Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: J & A	**CHAPTER 100.1**
Address: **45-349 Kenela Street, Kaneohe, Hawaii 96744**	**Inspection Date: November 5, 2015 Annual**

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

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-10 Admission policies. (f) The resident and the resident's family, legal guardian, surrogate or representative shall be informed at the time of admission of all facility policies and procedures. **FINDINGS** Resident #1, surveillance camera in bedroom; however, no policy on use of camera. **Please submit a policy for "Use of Surveillance Cameras" with the plan of correction (POC).**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Legal guardian of Resident #1 had signed policy for use of Surveillance camera. See attached	6/26/14

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE #§11-100.1-10(f)	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, legal guardian signs consent form before surveillance camera issues.	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** Two (2) children in the home, Child #1 and #2; however, no annual physical exams available. The children are not household members. Their parents are SCGs who bring the children to the home during their workday. Repeat citation (2014). **Please submit documentation with POC.**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** For child #1 & 2 Physical Exams has been completed.	#1 8/24/15 #2 9/16/15

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE #§11-100.1-9(a)	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, (PCG will make sure any family member) a checklist has been made as a reminded with family member's PE + TB dates completed posted to the front cover of the care home folder.	on going

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** SCG #4, hired during August 2015, no initial tuberculosis clearance. Attestation/Risk Assessment form dated 08/17/15; however, no record of a positive tuberculosis skin test or chest x-ray. Repeat citation (2014). **Please submit documentation for the initial tuberculosis clearance with your POC.**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** SCG #4 went to Lanakila 2x for the copy of her initial PPD test but they were unable to locate from their file. Has Chest X-rays on file. Dates: 08/26/1993 } Result 09/26/1995 } Both negative	11/24/15
		See attached on X-rays result for TB.	DB 11/24/15 01/26/16

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE #§11-100.1-9(b)	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, all caregivers, family members must have proof of TB clearance, if positive needs to get an X-ray done & documentation file in chart.	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (f)(2) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall: Be able to provide personal care to the residents, including bathing, dressing, transferring, feeding, and transporting residents, and be able to provide care as stipulated in the schedule of activities or care plan; **FINDINGS** SCG #4, no training by the PCG to make medication available and provide personal care to residents. **Please submit documentation with the POC.**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes I did correct the deficiency by giving an actual training to SCG #4 with regards to residents personal care including bathing, transferring, feeding, administering medications, transporting resident + be able to provide the necessary cares in the schedule of activities or care plan. Please see attached copy	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	**RULE #§11-100.1-9(f)(2)** **FINDINGS** SCG #4, no training by the PCG to make medication available and provide personal care to residents. **Please submit documentation with the POC.**	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** What I will do to ensure that it doesn't happen again, I will provide all the necessary training for any hire SCG on or before the start date & make sure the test is passed & both myself & SCG sign & date the training form. Please see attached copy.	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (f)(2) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall: Be able to provide personal care to the residents, including bathing, dressing, transferring, feeding, and transporting residents, and be able to provide care as stipulated in the schedule of activities or care plan; **FINDINGS** SCGs #1, #2, #3 and #4, no training by the PCG on surveillance camera use for Residents #1 and #3. **Please submit documentation with the POC.**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** all SCGs #1, #2, #3 and #4 have completed training on surveillance camera used on 11/24/16.	11/24/16

	Rules (Criteria)	Plan of Correction	Completion Date
☒	**RULE** #§11-100.1-9(f)(2) **FINDINGS** SCGs #1, #2, #3 and #4, no training by the PCG on surveillance camera use for Residents #1 and #3. **Please submit documentation with the POC.**	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future all SCGs will be trained on surveillance cameras used for new admissions or residents immediately.	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-10 Admission policies. (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department. **FINDINGS** Resident #1, re-admitted on 07/14/15. Level of care (LOC) assessed as "ICF"; however, license reads, "No More Than Two expanded ARCH Residents". Nurse Consultant asked the PCG to identify the facility census and noted PCG response: 1. Unable to identify level of care for all residents. 2. Not aware that upon readmission, facility census increased from two (2) to three (3) expanded ARCH residents, exceeding the licensed capacity of two (2).	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes, Resident's family was made aware. They wrote letter (waiver) to the Department, approval - pending/denied. Notified family about plan for discharge. Thirty days notice was given. Family went to mainland. Requested for extension, until they were able to find a home for res. Resident was discharged on September 15, 2016 Submitted menu on 11/4/16	09/15/2016

	Rules (Criteria)	Plan of Correction	Completion Date
☒	**RULE** #§11-100.1-10(d)	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, proper level of care will be determined for all admissions to the home. PCG will ensure not to exceed license capacity of two expanded ARCH residents. In the event, that a regular ARCH resident becomes ICF proper action will be done to discharge third ICF according per guidelines.	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-13 Nutrition. (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. **FINDINGS** Resident #1, physician order reads, "dysphagia pureed/honey via spoon" and speech therapist discharge summary, signed by the PCG, dated 08/19/15 reads, "textured pureed diet; soft mashed foods as tolerated, nectar consistency liquid". No menus for pureed diet. **Please submit documentation for a special diet with the POC.**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** a pureed diet menu was made by PCG. Please see attached copy.	11/4/16

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE #§11-100.1-13(b)	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, PCG must submit menu approval for special diet to Nutrition Dept. immediately upon admission	on going

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-13 Nutrition. (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented. **FINDINGS** Menu Week #1, Thursday lunch reads, "Lean roast beef, mashed potatoes, broiled tomato, banana, W/W bread, 2% milk, water and tea." Menu substituted with Somen Salad and fruit cup. No substitution documentation available.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Menu substitution was documented Please see attached copy.	11/5/15

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE #§11-100.1-13(e)	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, PCG + SCG#3 are aware any menu substitution must have documentation available. SCG#3 will be assigned to check menu substitution at least every week.	on going

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-13 Nutrition. (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified. **FINDINGS** Resident #1, diet order reads, "dysphagia puree/honey via spoon". PCG reports, "Magic Bullet" blender used to puree regular menu. No "thick-it" order. However, PCG is using "Thick-it" powder.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes, I did correct the deficiency I was able to obtain a Physicians order for "thick it" powder for resident #1 on 12/01/15	12/01/15

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE #§11-100.1-13(k)	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** What I will do to ensure that it doesn't happen again I make sure that there will be a Physician's signed orders for any nutritional supplements like formula meals + thickening agents upon readmission of a resident.	12/01/15

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§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. **FINDINGS** Resident #1, Physician order dated 07/14/15 reads, "Risperidone 0.25 mg ½ tab PRN for agitation". However, the medication administration record (MAR) reads, "Risperidone 0.25 mg ½ tab daily". Repeat citation (2014).	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Removed medication from (MAR) and added to the PRN record See attached	11/6/15

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE #§11-100.1-15(e) **FINDINGS** Resident #1, Physician order dated 07/14/15 reads, "Risperidone 0.25 mg ½ tab PRN for agitation". However, the medication administration record (MAR) reads, "Risperidone 0.25 mg ½ tab daily". Repeat citation (2014).	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, all routine meds on 1 record & seperate records for PRN meds & PCG for make sure Physicians order matches the MAR or PRN records.	on going

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§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. **FINDINGS** Resident #1, Physician order dated 07/21/15 read, "Zenpep 20,000-68,000-109,000 Oral CPPR SR 1-3 caps po 2-3 times daily with food. However, the number of capsules made available was not documented in the MAR. Repeat citation (2014).	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes, Example of my corrections in the MAR for resident #1 Zenpep 20,000 - 68,000 - 109,000 oral CPPR SR ① 3 caps PO ② 3 times daily c food. 8Am 8Pm Resident #1 takes 1 cap PO 2 times a day	11/06/15

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE #§11-100.1-15(e) **FINDINGS** Resident #1, Physician order dated 07/21/15 read, "Zenpep 20,000-68,000-109,000 Oral CPPR SR 1-3 caps po 2-3 times daily with food. However, the number of capsules made available was not documented in the MAR. Repeat citation (2014).	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future PCG will confirm medication's orders with Physician immediately on exact amounts needed to be given to residents.	on going

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-16 Personal care services. (j) Resident(s) manifesting behaviors that may cause injury to self or others shall be assessed by a physician or APRN to determine least restrictive alternatives to physical restraint use, which may be used only in an emergency when necessary to protect the resident from injury to self or to others. If restraint use is determined to be required and ordered by the resident's physician or APRN, the resident and the resident's family, guardian or surrogate, and case manager shall be notified and a written consent obtained. The licensee shall maintain a written policy for restraint use outlining resident assessment processes, indications for use, monitoring and evaluation and training of licensee and substitute care givers. Renewal orders for restraint use shall be obtained on a weekly basis from the resident's physician or APRN based on the assessment, monitoring and evaluation data presented by the primary care giver. **FINDINGS** Resident #1, full side rails and bed alarm used to ensure night safety. However, no facility restraint policy available. Repeat citation (2014). **Please remove document from the wall above headboards for Residents #1, #2, #3, and #4' titled, "OHCA Guidelines For The Development Of Restraint Policy" and submit a copy of your policy with your POC.**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes, I did remove document from the wall above headboards for Residents #1, 2, 3 and 4 titled "OHCA Guidelines for the Development of Restraint Policy" and replaced all those under RCG's Facility Policy Enclosed is a copy of facility restraint policy. Policy had been established on 11/12/15. Please see attached copy	11/12/15

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE #§11-100.1-16(j)	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** What I will do to ensure that it doesn't happen again. I shall maintain to have a written policy for restraint use for all residents who are required by their Physicians or APRN to use restraint. I will read & follow the OHCA guidelines for the development of restraint policy & I will provide a policy for such restraint. Please see attached copy.	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-17 Records and reports. (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: Documentation of primary care giver's assessment of resident upon admission; **FINDINGS** Resident #1, re-admitted on 07/14/15, no comprehensive admission assessment done by the primary care giver.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes. Documentation on admission assessment for resident #1 was completed on 11/6/15 (later date)	11/06/15

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE #§11-100.1-17(a)(l)	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future I will use my admission/Re-admission check-list to ensure that I complete the admission assessment upon re-admission of a resident	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-17 Records and reports. (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies; **FINDINGS** Resident #1, re-admitted on 07/14/15, no tuberculosis skin test upon re-admission. Tuberculosis skin test planted on 08/04/15 and read on 08/06/15 as 0 mm, after admission.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** See attached. TB test 7/7/14 TB test completed on 08/06/15	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE #§11-100.1-17(a)(4)	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, PCG has a list of all residents with TB & PE dates listed when they are expired. I will make sure it remains valid before expiration annually.	in going

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-17 Records and reports. (a)(6) 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: Physician or APRN signed orders for diet, medications, and treatments; **FINDINGS** Resident #1, No physician order to crush medication; however, when asked, PCG replied, "all pills are crushed".	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes. I did correct the deficiency I was able to get or secure a Physician's order for resident #1 to crush medications on 12/1/15.	12/01/15

	Rules (Criteria)	Plan of Correction	Completion Date
☒	**RULE** #§11-100.1-17(a)(6) **FINDINGS** Resident #1, No physician order to crush medication; however, when asked, PCG replied, "all pills are crushed".	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** what I will do to ensure that it doesn't happen bagain, I make sure that there is Physician's or APRN's signed orders for diet, medications & treatments on admission, readmission or transfer of a resident.	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-17 Records and reports. (a)(6) 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: Physician or APRN signed orders for diet, medications, and treatments; **FINDINGS** Resident #1, No physician order to use thickener. However, PCG reports, "Thick-en added".	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes, I have obtained an order from the Physician to use thickener on 12/01/15	12/01/15

	Rules (Criteria)	Plan of Correction	Completion Date
☒	**RULE** #§11-100.1-17(a)(6) **FINDINGS** Resident #1, No physician order to use thickener. However, PCG reports, "Thick-en added".	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** what I will do to ensure that it doesn't happen again, I will maintain records for each resident and I will obtain a Physician or APRN signed orders for diet such as use of thickener or any special diet required for the resident.	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; **FINDINGS** Resident #1, progress notes missing resident responses to the following: 1. PCG made PRN medication available daily since re-admission for agitation; however, no record of agitation in the progress notes or any response to PRN meds made available. Progress notes reads in part, "compliant with meds". 2. Resident admitted to the hospital with a decubitus ulcer and discharged with order for topical creams. No documentation of resident skin condition, when medication made available or resident response." 3. No documentation for resident's response to diet.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** ① PRN meds were given daily appears effective c the behavior therefore no further noted ② When resident was re-admitted back to the home after hospitalisation decubitus ulcer was resolved + skin was already intact ③ When resident was re-admitted back to the home with pureed diet order (diet prior to hospitalisation was regular diet) Resident tolerated order diet well	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE #§11-100.1-17(b)(3)	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** ① In the future effectiveness of the PRN medications given will be noted documented in the MAR after re-evaluating the resident. ② In the future PCG will include skin assessment on admission + document in the progress note. ③ In the future PCG will include in th note resident's response to diet.	On going

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1)(C) Residents' rights and responsibilities: 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: 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; **FINDINGS** Resident #1, no identification of charges for specific services. A range of "$1,000- $5,000" is the monthly fee listed in the operational policy.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes, Policy was revised to include specific charges incurred in addition to the basic monthly fee.	11/15/15

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE #§11-100.1-21(a)(1)(C)	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, PCG will fully inform verbally + in writing the proper monthly range of each resident. I will specifically identify the charges for each services.	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(I)(i) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either: For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident; **FINDINGS** Facility exceeds a maximum of two (2) non-self preserving residents documented by the physician signed self-preservation certification as follows for Resident(s): 1. #1, non-self preserving on 07/15/15; 2. #2, non-self preserving on 09/06/15; 3. #4, non-self preserving on 07/10/15; 4. #5, non-self preserving on 07/16/15.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes. The facility has enough staff during the day, but has only two staff at night. Provided 2 more staff to cover other non-self preserving residents hired on staff #1 12/08/15 & staff #2 on 05/16. ① Resident #1 was discharged on September 15, 2016 ② Resident #2 was discharged on January 20, 2016 ③ Resident #5 was discharged on November 1, 2016	11/01/16

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE #§11-100.1-23(g)(3)(I)(i)	**PART 2** **<u>FUTURE PLAN</u>** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, PCG must aware not to exceed over two non-self preserving residents by checking the physician's orders like level of care, self preservation statement & diet, special diet for resident before admission/ re-admission of a resident.	on going

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-23 Physical environment. (h) 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. **FINDINGS** Bedroom Closet #4, used to store one (1) large oxygen tank in a stand and seven (7) portable tanks.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Oxygen tanks removed from premises.	11/13/15

	Rules (Criteria)	Plan of Correction	Completion Date
☒	**RULE #§11-100.1-23(h)** **FINDINGS** Bedroom Closet #4, used to store one (1) large oxygen tank in a stand and seven (7) portable tanks.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, PCG must provide instructions from medical Suppliers + how to storage + give proper training for all caregivers before able to offer service to residents.	on going

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-23 Physical environment. (h) 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. **FINDINGS** No signage posted outside building; however when the Nurse Consultant asked about a sign, SCG#1 created a sign and posted it in the front window.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** SCG # 1 posted a sign "No smoking Oxygen is in use" in the front window.	11/5/15

	Rules (Criteria)	Plan of Correction	Completion Date
☒	**RULE** #§11-100.1-23(h) **FINDINGS** No signage posted outside building; however when the Nurse Consultant asked about a sign, SCG#1 created a sign and posted it in the front window.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, PCG must make sure any posted signs are visible.	on going

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-23 Physical environment. (o)(1)(D) Bedrooms: General conditions: Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries; **FINDINGS** Bedroom Closet #1, Bedroom occupied by two (2) residents; however closet used to store "my old things donated to me by former resident i.e. portable bedside table and bedrails".	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes, I removed everything stored in bedroom closet #1 that do not belong to the resident on 11/6/15	11/06/15

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE #§11-100.1-23(o)(1)(D)	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, I will not use residents closet as storage.	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-80 Licensing. (e) At no time shall the total bed capacity of the expanded ARCH exceed the licensed capacity under the original ARCH license. **FINDINGS** Census of three (3) expanded ARCH residents exceeds the licensed capacity for two (2) expanded ARCH residents.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes, PCG was discharged the third ~~expand~~ ARCH resident on September 15, 2016 Expanded ARCH residents exceeded my limit because resident was hospitalized and re-evaluated as Expanded upon re-admission which was now during the original admission.	09/15/16

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE #§11-100.1-80(e)	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, PCG will check the completed & signed Level of Care of the resident such as moving to an Expanded care. And if my license does not carry the care the resident needed upon re-admission then I will notify the case manager and arrange for discharge until a safe transfer to another facility is done.	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-82 Primary care giver requirements. (c) The licensee shall provide staff on duty twenty four hours of each day sufficient and trained to meet the needs of expanded ARCH residents and to carry out the responsibilities based on the expanded ARCH resident's care plan. **FINDINGS** Bedrooms #2 and #3, futons placed at the bedside for safety during the night. PCG states that SCG #1 is responsible for all residents after evening care until 12 midnight and that the PCG is available for care from midnight on.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes, PCG removed the futons placed at the resident's bedside. SCG #1 is well trained to carry the necessarily cares for both non-expanded/expanded ARCH residents.	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE #§11-100.1-82(c)	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, PCG will give training for all the SCGs regarding on how to carry all the needs & responsibilities based on the expanded ANCH, resident's care plan.	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-83 Personnel and staffing requirements. (5) In addition to the requirements in subchapter 2 and 3: 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. **FINDINGS** SCG #2 and #3, no hours of continuing education training. **Please submit copies of twelve (12) hours of continuing education to be credited towards the 2015 annual inspection year.**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes, Twelve hours of continuing education training for SCG #2 and #3 has been completed Please see attached copies.	11/12/15

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE #§11-100.1-83(5)	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, I will make sure that Secondary CareGivers do complete the required hours of continuing education training I will fallow-up with them and point out that it is a must and a requirement. I will ask from them a copies to be filed and make sure that they are available during inspection.	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-84 Admission requirements. (b)(2) Upon admission of a resident, the expanded ARCH licensee shall have the following information: Orders for diet, medication, specialized care, or activities signed by the physician; **FINDINGS** Resident #1, no signed orders, for full side rails.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Obtained renewal of bedside-rails use from PCP.	7/21/15

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE #§11-100.1-84(b)(2)	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, PCG must obtain Physician's order for the use of bedside rails upon admission/ readmission of a resident	on going

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-86 Fire safety. (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: Resident's sleeping room doors shall be self closing; **FINDINGS** Bedrooms #1, # 2 and #4, resident occupied, however; no self-closing doors.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Self closing doors installed by families handyman.	11/06/15

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE #§11-100.1-86(a)(2)	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, SCG # 3 will check every 1st day of the month that all self closing doors are working	on going

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-86 Fire safety. (a)(3) 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: Fire drills shall be conducted and documented at least monthly under varied conditions and times of day; **FINDINGS** Fire drills conducted on 12/05/14, 4/08/15, and 06/09/15. No completion time documented.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** As of now I couldn't recall the exact time we did for 12/5/14, 4/8/15 and 6/9/15 and honestly there is no point of correction at this time.	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE #§11-100.1-86(a)(3)	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, PCGs must document immediately date, time of all fire drills. I will assign SCG #3 to re-check documentation on the last day of the month & or on going monthly.	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-87 Personal care services. (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions. **FINDINGS** Resident #1, no care plan developed by a case manager.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes, a care plan was developed by a case manager on 11/21/15 for a resident #1.	11/21/15

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE #§11-100.1-87(a)	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future PCG's duty is to have care plan on hand for resident immediately upon admitting an expanded level	on going

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (a) Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who: **FINDINGS** Resident #1, "ICF" and readmitted on 07/14/15, no case management services secured for the resident.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Corrections completed 11/21/15 when family decided to hire case manager.	11/21/15

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE #§11-100.1-88(a)	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, PCG before admitting any ICF must have first CM assigned to resident and present on the day of admission.	on going

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(1) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects; **FINDINGS** Resident #1, no comprehensive assessment by a case manager prior to readmission.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes. Resident # 1 - comprehensive assessment was completed by a case manager on 11/21/2015	11/21/15

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE #§11-100.1-88(c)(1)	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, PCG will secure a case manager to do the comprehensive assessment prior to re-admission of an Expanded ANCH resident.	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-89 Medications. (2) In addition to the requirements in subchapter 2 and subchapter 3, the following shall apply to an expanded ARCH: The primary care giver shall obtain training, relevant information, and regular monitoring from the expanded ARCH resident's physician, a home health agency, or a registered nurse case manager for any and all specific medications that the expanded ARCH resident requires. **FINDINGS** Resident #1, no training of the primary care giver and medication monitoring by a registered nurse/case manager.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Training was completed by RN/CM on 11/21/15.	11/21/15

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE #§11-100.1-89(2)	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, all caregivers will be trained by RN/CM on medications provided on the newly ICF residents & documented in the ~~RB~~ care home chart/book	on going

Received
11/21/16

Licensee's/Administrator's Signature: Susan B. Bondoc

Print Name: SUSAN B. BONDOC

Date: 11/04/16

Licensee's/Administrator's Signature: Susan B. Bondoc

Print Name: SUSAN B. BONDOC

Date: 11/23/16

Licensee's/Administrator's Signature: Susan B. Bondoc

Print Name: SUSAN B. BONDOC

Date: 12/13/16