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Office of Health Care Assurance

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State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hale Kuike Bayside	CHAPTER 100.1
Address: 45-212 Kaneohe Bay Drive, Kaneohe, Hawaii 96744	Inspection Date: July 21 & 22, 2016 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
<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><u>FINDINGS</u> Substitute care giver (SCG) #1 – No documentation of examination by a physician prior to contact with residents. Date of hire – 8/18/15; physical examination dated 2/6/16.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The Human Resource protocol that requires documentation of examination by a physician has been updated to require this documentation prior to employee orientation. It was previously required on the day of orientation. This will assure that no future employees will be able to begin their employment without this documentation.</p>	<p style="text-align: center;">11/10/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-9(a)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The Human Resources Manager will assure that the required documentation of examination by a physician will be in place prior to the new employee orientation.</p> <p>In addition, the Nursing Coordinator reviews the required staff health clearances monthly. Any staff that do not have the required health documentation will be removed from the schedule until the documentation is completed.</p> <p>The Director of Nursing will monitor for compliance.</p>	<p style="text-align: center;">11/10/16</p> <p style="text-align: center;">8/1/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<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><u>FINDINGS</u> SCG #2 – No documentation of the date the tuberculosis skin test was placed. Date read was 7/3/16. Submit a copy with the plan of correction.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The missing documentation that shows the date the tuberculosis test was placed on 6/30/16 is attached to the plan of correction.</p>	<p style="text-align: center;">11/10/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-9(b)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Each month, the Nursing Coordinator will verify that current tuberculosis documentation has been completed when the other health clearances and staff licenses are checked. Any staff that does not have the required tuberculosis documentation will be removed from the schedule until the requirement is completed.</p> <p>In addition, the Human Resources Manager will assure that the required tuberculosis documentation will be in place prior to new employee orientation. The Director of Nursing will monitor for compliance.</p>	<p>8/1/16</p> <p>11/10/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<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> Resident #1 – “May crush meds” ordered 7/11/16; however, there was no documentation that staff are crushing medications.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The physician order was clarified and changed to "crush medications when clinically appropriate."</p>	<p style="text-align: center;">8/4/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-15(e)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Director of Nursing reviewed all physician orders to assure that any orders stating "may crush meds" were clarified to read "crush medications when clinically appropriate".</p> <p>Director of Nursing inserviced all RN staff and Medication Aides to flag any ambiguous medication orders and report to Director of Nursing.</p> <p>The Director of Nursing will monitor for ongoing compliance.</p>	<p>8/31/16</p> <p>9/30/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<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> Resident #2 – “Levothyroxine 25 mcg 1 tab by mouth before breakfast daily;” ordered, the label noted “Take on an empty stomach. Do not take antacids, iron within 4 hours.” The medication record reflected “levothyroxine” is taken at 7 a.m. with “omeprazole” at 7 a.m. and “ferrous sulfate” is taken at 8 a.m.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The Director of Nursing changed the medication administration time to follow consultant pharmacist recommendation to assure they will be given on an empty stomach.</p> <p>In addition, the Director of Nursing completed a medication audit of all residents to modify the administration time to follow consultant pharmacist recommendations.</p>	<p style="text-align: center;">7/23/16</p> <p style="text-align: center;">7/31/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-15(e)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The Director of Nursing inserviced all RN staff and Medication Aides regarding the new medication administration time for these types of medications. The consultant pharmacist is scheduled quarterly to review all resident medications. The consultant pharmacists was made aware of this issue and will include this in the audit.</p> <p>The Director of Nursing will monitor for ongoing compliance.</p>	<p style="text-align: center;">8/20/16</p> <p style="text-align: center;">9/14/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<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> Resident #3 – “Clindamycin 300 mg oral cap 1 cap every 8 hours for 10 days #30” ordered 7/3/11; the medication record reflected the medication was taken at 4 a.m., 11 a.m., and 8 p.m. There was a seven (7) hour interval between the 4 a.m. and the 11 a.m. doses and a nine (9) hour interval between the 11 a.m. and 8 p.m. doses.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>An incident report was completed for the medication error.</p>	<p style="text-align: center;">7/23/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-15(e)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The Director of Nursing inserviced all RN staff and Medication Aides regarding the interval of medication time related to this specific medication. The RN staff were instructed to double check antibiotic orders and implementation. The Director of Nursing will monitor for ongoing compliance.</p>	8/6/16

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #2 – Medications were not updated 11/13/15 to 5/10/16.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The physician order sheets were reevaluated and signed by the physician.</p>	<p style="text-align: center;">9/21/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-15(g)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The Director of Nursing created a tracking form to assure that all medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p>The Director of Nursing inserviced all RN staff regarding the tracking of medication orders being reevaluated by the physician.</p> <p>The Director of Nursing will monitor for ongoing compliance.</p>	<p>7/23/16</p> <p>8/6/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Resident #1 – “Tolterodine 2 mg” discontinued 7/13/16; however, the medication was with the current supply.</p> <p>Resident #1 – “Nitroglycerine 2% ointment” discontinued on 7/22/16, noted as discontinued on the July 2016 medication record; however, the medication was with the current supply.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The medication was removed from the medication cart.</p>	<p style="text-align: center;">7/22/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-15(1)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The Director of Nursing inserviced all RN staff and Medication Aides to immediately remove medications from the medication cart when a medication is discharged.</p> <p>Checking for discontinued and expired medications was assigned to the weekend RN's weekly audit.</p> <p>The Director of Nursing will monitor for ongoing compliance.</p>	<p>8/6/16</p> <p>8/6/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (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:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> Resident #1 – Admission assessment was incomplete. Only page 1 of a 2 page form was completed.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The Director of Nursing completed page two of the Admission Assessment.</p>	7/22/16

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-17(a)(1)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The Director of Nursing created a checklist for all nursing forms that must be completed for an admission.</p> <p>The Director of Nursing inserviced all RN staff regarding the required admission forms and new checklist. The RN staff were instructed to fully complete all forms.</p> <p>The Director of Nursing will monitor for ongoing compliance.</p>	<p>10/2/16</p> <p>10/8/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #2 – No annual physical examination.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The annual physical exam was completed by physician.</p> <p>The Director of Nursing audited all resident's charts to assure annual physical exams are current.</p>	<p>7/28/16</p> <p>11/10/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-17(b)(1)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The Director of Nursing created a tracking form for the annual physical examination, pertinent immunizations, progress notes, annual eye and dental exam, and annual tuberculosis test.</p> <p>The Director of Nursing inserviced all RN staff regarding the requirements and tracking form.</p> <p>In the beginning of each month the Director of Nursing will review the records to assure that residents are scheduled for their annual exams.</p> <p>The Director of Nursing will monitor for ongoing compliance.</p>	<p>8/12/16</p> <p>8/14/16</p> <p>9/1/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(3) General rules regarding records:</p> <p>An area shall be provided for safe and secure storage of resident's records which must be retained in the ARCH for periods prescribed by state law;</p> <p><u>FINDINGS</u> The area for storage of resident records is not secured.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Locks will be ordered and installed on the cabinets that contain resident records so all resident records are secure.</p>	<p>11/26/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-17(f)(3)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The Director of Nursing will inservice all RN staff and Medication Aides to keep the resident records locked when they are not at the nurses' station. The Director of Nursing will monitor for ongoing compliance.</p>	11/26/16

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (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.</p> <p><u>FINDINGS</u> Emergency oxygen tanks were stored in a storage room without adequate ventilation.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The emergency oxygen tanks were relocated to the staff break room as suggested by the Department of Health Life Safety Consultant.</p>	<p style="text-align: center;">9/14/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-23(h)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The Director of Nursing instructed all nursing staff to store the emergency oxygen tanks in the staff lounge. The Director of Nursing and Administrator will monitor for ongoing compliance.</p>	9/14/16

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-53 <u>Personnel and staffing requirements.</u> (c) All Type II ARCHs shall have available a registered nurse to provide direct management and oversight of residents and direct care staff. The registered nurse shall provide assessments of residents with appropriate training and oversight of staff to ensure that resident needs are met.</p> <p><u>FINDINGS</u> No documentation that the registered nurse provided training to staff for seizures/seizure precautions.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The Director of Nursing inserviced the direct care staff for seizures/seizure precautions.</p>	<p style="text-align: center;">9/21/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-53(c)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The Director of Nursing will identify training needs to assure that the resident needs are met on an ongoing basis as resident needs change.</p>	Ongoing

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-54 <u>General operational policies.</u> (2) In addition to the requirements in section 11-100.1-7, the Type II ARCH shall have general operational policies on the following topics:</p> <p>Medication administration;</p> <p><u>FINDINGS</u> The <u>Medication Administration</u> policy was not followed for medication errors.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The Director of Nursing reviewed the Administration Policy with all RNs and Medication Aides.</p>	<p style="text-align: center;">9/21/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	11-100.1-54(2)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In addition to the review of the Medication Administration Policy, Director of Nursing will provide follow up training to all RNs on the Medication Error protocol. The Director of Nursing will monitor for ongoing compliance.</p>	12/8/16

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-54 <u>General operational policies.</u> (3) In addition to the requirements in section 11-100.1-7, the Type II ARCH shall have general operational policies on the following topics:</p> <p>Drug storage, disposal, safety and quality control;</p> <p><u>FINDINGS</u> No policy for storage of facility emergency oxygen tanks. Tanks were stored in a storage room without adequate ventilation.</p>	<p>Part 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>An Oxygen Tank Storage Policy was created to assure that emergency oxygen tanks are stored in a room with adequate ventilation.</p>	<p>11/10/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-54(3)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The Director of Nursing will inservice all nursing staff in regards to the new Oxygen Tank Storage Policy.</p> <p>The Director of Nursing and Administrator will monitor for ongoing compliance.</p>	11/19/16

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(1) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>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;</p> <p><u>FINDINGS</u> Resident #1 – The comprehensive assessment by the case manager was not conducted prior to admission 7/11/16. Castle Medical Center notified the facility 7/9/16 that discharge was planned for 7/11/16. The level of care assessment was dated 7/10/16. Comprehensive assessment dated 7/12/16.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The Director of Nursing updated the admission checklist to include a comprehensive assessment by the case manager prior to admission of an Expanded Care resident.</p>	<p style="text-align: center;">10/2/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-88(c)(1)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The Director of Nursing inserviced all RN staff regarding the revised admission check list that includes a comprehensive assessment by the case manager prior to admission of an Expanded Care resident.</p> <p>The Director of Nursing will monitor for ongoing compliance.</p>	10/8/16

	Rules (Criteria)	Plan of Correction	Completion Date
<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><u>FINDINGS</u> Resident #1 – The "Alteration in Nutrition and Hydration" care plan dated 7/12/16 noted:</p> <ul style="list-style-type: none"> • "Calcium 600 mg with vitamin D BID with meals;" however, there was no physician order for the calcium. • "May crush meds;" however, did not indicate that medications are crushed. 	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The Case Manager updated the care plan so "Calcium 600 mg with vitamin D BID with meals" was removed. "May crush meds" order was clarified to read "crush medications when clinically appropriate."</p>	<p>8/5/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-88(c)(2)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The other expanded care resident records were reviewed by the Case Manager and Director of Nursing to assure compliance. The Director of Nursing reviews the Case Manager's care plans with added scrutiny for completeness and appropriate updates related to resident care needs, services and/or interventions, and medications.</p>	<p>8/5/16</p> <p>Ongoing</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><u>FINDINGS</u> Lunch items served were smaller than the amounts stated on the menu. Menu stated "Vietnamese grilled pork 2 ounce, carrot/cucumber/bean sprouts ½ cup, creamy curry kabocha soup 6 ounce, rice ½ cup, water 1 cup, tea/coffee 4 oz. Incorrect sized serving utensils were used; therefore, residents received 1-2 ounces pork servings, ¼ cup rice and ¼ cup carrot/cucumber/bean sprouts.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>New serving utensils were purchased to match the serving portions on the cycle menu and the chef was instructed to use the properly sized utensil.</p>	<p style="text-align: center;">7/22/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-13(a)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The Consultant RD provided an inservice to all chefs regarding proper serving sizes. The Administrator and Director of Nursing will monitor the serving sizes of resident meals during their daily rounds.</p>	<p>9/20/16</p> <p>Ongoing</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<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> <p><u>FINDINGS</u> No menus were posted in the kitchen and dining areas.</p>	<p>Part 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Daily menus are made and posted daily in the kitchen and dining areas.</p>	<p>7/25/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-13(d)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The Administrator and Director of Nursing will monitor that menus are posted daily in the kitchen and dining areas.</p>	<p>7/25/16 Ongoing</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #2 – No documentation that “fluid recommendation 1500-1800 ml daily in divided doses” was provided as ordered 5/14/16.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The treatment administration record was revised to clearly indicate the amount of fluid that is provided throughout the day meets the fluid recommendation order.</p>	<p style="text-align: center;">7/23/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-17(b)(4)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>There is only one resident with a fluid recommendation order. The Director of Nursing will review the treatment administration record of the resident (and any future residents with fluid recommendation orders) on a weekly basis to assure the recommendation is met.</p>	<p>7/23/16 Ongoing</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-55 <u>Nutrition and food sanitation.</u> (1) In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs:</p> <p>A registered dietitian shall be utilized to assist in the planning of menus, and provide nutritional assessments for those residents identified to be at nutritional risk or on special diets. All consultations shall be documented;</p> <p><u>FINDINGS</u> No documentation that the Consultant RD provided special diet training on modified consistency diets, no added salt diet, low fat low cholesterol diet, no concentrated sweets diet, potassium restriction and portion control/reduced portion for food preparation staff.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The Consultant RD provided special diet training on modified consistency diets, no added salt diet, low fat low cholesterol diet, no concentrated sweets diet, potassium restriction and portion control/ reduced portion for food preparation staff.</p>	<p style="text-align: center;">9/20/16</p>

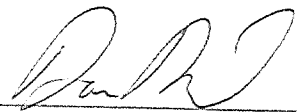
	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-55(1)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The Director of Nursing is aware of the special diet training that is provided to the food preparation staff. The Director of Nursing will identify any new diet that the staff have not received training on and will then notify the Consultant RD so the appropriate training can be arranged.</p> <p>The Consultant RD is aware of the plan of correction and annual training requirement. The Consultant RD will notify the administrator if the required training is not scheduled.</p>	<p>Ongoing</p> <p>Ongoing</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) 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>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> Resident #1 – Nutrition and hydration care plan was not updated to include “Boost Breeze TID for variety PO intake” ordered 5/2/16.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The nutrition and hydration care plan was updated to include "Boost Breeze TID for variety PO intake" ordered 5/2/16.</p>	<p style="text-align: center;">11/10/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-88(c)(4)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The other expanded care resident records were reviewed by the Director of Nursing to assure that current orders are reflected on the care plan.</p> <p>The Director of Nursing reviews the Case Manager's care plans with added scrutiny for completeness and appropriate updates related to resident care needs, services and/or interventions, and medications.</p>	<p>11/10/16</p> <p>Ongoing</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (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.</p> <p><u>FINDINGS</u> An uncapped five (5) gallon plastic container half filled with gasoline was left unsecured in back of the facility.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The gas container was removed from the facility since the pressure washer is no longer in service.</p>	<p style="text-align: center;">7/25/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-23(h)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>If there is a need for unleaded gasoline in the future the Administrator will purchase a new gas container and instruct the appropriate staff to store the container in the locked maintenance storage closet.</p>	Ongoing

Licensee's/Administrator's Signature: 
Print Name: David Fitzgerald
Date: 11/10/16