

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Vilas Carehome Services ARCH/E-ARCH II	CHAPTER 100.1
Address: 5119 B Likini Street, Honolulu, Hawaii 96818	Inspection Date: October 23, 2023 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><u>FINDINGS</u> Resident #1 – The facility did not provide lunch in an appetizing way. Lunch meal consisted of ground beef, mixed vegetables, rice, and was pureed together, which produced an unappetizing color.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Inservice was completed with caregivers by consultant RD on the proper food preparation, techniques, and serving/plating for Pureed diet.</p>	11/06/2023

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><u>FINDINGS</u> Resident #1 – The facility did not provide lunch in an appetizing way. Lunch meal consisted of ground beef, mixed vegetables, rice, and was pureed together, which produced an unappetizing color.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Caregivers will follow proper food preparation, techniques, and serving/plating for Pureed foods as instructed by consultant dietitian by pureeing food items individually and serve in compartmentalized plates or using plating methods/tools (molds, scoops, pastry bags) that shows appetizing and appealing appearance.</p>	11/06/2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (g) There shall be on the premises a minimum of three days' food supply, adequate to serve the number of individuals who reside at the ARCH or expanded ARCH.</p> <p><u>FINDINGS</u> Inadequate emergency food supply for the facility to provide for three (3) caregivers and at least two (2) residents.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Went to purchased foods supplies to stock emergency food pantry to provide supply for 3 days for 5 people. Items purchased: canned fruits, canned vegetables, canned/ready to eat protein - tuna, sardines, chicken, pasta, chili, peanut butter, shelf stable tofu, shelf stable juices, dried fruits, instant mashed potatoes, canned beans, canned soups, baby food, ready to use pudding, cereals, dry/evap milk, crackers, granola bars.</p>	11/03/2023

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (g) There shall be on the premises a minimum of three days' food supply, adequate to serve the number of individuals who reside at the ARCH or expanded ARCH.</p> <p><u>FINDINGS</u> Inadequate emergency food supply for the facility to provide for three (3) caregivers and at least two (2) residents.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will check pantry every 6 months and rotate the food items, remove and replace expired items to ensure adequate food supplies are stocked for 3 days and 5 people.</p>	11/03/2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.</p> <p><u>FINDINGS</u> Resident #1 – Resident with “honey thickened liquids,” however no physician order for thickening agent used to thicken liquids to honey-thickened consistency.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Called Hospice Nurse to clarify order for thickening agent to be used for honey-thickened consistency - Hospice faxed updated medication list including the Thick-it as thickening agent.</p>	11/16/2023

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #1 – Resident with a prescribed pureed diet. Substitute Care Giver (SCG) #2 stated that pancakes were pureed and served to resident instead of cream of wheat, as stated under the pureed special diet menu. SCG is not following pureed diet menu.</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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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p><u>FINDINGS</u> Battery operated metal stem thermometer could not turn on during the inspection. No back up thermometer provided.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I bought a new food thermometer for hot and cold food.</p>	11/04/2023

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p><u>FINDINGS</u> Battery operated metal stem thermometer could not turn on during the inspection. No back up thermometer provided.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will make sure to provide a back up thermometer by buying another piece so that incase the one I'm using right now is not working, I have back up thermometer to use. I also ensure that the battery is working by checking the thermometer more often to make sure it doesn't happen again.</p>	01/20/2024

	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><u>FINDINGS</u> Resident #1 – Increase Lactulose 10g/15mL give 15mL PO BID for constipation, hold for loose stools ordered 9/22/23. However, no Lactulose medication available. SCG unsure when refill will be available.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Picked up Lactulose from the pharmacy.</p>	10/26/2023

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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 – Increase Lactulose 10g/15mL give 15mL PO BID for constipation, hold for loose stools ordered 9/22/23. However, no Lactulose medication available. SCG unsure when refill will be available.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will make it sure that I check the medication of the residents everyday to know if it is time to make a refill. I also educate my SCG on how to make a medication refill, and I will always make a follow up to them if they already refilled the medication needed by our residents. I also give a call to the pharmacist and ask them when the medication available for pick up.</p> <p><i>I will post a reminder note on the med cart to check if medications have one week left to refill the medication.</i></p>	<p>01/20/2024</p> <p><i>2-5-24</i></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 #1 – recently admitted in August 2023. Observed emergency information incomplete. No documented evidence for mobility, advanced directives, tuberculosis assessment, diet, and medical equipment used. Further, medication list columns observed with “see list” written across, but no list was attached to form.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Documentation completed on emergency information. Information obtained for evidence of mobility, advanced directives, TB assessment, diet, medical equipment, and medication list.</p>	11/06/2023

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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 #1 – recently admitted in August 2023. Observed emergency information incomplete. No documented evidence for mobility, advanced directives, tuberculosis assessment, diet, and medical equipment used. Further, medication list columns observed with “see list” written across, but no list was attached to form.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will make sure that all the documents needed by the residents upon admission are complete. In doing so, I'm going to make a list about the documents that needs to accomplish upon admission. I ensure that all the information needed in each documents are fill out and signed if necessary.</p> <p>Furthermore, I'm going to double check medication list and make sure that the form needed is attached as stated.</p>	01/20/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #2 -- TB Form F for two-step skin test tuberculosis (TB) assessment on file does not have a screening date.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>This is transfer patient. Called Palolo Chinese Home to obtain a copy of completed 2 step TB with screening date.</p>	11/08/2023

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #2 – TB Form F for two-step skin test tuberculosis (TB) assessment on file does not have a screening date.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I ensure that the TB Form F for two-step skin test tuberculosis assessment has a screening date on it. In doing so, I will double check the form if all the information needed are fill out before I leave the office. I will make sure that the nurse who administered TB skin test doesn't missed to write down any single information pertaining about the form.</p> <p><i>I will will^{use} a post it note for a reminder if theres missing dates or initial for me to or remind myself to obtain missing items in the document, if left blank.</i></p>	01/20/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; .</p> <p><u>FINDINGS</u> Resident #1 – No observations of resident's tolerance to regular pureed diet, honey thickened liquids, and whether resident is able to feed self as reported by SCG.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Reviewed with caregivers how to observe and document in progress note resident's tolerance to regular pureed diet, honey thickened liquids, and ability to feed self.</p>	11/06/2023

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(5) During residence, records shall include:</p> <p>Entries detailing all medications administered or made available;</p> <p><u>FINDINGS</u> Resident #1 - No documentation of resident's response to Bisacodyl suppository given on 10/7, 10/12, 10/15, 10/17, 10/20, 10/22.</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> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><u>FINDINGS</u> Blue ink observed in the following:</p> <ul style="list-style-type: none"> • Resident #1 – Progress notes charting in September 2023. • Resident #2 –Resident’s care flow sheet from 7/19/23 to 7/31/23, and from 8/1/23 to 8/20/23. 	<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> (f)(3) General rules regarding records:</p> <p>An area shall be provided for safe and secure storage of resident's records which must be retained in the ARCH for periods prescribed by state law;</p> <p><u>FINDINGS</u> Observed care home binder and residents' records unsecured underneath the TV cabinet in the garage.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I moved residents medical records/charts in a secured cabinet.</p>	11/03/2023

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<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 – Resident Register does not reflect discharge of resident. No documented evidence of a discharge date, place of discharge and condition at discharge.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Completed the documentation for a discharge for a resident.</p>	11/17/2023

	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 – Resident Register does not reflect discharge of resident. No documented evidence of a discharge date, place of discharge and condition at discharge.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will make sure to double check all the information needed upon discharge. Furthermore, I will let other caregivers to double check also all the information and ensure that everything fill out upon discharge. I ensure that myself and my caregivers are both the same observation and assessment to avoid missing information.</p> <p><i>I will use a calendar to review the register twice a month to make sure it's updated. Also I'm going to retrain my caregivers each time there is an admission or re-admission or discharge.</i></p>	<p>01/20/2024</p> <p><i>2-5-24</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><u>FINDINGS</u> Resident #1 – No documentation of RN Case Manager training to crush oral medications.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Called RN Case Manager for Above and Beyond to request in-service for Crushing Oral medications scheduled 11/24/23.</p>	11/22/2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><u>FINDINGS</u> Resident #1 – No documentation of RN Case Manager training to crush oral medications.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will ensure that every training that we have has a documentation. In doing so, I will document immediately right after the training so that I won't forget to document to avoid this incidence again. I ensure that everything is documented for future used and for the safety of everybody.</p> <p><i>I will make a copy of this deficiency to help remind me to ask C/M for training record for residents' daily personal and specialized care at admission as needed.</i></p>	<p>01/20/2024</p> <p><i>an</i> <i>2-5-24</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(1) 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>Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects;</p> <p><u>FINDINGS</u> Resident #1 – RN Case Manager's admission assessment on 8/20/23 did not include thickened liquids.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I corrected this deficiency in a matter of, I contacted the RN Case Manager to include the thickened liquids as part of the admission assessment. I told the case manager to do a revision on the admission form because some information was missing.</p>	01/20/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(1) 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>Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects;</p> <p><u>FINDINGS</u> Resident #1 – RN Case Manager's admission assessment on 8/20/23 did not include thickened liquids.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I will make some a copy of my deficiency and the rule 1-88 to remind me to review a comprehensive assessment making sure it includes a physical, mental psychological, social and spiritual aspects. I will review and compare a DR's orders against case manager's notes and clarify with CM as needed.</i></p>	<i>2-5-24</i>

Licensee's/Administrator's Signature: anabel vila

Print Name: anabel vila

Date: 11/22/2023

Licensee's/Administrator's Signature: Anabel Vila
Print Name: Anabel Vila
Date: 2-5-2024