

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Vicky's	CHAPTER 100.1
Address: 99-1002-D Puumakani Street, Waipahu, Hawaii 96797	Inspection Date: August 27, 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>§11-100.1-15 <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> Noted two Refresh eye drops and a tube of Neosporin ointment inside the dresser in Bedroom #1.</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>After the DOH inspector completed our annual inspection and left, I conducted an inspection of bedroom #1. I requested Resident #1 to surrender the mentioned ointment and Refresh eye drops. I secured the ointment, and eye drops and properly disposed of them in the appropriate disposal place.</p> <p>I then educated Resident #1 and their family about the importance of informing the care home before using any medication, including OTC products. I explained the potential risks and the need for physician oversight. Additionally, I made Incident Reports documenting the incident. Resident #1's medical record, noting the use of OTC eye drops/ointment without a physician's order. I also recorded the education provided to the resident and their family. Finally, I informed the primary care physician (PCP) of Resident #1 about the use of OTC eye drops/ointment to ensure there were no contraindications or interactions with other medications.</p> <p>Please see attached copy of the Incident report for the incident in bedroom 1 filed in care home and resident progress notes of the resident chart folder</p>	<p>9/20/2024</p>

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	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><u>FINDINGS</u> Resident #1 – No physician order to administer Refresh eye drops. <i>Submit documentation of correction with your plan of correction (POC).</i></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>My immediate action removes OTC medications: Temporarily remove the OTC medications from the resident's possession and store them in the designated staff-controlled work cabinet-counter. I called and consulted the resident's physician or APRN to discuss the use of the OTC medications and obtain a formal order if deemed appropriate.</p> <p>Please see attached copy Resident #1 up to date medication list, A copy of Incident Report for this matter</p>	9/20/2024

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 -- Physician order dated 6/5/24 states, "LinzeSS capsule 145 mcg 1 cap at least 30 minutes before a meal or an empty stomach." However, medication is not available for administration. <i>Submit proof medication supply is obtained with your POC.</i></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>The medicine (linzeSS) was put on hold and eventually cancelled due to the resident's inability to afford the copayment. The physician reordered the previous laxative that the resident can afford.</p> <p>Please see attached copy of Resident #1 updated Medication List</p>	<p>9/20/2024</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 – Physician order dated 6/5/24 states, “Linzess capsule 145 mcg 1 cap at least 30 minutes before meal or an empty stomach.” However, the medication order was not implemented on MAR. <i>Submit documentation of correction with your POC.</i></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>The original order for Linzess was hold on delivery and replaced with another medication, since the resident cannot afford the copayment. The PCP called the pharmacy to deliver the other brand. This is the reason it was not implemented, on Medication Application Record (MAR) His PCP gave us the updated medication list dated 8/5/24 after he came back from long out of the country vacation.</p> <p>Attach a copy of the physician’s order the Updated Resident #1 Medication List</p>	<p>9/20/2024</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Neosporin ointment found in resident bedroom #1 expired in July 2024.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I took away the mention expired ointment from the resident's possession in bedroom # 1, secured and dispose it in the proper disposal area.</p>	9/20/2024

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☒	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #2 - PRN administration of Risperidone on 4/1/24, 4/7/24, 4/19/24, 4/20/24, 5/8/24, 6/4/24, 7/1/24 and 8/6/24 did not include the time when the medication was administered.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) 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>Documentation of primary care giver's assessment of resident upon admission:</p> <p><u>FINDINGS</u> Resident #2 – No PCG assessment was completed post-hospitalization and readmission into the care home on 11/11/23 and 4/18/24.</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>	

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☒	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 and Resident #2 No documentation in progress notes about the residents' condition leading up to emergency department (ED) visits as follows:</p> <ul style="list-style-type: none"> • Resident #1 ED visit due to bilateral leg edema, as noted in the physician's after-visit notes on 6/5/24. • Resident #2 ED visits on 11/5/23 (admitted due to urinary tract infection) and on 4/14/24 (admitted due to sepsis/pneumonia), as noted on ED after visit summary. 	<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>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> No incident report generated for the following unusual circumstances:</p> <ul style="list-style-type: none"> • Resident #1 emergency department (ED) visit due to bilateral leg edema • Resident #2 ED visits on 11/5/23 (admitted due to urinary tract infection) and on 4/14/24 (admitted due to sepsis/pneumonia) 	<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>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> No incident report generated for the following unusual circumstances:</p> <ul style="list-style-type: none"> • Resident #1 emergency department (ED) visit due to bilateral leg edema • Resident #2 ED visits on 11/5/23 (admitted due to urinary tract infection) and on 4/14/24 (admitted due to sepsis/pneumonia) 	<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 future documentation deficiencies, I have implemented the following measures:</p> <p>Guidelines for Documentation: Created and attached guidelines in the Progress Notes section of each resident's chart folder and Monitoring Guideline Checklists.</p> <p>Monitoring Guideline Checklists.: Included guidelines in the Resident Monthly Audit Chart to ensure accurate and prompt documentation.</p> <p>Reminders: I will make a reminder to all staff the new guidelines and the importance of thorough documentation.</p> <p>Regular reminders and audits will reinforce adherence.</p> <p>These tools will ensure all observations are documented as needed, preventing future deficiencies.</p> <p>Please see attached copies of the ff: 1) Progress Notes Checklist 2) Monitoring Guideline Checklist</p>	9/20/2024

	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 #3 – Weights documented on the weight log and monthly progress notes for July and August 2023 are not accurate.</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>	

	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 #3 – Weights documented on the weight log and monthly progress notes for July and August 2023 are not accurate.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I placed a sign stating “Input Complete, Accurate, & Current Data” on the front side of the Care Home and Resident Chart Folder. This note is also posted on admission checklists and monitoring guideline checklists. It will serve as a constant reminder to check and record the correct data, ensuring it is readily available for review by the Department of Health (DOH) at any time.</p> <p>This measure will help prevent this deficiency from recurring in the future.</p> <p>Please see attached</p> <ol style="list-style-type: none"> 1) Picture of the Sign Sticking front side of the care home, resident chart folders 2) Admission Checklist 3) Monitoring Guideline checklist 	<p>9/20/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u> White out was used in Resident #3's progress notes.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u> White out was used in Resident #3's progress notes.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I created a reminder stating, "NO White Out to All Documents (Internal/External)" and placed it on the front area of the Residents' Chart and Care Home Folder. This reminder will ensure that all documents, both internal and external, are handled carefully. The use of white out for corrections is not allowed. This will help us remember this rule at all times and prevent the deficiency from recurring in the future.</p> <p>.</p> <p>See the attached picture of the Facility's Folder where the reminders are posted.</p>	<p>9/20/2024</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><u>FINDINGS</u> Resident register was not maintained to include Resident #2's discharge and readmission. <i>Submit documentation of correction with your POC.</i></p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I updated the care home's registration for the year 2024-2025, including the discharge and re-admission information for resident #2."</p> <p>See attached copy of the revised Resident Registration Record of Vicky's Care Home 2024-2025</p>	<p>9/20/2024</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><u>FINDINGS</u> Resident register was not maintained to include Resident #2's discharge and readmission.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I acknowledge that the resident register was not maintained to include the discharge and re-admission of resident #2.</p> <p>To ensure all entries are accurate and up to date, me and my staff will give a separate time to audit all Care Home Folders (Staff and Residents) making sure all are properly documented. This plan to audit all the resident's / care home folders and will check will cover checking all Chart folders documents. I include the resident registration record to our audit chart so it will include check time.</p> <p>Also, I will develop and distribute clear SOPs for documenting discharges and re-admissions.</p> <p>By implementing these measures, I aim to maintain accurate records and prevent similar issues in the future.</p> <p>Please see attached copy: 1) Monitoring Guideline Checklist 2) Admission Checklist</p>	<p>9/20/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) 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><u>FINDINGS</u> The wooden door on exit #2 by the laundry area is swollen and sticks when opened and closed. <i>Submit proof of correction with your POC.</i></p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I immediately trim down (shave) the swollen part of the door. I also tighten the hinges of the door</p>	<p>9/20/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) 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><u>FINDINGS</u> The wooden door on exit #2 by the laundry area is swollen and sticks when opened and closed.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will take the following steps: to ensure this will not happen again,</p> <p>Regular Checks: I will regularly check the door, especially during rainy periods when moisture can cause the wood to stick.</p> <p>Immediate Drying: After it rains, I will immediately dry the door with a heating gun to prevent the wood from expanding.</p> <p>Waterproof Sealer: I will apply a waterproof sealer and reapply it as needed to prevent moisture from penetrating the wood.</p> <p>Maintenance and Fixture: I have added the side door to our maintenance checklist, ensuring it is polished every three months or as needed, particularly during the rainy season.</p> <p>In the future, if the same problem with the door persists, I plan to buy replace the old one."</p>	<p>9/20/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) 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><u>FINDINGS</u> Ceiling fan in bedroom #1 is missing the cord to control the fan. Resident complains the room tends to get cold as the fan is set to the highest setting and unable to control. <i>Submit proof of correction with your POC.</i></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>Immediately I fixed and replaced the broken chain/cord that controls the fan in bedroom#1</p> <p>See Attached picture of a cord/chain that control the ceiling fan being fix</p>	<p>9/20/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) 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><u>FINDINGS</u> Ceiling fan in bedroom #1 is missing the cord to control the fan. Resident complains the room tends to get cold as the fan is set to the highest setting and unable to control.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I have added ceiling fans to our Daily Cleaning Checklist. In addition to cleaning them monthly, I also included it to our Maintenance and Fixtures to check their condition and if necessary, we will replace components like light bulbs or chains</p> <p>See attached copy of the ff: 1) Daily Cleaning Checklist 2) Maintenance & Fixtures</p>	<p>9/20/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety:</p> <p><u>FINDINGS</u> No single use hand drying towel available in resident bathroom.</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>Immediately I grab and put a roll of paper towel and put it in the bathroom. Available/ Ready for the residents to use.</p>	<p>9/20/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u> No single use hand drying towel available in resident bathroom.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I have included hand towels/paper towels for bathrooms 1 and 2 in our Daily Cleaning Checklist. In addition to cleaning the bathrooms, we will also replace or restock supplies such as paper towels and hand towels in both bathrooms. This checklist serves as a reminder to ensure that this task is consistently completed.</p> <p>This will give assurance that in the future that this deficiency will be prevented happening</p> <p>Please see attached:</p> <p>1) Vicky's Care Home Daily Cleaning Checklist</p>	<p>9/20/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(1)(C) Bedrooms:</p> <p>General conditions:</p> <p>Family members shall not sleep in residents' bedrooms:</p> <p><u>FINDINGS</u> Household member is occupying licensed Bedroom #3 (private room).</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>A family member that occupied bedroom #3 immediately vacated the room yesterday September 5,2024 after her last physical therapy session. Bedroom #3 (private room) is now free and open for new residents.</p>	<p>9/20/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(1)(C) Bedrooms:</p> <p>General conditions:</p> <p>Family members shall not sleep in residents' bedrooms;</p> <p><u>FINDINGS</u> Household member is occupying licensed Bedroom #3 (private room).</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I made a policy/rules and regulation for the STAFF and Household Members. One of the policies is DOH regulation §11-100.1-23. Establishing and enforcing a clear policy that prohibits staff/household family members occupying rooms licensed will be strictly followed. These measures of the care home can take proactive steps to prevent this deficiency recurring in the future.</p> <p>Please see attached copy of Vicky's Care Home Policy for Staff and Members of Household</p>	<p>9/20/2024</p>

Licensee's/Administrator's Signature: *Victoria Eischen*

Print Name: Victoria Eischen

Date: 09/23/2024