

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555136	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/08/2022
NAME OF PROVIDER OR SUPPLIER POWAY HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 15632 POMERADO ROAD POWAY, CA 92064		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during the investigation of a Facility Reported Incident (FRI). Facility Reported Incident Number: CA00774756 Representing the Department: Health Facilities Evaluator Nurse 43675 The inspection was limited to the specific Facility Reported Incident investigated and does not represent the findings of a full inspection of the facility. One deficiency was identified for the Facility Reported Incident: CA00774756 (Refer to Ftag 689).	F 000	Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by Poway Health Care to the allegation or conclusions set forth in the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because it is required by provisions set forth in Federal and State law. None of the actions taken by the facility pursuant to the Plan of Correction should be considered an admission that a deficiency existed or that additional measures should have been in place at the time of the Survey.		
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure one of one resident (Resident 1) was free from access to illegal drugs, when possible illegal drug access points for Resident 1 were not addressed. As a result, Resident 1 had the potential for illegal drug use and overdose. Findings: According to Resident 1's Admission Record, Resident 1 was admitted to the facility on 2/16/22, with diagnoses including acute	F 689	This Plan of Correction serves as our credible Allegation of Compliance with Federal and State Regulations. F689 <i>How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</i> In-service done the day of findings to ensure that all staff is aware of procedures for checking all bags and packages brought in by family members and/or outside visitors to ensure the contents within are appropriate and safe for the resident to have within the facility.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



Administrator

5-3-22

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 689	<p>Continued From page 1</p> <p>osteomyelitis (infection), (of) right ankle and foot, and personal history of other specified conditions.</p> <p>According to Resident 1's initial History and Physical, dated 2/18/22, " ...History of Present Illness ...Past medical history of IV (intravenous) heroin (addictive drug) abuse ...Problem List ...Drug abuse 10/22/2020 ...Polysubstance (consumption of more than one drug at once) abuse 10/22/20 ...Methamphetamine (highly addictive chemical substance) abuse 10/22/2020 ...Intravenous drug user 04/12/21 ...History of heroin abuse 04/15/2021 ...Drug overdose 04/15/2021 ..."</p> <p>According to Resident 1's Admission Assessment, dated 2/16/22, " ...patient can transfer from bed to wheelchair independent ..."</p> <p>According to Resident 1's Change in Condition Evaluation, dated 2/25/22, at 00:00 (midnight), " ...Resident had visitor bring bag of supplies/food to facility at midnight, unknown illicit substance found in bag upon inspection by LN and Nursing Supervisor ...Resident has past hx (history) of substance abuse ..."</p> <p>On 3/3/22, at 8:55 A.M., an interview was conducted with the Director of Nursing (DON). The DON stated on 2/25/22, at midnight, Resident 1 received a package of food items, one of which was suspected meth substance wrapped in tin foil. The DON stated the substance in tin foil was not given to Resident 1. The DON stated Resident 1 was suspected of drug use of unknown source.</p> <p>On 3/3/22, at 9:55 A.M., a joint observation and interview was conducted with the Administrator. Resident 1's room was observed to have direct access to outside patio via sliding doors. Resident 1's portion of the patio was observed</p>	F 689	<p><i>How will you identify other residents having the potential to be affected by the same practice and what anticipated corrective action will be taken:</i></p> <p>All residents have the potential to be affected by this deficient practice. Upon admission to the facility, all resident's medical history regarding substance use and abuse will be screened and addressed to the appropriate parties in nursing staff, administrative staff, as well as the resident's attending physician and the medical director. All access points will be discussed and evaluated for potential risk when deciding patient placement. Staff has been and will continue to be educated on reporting behavioral changes that may indicate suspected drug use to administration, nursing, and the attending physician for further evaluation as indicated.</p>		

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F 689	<p>Continued From page 2</p> <p>facing a large street and partitioned by glass. Administrator stated there was a possibility someone was supplying Resident 1 with illegal drugs over the patio partition. The Administrator stated he was not sure if the patio was monitored by cameras. The Administrator stated "probably not".</p> <p>On 3/3/22, at 10:07 A.M., an interview was conducted with the Nurse Practitioner (NP). The NP stated Resident 1's central line (IV access) could not be discontinued because Resident 1 was an active drug user. The NP stated it was possible for Resident 1 to have been receiving drugs from the street via patio</p> <p>On 3/3/22, at 1:55 P.M., a joint interview and policy review was conducted with the DON. According to facility's policy titled, Safety and Supervision of Residents, dated 7/17, "...Resident Risks and Environmental Hazards ...1. Due to their complexity and scope, certain resident risk factors and environmental hazards are addressed in dedicated policies and procedures. These risk factors and environmental hazards include: ...e. Drug paraphernalia and illegal substances ..."</p> <p>The DON was unable to provide a "Drug paraphernalia and illegal substances" policy.</p> <p>On 3/8/22, at 8:43 A.M., a telephone interview was conducted with Licensed Nurse (LN) 2. LN 2 stated Resident 1 had unmonitored access to the patio. LN 2 stated Resident 1 could move independently in a wheelchair.</p> <p>On 3/16/22, at 9:19 A.M., an interview was conducted with the DON. The DON stated Resident 1's visits with his wife have not been monitored. The DON stated all Resident 1's visits should have been supervised. The DON stated Resident 1's trips to the patio should have been</p>			F 689	<p><i>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?</i></p> <p>All staff has been in-serviced on checking all bags and packages brought into the facility for residents to ensure that all contents within are appropriate for the resident's safety and well-being while within the facility. Log has been created, which will be kept with the receptionist, to verify that any packages that are brought in has been checked. In addition, staff has been in-serviced regarding taking a complete and accurate itemized account of all items that are brought in with the resident upon admission, as well as ensuring all items brought with the resident upon admission do not compromise the resident or other residents within the facility's safety and well-being.</p> <p>New admissions will be discussed by the IDT team the following day of admission to ensure that all potential access points have been addressed.</p>		

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F 689	Continued From page 3 monitored. The DON stated room change has not been attempted for Resident 1. The DON stated the facility was responsible for ensuring Resident 1's safety and health while in facility's care.	F 689	<p><i>How will the facility monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur?</i></p> <p>Administrator of designee to review receptionist log of packages entering the facility and new or updated inventory sheets 3x/week x 1 month, then twice a month indefinitely to ensure that all packages entering the facility have been checked.</p> <p>Administrator or designee to review Admissions Log 3x/week x 1 month, then twice a month indefinitely to ensure that all new admissions with a history of drug abuse have been discussed and that all possible illegal drug access points have been addressed.</p> <p>Any negative findings to be reported to the QA committee to ensure facility compliance.</p> <p><i>Individual Responsible:</i> Administrator</p> <p><i>Date of Compliance:</i> 05/08/2022</p>		

In-Service Sign in Sheet

In Service Course Title: Checking Packages / Bags Brought to Residents
 Facility Name: POWAY HEALTHCARE CENTER
 Instructor Name: Elizabeth Barbieri, RN, DON
 Signature: [Signature]
 Date: 2/25/2022 Length:
 Method of Training/In-Service:
 Group Meeting

Print Name & Title	Signature	Shift
1. Elizabeth Barbieri, RN	[Signature]	
2. Shelly Insko WN	[Signature]	AM
3. Pooja Saut Dor	[Signature]	AM
4. Joe Balogadia Hk Dor.	[Signature]	AM
5. JOHN BALAJADIA	[Signature]	AM
6. Alisha Olson	[Signature]	AM / CM
7. Melonde Stieldor	[Signature]	AM
8. Amy Jellison RD	[Signature]	AM
9. Mary Dalton	[Signature]	AM
10. Ozz Daynes	[Signature]	AM
11. JENNETTE RAMOS	[Signature]	AM
12. Deanna Stinson	[Signature]	AM
13. Mia Davidson	[Signature]	AM
14. TORI THOMAS, CNA	[Signature]	A. M.
15. Keshia Carr	[Signature]	AM
16. Celso Cedillo	[Signature]	A.M.
17. Ruth Camargo	[Signature]	AM
18. Nick Gatchuk	[Signature]	AM
19. Russell Nagnid	[Signature]	AM/PM
20. Ignacio Quirce	[Signature]	AM

In-Service Sign in Sheet


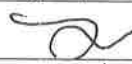
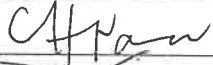
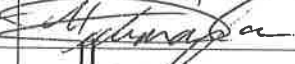
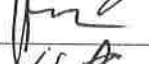

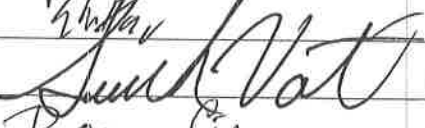

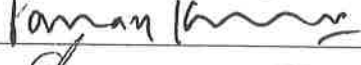

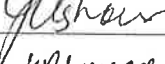
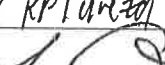









In Service Course Title:

Facility Provider Number: F-0734 Facility Name: Poway HCC

Instructor Name: Libby Barbieri RN/DON Signature: _____

Date: 2/25 Length

Method of Training/In-Service: Lecture, Discussion

Print Name & Title	Signature	Date
1. Anatalia Bravo		AM
2. Taylor Wilson		1AM
3. CYRIL NACAL		AM
4. Heidi Juvandary		AM
5. Hector Resurreccion		AM
6. Sherwin Paras RNA		AM
7. Sarah Votel WN		AM
8. Rocio Cisneros CNA		AM
9. PAWANI KUMAR CNA		PM
10. Loreto Ramos		PM
11. Rosmarie Schen		PM 2/28/22
12. Kim Philip Larez		2/28/22
13. ANTHONY G		pm / 2:30
14. Hugo Gaspar		pm
15. Hellen Namukwe		Doc
16. Coon Tim		Wright
17. Catherine Dornan		AM
18. Kaitleen Thompson		Am 3/3/22
19. Lexi Edge		AM
20. Tatianna Ulla		AM
Glenda A. Faria		AM

In-Service Sign in Sheet

In Service Course Title: All Staff / checking packages & bags brought to residents / reporting of behavioral changes / suspected drug use

Facility Name: POWAY HEALTHCARE CENTER

Instructor Name: _____

Signature: [Signature] LVN, DSD

Date: 3/25/22 Length 1hr

Method of Training/In-Service: _____

Group Meeting

Print Name & Title	Signature	Shift
1. Marcel astipom	[Signature]	AM
2. [Signature]	[Signature]	AM
3. Katherine Palima	[Signature]	AM
4. Joel Arado	[Signature]	AM
5. Edmanc' Fabian	[Signature]	AM
6. MARIA Amoy	[Signature]	AM
7. tori Thomas, CNA	[Signature]	A.M.
8. Maria Salvador	[Signature]	AM
9. Russell Nuguid	[Signature]	AM/PM
10. Crystel Zavala	[Signature]	AM/PM
11. Zachary H	[Signature]	AM/PM
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In-Service Sign in Sheet

In Service Course Title:

Facility Name: POWAY HEALTHCARE CENTER

Instructor Name:

Signature: _____

Date: 3/25/22 Length _____

Method of Training/In-Service:

Group Meeting

Print Name & Title	Signature	Shift
1. AMELIA M. LULUQUISEN	<i>Amelia Luluquisen</i>	RNA
2. <i>Tricia Fiedler</i>	<i>Tricia Fiedler</i>	CNA
3. PAWAN KUMAR	<i>Pawan Kumar</i>	CNA
4. TORI THOMAS, CNA	<i>Tori Thomas</i>	A-M.
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In-Service Sign in Sheet

In Service Course Title:

Facility Name: POWAY HEALTHCARE CENTER

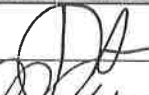
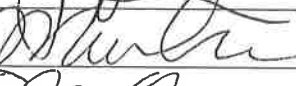


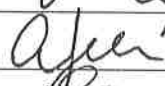
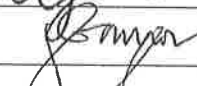
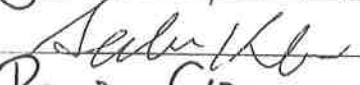

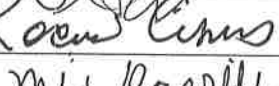

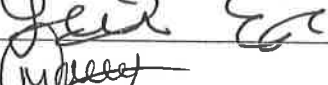

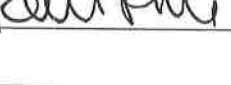
Instructor Name:

Signature: _____

Date: 3/25/22 Length _____

Method of Training/In-Service:

Group Meeting

Print Name & Title	Signature	Shift
1. Theresa Harde		AM
2. Maria Grampelustorff		AM
3. TORI THOMAS, CNA		AM
4. MARIA HANAY		AM
5. Amy Jellison RD		AM
6. Jeanelle Ramos, RN		AM
7. 		PM
8. Rocio Cisneros		AM
9. Mia Davidson		AM
10. Lexi Edge, CNA		AM
11. Nilum Paricholi		PM
12. ROSEMARY DUNN		PM
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In-Service Sign in Sheet

In Service Course Title:

Facility Name: POWAY HEALTHCARE CENTER

Instructor Name:

Signature: _____

Date: 3/25/22 Length _____

Method of Training/In-Service:

Group Meeting

Print Name & Title	Signature	Shift
1. Tori Thomas, CNA	<i>Tori Thomas</i>	A.M.
2. Melissa Clowers	<i>Melissa Clowers</i>	AM AM
3. Jesusa Trubel	<i>Jesusa Trubel</i>	AM
4. Maria Haley	<i>Maria Haley</i>	AM
5. Amy Jellison RD	<i>Amy Jellison</i>	AM
6. Sammie Castano	<i>Sammie Castano</i>	AM
7. Shanna Wajda	<i>Shanna Wajda</i>	C. NA
8. Elizabeth Barbieri	<i>Elizabeth Barbieri</i> RU/DON	AM
9. Sade Khan	<i>Sade Khan</i>	PM
10. Fatima Umar	<i>Fatima Umar</i>	PM
11. ROSEMARIE SCHWEN	<i>Rosemarie Schwen</i>	P.M.
12. Thomas Dwyer	<i>Thomas Dwyer</i>	A.C.L
13. Keren Dini	<i>Keren Dini</i>	RM
14. Hugo Gaspar	<i>Hugo Gaspar</i>	PM
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In-Service Sign in Sheet

In Service Course Title:

Facility Name: POWAY HEALTHCARE CENTER







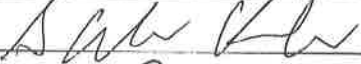

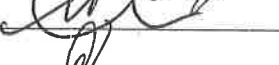

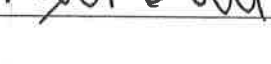
Instructor Name:

Signature: _____

Date: 3/25/22 Length _____

Method of Training/In-Service:

Group Meeting

Print Name & Title	Signature	Shift
1. Mary DALTON		AM
2. Loreto Ramos		PM
3. Jesus final		AM
4. Maria Haley		AM
5. TORI THOMAS, CNA		A.M.
6. Deanna Stinson		AM
7. 		PM
8. Reyna Garcia		PM
9. Kim Philip Lamm - CNA		PM
10. Rosemary Dun		PM
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Inspection of Packages

Policy Statement

Our facility may inspect the contents of any package (i.e., lunch box, bag, purse, wallet, package, etc.) brought onto or taken from the premises.

Policy Interpretation and Implementation

1. Our facility reserves the right to inspect any and all lockers, lunch boxes, bags, purses, wallets, packages, or any other containers on or in the possession of anyone coming onto or leaving our premises.
2. The HR Director and Safety Director will conduct the inspection. Such inspections may or may not be made in the presence of the employee.
3. Refusal of an employee to permit inspection of such packages can result in disciplinary action.
4. The misappropriation of facility property and/or the possession of items in violation of facility policy may result in disciplinary action.

Safety and Supervision of Residents

Policy Statement

Our facility strives to make the environment as free from accident hazards as possible. Resident safety and supervision and assistance to prevent accidents are facility-wide priorities.

Policy Interpretation and Implementation

Facility-Oriented Approach to Safety

1. Our facility-oriented approach to safety addresses risks for groups of residents.
2. Safety risks and environmental hazards are identified on an ongoing basis through a combination of employee training, employee monitoring, and reporting processes; QAPI reviews of safety and incident/accident data; and a facility-wide commitment to safety at all levels of the organization.
3. When accident hazards are identified, the QAPI/Safety Committee shall evaluate and analyze the cause(s) of the hazards and develop strategies to mitigate or remove the hazards to the extent possible.
4. Employees shall be trained on potential accident hazards and demonstrate competency on how to identify and report accident hazards, and try to prevent avoidable accidents.
5. The QAPI Committee and staff shall monitor interventions to mitigate accident hazards in the facility and modify as necessary.

Individualized, Resident-Centered Approach to Safety

1. Our individualized, resident-centered approach to safety addresses safety and accident hazards for individual residents.
2. The interdisciplinary care team shall analyze information obtained from assessments and observations to identify any specific accident hazards or risks for individual residents.
3. The care team shall target interventions to reduce individual risks related to hazards in the environment, including adequate supervision and assistive devices.
4. Implementing interventions to reduce accident risks and hazards shall include the following:
 - a. Communicating specific interventions to all relevant staff;
 - b. Assigning responsibility for carrying out interventions;
 - c. Providing training, as necessary;
 - d. Ensuring that interventions are implemented; and
 - e. Documenting interventions.
5. Monitoring the effectiveness of interventions shall include the following:
 - a. Ensuring that interventions are implemented correctly and consistently;
 - b. Evaluating the effectiveness of interventions;
 - c. Modifying or replacing interventions as needed; and
 - d. Evaluating the effectiveness of new or revised interventions.

continues on next page

Systems Approach to Safety

1. The facility-oriented and resident-oriented approaches to safety are used together to implement a systems approach to safety, which considers the hazards identified in the environment and individual resident risk factors, and then adjusts interventions accordingly.
2. Resident supervision is a core component of the systems approach to safety. The type and frequency of resident supervision is determined by the individual resident's assessed needs and identified hazards in the environment.
3. The type and frequency of resident supervision may vary among residents and over time for the same resident. For example, resident supervision may need to be increased when there are temporary hazards in the environment (such as construction) or if there is a change in the resident's condition.

Resident Risks and Environmental Hazards

1. Due to their complexity and scope, certain resident risk factors and environmental hazards are addressed in dedicated policies and procedures. These risk factors and environmental hazards include:
 - a. Bed Safety;
 - b. Safe Lifting and Movement of Residents;
 - c. Falls;
 - d. Smoking;
 - e. Drug paraphernalia and illegal substances;
 - f. Unsafe Wandering;
 - g. Poison Control;
 - h. Electrical Safety; and
 - i. Water Temperatures.
2. Other topics related to resident risk and environmental hazards may be addressed within related policies and procedures (for example, adequate lighting is addressed under the topic of falls).

EDUCATION PROGRAM

DATE: 2/25/22

LESSON PLAN

Course Subject: Checking resident packages; behavioral changes; drug use/abuse

Facility Provider Number: F-0734 Instructor Name/Title: Elizabeth Barbieri RN/DON; Shelly Insko LVN/ADON

Course Objectives / Performance Standard	Course Content	Teaching Methods	Methods of Evaluation
<p>F-tag: F-689: Free of Accidents Hazards/Supervision/Devices</p> <p>Participants will be able to:</p> <ol style="list-style-type: none"> 1. Know the facility policy related to checking/monitoring resident belongings/incoming packages 2. Know types of behaviors to look for that may indicate drug use/abuse 3. Know if residents have a recent history of drug abuse prior to facility admission 	<ol style="list-style-type: none"> 1. Review of facility policy regarding checking/monitoring resident belongings upon admission and anything brought into the facility by visitors throughout stay 2. Review of some behaviors to look for that may indicate drug use- see attachment 3. For all new admits: admissions team to notify nursing supervisor of any known history of drug use, nursing supervisor will verify with hospital staff during report and update floor staff as needed regarding recent drug use. 4. Staff to be made aware to check and monitor any possible access points for drugs/illicit substances to be brought into facility 	<p>Lecture, Discussion, Hand outs</p>	<p>Question & Answer</p>

SMALL PHYSICAL SYMPTOMS:

Side effects can include slight alterations to physical appearance that may start to become noticeable. Bloodshot or red eyes and pinpoint or dilated pupils are all telling signs of many types of drug abuse. Also, pay attention to skin texture and complexion. Frequent abnormal puffiness and flushed or washed-out color can also indicate ongoing abuse of drugs or alcohol.

Many forms of drug abuse come with small behavioral changes that might be dismissed as “tics.” If you notice any of the following, it could be signs of a hidden condition:

- Persistent itching in a specific area of the body
- Impulsive pulling down of sleeves to hide marks
- Slurred speech
- Frequent sniffing

While these are not definitive signs, if they are accompanied by secretiveness or defensiveness, they could provide helpful clues as to whether something is wrong.

OVERALL APPEARANCE:

Long-term abuse of drugs and alcohol can result in drastic changes to physical appearance. Many drugs have appetite suppressing or other altering side effects, meaning abuse often results in visible weight changes.

These rapid changes to body composition, such as sudden weight loss or weight gain, or lack of interest in personal grooming, especially if it declines without explanation, can also point to substance abuse and can be cause for concern.

PARAPHERNALIA:

It can be an obvious indicator if you find equipment in someone’s room or among their things. Some common items include:

- Cigarette wrapping papers
- Pipes
- Syringes
- Rolled up banknotes
- Cut-up straws
- Soiled cotton swabs
- Lighters
- Burnt spoons or bottle caps
- Bongs
- Razor blades

- “Cutting” surfaces like mirrors or glass

Not all drugs require anything to use them, but you might see other items that point to misuse. For example, medicine bottles from more than one doctor can be a sign of prescription drug abuse.

People can use eyewash to hide the effect of bloodshot eyes – and while this is not a definite indicator, abnormal amounts can be a clue. Depending on many factors, someone struggling with addiction might go to great lengths to hide the physical signs or treat the symptoms with total apathy.

STRUGGLING WITH LIMITS:

This can manifest as urges to take a prescription drug at a higher dose than prescribed or continuing after the health problem it treats has ended. Addiction makes it hard to follow even self-prescribed rules. If you have set yourself a self-imposed use limit but cannot stop yourself, this is a concerning sign.

LOSS OF INTEREST:

Substance dependency takes over the mind’s reward system. Take note if someone is becoming complacent in realms they used to take great pride in or apathetic towards the people or hobbies they usually cherish.

It may mean they are funneling their energy toward feeding the impulse of using drugs. Frequent failure to show up or follow through on plans, lack of enthusiasm, or dulling of talents can all indicate an underlying struggle.

MOOD SWINGS:

Many substances, especially when used heavily, impair the user’s ability to manage emotional input. This can appear as sudden misery, extreme upset, irritation, or anger in situations when they could previously handle their moods well. If a normally calm and collected person seems hyper and manic, or an optimist is dealing with sudden waves of depression, it could be a sign of drug abuse.

RECLUSIVE AND PRIVATE BEHAVIOR:

Substance abuse disorders are incredibly isolating. A user often experiences shame and fears social stigma, and some drugs also can induce paranoia. This can cause a person to withdraw from their usual relationships and become secretive. Reclusive behaviors that point to hiding an addiction include:

- Spending extended periods in their room
- Locking the door when they leave or enter their private space

- Not sharing details about places or people they visit when out of the house
- Shutting down when asked questions by people they usually trust

DEFENSIVENESS:

Withdrawn behavior and responding with hostility or wariness when uncomfortable topics arise can be a sign of defensiveness. A person trying to hide addiction may redirect the conversation with arguments or even aggressive mood swings, and distraction methods are also a defensive sign.

ERRATIC BEHAVIOR:

This trait is usually very evident and a symptom of most substance addictions. Depending on the drug, the high could be associated with euphoria, paranoia, feelings of power, or invulnerability. These are all sensations that can lead users to reckless or dangerous actions. Withdrawal brings with it physical and emotional distress that can also lead to erratic or even violent behavior.

Mental health is the sum of many parts. Co-occurring disorders, such as depression or anxiety, are often amplified by drug abuse – with the effects of one feeding off of the other. For people struggling with these synergistic conditions, dual diagnosis is key to effective healing.

CHANGES IN SLEEP HABITS:

Drug abuse tends to wreak havoc on users' sleep habits. Both stimulants and depressants alter the activity of hormones responsible for tiredness and wakefulness. This will drive a user off their typical schedule.

An addicted person will sometimes also experience the opposite effects when the drug leaves their system. If someone keeps "off-hours" – be that oversleeping or staying up for extended periods – relative to their usual habits, it can be a sign of growing chemical dependence.

IDT Review of Admissions and Access Points

[illegible]

Bag Check

[illegible]

Home Admin Clinical Document Manager Reports



Search

***INVENTORY OF PERSONAL ITEMS**

Resident: *****
 Description: _____
 Date: _____
 Section Status: _____
 Lock Date: _____

Save & Sign

Save

Save & Exit

Save & Sign & Lock & Exit

Cancel

Clear All

SECTION Cust. *INVENTORY OF PERSONAL ITEMS

A. Inventory of Personal Items	1. Clothing marked? <input type="checkbox"/> II <input type="radio"/> 1. Yes <input type="radio"/> 2. No clear 2. Glasses marked? <input type="checkbox"/> II <input type="radio"/> 1. Yes <input type="radio"/> 2. No <input type="radio"/> 3. Not Applicable clear	
B. Inventory	1. Bathrobe: <input type="text"/> II 2. Belt: <input type="text"/> II 3. Bible/Other book of worship: <input type="text"/> II 4. Blouse: <input type="text"/> II 5. Boots: <input type="text"/> II 6. Bra: <input type="text"/> II 7. Coat: <input type="text"/> II 8. Comb/Brush: <input type="text"/> II 9. Dentures: <input type="checkbox"/> 1. Upper <input type="checkbox"/> 2. Lower <input type="checkbox"/> 3. Partial <input type="checkbox"/> 4. Not Applicable II 10. Dress: <input type="text"/> II 11. Dress Shirt: <input type="text"/> II 12. Glasses/Case: <input type="text"/> II 13. Gloves: <input type="text"/> II 14. Handkerchief: <input type="text"/> II 15. Hat/Cap: <input type="text"/> II 16. Hearing Aid(s): <input type="checkbox"/> 1. Right <input type="checkbox"/> 2. Left <input type="checkbox"/> 3. Both <input type="checkbox"/> 4. Not Applicable II 17. Hose/Stockings: <input type="text"/> II 18. Luggage: <input type="text"/> II 19. Nightgown: <input type="text"/> II 20. Pajama: <input type="text"/> II 21. Pants: <input type="text"/> II 22. Purse: <input type="text"/> II	18. Razor: <input type="text"/> II 19. Scarf: <input type="text"/> II 20. Shoes: <input type="text"/> II 21. Shorts: <input type="text"/> II 22. Skirt: <input type="text"/> II 23. Slip: <input type="text"/> II 24. Slippers: <input type="text"/> II 25. Socks: <input type="text"/> II 26. Sports Jacket: <input type="text"/> II 27. Suspenders: <input type="text"/> II 28. Suit: <input type="text"/> II 29. Sweater: <input type="text"/> II 30. Tee shirt: <input type="text"/> II 31. Tie: <input type="text"/> II 32. Trousers: <input type="text"/> II 33. Toothbrush: <input type="text"/> II 34. Underwear: <input type="text"/> II 35. Vest: <input type="text"/> II 36. Walker: <input type="text"/> II 37. Wallet: <input type="text"/> II 38. Wheelchair: <input type="text"/> II
C. Other Items	1. Other Items brought in on admission (describe and list quantity): <input type="text"/> II <div style="border: 1px solid black; height: 50px; width: 350px; margin-top: 5px;"></div> 2. Items acquired after admission (describe and list quantity): <input type="text"/> II	

3. Items removed after admission (describe and list quantity): //

Upon Admission

4. I/We take full responsibility for the articles retained in my possession and any others brought to me while a resident in the facility and acknowledge receipt of a copy of this form. The facility cannot assume responsibility for valuables that are left in the resident's possession. //

4i. Resident/Legal Representative Signature: //

4ii. Date of Signature: //

4iii. Facility Staff Signature: //

4iv. Date of Signature: //

Upon Discharge

5. I acknowledge receipt of all resident's personal belongings: //

5i. Resident/Legal Representative Signature: //

Date of signature:

5ii. Date of Signature: //

5iii. Facility Staff Signature: //

5iv. Date of Signature: //

SECTION Cust. INVENTORY OF PERSONAL ITEMS

Save & Sign

Save

Save & Exit

Save & Sign & Lock & Exit

Cancel

Clear All

[Click Here to View Quick Entry - Keyboard Navigation Tips](#)

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