

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Hernani T. Valenzuela Aguilar ARCH/EC-ARCH</b>	<b>CHAPTER 100.1</b>
<b>Address: 98-864 Kaamilo Street, Aiea, Hawaii 96701</b>	<b>Inspection Date: February 6, 2015 Annual</b>

	<b>Rules (Criteria)</b>	<b>Plan of Correction</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-7 <u>General operational policies.</u> (b) The general operational policies approved by the department shall be explained to the ARCH or expanded ARCH resident and the ARCH or expanded ARCH resident's family, legal guardian, surrogate or responsible agency prior to the ARCH or expanded ARCH resident's admission. A copy of these general operational policies shall be provided to all parties.</p> <p><b>FINDINGS</b> [REDACTED] - No documentation that the general operational policy was explained to the resident and resident's family.</p>	<p><i>General policies presented, explained <sup>on</sup> and understood &amp; signed by resident's family / designated POA on 2/21/15.</i></p> <p><i>In the future, during the admission PCG should explain the General operational policy &amp; signed by PCG &amp; POA / family member.</i></p>	<p><i>2/21/15</i></p>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p><b>FINDINGS</b> Substitute care giver (SCG) [redacted] - No physical examination prior to contact with residents.</p>	<p>[redacted]</p> <p><i>In the future, make sure everything is current.</i></p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><b>FINDINGS</b> [redacted] No initial tuberculosis clearance. The individuals provided care to the residents [redacted]</p>	<p>[redacted]</p> <p><i>In the future, to update all necessary documents.</i></p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><b>FINDINGS</b> [redacted] No training to make medication available to residents.</p>	<p>[redacted]</p> <p><i>In the future, documented training should be presented before providing care for residents.</i></p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p><b>FINDINGS</b> No posted menu in the resident dining area.</p>	<p><i>Current menu already posted in the kitchen &amp; dining area of residents.</i></p>	<p><i>2/7/15</i></p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-15 <b>Medications. (e)</b> All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b>FINDINGS</b></p> <div style="background-color: black; width: 100%; height: 100%; min-height: 300px;"></div>	<div style="background-color: black; width: 100%; height: 100%; min-height: 300px;"></div>	<p><i>ed</i></p> <p><i>ben</i></p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-15 <b>Medications. (m)</b> 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><i>In the future, errors should be documented on one of labels notes (warning), dosage/frequency specified</i></p>	

	Rules (Criteria)	Plan of Correction	Completion Date
1	<p><b>FINDINGS</b></p> <p>[REDACTED]</p>	[REDACTED]	
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><b>FINDINGS</b> A legend was not provided when the SCG initialed the October 2014 medication record.</p>	<p><i>Legend in MAR should be properly documented for all caregivers (PCG/SCG)</i></p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p><b>FINDINGS</b> Resident #1 – No documentation that the resident and resident’s family was informed of the rates and related charges.</p>	<p><i>Monthly rates and other related charges were explained, understood and signed by the resident &amp; family &amp; POA on 2-21-15</i></p>	<p><i>2-21-15</i></p>
<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><b>FINDINGS</b> Substitute care giver did not sanitize dishes with sanitizing solution.</p>	<p>[REDACTED]</p> <p><i>In the future, PCG should train new and old care givers.</i></p>	
<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><b>FINDINGS</b> [REDACTED] No documentation that the case manager trained SCG [REDACTED] in providing personal and specialized care for the resident.</p>	<p>[REDACTED]</p> <p><i>In the future, all new substitute care givers will be trained and documented by Case Managers, RN &amp; PCG.</i></p>	<p><i>3/11/15</i></p>
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(2) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>in section 11-100.1-23(b), and the following:</p> <p>Resident's sleeping room doors shall be self closing;</p> <p><b><u>FINDINGS</u></b>            One resident bedroom door was not self-closing. Corrected during the inspection.</p>	<p><i>Inspection of self-closing doors should be done monthly during fire drill.</i></p>	
<input checked="" type="checkbox"/>	<p>§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:</p> <p>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;</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p><b>FINDINGS</b></p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>In the future, PCG should be aware of all changes on service plan. Ple. see attached CM comments. /POC</p>	<p>3/11/15</p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-88 Case management qualifications and services. (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:</p> <p>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;</p> <p><b>FINDINGS</b> [REDACTED] - No documentation of case manager face-to-face contact.</p>	<p>Please see attached Case Manager comments + review.</p> <p>If you asked me [REDACTED] to send the monthly RN monitoring for your review, I will do so.</p> <p>In the future, I make sure service plans, RN assessments properly documented for your review.</p>	<p>5/21/15</p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-88 Case management qualifications and services. (c)(10) 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 comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate;</p> <p><b>FINDINGS</b> [REDACTED] - No comprehensive reassessment every six (6) months.</p>	<p>[REDACTED]</p> <p>Please see attached CM comments &amp; explanations.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
	<p><b>FINDINGS</b>  [REDACTED]</p>	<p>Attached is the Service Plan, which reflects that BP should be checked weekly and not daily. A current Service Plan was not available in the client's chart during the review.</p>	
<input type="checkbox"/>	<p>811-100.1-88 <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:</p> <p>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on Ae resident's needs and the care giver's capabilities;</p> <p><b>FINDINGS</b>  [REDACTED] No documentation of case manager face-to-face contact.  [REDACTED]</p>	<p>All the RN monitoring visits were in the chart during the review. It is unclear why this deficiency is noted here. Attached are the monitoring visits for your review.</p>	
<input type="checkbox"/>	<p>611-100.1-88 <u>Case management Qualifications and services.</u>  (c)(10)  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 comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate;</p> <p><b>FINDINGS</b>  [REDACTED] No comprehensive reassessment every six (6) months. [REDACTED]  [REDACTED]</p>	<p>The monitoring RN assessments in the chart are essentially the same as the initial RN assessment form that is used by the visiting nurse. The "head to toe" monitoring forms are attached for your review.</p>	

Licensee/Administrator's Signature: Herman T. Valenzuela

Print Name: HERMAN T. VALENZUELA

Date: 3/27/15

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Facility's Name: <b>Hernani T. Valenzuela Aguilar ARCH/EC-ARCH</b>	<b>CHAPTER 100.1</b>
Address: <b>98-864 Kaamilo Street, Aiea, Hawaii 96701</b>	<b>Inspection Date: February 6, 2015 Annual</b>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-7 <u>General operational policies.</u> (b) The general operational policies approved by the department shall be explained to the ARCH or expanded ARCH resident and the ARCH or expanded ARCH resident's family, legal guardian, surrogate or responsible agency prior to the ARCH or expanded ARCH resident's admission. A copy of these general operational policies shall be provided to all parties.</p> <p><b>FINDINGS</b> Resident #1 – No documentation that the general operational policy was explained to the expanded ARCH resident, resident's family.</p>	<p><i>In the future, the General Operational Policy should be presented, reviewed &amp; explained to the family or designated POA on the day of admission. If the family/POA agreed &amp; understood the policy both care giver &amp; family/POA sign &amp; date the policy.</i></p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>certify that they are free of infectious diseases.</p> <p><b>FINDINGS</b> Substitute care giver #4 – No physical examination prior to contact with residents.</p>	<p><i>In the future, all SCG's must show current proof of Physical Exam. certified &amp; sign by a physician prior to contact with residents.</i></p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><b>FINDINGS</b> Substitute care giver (SCG) #2 and SCG #4 – No initial tuberculosis clearance. The individuals provided care to the residents while the PCG and all SCGs attended in-services on 1/21/15 (4 hours) and 7/23/14 (2 hours).</p>	<p><i>In the future, all care givers must show proof of initial TB clearances from DOT a physician prior to contact with residents.</i></p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><b>FINDINGS</b> Substitute care giver #1 – No training to make medication available to residents.</p>	<p><i>In the future, all substitute care givers must be trained &amp; documented by PCG, Case Mgr or RN before providing care to resident.</i></p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p><b>FINDINGS</b> No posted menu in the resident dining area.</p>	<p>In the future, make 2 copies of current menu, one posted in the kitchen &amp; the other in the residents' dining area.</p>	
<p><input checked="" type="checkbox"/></p>	<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><b>FINDINGS</b> Resident #1 – Acetaminophen, latanoprost and Restasis were updated 6/2/14, 8/6/14, 11/5/14 without the dosage and frequency specified.</p> <p>Resident #1 – “Latanoprost 0.005%” was not initialed as given by the care giver from 10/21/14 to 10/27/14. “Ø” was noted on the medication record. There was no documentation why the medication was not given.</p> <p>Resident #1 – “Tamulosin 0.4 mg Take 1 cap by mouth at bedtime” was ordered; the label reflected “Take one-half hour following the same meal each day.” The medication record reflected the medication is taken at 10 p.m.</p> <p>Resident #1 – “Levothyroxine” is taken at 6 a.m. The label reflected “Do not take antacids, calcium or iron within 4 hours of taking this drug.” Calcium carbonate is given at 8 a.m.</p>	<p>- In the future, month to month medication records, medications be reviewed of the dosage and frequency as ordered and specified by the physician.</p> <p>- In the future, substitute care given wrong on medication month should be reviewed, corrected &amp; documented by both PCG &amp; SCG.</p> <p>- In the future, anticholinergic labels or warning should be aware by consulting the pharmacist or physician.</p> <p>- In the case of levothyroxine anticholinergic label, change intake time of the antacid, calcium or iron from before than if has of taking levothyroxine tabs.</p>	
<p><input checked="" type="checkbox"/></p>	<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>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p><b>FINDINGS</b> Resident #1 – “Tamulosin 0.4 mg Take 1 cap by mouth at bedtime” was ordered on 11/5/14; the February 2015 medication record reflected “instill 1 drop to each eye twice daily.”</p>	<p><i>In the future, monthly MAR of CM must be reviewed for accuracy of date, time, dosage, name of med.</i></p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><b>FINDINGS</b> A legend was not provided when the substitute care giver initialed the October 2014 medication record.</p>	<p><i>In the future, legend for substitute caregivers should be included in the monthly MAR for initials</i></p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p>	<p><i>In the future, notes &amp; other related charges should be explained and specified &amp; signed by resident, resident's family or POA.</i></p>	

	<b>Rules (Criteria)</b>	<b>Plan of Correction</b>	<b>Completion Date</b>
	<p><b><u>FINDINGS</u></b> Resident #1 – No documentation that the resident, resident’s family was informed of the rates and related charges.</p>		
<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><b><u>FINDINGS</u></b> Substitute care giver did not sanitize dishes with sanitizing solution.</p>		
<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><b><u>FINDINGS</u></b> Resident #1 – No documentation that the case manager trained SCG #1 in providing personal and specialized care for the expanded ARCH resident.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(2) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>Resident's sleeping room doors shall be self closing;</p> <p><b>FINDINGS</b> One expanded ARCH resident bedroom door was not self-closing. Corrected during the inspection.</p>		
<input checked="" type="checkbox"/>	<p>§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:</p> <p>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;</p> <p><b>FINDINGS</b> Resident #1 – The "Hypertension" service plan intervention</p>	<p><i>In the future, CM + PCG should review service plan together and update, initial with dates time for proper documentation.</i></p> <p><i>service plan attached</i></p>	

	Rules (Criteria)	Plan of Correction	Completion Date
	updated on 4/17/14 stated "check BP daily." The BP is taken weekly.		
☒	<p>§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:</p> <p>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;</p> <p><b>FINDINGS</b>  Resident #1 – No documentation of case manager face-to-face contact. Last contact noted was October 2014.</p>	<p><i>In the future, monthly RW monitoring should be checked &amp; reviewed by PCGs &amp; inform CM/RN of any changes/discrepancies that need to be corrected for proper documentation</i></p>	
☒	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(10)  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 comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate;</p> <p><b>FINDINGS</b>  Resident #1 – No comprehensive reassessment every six (6) months. Last documented on 12/4/13.</p>	<p><i>In the future, PCGs should require CM comprehensive reassessment of the resident every 6 months as requested by DOH for review.</i></p>	

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<b>Address: 98-864 Kaamilo Street, Aiea, Hawaii 96701</b>	<b>Inspection Date: February 6, 2015 Annual</b>

	<b>Rules (Criteria)</b>	<b>Plan of Correction</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-7 <u>General operational policies.</u> (b) The general operational policies approved by the department shall be explained to the ARCH or expanded ARCH resident and the ARCH or expanded ARCH resident's family, legal guardian, surrogate or responsible agency prior to the ARCH or expanded ARCH resident's admission. A copy of these general operational policies shall be provided to all parties.</p> <p><b>FINDINGS</b> Resident #1 – No documentation that the general operational policy was explained to the resident and resident's family.</p>	<p><i>I will use the ARCH admission check list so I have all admission documents at the time of admission.</i></p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p>	<p><i>I will make a checklist for all SCG's health clearances like PE, TB, CPR &amp; First Aid. make sure the health clearances complete before contact with residents</i></p>	

	Rules (Criteria)	Plan of Correction	Completion Date
	<p><b>FINDINGS</b> Substitute care giver (SCG) #4 – No physical examination prior to contact with residents.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><b>FINDINGS</b> SCG #2 and SCG #4 – No initial tuberculosis clearance. The individuals provided care to the residents while the primary care giver (PCG) and all SCGs attended in-services on 1/21/15 (4 hours) and 7/23/14 (2 hours).</p>	<p><i>See 11-100-1-9(a)</i></p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><b>FINDINGS</b> SCG #1 – No training to make medication available to residents.</p>	<p><i>My training checklist will include medication training for substitute care givers. Make sure training complete before contact with residents</i></p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p><b><u>FINDINGS</u></b> No posted menu in the resident dining area.</p>		
<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><b><u>FINDINGS</u></b> Resident #1 – Acetaminophen, latanoprost and Restasis were updated 6/2/14, 8/6/14, 11/5/14 without the dosage and frequency specified.</p> <p>Resident #1 – “Latanoprost 0.005%” was not initialed as given by the care giver from 10/21/14 to 10/27/14. “Ø” was noted on the medication record. There was no documentation why the medication was not given.</p> <p>Resident #1 – “Tamulosin 0.4 mg Take 1 cap by mouth at bedtime” was ordered; the label reflected “Take one-half hour following the same meal each day.” The medication record reflected the medication is taken at 10 p.m.</p> <p>Resident #1 – “Levothyroxine” is taken at 6 a.m. The label reflected “Do not take antacids, calcium or iron within 4 hours of taking this drug.” Calcium carbonate is given at 8 a.m.</p>	<p>① I will read the physician's order and check strength, dosage &amp; frequency (medication order complete)</p> <p>② I will look for any special instructions on the label &amp; follow the instructions.</p> <p>③ If the physician order &amp; medication label are inconsistent, I will call physician to clarify order</p>	
<input checked="" type="checkbox"/>	<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>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p><b><u>FINDINGS</u></b> Resident #1 – “Tamulosin 0.4 mg Take 1 cap by mouth at bedtime” was ordered on 11/5/14; the February 2015 medication record reflected “instill 1 drop to each eye twice daily.”</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><b><u>FINDINGS</u></b> A legend was not provided when the SCG initialed the October 2014 medication record.</p>	<p><i>I will develop a list or legend for care givers initials and place it next to MAR in each residents binder.</i></p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p>	<p><i>On the admission checklist I will include rates so I remember the rate for residents' policies must be written in the policy.</i></p>	

	<b>Rules (Criteria)</b>	<b>Plan of Correction</b>	<b>Completion Date</b>
	<p><b><u>FINDINGS</u></b> Resident #1 – No documentation that the resident and resident’s family was informed of the rates and related charges.</p>		
<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><b><u>FINDINGS</u></b> Substitute care giver did not sanitize dishes with sanitizing solution.</p>		
<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><b><u>FINDINGS</u></b> Resident #1 – No documentation that the case manager trained SCG #1 in providing personal and specialized care for the resident.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(2) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>in section 11-100.1-23(b), and the following:</p> <p>Resident's sleeping room doors shall be self closing;</p> <p><b><u>FINDINGS</u></b>  One resident bedroom door was not self-closing. Corrected during the inspection.</p>		
<input checked="" type="checkbox"/>	<p>§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:</p> <p>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;</p>	<p>11-100.1-88 c</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
	<p><b><u>FINDINGS</u></b> Resident #1 – The “Hypertension” service plan intervention updated on 4/17/14 stated “check BP daily.” The BP was taken weekly.</p>		
<input checked="" type="checkbox"/>	<p>§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:</p> <p>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;</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documentation of case manager face-to-face contact. Last contact noted was October 2014.</p>	<p>11-100.1-88 (c)(8) &amp; (c)(10) I will develop a checklist for monthly face to face &amp; the 6 month comprehensive re-assessment by the case manager. I remind the case manager for the 6-month comprehensive re-assessment one month before.</p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(10) 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 comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate;</p> <p><b><u>FINDINGS</u></b> Resident #1 – No comprehensive reassessment every six (6) months. Last documented on 12/4/13.</p>		

Licensee/Administrator's Signature: Heriani T. Agwinda

Print Name: HERIANI AGWINDA

Date: 7/21/15