

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Aloha Lifeline ARCH/E-ARCH, L.L.C.	<b>CHAPTER 100.1</b>
<b>Address:</b> 91-983 Ikulani Street, Ewa Beach, Hawaii 96706	<b>Inspection Date:</b> October 17, 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>§11-100.1-7 <u>General operational policies.</u> (a)(4)            General operational policies of an ARCH or expanded ARCH shall be submitted by the applicant in writing to the department prior to licensure and shall include, but shall not be limited to:</p> <p>Visiting hours;</p> <p><b><u>FINDINGS</u></b>            Resident #1 No signed general operating policy/agreement detailing resident's right to visitors.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I got a citation because I aggressively threatened client's and my bladder at the time of inspection.</i></p> <p><i>I submitted copy of the signed general operating policy agreement detailing residents right to visitors the following day of inspection.</i></p>	<p style="text-align: right;"><i>10/18/2016</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-7 (a)(4)	<p style="text-align: center;"><b>PART 2</b> <b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>I got deficiency because I thinned too much.</p> <p>In the future, I will not thin the chart aggressively. I will check client's chart every month per signed agreement or at least two months before the schedule annual inspection and make sure it will be available in place also on the day of the inspection.</p> <p>CHO will also keep a one year worth of records in client's / CHO's chart.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-7 <u>General operational policies.</u> (c)  A written agreement shall be completed at the time of admission between the licensee or primary care giver of the ARCH or expanded ARCH and the ARCH or expanded ARCH resident and the ARCH or expanded ARCH resident's family, legal guardian, surrogate or responsible agency that sets forth that resident's rights, the licensee or primary care giver of the ARCH or expanded ARCH responsibilities to that resident, the services which will be provided by the licensee or primary care giver of the ARCH or expanded ARCH according to that resident's schedule of activities or care plan, and that resident's responsibilities to the licensee or primary care giver of the ARCH or expanded ARCH.</p> <p><b><u>FINDINGS</u></b>  Resident #1 no signed general operating policy/agreement detailing resident's rights.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>CHC aggressively trained clients / staffs kinder at the time of inspection.  CHC already submitted the signed general operating policy / agreement detailing residents right the following day of the inspection.</i></p>	<p style="text-align: center;">10/18/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-7 (c)	<p style="text-align: center;"><b>PART 2</b> <b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>I got cited because I thinned aggressively.</p> <p>CEO will check clients/CEO's binder at least two months before the annual inspection and make sure it will be available/in place also on the day of the inspection.</p> <p>CEO will also keep a one year worth of records in clients/CEO's chart.</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><b><u>FINDINGS</u></b> Household Members #1 and #2 No documentation of initial positive PPD, and documentation of chest x-ray report.</p>	<p style="text-align: center;"><b>PART 1</b> <b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I got deficiency because I included the attestation form with Hm #1 &amp; #2's physical exam forms. CHO removed the attestation forms of Hm #1 &amp; #2 since they aren't PPD positive.</i></p>	<p style="text-align: center;"><i>10/18/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-9 (b)	<p style="text-align: center;"><b>PART 2</b> <b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>I got the citation because I included the attestation form with HM #1 &amp; #2's physical exam forms when they aren't even PPD positive.</p> <p>CHO will check the calendar two months in advance before the household members renewal of Annual P.E.</p> <p>CHO will make sure not to include an attestation forms for household members (H.M.) that aren't PPD positive.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (a)(1)  The licensee shall maintain written procedures to follow in an emergency which shall include provisions for the following:</p> <p>Arranging for immediate transfer or evaluation by a physician for any resident who becomes acutely ill, injured, or dies;</p> <p><b><u>FINDINGS</u></b>  No written emergency procedures.</p>	<p style="text-align: center;"><b>PART 1</b>  <b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I got a citation because I aggressively thinned client's/CHOs binder at the time of inspection.</i></p> <p><i>I submitted copy of the written emergency procedures the following day of the inspection.</i></p>	<p style="text-align: right;"><i>10/18/2016</i></p>



	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-12 (a)(1)	<p style="text-align: center;"><b>PART 2</b> <b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>I got a deficiency because I aggressively thinned client's / CTO's binder.</p> <p>CTO will check client's chart at least 2 months before the annual inspection and will make sure it will be available / in place also on the day of the inspection.</p> <p>CTO will not thin the residents and CTO's binder <del>is</del> <sup>not</sup> too much and will keep a one year worth of records in client's / CTO's chart.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (a)(3)  The licensee shall maintain written procedures to follow in an emergency which shall include provisions for the following:</p> <p>Response to disasters which would include evacuation, emergency shelters, and food supply, and as directed by the Civil Defense.</p> <p><b><u>FINDINGS</u></b>  No written disaster procedures.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I got deficiency because I thinned the clients / AHO's binder too much. I already submitted the written disaster procedures the following day of the inspection.</i></p>	<p><i>10/18/2016</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-12 (a)(3)	<p style="text-align: center;"><b>PART 2</b> <b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>I got cited because I hurried too much. I will check clients / CTO's binder at least two months before the annual Schedule inspection and will make sure it will be available on the day of the inspection.</i></p> <p><i>CTO will not thin the residents / CTO's chart aggressively &amp; will keep a one year worth of records in clients / CTO's binder to prevent citation in the future.</i></p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications. (g)</u>  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><b><u>FINDINGS</u></b>  Resident #1 No documentation of physician medication re-evaluations due 11/15, and 3/16.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I got deficiency because I, then need the records too much and wasn't able to follow up. CMO obtained MD medication re-evaluation dated 10/23/15 but not for the first quarter of 2016 due to PCP's unavailability.</i></p>	<p style="text-align: right;"><i>10/18/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE # §11-100.1-15 (g)	<p style="text-align: center;"><b>PART 2</b> <b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>I got the deficiency because I thinned the records too much &amp; wasn't able to follow up with the doctor.</p> <p>I will check clients chart every month and will use calendar to monitor and/or remind me of medication re-evaluations.</p> <p>CHO wasn't able to obtain the MD medication re-evaluation for the first quarter of 2016 due to MD's unavailability (around the first quarter).</p> <p>In the future, CHO will use a checklist also to prevent it from recurring again.</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><b><u>FINDINGS</u></b>  Resident #1 No primary care giver assessment/plan of care.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I got the deficiency because I thinned the client's chart too much. CTO already submitted the PCC assessment / plan of care after the inspection.</i></p>	<p style="text-align: right;"><i>10/18/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-17 (a)(1)	<p style="text-align: center;"><b>PART 2</b> <b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>I got the citation because I checked the client's chart too much.</i></p> <p><i>In the future, I will not flip the chart aggressively. I will check client's chart five months before the scheduled annual visit. I will make sure that PCG's plan of care will be available on the day of the inspection.</i></p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(5) During residence, records shall include:</p> <p>Entries detailing all medications administered or made available;</p> <p><b>FINDINGS</b> Resident #1 No medication administration records from 10/15 to 12/15.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I got deficiency because I thinned the chart too much.</i></p> <p><i>Submitted copy of medication records from 10/15 to 12/15. Placed the medications moved from 10/15 to 12/15 in client's new chart.</i></p>	<p><i>10/18/15 RH</i></p>



	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-17 (b)(5)	<p style="text-align: center;"><b>PART 2</b> <b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>I got the deficiency because I thinked too much.</i></p> <p><i>In the future, I will not thin the chart aggressively and will make sure to have a one whole year worth of documents. I will check the residents record every month so that on the day of the inspection, it will be readily available.</i></p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><b><u>FINDINGS</u></b> Resident #1 No monthly weights from 10/15 to 12/15.</p>	<p style="text-align: center;"><b>PART 1</b> <b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I got the deficiency because I thinned the chart too much. Submitted copy of monthly weights from 10/15 to 12/15. Included the monthly weights of Resident #1 from 10/15 to 12/15 in CTO's binder.</i></p>	<p style="text-align: right;"><i>10/18/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-17 (b)(7)	<p style="text-align: center;"><b>PART 2</b> <b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>I got the deficiency because I turned aggressively.</i></p> <p><i>In the future, I will not thin the chart aggressively &amp; will make sure to have a one year worth of documents. I will also check the resident's chart every month so that on the day of the inspection, it will be readily available.</i></p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(8)            During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><b>FINDINGS</b>            Resident #1 No care giver documentation noting physician visits on 7/10/16, and 9/22/16.</p>	<p><b>PART 1</b>  <b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I got the deficiency because I wasn't able to document the MD visits dated 7/10/16 &amp; 9/22/16.            CNA will not forget to document in the client's chart the doctor's visit.</i></p>	<p><i>10/8/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-17 (b)(8)	<p style="text-align: center;"><b>PART 2</b> <b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>I got cited because I wasn't able to document the MD visit dated 7/10/16 &amp; 9/22/16.</p> <p>In the future, CHO will make sure to include the MD visits on the document/chart everytime client's visit their doctor. CHO will also have to check the charts documentation/notes daily to prevent future citations.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4)            General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b>FINDINGS</b>            Resident #1 records from 10/15 to 12/15 not available on day of annual inspection.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I got the deficiency because I thinned the resident's chart too much. CWO already placed client's record from 10/15 to 12/15 to her current chart.</i></p>	<p><i>10/18/2016</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE # §11-100.1-17 (f)(4)	<p style="text-align: center;"><b>PART 2</b> <b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>I got the deficiency because I thinned the resident's chart too much. In the future, I will not thin the chart aggressively. I will check the client's chart every month. I will also make sure that it will be available / in place also on the day of the inspection.</i></p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><b>FINDINGS</b> Permanent general register not maintained, records thinned and not available on day of annual inspection.</p>	<p style="text-align: center;"><b>PART 1</b> <b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>cto got the deficiency because I thinned the chart too much at the time of the inspection.</i></p> <p><i>cto already returned the client's permanent general resident to cto's binder.</i></p>	<p>10/18/16</p>



	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-17 (h)(1)	<p style="text-align: center;"><b>PART 2</b> <b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>I got the citation because I thinned the chart too much at the time of inspection. CTO will check the binder at least two months before the schedule annual inspection if the permanent general register is inside the CTO's binder.</p> <p>In the future, CTO will not remove or include it in thinning to prevent future citations.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><b><u>FINDINGS</u></b> No signed general operating policy/agreement detailing specific charges for services rendered.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>CHC had a citation because CHC wasn't able to update the signed general operating policy/agreement detailing specific charges after Social Security approved clients Room &amp; board rate. CHC already updated the form mentioned &amp; placed it in clients chart.</i></p>	<p style="text-align: right;"><i>10/18/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE # §11-100.1-21 (a)(1)(C)	<p style="text-align: center;"><b>PART 2</b> <b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>CEO had a citation because CEO wasn't able to update the form upon Social Security's review &amp; Board approval. CEO will immediately update the form so it stays current. CEO will also check it two months before the schedule annual inspection and make sure that forms will be readily available.</i></p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(2)  A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Resident's sleeping room doors shall be self closing;</p> <p><b><u>FINDINGS</u></b>  Room #2 where expanded resident resides, door does not self-close.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I got cited because Room # 2 door doesn't self-close and wasn't able to double check it before the inspection. Otto's husband already fixed the door and its now self close.</i></p>	<p style="text-align: center;">10/18/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-86 (a)(2)	<p style="text-align: center;"> <b>PART 2</b>  <b><u>FUTURE PLAN</u></b> </p> <p style="text-align: center;"> <b>USE THIS SPACE TO EXPLAIN YOUR            FUTURE PLAN: WHAT WILL YOU DO TO            ENSURE THAT IT DOESN'T HAPPEN            AGAIN?</b> </p> <p> <i>I got cited because room# 2 doesn't            self close.            Ito forgot to check the doors if self            closing before the annual inspection.            Ito will monitor and check the            residents doors every month to ensure            its in good working condition.</i> </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)(3) 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>Review the care plan monthly, or sooner as appropriate;</p> <p><b>FINDINGS</b> No documentation that nurse case manager reviewed care plan 10/15 to 1/16.</p>	<p><b>PART 1</b> <b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I got deficiency because I thinned the records too much. Submitted documents from 10/15 to 1/16. Please see attached.</i></p>	<p><i>10/18/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-88 (c)(3)	<p style="text-align: center;"><b>PART 2</b> <b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>I got cited because I thinned the client's record too much.</p> <p>He will check client's chart two months before the scheduled annual inspection.</p> <p>He will also sit down &amp; review the care plan the same day of the visit and will make sure it's filled up completely to prevent future citation.</p> <p>In the future, he will keep a one year worth of records in client's chart.</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)(8)            Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;</p> <p><b><u>FINDINGS</u></b>            Resident #1 No documentation that nurse case manager had face-to-face contact 10/15 to 1/16.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I got deficiency because I aggressively turned my client's chart too much. CMO submitted the documentation that CM had face to face contact from 10/15 to 1/16. Please see attachment.</i></p>	<p style="text-align: right;"><i>10/18/16</i></p>



	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-88 (c)(8)	<p style="text-align: center;"><b>PART 2</b> <b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>I got the deficiency because I thinned the client's chart too much.</i></p> <p><i>In the future, I am going to retain one year worth of documents and will not thin too much of the records. CMO will also check client's chart two months before the schedule annual inspection to prevent future citation.</i></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)(10) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate;</p> <p><b>FINDINGS</b> Resident #1 No documentation that nurse case manager conducted 6-month comprehensive assessment due 10/15.</p>	<p style="text-align: center;"><b>PART 1</b> <b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I got the deficiency because I thinned client's chart too much. CMO already placed in client's chart her 6 month Comprehensive assessment.</i></p> <p><i>CMO submitted a copy of the 6 months Comprehensive assessment (pls. see attached).</i></p>	<p style="text-align: right;"><i>10/18/2016</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-88 (c)(10)	<p style="text-align: center;"><b>PART 2</b> <b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>I got the deficiency because I thinned the record too much.</i></p> <p><i>In the future, I am going to retain one year worth of documents and will not thin too much of the records. CFO will also check clients about two months before the schedule annual inspection to prevent future citation.</i></p>	

Licensee's/Administrator's Signature: Romera A. Joracion

Print Name: Romera A. Joracion

Date: Feb. 10, 2017