

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aina Haina Quality Living	CHAPTER 100.1
Address: 5304 Limu Place, Honolulu, Hawaii 96821	Inspection Date: August 11 & 12, 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.

STATE OF HAWAII
OFFICE OF HEALTH CARE ASSURANCE
STATE LICENSING SECTION
AUG 11 2016 12:41

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(6) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Have at least one year experience working full time or its equivalent providing direct nurse aide care as an employee of a state licensed and approved intermediate care facility, skilled nursing facility, home health agency, or hospital or demonstrate competency equivalence through completion of a program approved by the department;</p> <p><u>FINDINGS</u> Primary care giver did not have documentation of one year experience.</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>Certificate for employment as a full time nurse assistant of over a year was submitted to OCHA nurse consultant. In addendum to that document, Consultant RN required PCG to be a Certified Nurse Assistant.</p> <p>PCG took NA qualifying exams and obtain CNA certificate on September 7, 2016. Copy of CNA license was sent to OCHA Consultant RN for compliance.</p>	<p style="text-align: right;">DUNN-ONCA LIOLEMAN P2:42</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-8(a)(6)	<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>OCHA RN Consultant and AHQL administration team clarified the meaning and qualification of "state licensed and approved intermediate care facility". AQL Admin team now know the documentation needed for said position. Should there be doubt and discrepancy, OCHA RN Consultant will be contacted for assistance.</p> <p>For hiring purposes, a checklist will be created for PCG qualifications and job description to avoid recurrence of the same deficiency.</p>	<p style="text-align: center;">8/12/16</p> <p style="text-align: center;">03/15/16</p> <p style="text-align: right; font-size: small;">DUI ONDA LIBRARIUM P2:42</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (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.</p> <p><u>FINDINGS</u> Resident #2 – No level of care assessment upon readmission 9/3/15.</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>A chart audit was done by RN on 10/13/15 and discovered the missing readmission document. PCG was alerted and scheduled an appointment with PCP.</p> <p>Resident was seen by PCP on 10/14/15. The level of care assessment was done by PCP on that day. Level of care form on file.</p>	<p style="text-align: center;">10/13/15</p> <p style="text-align: center;">10/14/15</p> <p style="text-align: center;">10/13/15 02:42</p> <p style="text-align: center;">DOLLORCA ELECTRONIC</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-10(d)</p>	<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>Administrator, RN and PCG audited all resident's chart to ensure that there was no similar deficiency.</p> <p>Discharge and readmission Policy reviewed by Admin team. Clarification was made as to what constitute discharge, admission and readmission of a resident to the carehome.</p> <p>Admission packet made by Assistant admin for ease of access to the admin team.</p> <p>PCG tasked to collect all document needed for admission and readmission.</p> <p>Administrator to double check all admission and readmission documents at least 24 hours prior to actual admission date to ensure compliance.</p>	<p>10/13/15 to 10/20/15</p> <p>10/22/15</p> <p>10/22/15</p> <p>ongoing</p> <p>ongoing</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 – Hold parameters (dated 7/22/16) for antihypertensives were not clarified with the physician. For example: “Amlodipine Besylate” order noted hold SBP < 120; “Nadolol sodium” order noted hold if SBP < 100, pulse < 55 and “hold antihypertensive medication if SBP <= 110 or pulse <= 60.”</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>Hold Parameters for BP both medications was clarified by RN and Pharmacist with PCP on 7/23/16 thru telephone consult. Both medicine have the same hold parameter; Pharmacist provide for on the Physician order form and MAR for the month of July as hold if SBP <=110 pulse <= 60).</p> <p>However, this phone consult was not noted on the Progress note.</p> <p>On the follow up visit with PCP on 8/2/16, Physican Order Sheet was signed by PCP indicating both antihypertensive medications AmlodipineBesylate and Nadolol Sodium with the same BP and pulse parameter (to hold if SBP <=110 pulse <= 60).</p>	<p style="text-align: center;">7/22/16</p> <p style="text-align: center;">8/2/16</p>

DIFFICULTY
 11/2/16
 12:42

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #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 facility entered into contract with Pharmerica as the Pharmacist to assist in facilitating with Medicine orders. The pharmacist assist with AHQL in admission orders. Should a inconsistencies noted, Pharmerica notifies the RN or PCG.</p> <p>RN tasked to review all admission orders and ensure clarification was sent to PCP right away using the Health Concern form. This step shall be documented on the progress note.</p> <p>Medications and medication order audit are to be done by PCG and RN for double checking. RN to conduct periodic random chart audit to ensure all admission process are well documented.</p>	<p style="text-align: center;">11/15/16</p> <p style="text-align: center;">ongoing</p> <p style="text-align: center;">ongoing</p> <p style="text-align: right; font-size: small;"> 11/15/16 10:22:42 D:\11-100.1-15(e) </p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p><u>FINDINGS</u> Resident #2 – “Macrobid” order changed 9/11/15 to “Cipro 500 mg po BID x 10 days” due to organism resistance by the ER Case Manager; however, the order was not confirmed by the ER physician.</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>Resident's PCP was notified of the antibiotic order and approved.</p> <p>Incident report was entered by RN as medication error.</p>	<p>9/18/15</p> <p>8/15/16</p> <p style="text-align: right; vertical-align: bottom;">P2:42 DARTON/CA LISLE/ROM</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-15(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>RN audited other residents charts with telephone orders and ensure that each TO is written on the Physician order sheet and written confirmation was obtained from ordering physician.</p> <p>RN and PCG will do periodic chart audits every month to ensure compliance.</p>	<p style="text-align: center;">09/10/16</p> <p style="text-align: center;">ongoing</p> <p style="text-align: right; font-size: small;">DAPHNE A. LINDEN P. 2.42</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 -- "Docusate (Colace) 100 mg as needed for bowel movement every day" ordered 8/2/16; however, the medication record did not reflect "every day."</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>On 8/2/16, PCP wrote and on the Physician /APRN Record stating, " Start Colace 100 mg PRN Constipation"</p> <p>The printed After Visit Summary generated after the visit on 8/2/16; stated, "Docusate (Colace)100 mg capsule as needed for Bowel movement everyday"</p> <p>PCG noted the discrepancy and faxed Health concern to PCP to clarify order.</p> <p>New order faxed back by PCP on 8/15/16.</p>	<p>8/10/16</p> <p>8/15/16</p> <p style="text-align: right; vertical-align: bottom;"> <small> 2016 SEP 15 12:42 DUNSTON LIBRARY </small> </p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-15(m)	<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>Chart audit conducted to all residents charts, reconciling Physician orders, MAR and After Visit Summary. PCG trained by RN to reconcile AVS to Physician Order sheet after each visit with MD.</p> <p>RN to do periodic checks of MAR/POS/AVS to ensure consistency and compliance. This will be done every 3rd and 4th week of the month.</p>	<p>10/15/16</p> <p>ongoing</p> <p style="text-align: right; font-size: small;">Duff-Chester 10/2/16 10:42</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>FINDINGS Resident #2 – No primary care giver assessment upon readmission 9/3/15.</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>PCG was no longer working in the facility. An assessment was made by RN on 10/14/15.</p>	<p style="text-align: center;">10/14/15</p> <p style="text-align: right; font-size: small;"> DRAFT COPY LIBRARY P2:42 </p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-17(a)(1)</p>	<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>RN audited all resident's chart to ensure that there was no similar deficiency.</p> <p>Discharge and readmission policy reviewed by the new administration team. Clarification was made as to what constitute discharge, admission and readmission of a resident to the carehome and the forms/documents needed.</p> <p>Admission packet made by Assistant Admin for ease access to administrative staff and PCG.</p> <p>A double checking will be done by administrator to all new admission documents to ensure compliance.</p>	<p>10/13/15 to 10/20/15</p> <p>10/22/15</p> <p>10/22/15</p> <p>Ongoing</p> <p style="text-align: right;">22/13</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (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:</p> <p>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;</p> <p><u>FINDINGS</u> Resident #2 – No report of a medical examination prior to readmission 9/3/15.</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>A chart audit was done by RN on 10/13/15 and discovered the missing readmission document. PCG was alerted and scheduled an appointment with PCP.</p> <p>Resident was seen by PCP on 10/14/15. Medical examination was done by PCP on that day. Resident Admission Medical and Physical history on file.</p>	<p style="text-align: center;">10/13/15</p> <p style="text-align: center;">10/14/15</p> <p style="text-align: right; font-size: small;">Don't check this box 12/43</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-17(a)(4)</p>	<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>RN and PCG audited all resident's chart to ensure that there was no similar deficiency.</p> <p>Discharge and readmission Policy reviewed by Admin team. Clarification was made as to what constitute discharge, admission and readmission of a resident to the carehome.</p> <p>Admission packet made by Assistant admin for ease of access to the admin team.</p> <p>PCG tasked to collect all document needed for admission and readmission.</p> <p>RN to double check all admission and readmission documents at least 24 hours prior to actual admission date to ensure compliance.</p>	<p>10/13/15 to 10/20/15</p> <p>10/22/15</p> <p>10/22/15</p> <p>10/22/15</p> <p>ongoing</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (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:</p> <p>Physician or APRN signed orders for diet, medications, and treatments;</p> <p><u>FINDINGS</u> Resident #2 – No diet order at the time of readmission 9/3/15.</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>Diet order obtained on 10/14/15 as part of the Resident Admission Medical and Physical history</p>	<p style="text-align: center;">10/14/16</p> <p style="text-align: right; vertical-align: bottom;"> M. L. COCA LICENSI P243 </p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-17(a)(6)</p> <p><u>FINDINGS</u> Resident #2 – No diet order at the time of readmission 9/3/15.</p>	<p align="center">PART 2</p> <p align="center"><u>FUTURE PLAN</u></p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Administrator, RN and PCG did chart audit to all resident's chart to assure compliance.</p> <p>An copy of ARCH/EXPANDED ARCH Resident Admission /Re-admission Checklist was given by OCHA Consultant RN. The new AHQL admin team sat down together and discuss each component of check list. The documents needed.</p> <p>The said checklist to the admission packet of AHQL.</p> <p>PCG instructed to use Admission packet in its entirety on admission/readmission and to collect admission documents 24 hours before admission/ re-admission.</p> <p>RN to double check all admission documents utilizing checklist to ensure compliance.</p>	<p align="center">10/13/16</p> <p align="center">8/12/16</p> <p align="center">8/15/16</p> <p align="center">10/22/15</p> <p align="center">ongoing</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (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:</p> <p>Physician or APRN signed orders for diet, medications, and treatments;</p> <p><u>FINDINGS</u> Resident #2 – No physician order for “Refresh Advanced” eye drops at the time of readmission 9/3/15.</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>Refresh Eye drops was ordered by Ophthalmologist prior to resident'd discharge/hospitalization. This order was not reinstated when resident re-admitted on 9/3/15. The MAR was not updated to reflect medicine admission order. This was overlooked as MD on the medication order wrote, " See EMR chart encounter note.</p> <p>Incident Report for medication error entered by RN for Refresh Advanced Eyedrops.</p>	<p style="text-align: center;">8/15/16</p> <p style="text-align: right; vertical-align: bottom;">DIPLOMA LIEKENS 02:43</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-17(a)(6)</p> <p><u>FINDINGS</u> Resident #2 – No physician order for “Refresh Advanced” eye drops at the time of readmission 9/3/15.</p>	<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>PCG trained by RN to reconcile medication order upon re-admission to facility. Medication prior to discharged to hospital does not automatically gets re-entered in MAR without corresponding order or reinstatement of order by MD.</p> <p>AHQL avail a contract with Pharmerica as the pharmacy to assist in processing of medication order and to provide the MAR and POS.</p> <p>RN to double check medication order in each admission/ re-admission.</p>	<p style="text-align: center;">11/30/15</p> <p style="text-align: center;">12/01/15</p> <p style="text-align: center;">ongoing</p> <p style="text-align: right; font-size: small;">Don't show LICENSING P2-43</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<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><u>FINDINGS</u> Resident #2 – Progress notes did not reflect events preceding visit to the emergency room on 9/7/15.</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>Per previous protocol, daily care notes are written by nursing assistants in a separate form placed inside Daily care note binder and not on the progress note. These notes were not transferred to progress note in chart. Thus, events preceding visit to emergency room was not reflected.</p> <p>Nursing assistant shift leaders are now allowed to write facts, events and vitals on the progress note.</p>	<p style="text-align: center;">ongoing</p> <p style="text-align: right; vertical-align: bottom;"> <small>DIRECTOR</small> <small>9/22/15</small> </p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-17(b)(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>Shift leaders were identified and trained to write entry on Progress note such as events or injury, vitals, visits or resident seen by other professional</p> <p>PCG and RN to perform informal and periodic random chart audits to ensure compliance.</p>	<p>11/15/15 to 12/15/15</p> <p>ongoing</p> <p style="text-align: right; font-size: small;">DORIS L. LINDEN 11/22/15 12:43</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><u>FINDINGS</u> Resident #1 – Admission progress note was not signed by the individual making the entry.</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>Admission progress note was signed right away on the day when surveyor pointed it out.</p>	<p style="text-align: center;">8/12/16</p> <p style="text-align: right; font-size: small;">DATE: 8/12/16 TIME: 12:43 NAME: DONNA LILLENOR</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-17(f)(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>RN audited all resident's chart to ensure that there was no similar deficiency.</p> <p>Progress note form revised and column for Signature was provided.</p> <p>RN and PCG to do informal and periodic random chart audits to ensure compliance.</p>	<p>9/10/16</p> <p>9/15/16</p> <p>ongoing</p> <p style="text-align: right; vertical-align: bottom;">12:43</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(1) Fire prevention protection.</p> <p>All Type I ARCHs licensed under this chapter shall initially comply, and shall be inspected at least annually by appropriate fire authorities for compliance, with state and county codes, ordinances, and laws;</p> <p><u>FINDINGS</u> Fire alarm system last inspected 7/9/14. Submit copy of current inspection.</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>See Attached Fire Alarm inspection dated 1/27/15. See attached copy of Annual Inspection.</p> <p>No fire alarm was conducted for year 2016.</p> <p>Life Safety Consultant also scheduled to do an Annual Fire Alarm inspection to the family for the incoming week February 19-25, 2017.</p>	<p style="text-align: center;">2/25/17</p> <p style="text-align: right; vertical-align: bottom;">DONALD A. LILLYBORN 2243</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-23(g)(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>Annual Fire Alarm Inspection record of AHQL audited.</p> <p>Clarification was done by AHQL Asst. Administrator with the office of the DOH Life Safety Consultant for the schedule of fire alarm inspection between HFD and DOH Life and Safety Consultant inspector.</p> <p>An annual reminder made on the calendar and on administration's electronic calendar for compliance.</p>	<p>2/15/17</p> <p>2/17/17</p> <p>2/17/17</p> <p style="text-align: right; vertical-align: bottom;"> 243 1243 </p>

	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> Substitute care giver (SCG) – No documentation of training to make prescribed medication (rectal suppository, enema, eye medication, and oxygen) available and perform treatments. Submit copies of training.</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>Training given to SCG by RN on following respective medication administration topic: rectal suppository enema, eye medication and Oxygen therapy.</p> <p>Training materials attached.</p>	<p style="text-align: center;">12/3/15</p> <p style="text-align: right; font-size: small;">Donna A. Ellett 12/24/15</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-53(c)</p> <p><u>FINDINGS</u> Substitute care giver (SCG) – No documentation of training to make prescribed medication (rectal suppository, enema, eye medication, and oxygen) available and perform treatments. Submit copies of training.</p>	<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>RN audited all staff CEU's to ensure that all current staff has both the certificates of completion and training materials available on file.</p> <p>A new system adapted by AHQL wherein; RN to identify and provide the training and oversight of staff to ensure that resident's needs are met, and the Assistant Administrator assigned to collect training materials, certificates and organize the CEU Binder.</p> <p>The new system allows a double checking between two admin personnel to ensure compliance.</p>	<p style="text-align: center;">9/15/16</p> <p style="text-align: center;">2/15/17</p> <p style="text-align: center;">ongoing</p> <p style="text-align: right; vertical-align: bottom;">12/43</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<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><u>FINDINGS</u> Resident #1 – No documentation that the registered nurse case manager trained the PCG and SCGs in providing daily personal and specialized care to the resident. The training document noted “all” and did not identify the care givers.</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>RN Case manager was alerted right away of the deficiency.</p> <p>AHQL RN, PCG and RN Case manager sat down and listed all and properly identify each SCG's. A separate page listing all the SCG's was added to the expanded binder for training and delegation purposes.</p> <p>Skills checklist review used in training/evaluation to all SCG's providing daily basic personal care to residents. Specialized skills such wound care ,enema, gait training was given by RN.</p>	<p>8/13/16</p> <p>9/23/16</p> <p>8/14/16</p> <p>9/23/16</p> <p>12/3/16</p> <p style="text-align: right; vertical-align: bottom;">DIPLOMA LICENSING 12:44</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-83(1)</p> <p><u>FINDINGS</u> Resident #1 – No documentation that the registered nurse case manager trained the PCG and SCGs in providing daily personal and specialized care to the resident. The training document noted “all” and did not identify the care givers.</p>	<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>AHQL RN is assigned provide a list of all SCG's and PCG to RN case manager prior to initial assessment of an expanded ARCH resident.</p> <p>A Skills checklist review form listing all the SCG's will be used in documenting training /review of skills to all staff. Said checklist will be signed by both RN case manager and PCG.</p> <p>PCG and AHQL RN to review Care plan every month and as needed before implementing.</p>	<p style="text-align: center;">9/23/16</p> <p style="text-align: center;">ongoing</p> <p style="text-align: center;">ongoing</p> <p style="text-align: right; vertical-align: bottom;"> <small>DATE: 11/24/16</small> <small>BY: [Signature]</small> </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)(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 "Risk for Falls" care plan did not indicate that the resident is wheelchair bound for mobility, required maximum two person assist to transfer and was not weight bearing. The care plan noted "if ambulatory, if in bed, if wheelchair bound."</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>Care Plan meeting with PCG and RN Case Manager on 9/23/16.</p> <p>Care plan updated to indicate resident is wheelchair bound, required maximum two person assist to transfer and non-weight bearing.</p>	<p>9/10/16</p> <p>9/23/16</p> <p style="text-align: right; vertical-align: middle;">DARRIN L. BLOOMER 02:44</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-88(c)(2)</p> <p><u>FINDINGS</u> Resident #1 – The “Risk for Falls” care plan did not indicate that the resident is wheelchair bound for mobility, required maximum two person assist to transfer and was not weight bearing. The care plan noted “if ambulatory, if in bed, if wheelchair bound.”</p>	<p align="center">PART 2</p> <p align="center"><u>FUTURE PLAN</u></p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG tasked to notify staff of the care plan changes for every time RN case manager will update care plan. A signature sheet created for all SCG's to review care plan.</p> <p>RN to double check every end of month care plan reflecting specifically to the status and care needs of of the expanded ARCH.</p>	<p align="center">9/23/16</p> <p align="center">ongoing</p> <p align="right">DAN... LIC... 9/2/16</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)(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 Mobility" care plan did not indicate the need for gait belt use. The resident required maximum assistance of two person with transfers.</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>Care Plan updated by RN case manager to indicate use of gait belt in equipment needed.</p>	<p>9/23/16</p> <p style="text-align: right; font-size: small;">DUNBAR LUTHERAN 12:44</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-88(c)(2)</p> <p><u>FINDINGS</u> Resident #1 – The “Alteration in Mobility” care plan did not indicate the need for gait belt use. The resident required maximum assistance of two person with transfers.</p>	<p align="center">PART 2</p> <p align="center"><u>FUTURE PLAN</u></p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>RN and PCG will review every month, or as needed, in details for accuracy and relevance to the current status, care needs, medication or treatment the expanded ARCH resident.</p> <p>This scrutiny of Care Pland is added to the checklist of periodic (montly) task for PCG and RN.</p>	<p align="center">ongoing</p> <p align="center">3/14/17</p> <p align="center">DORIS A LILLY</p> <p align="center">12/44</p>

	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><u>FINDINGS</u> Menu was not followed. On 8/11/16, residents were served half sandwich (1 slice bread); however, the menu stated sandwich with 2 slices of bread. On 8/12/16, residents were served approximately 2 ounces of milk in 3 ounce bath cups; however, the menu stated 8 ounces of milk.</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>Proper sizing cups are purchased per RD recommendations. Staff were in-serviced to follow menu by RN.</p> <p>In-service training scheduled with RD on Dietary guidelines for menu requirements and serving sizes.</p>	<p>8/15/16</p> <p>3/16/17</p> <p style="text-align: right; vertical-align: bottom;">DANIELA LITVIN</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-13(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>PCG to perform random and periodic check at any meal time of the day to assure proper serving utensils are used daily and menus are followed on daily basis.</p> <p>A Daily meal record form is also created wherein staff will write down what was served on meals and snacks on each shift of the day. PCG to review daily meal record each week.</p>	<p style="text-align: center;">Ongoing</p> <p style="text-align: center;">3/ 16/17</p> <p style="text-align: right; font-size: small;">Dunlap Libman 12/14</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p><u>FINDINGS</u> No documentation of menu substitutions.</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>A folder is created to document menu substitution. This is incorporated on the daily meals record. Staff is required to document meals served on each shift at daily basis.</p> <p>In service training on Menu substitution was scheduled to be given by RD.</p>	<p style="text-align: center;">3/16/17</p> <p style="text-align: center;">3/25/17</p> <p style="text-align: right; vertical-align: bottom;">Diana A. Licen...</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-13(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>PCG assigned to periodically(weekly) check daily menu record and monitor menu substitution used. RD will also be utilized to in-service staff on food that could be used to substitute what is provided on the menu.</p>	<p style="text-align: center;">3/16/17</p> <p style="text-align: right; vertical-align: bottom;">DANIELA LICHTNER 3/17/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> All residents were served a special diet (2 g sodium diet). The facility's regular diet menus were developed to meet a 2 g sodium restriction.</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>RD evaluated resident's diet order. Resident's meals are prepared according to their diet order. Those that are special diet, at this instance 2 g sodium diet, the resident's food are dished out separately prior to adding seasoning per RD recommendation.</p> <p>A list resident and respective diet posted on the a binder in the kitchen for quick referral to staff preparing meals.</p>	<p style="text-align: center;">8/20/16</p> <p style="text-align: center;">8/15/16</p> <p style="text-align: right; vertical-align: bottom;">10/14</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-13(l)	<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>PCG to do random check on meals served daily to assure diet order are being followed to each resident.</p> <p>Meals served each each day are recorded for monitoring purposes.</p> <p>Administrator to monitor daily for ongoing compliance.</p>	<p style="text-align: center;">ongoing</p> <p style="text-align: center;">ongoing</p> <p style="text-align: center;">ongoing</p> <p style="text-align: right; vertical-align: bottom;"> Don't know 12/24 </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 thickened liquids (honey thick consistency ordered 7/27/16) was provided as ordered.</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>Diet order to thicken all liquid was written on MAR to be provided and signed by staff each day. All liquids provided to the resident were thicken according to physician order.</p> <p>Staff trained and instructed to sign diet order as provided during meals and snack time.</p>	<p style="text-align: center;">2/01/17</p> <p style="text-align: center;">2/01/17</p> <p style="text-align: right; font-size: small;">D... .. 12/24</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #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>RN audited residents with special diet and double check orders are written on MAR for compliance.</p> <p>All staff trained in types modified liquid consistencies and and providing to residents per MD order the sign the MAR.</p> <p>RN and PCG to do periodic check of MAR to ensure compliance.</p>	<p style="text-align: center;">8/14/16</p> <p style="text-align: center;">02/05/17</p> <p style="text-align: center;">ongoing</p> <p style="text-align: right; vertical-align: bottom;">12/14</p>

	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> Resident #2 – No documentation that the registered nurse provided training and oversight of staff for resident on aspiration 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>Aspiration precaution training provided by RN to all staff providing direct care to resident.</p>	<p>11/04/15 11/08/15 11/09/15</p> <p style="text-align: right; vertical-align: bottom;">244</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-53(c)</p> <p><u>FINDINGS</u> Resident #2 – No documentation that the registered nurse provided training and oversight of staff for resident on aspiration precautions.</p>	<p align="center">PART 2</p> <p align="center"><u>FUTURE PLAN</u></p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>RN completed a review of all other residents with with aspiration precaution and provided training to staff specifically designed to individual care needs and diet order.</p> <p>RN also identified and provided training needed in providing direct care and oversight to residents.</p> <p>RN to collaborate with RN case manager in identifying training needs of direct care staff per indicated in care plan.</p> <p>PCG to keep checklist of training provided to staff for documentation purposes and compliance.</p>	<p align="center">10/15/15</p> <p align="center">ongoing</p> <p align="center">ongoing</p> <p align="center">ongoing</p>

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244

	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> Resident #1 – No documentation that the facility utilized the consultant dietitian to provide nutritional assessments for resident identified with dysphagia.</p> <p>Resident #2 – No documentation that the facility utilized the consultant registered dietitian to provide nutritional assessments for resident on a special diet (2 g sodium, cardiac diet, honey thick consistency liquids) and history of dysphagia.</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>RD to provide nutritional assessment to resident identified with dysphagia. A quarterly follow up and reassessment is also scheduled.</p> <p>Consultant RD did nutritional assessment for Resident #2. This will be done quarterly and as needed.</p>	<p>8/20/16</p> <p>8/20/16</p> <p style="text-align: right; font-size: small;">D. J. ... 9/45</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #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>PCG assigned to notify RN and RD for resident with special diet order and at nutritional risk.</p> <p>PCG to provide RD and RN monthly weight of all 8 residents in the facility. When deem needed, RD to conduct quarterly nutritional re-assessments.</p> <p>A tab provided in resident's chart for filing RD consults.</p> <p>RN to monitor quarterly for compliance.</p>	<p>8/13/16</p> <p>ongoing</p> <p>8/25/16</p> <p>ongoing</p>

Diana...

45

	Rules (Criteria)	Plan of Correction	Completion Date
<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><u>FINDINGS</u> Resident #1 – No documentation that a registered nurse trained and monitored care givers for aspiration 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>Aspiration precaution training provided by RN to all staff providing direct care to resident #1.</p>	<p>9/20/16 9/21/16</p> <p style="text-align: right; vertical-align: bottom;">DM - A. E. ... 9/25</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-83(1)</p> <p><u>FINDINGS</u> Resident #1 – No documentation that a registered nurse trained and monitored care givers for aspiration precautions.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>RN reviewed all residents to assure that those with aspiration precaution need are identified for compliance.</p> <p>PCG to keep checklist of training provided to staff for documentation and monitoring.</p>	<p>9/1016</p> <p>ongoing</p> <p style="text-align: right;">Donna Lichten</p> <p style="text-align: right;">9/15</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)(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 "Nutrition and Hydration" care plan did not include measureable goals and outcomes, i.e. weight goal.</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>RN case manager updated care plan "Nutrition and Hydration desired outcome; will drink 9-13 cups a day and 3 lb. weight gain reported to case manager.</p>	<p>8/16/15</p> <p style="text-align: right;">2:45</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-88(c)(2)</p> <p><u>FINDINGS</u> Resident #1 – The “Nutrition and Hydration” care plan did not include measureable goals and outcomes, i.e. weight goal.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG and RN will review and scrutinize care plan periodically, or as needed, to thresh out ambiguity before implementation.</p> <p>RN to monitor care plan every month for compliance.</p>	<p>ongoing</p> <p>ongoing</p> <p>10/25</p>

	Rules (Criteria)	Plan of Correction	
<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 – The “Aspiration” care plan did not include the resident’s need for interventions regarding choking, coughing and/or shortness of breath.</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>RN case manager updated care plan. It now include resident's need for intervention regarding choking, coughing and/or shortness of breath.</p>	<p style="text-align: right;">55(1) 7/28/16 DE J</p> <p style="text-align: center;">8/16/16</p> <p style="text-align: right; vertical-align: bottom;">Dina... Lockman 12:45</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #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>PCG and RN will review and scrutinize care plan after each monthly visit of RN case manager, or as needed, to assure completeness.</p>	<p style="text-align: center;">ongoing</p> <p style="text-align: right; vertical-align: bottom;">10/24/10</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(B) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p><u>FINDINGS</u> Walkway from back exit towards the front of the facility was partially blocked by overgrown citrus bush.</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>Citrus bush trimmed back to clear obstruction. A yard maintenance provider contracted to keep citrus bush cleared out of walkway.</p>	<p style="text-align: center;">8/16/16</p> <p style="text-align: right; vertical-align: bottom;">Dul... 17/15</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-23(g)(3)(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>Trimming of citrus bush was initially scheduled as monthly, now changed to every 2 weeks for better control.</p> <p>Asst. Administrator to monitor compliance to maintain clear and unobstructed access to safe area.</p>	<p style="text-align: center;">8/16/16</p> <p style="text-align: center;">ongoing</p> <p style="text-align: right; font-size: small;">10/45 M. J. LIBONATI</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> Bedroom #1 – Closet door derailed.</p> <p>Bedroom #3 – One strip of the window blinds is cut 1/3 of the length.</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>Bedroom #1- Closet door repaired.</p> <p>Bedroom #3- Window blinds scheduled for replacement.</p>	<p>8/15/16</p> <p>3/10/17</p> <p style="text-align: right; vertical-align: bottom;">Date of Correction 8/15/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #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>All closet door checked for compliance.</p> <p>Maintenance personnel contracted to be available on call when repairs needed in the home.</p> <p>Administrator will do periodic checks in the home every 2 weeks to identify any maintenance issues that need to be fixed.</p>	<p>8/13/16</p> <p>9/15/16</p> <p>ongoing</p> <p style="text-align: right; font-size: small;">DORIS A. LLOYD</p> <p style="text-align: right; font-size: small;">12/14/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u>. (h)(1)(A) 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>Housekeeping:</p> <p>A plan including but not limited to sweeping, dusting, mopping, vacuuming, waxing, sanitizing, removal of odors and cleaning of windows and screens shall be made and implemented for routine periodic cleaning of the entire Type I ARCH and premises;</p> <p><u>FINDINGS</u> Bedrooms #2 & #4 – Window blinds are dusty.</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>Window blinds dusted and cleaned.</p>	<p style="text-align: center;">8/13/16</p> <p style="text-align: right; vertical-align: bottom;"> <small>ALBONDINI</small> <small>10/14/16</small> </p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-23(h)(1)(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>All other window blinds checked for dust and broken pieces.</p> <p>Deep cleaning to each resident's room scheduled twice a week.</p> <p>Administrator to do periodic checks in the home every two weeks to identify any maintenance issues that need fixing.</p>	<p>8/13/16</p> <p>ongoing</p> <p>ongoing</p> <p style="text-align: right; vertical-align: bottom;">12/45</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(4) 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>Water supply. Hot and cold water shall be readily available to residents for personal washing purposes. Temperature of hot water at plumbing fixtures used by residents shall be regulated and maintained within the range of 100°-120°F.</p> <p><u>FINDINGS</u> Hot water temperature from the faucet is 155 degrees Fahrenheit; required temperature is between 100 to 120 degrees Fahrenheit.</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>Poncho Solar System contacted to adjust hot water temperature to meet required temp.</p>	<p>2/17/16</p> <p style="text-align: right; vertical-align: bottom;">2/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-23(h)(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>PCG to testing water temp randomly to ensure compliance. As noted, temp fluctuates invariably.</p> <p>A staff is designated to check hot water temp. daily and document in log book.</p> <p>Administrator to monitor daily hot water temperature check is done and accurately for compliance.</p>	<p>ongoing</p> <p>8/30/16</p> <p>ongoing</p> <p style="text-align: right; vertical-align: bottom;">Donna A. Lichten</p> <p style="text-align: right; vertical-align: bottom;">12/24/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><u>FINDINGS</u> A number of pillows do not have plastic pillow protectors.</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>Three residents in the facility brought their own pillows from home. Family refuse to used pliable plastic cover for the preference of the resident.</p> <p>Initials were written on the pillows to assure no one to use but the owner. In case of discharge, said pillows will be returned to family.</p>	<p style="text-align: center;">8/15/16</p> <p style="text-align: right; vertical-align: bottom;">D. ...</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-23(o)(3)(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>Pliable plastic covers purchased and place onto pillows belonging to the care home. For pillows brought by family, initials were written on it. Said pillows will be accounted on the list of personal belongings of the resident.</p> <p>PCG to double check if pillows have either pliable plastic cover or initials every week for compliance.</p>	<p style="text-align: center;">8/16/16</p> <p style="text-align: center;">ongoing</p> <p style="text-align: right; font-size: small;">Donna A. Blumenthal</p>

Licensee's/Administrator's Signature: EMurphy RN

Print Name: ELIZABETH A. MURPHEY

Date: 3/21/17

DIANE M. A. LICENSING

3/21/17 10:46