEEK OF ADMISSION AND UPDATE AS NEEDED.</p>	<p>24 OCT 21 11:21</p> <p>7/20/24</p> <p>24 AUG 21 11:57</p>

Licensee's/Administrator's Signature:

Michelle Sabangan

Print Name:

7/21/24 MICHELLE SABANGAN

Date:

7/29/24 *10/21/24*

24 AUG 21 AM 57

STATE OF
LOUISIANA

24 OCT 21 P 1 21

STATE OF
LOUISIANA
STATE RECORDING