

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Pat's ARCH	CHAPTER 100.1
Address: 91-1029 Hanakahi Street, Ewa Beach, Hawaii 96706	Inspection Date: July 6, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p>FINDINGS [REDACTED]</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p>FINDINGS [REDACTED] - No physician order [REDACTED]</p>		

<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> Refrigerator temperature was 52° F and 56° F on two different thermometers in the refrigerator.</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><u>FINDINGS</u> No physician order [REDACTED]</p> <p>[REDACTED]</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(7) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Height and weight measurements taken;</p> <p><u>FINDINGS</u> Resident [REDACTED] – No admission weight.</p>		

<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p>FINDINGS</p> <div style="background-color: black; width: 100%; height: 40px;"></div>		
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p>FINDINGS</p> <p>Resident [REDACTED] – No monthly weights.</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>FINDINGS</p> <p>[REDACTED]</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p>FINDINGS SCC [REDACTED] – There was nine (9) hours of continuing education training. Submit copies of three (3) additional hours to be credited for the 2014-2015 inspection period.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p>FINDINGS Resident [REDACTED] – No pneumococcal and influenza vaccination upon admission.</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>		

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;

FINDINGS

The service plan did not reflect:

-
-
-

Licensee/Administrator's Signature: _____


Print Name: _____

Date: _____

Office of Health Care Assurance

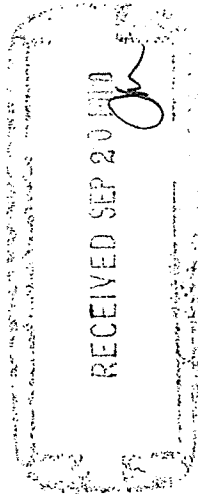
State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

RECEIVED SEP 20 2015


Facility's Name: Pat's ARCH	CHAPTER 100.1
Address: 91-1029 Hanakahi Street, Ewa Beach, Hawaii 96706	Inspection Date: POC not returned

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>, (e)(2) Inspections.</p> <p>Following an annual inspection, a list of deficiencies, if any, shall be given to the licensee or primary care giver of the ARCH or expanded ARCH. The licensee or primary care giver of the ARCH or expanded ARCH shall return a plan of correction for the deficiencies cited within ten working days. An acceptable plan for correcting deficiencies shall include the time frame for correction and the preventive measures that will be instituted to ensure compliance with this chapter;</p> <p><u>FINDINGS</u> The plan of correction for the deficiencies cited during the annual inspection of July 6, 2015 was not submitted within the specified ten (10) working days.</p>	<p>Completed all plan of corrections and indicated that deficiencies were addressed and corrected. Previously submitted via fax and re-send hard copies.</p> <p>We will make sure that plan of correction will be submitted within the specified ten (10) working days at all times.</p>	<p>10/07/15</p>



Licensee/Administrator's Signature: _____



Print Name: PATRICIA U. NUNEZ

Date: 10-13-15

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Pat's ARCH	CHAPTER 100.1
Address: 91-1029 Hanakahi Street, Ewa Beach, Hawaii 96706	Inspection Date: July 6, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u> (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p>FINDINGS [REDACTED]</p>	<p>I will confirm and verify diet orders from physician. I will modify menu according to orders and I will call [REDACTED] to help modify menu for pureed food.</p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u> (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p>FINDINGS [REDACTED]</p>	<p>I will confirm with the physician the order for diet for any client on admission. I will make sure that all verbal or telephone order for pureed consistency is documented and have it signed.</p>	

<input checked="" type="checkbox"/>	<p>§11-100.1-14 Food sanitation. (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p>FINDINGS Refrigerator temperature was 52° F and 56° F on two different thermometers in the refrigerator.</p>	<p><i>I will make sure to periodically check temperature on refrigerators to check that equipment is working properly reflecting 45°F or lower and maintained as appropriate to ensure food sanitation.</i></p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS</p> <div style="background-color: black; width: 100%; height: 100%; min-height: 100px;"></div>	<p><i>I will make sure and verify with the physician that all medication orders are prescribed appropriately like tablets needs to be crushed so client can take it or tolerate it.</i></p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (a)(7) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Height and weight measurements taken;</p> <p>FINDINGS Resident [redacted] No admission weight.</p>	<p><i>I will make sure to take the weight and height of every resident upon admission.</i></p>	

<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p>FINDINGS [REDACTED]</p>	<p>I will be more specific on my progress notes to indicate observations on resident's response and tolerance to parent diet or medication. Any changes or progress will be noted also on daily progress notes.</p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p>FINDINGS Resident [REDACTED] - No monthly weights.</p>	<p>I will continue to take monthly weights for all residents [REDACTED]</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>I will work with case manager and RN to schedule a training for all necessary preventive and precaution measures to properly care for resident as ordered by physician to include aspiration precautions, oxygen/oxygen concentrator use, suctioning, and legroom use.</p>	

<p>using tools like record of each by time, date, and</p>	
<p>vaccination for admission - I will see that care is to continue</p>	

	<p>FINDINGS</p> <p>[REDACTED]</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p>FINDINGS SCG [REDACTED] - There was nine (9) hours of continuing education training. Submit copies of three (3) additional hours to be credited for the 2014-2015 inspection period.</p>	<p>I will develop a yearly training tools like spreadsheet to track the record of each training received reflecting time, date, and equivalent credit hours.</p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p>FINDINGS Resident [REDACTED] - No pneumococcal and influenza vaccination upon admission.</p>	<p>I will make sure that all vaccination for residents are complete on admission - I will verify with physician if vaccination are received for hospice residents to continue comfort measures.</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>FINDINGS [REDACTED] - The service plan did not reflect: <ul style="list-style-type: none"> • [REDACTED] • [REDACTED] • [REDACTED] </p>	<p><i>I will make sure that documents for service plan is complete. I will work with the RN and case manager to make sure that service plan will include and reflect correct diet plan, interventions and proper care of wound, and the intervals for repositioning of bedridden and incontinent residents.</i></p>	
---	---	--

Licensee/Administrator's Signature: _____

Print Name: _____

Date: _____

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Pat's ARCH	CHAPTER 100.1
Address: 91-1029 Hanakahi Street, Ewa Beach, Hawaii 96706	Inspection Date: July 6, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p>FINDINGS [REDACTED]</p>	<p><i>I will confirm and verify diet orders from physician. I will modify menu according to orders and I will call Mrs. Jackson to help modifying menu for pureed food.</i></p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p>FINDINGS [REDACTED]</p>	<p><i>I will confirm with the physician the order for diet for any client on admission. I will make sure that all verbal or telephone order for pureed consistency is documented and have it signed.</i></p>	

<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p>FINDINGS Refrigerator temperature was 52° F and 56° F on two different thermometers in the refrigerator.</p>	<p>I will make sure to periodically check temperature on refrigerators to check that equipment is working properly reflecting 45°F or lower and maintained as appropriate to ensure food sanitation.</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>FINDINGS</p> <div style="background-color: black; width: 100%; height: 100%; min-height: 100px;"></div>	<p>I will make sure and verify with the physician that all medication orders are prescribed appropriately like tablets needs to be crushed so client can take it or tolerate it.</p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(7) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Height and weight measurements taken;</p> <p>FINDINGS Resident [redacted] No admission weight.</p>	<p>I will make sure to take the weight and height of every resident upon admission.</p>	

<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p>FINDINGS</p> <p>[REDACTED]</p>	<p>I will be more specific on my progress notes to indicate observations on resident's response and tolerance to pureed diet or medications. Any changes or progress will be noted also on daily progress notes.</p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p>FINDINGS</p> <p>Resident [REDACTED] - No monthly weights.</p>	<p>I will continue to take monthly weights for all residents [REDACTED]</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>I will work with case manager and RN to schedule a training for all necessary preventive and precaution measures to properly care for resident as ordered by physician to include aspiration precautions, oxygen/oxygen concentrator use, suctioning, and legaderm use.</p>	

	<p>FINDINGS</p> <p>[REDACTED]</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p>FINDINGS SCG [REDACTED] - There was nine (9) hours of continuing education training. Submit copies of three (3) additional hours to be credited for the 2014-2015 inspection period.</p>	<p>I will develop a yearly training tools like spreadsheet to track the record of each training received reflecting time, date, and equivalent credit hours.</p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p>FINDINGS Resident [REDACTED] No pneumococcal and influenza vaccination upon admission.</p>	<p>I will make sure that all vaccination for residents are complete on admission - I will verify with physician if vaccination are waived for hospice residents to continue comfort measures.</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>		

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;

FINDINGS

Resident [redacted] - The service plan did not reflect:

- [redacted]
- [redacted]
- [redacted]

I will make sure that documents for service plan is complete. I will work with the RN and case manager to make sure that service plan will include and reflect correct diet plan, interventions and proper care of wound, and the intervals for repositioning of bedridden and incontinent residents.

Licensee/Administrator's Signature: _____

Print Name: _____

Date: _____

[redacted]
PATRICIA U. NUNEZ

06 Aug 2015

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Pat's ARCH	CHAPTER 100.1
Address: 91-1029 Hanakahi Street, Ewa Beach, Hawaii 96706	Inspection Date: July 6, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p>FINDINGS [REDACTED]</p>	<p>I will confirm and verify diet orders from physician. I will modify menu according to orders and I will call [REDACTED] to help modify menu for pureed food. Contacted and re-ordered pureed diet menu with [REDACTED] and updated current menu.</p>	31 July 2015
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p>FINDINGS [REDACTED]</p>	<p>I will confirm with the physician the order for diet for any client on admission. I will make sure that all verbal or telephone order for pureed consistency is documented and have it signed.</p> <p>obtained an order from physician for pureed consistency diet.</p>	08 July 2015

<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p>FINDINGS Refrigerator temperature was 52° F and 56° F on two different thermometers in the refrigerator.</p>	<p>I will make sure to periodically check temperature on refrigerators to check that equipment is working properly reflecting 45°F or lower and maintained as appropriate to ensure food sanitation.</p> <p>Contacted technician to service refrigerator to make sure it's working properly. Bought a back-up refrigerator to make sure food are maintained.</p>	<p>7/15/15</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>FINDINGS</p> <div style="background-color: black; width: 100%; height: 100px;"></div>	<p>I will make sure and verify with the physician that all medication orders are prescribed appropriately like tablets needs to be crushed so client can take it or tolerate it.</p> <p>obtained a written order for crushed medication from physician</p>	<p>7/28/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(7) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Height and weight measurements taken;</p> <p>FINDINGS Resident [redacted] No admission weight.</p>	<p>I will make sure to take the weight and height of every resident upon admission</p> <p>Coordinated nurse and substitute caregiver to take the height and weight measurement for resident</p>	<p>7/8/15</p>

<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p>FINDINGS [REDACTED]</p>	<p>I will be more specific on my progress notes to indicate observations on resident's response and tolerance to special diet or medications. Any changes or progress will be noted also on daily progress notes.</p> <p>Initiated a more detailed documentation on progress notes to reflect the overall resident's tolerance on special diet and medications.</p>	<p>07/02/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p>FINDINGS Resident [REDACTED] - No monthly weights.</p>	<p>I will continue to take monthly weights for all residents [REDACTED]</p> <p>Coordinated caregivers and nurse to aid and weighing resident (bedridden)</p>	<p>07/02/15</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>I will work with case manager and RN to schedule a training for all necessary preventive and precaution measures to properly care for resident as ordered by physician to include aspiration precautions, oxygen/oxygen concentrator use, suctioning, and tegaderm use.</p>	

	<p>FINDINGS</p> <p>[REDACTED]</p>	<p>Coordinated with RN and case management to get the documentation of training for all medication as ordered by physician.</p>	<p>7/07/15</p>
<p><input checked="" type="checkbox"/> §11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p>FINDINGS SCG [REDACTED] - There was nine (9) hours of continuing education training. Submit copies of three (3) additional hours to be credited for the 2014-2015 inspection period.</p>	<p>I will develop a yearly training tools like spreadsheet to track the record of each training received reflecting time, date, and equivalent credit hours.</p> <p>Acquired necessary hours of training to complete continuing education for all SCG for compliance.</p>	<p>7/08/15</p>	
<p><input checked="" type="checkbox"/> §11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p>FINDINGS Resident [REDACTED] - No pneumococcal and influenza vaccination upon admission.</p>	<p>I will make sure that all vaccination for residents are complete on admission - I will verify with physician if vaccination are waived for hospice residents to continue comfort measures.</p> <p>[REDACTED]</p>	<p>21 July 2015</p>	
<p><input checked="" type="checkbox"/> §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>→</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;

FINDINGS

The service plan did not reflect:

-
-
-

I will make sure that documents for service plan is complete. I will work with the RN and case manager to make sure that service plan will include and reflect correct diet plan, interventions and proper care of wound, and the intervals for repositioning of bedridden and incontinent residents.

Coordinated with case management to have a complete service plan for resident to make sure that we have all information and documentation indicating procedures for intervention or services required to meet resident's needs.

7/08/15

Licensee/Administrator's Signature: _____

Print Name: _____

Date: _____

PATRICIA U. NUÑEZ

06 Aug 2015