

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Lovin's Ohana Care LLC	CHAPTER 100.1
Address: 36 Bates Street, Unit A1, Honolulu, Hawaii 96817	Inspection Date: October 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. 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
☒	§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. <u>FINDINGS</u> SCG #1 – Initial 2-step TB clearance unavailable Submit a copy with plan of correction.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Yes. SCG #1 requested a record copy of her 2-step TB clearance from Lanakila Health Center. PCG obtain a copy and filed at Care Home Binder. Copy attached.	10/16/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. <u>FINDINGS</u> SCG #1 – Initial 2-step TB clearance unavailable Submit a copy with plan of correction.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I will make sure and check that all SCG's will have 2-step TB clearances, and I will use caregiver checklist to obtain required documents before orientation. Copy attached.	10/16/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. <u>FINDINGS</u> Resident #1 – MAR shows “Calcium 600mg-D3 20mcg tab Take 1 tablet by mouth two times per day with meds” was administered from 7/26/24-7/30/24; however, medication order unavailable to administer	PART 1 Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. <u>FINDINGS</u> Resident #1 – MAR shows “Calcium 600mg-D3 20mcg tab Take 1 tablet by mouth two times per day with meds” was administered from 7/26/24–7/30/24; however, medication order unavailable to administer	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I will make sure all prescribed medications will have written Physician's order with signature if received via telephone order, it must be written and recorded on the Progress note. I will make a reminder note to follow up and get a written order and post it in the refrigerator or Residents binder and I will check medications order every week until all orders are received.	11/11/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. <u>FINDINGS</u> Resident #1 – Physician’s orders dated 7/17/24 are incomplete (missing frequency of administration) as follows: • “use Calmoseptine barrier cream around buttocks and coccyx” • “use medi-honey over wound” Submit a copy of updated orders with plan of correction.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Yes. I called Doctor's office to get the order corrected that includes medications frequency of administration ordered dated on 7/17/24.	10/17/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. <u>FINDINGS</u> Resident #1 – Physician’s orders dated 7/17/24 are incomplete (missing frequency of administration) as follows: • “use Calmoseptine barrier cream around buttocks and coccyx” • “use medi-honey over wound” Submit a copy of updated orders with plan of correction.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I will make sure to review all Physician's order every week. I will use a reminder note to follow up with the PCP and post it in front of the Residents binder and will check until all orders are completed. If clarification is needed, I will contact the PCP's office to write a complete order of medication including dosage, route and frequency.	11/11/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. <u>FINDINGS</u> Resident #1 – Per medication administration record (MAR), Calmoseptine is being administered daily and as needed from 7/17/24; however, no order to administer daily available Submit a copy of medication order with plan of correction.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Yes. I called Doctor's office to get a complete written Doctor's order to administer Calmoseptine daily and as needed. Copy attached.	10/17/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. <u>FINDINGS</u> Resident #1 – Per medication administration record (MAR), Calmoseptine is being administered daily and as needed from 7/17/24; however, no order to administer daily available Submit a copy of medication order with plan of correction.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I will review Resident's binder every week to ensure all ordered medications will have a complete written Doctor's order with the right dosage, route and frequency. I will make a reminder note and post it in the in front of the Residents binder as a reminder to follow-up and contact PCP's office if needed clarification until all orders are completed.	11/11/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. <u>FINDINGS</u> Resident #1 – Medi-honey prescribed on 7/17/24; however, medication was never administered, however discontinuation order unavailable Submit a copy of discontinuation order with plan of correction if medication was discontinued.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Corrected deficiency. I called the Doctor's office to get a written Doctor's order for medi-honey and its frequency of administration. Copy attached.	10/17/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. <u>FINDINGS</u> Resident #1 – Medi-honey prescribed on 7/17/24; however, medication was never administered, however discontinuation order unavailable Submit a copy of discontinuation order with plan of correction if medication was discontinued.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I will make a reminder note and post it in the Resident's binder and to review it every week and to make sure all medications order is up to date and completed. I will call the PCP's office if there are clarifications needed.	11/11/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; <u>FINDINGS</u> Resident #2 – Annual TB clearance unavailable Submit a copy with plan of correction.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Yes. Resident went to get an annual TB clearance. Copy attached.	10/25/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; <u>FINDINGS</u> Resident #2 – Annual TB clearance unavailable Submit a copy with plan of correction.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I will use a checklist (Resident admission checklist) to make sure all Resident's clearances are up to date and completed before or on the day of admission. I will ensure to make a reminder note for all Resident's examinations, immunizations and clearances that are about to expire and write it in the Calendar and post it in the Refrigerator or in front of the medicine, Resident's and Care Home Binder cabinet and I will review all records every week.	11/11/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include: 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; <u>FINDINGS</u> Resident #1 Monthly progress notes do not include resident's response to daily and as needed meds and diet	PART 1 Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include: 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; <u>FINDINGS</u> Resident #1 Monthly progress notes do not include resident's response to daily and as needed meds and diet	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I will make sure to write and record all medications and diet responses on the progress note. I will review Resident's binder daily to ensure all responses from meds and diet are recorded. I will also use post it notes in front of Resident's binder as a reminder to check it every after shift.	11/11/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include: Entries describing treatments and services rendered; <u>FINDINGS</u> Resident #1 – Physician’s order dated 7/17/24 states, “Turn patient Q2hours and shift weight”; however, no documented evidence this treatment was provided in a time sensitive manner as prescribed	PART 1 Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include: Entries describing treatments and services rendered; <u>FINDINGS</u> Resident #1 – Physician’s order dated 7/17/24 states, “Turn patient Q2hours and shift weight”; however, no documented evidence this treatment was provided in a time sensitive manner as prescribed	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? PCG will review all new Physician's order daily and will document all treatments order. If clarification needed, PCG will contact the PCP's office. I will also use post it notes in front of resident's binder to use as a reminder to document all orders.	11/11/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records: A permanent general register shall be maintained to record all admissions and discharges of residents; <u>FINDINGS</u> Resident #2 – Discharge on 2/1/24 not reflected on resident register, readmission not reflected on register Submit a copy of updated resident register with plan of correction	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Corrected deficiency. Discharge and readmission date for Resident #2 was documented on resident register. Copy attached.	10/11/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records: A permanent general register shall be maintained to record all admissions and discharges of residents; <u>FINDINGS</u> Resident #2 – Discharge on 2/1/24 not reflected on resident register, readmission not reflected on register Submit a copy of updated resident register with plan of correction.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I will make sure to record all discharge and admission/readmission resident on the Resident's register as soon as they leave the care home and on the day of admission or readmission. Post it note will be use and will post it in the calendar if unable to do it right away and will check and review daily after shift.	11/11/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: 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, <u>FINDINGS</u> Monthly fire drills missing for 2/2024, 4/2024, 5/2024, 7/2024, 8/2024	PART 1 Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: 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, <u>FINDINGS</u> Monthly fire drills missing for 2/2024, 4/2024, 5/2024, 7/2024, 8/2024	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I will post a reminder to all caregivers to document and record fire drills every month. PCG will review Care Home binder every month to check if it is documented.	10/11/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3: 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; <u>FINDINGS</u> Resident #1 – Case management training on wound care (including application of medications) unavailable for wound treatment orders prescribed on 7/17/24	PART 1 Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3: 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; <u>FINDINGS</u> Resident #1 – Case management training on wound care (including application of medications) unavailable for wound treatment orders prescribed on 7/17/24	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I will ensure to check all Doctor's order daily and report it to the Case Management. I will make a post it note and place it in front of Resident's binder to follow-up with Case Manager in regards with pcg and scg's delegation and PCG will ensure and train scg's for tasks on wound care or any treatment ordered will be carried out daily and effectively.	11/12/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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: 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; FINDINGS Resident # i – Pre-admission assessment completed by case manager unavailable for admission on 6/30/24	PART 1 Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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: 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; <u>FINDINGS</u> Resident #1 – Pre-admission assessment completed by case manager unavailable for admission on 6/30/24	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I will make a reminder note for the Case Manager that will be posted in the Refrigerator to do a pre-admission assessment before resident admission and make sure to check with the case manager that it is completed before the admission day.	11/12/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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: 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; <u>FINDINGS</u> Resident #1 – Current medication orders not reflected in care plan Submit a copy of updated care plan with plan of correction.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Yes. Case Manager included all medication orders in the residents care plan. Copy attached.	10/24/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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: 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; <u>FINDINGS</u> Resident #1 – Current medication orders not reflected in care plan Submit a copy of updated care plan with plan of correction.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I will check current medications order daily and will make sure it is included in the care plan from Case Management. I will call and follow up with the Case Manager if there are clarifications needed and changes in the care plan and will make a reminder in the resident's binder so I can follow-up daily.	11/12/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 <u>Case management qualifications and services.</u> (c)(8) 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: Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities; <u>FINDINGS</u> Resident #1 – No documented evidence a 9/2024 monthly visit by case manager completed	PART 1 Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 <u>Case management qualifications and services.</u> (c)(8) 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: Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities; <u>FINDINGS</u> Resident #1 – No documented evidence a 9/2024 monthly visit by case manager completed	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? PCG will make sure to get a copy of the monthly visit physical assessment from the case manager and will be completed on the day of the visit. If the document is not finish on the day of the visit, I will make a reminder note and post it in front of the resident's binder to follow-up with the case manager until it is completed and file it in the resident's binder.	11/12/2024

Licensee's/Administrator's Signature:  _____

Print Name: Tracey Lorraine Mayola _____

Date: 10/29/2024 _____

Licensee's/Administrator's Signature:  _____

Print Name: Tracey Lorraine Mayola _____

Date: 11/12/2024 _____