

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aiea Heights Senior Living	CHAPTER 100.1
Address: 99-1657 Aiea Heights Drive, Aiea, Hawaii 96701	Inspection Date: May 24 & 25, 2017 Annual

IMMEDIATE ADVISORY

POSTING OF DEFICIENCIES AND PLANS OF CORRECTIONS

<p>If you <u>fail to submit</u> a plan of correction (POC) within <u>ten (10) working days</u> of receipt of your Statement of Deficiencies (SOD): Your SOD will be posted on the Department of Health (DOH) website with the following statement:</p> <p style="text-align: center;">“POC NOT RECEIVED AS OF <DATE>”</p>
<p>If you initially submit an <u>unacceptable</u> POC (UPOC), you have <u>ten (10) working days</u> to submit an <u>acceptable</u> POC. If the revised POC is still unacceptable, your SOD will be posted on the DOH website with the following statement:</p> <p style="text-align: center;">“POC NOT ACCEPTABLE”</p>
<p>If you initially submit an <u>unacceptable</u> POC (UPOC), but you <u>fail to submit</u> a revised POC, your SOD will be posted on the DOH website with the following statement:</p> <p style="text-align: center;">“POC NOT ACCEPTABLE”</p>

STATE OF HAWAII
HONOLULU

17 SEP 21 PM 2:50

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> Employees #2 and #4 no current physical examination in the employee records.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Physical examination for Employee # 2 was completed on 05/25/2017.</p> <p>Physical examination for Employee # 4 was completed on 09/15/2017.</p>	<p>5/25/2017</p> <p>9/15/2017</p>

STATE OF MICHIGAN
DEPARTMENT OF HEALTH
DIVISION OF LICENSURE

17 SEP 21 PM 2:50

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> Employees #2 and #4 no current physical examination in the employee records.</p>	<p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future administration will post a list and a calendar, one month prior to when physical exams are due, for each employee.</p> <p>Any employee that has an expired PE will not be allowed to work until PE is completed.</p>	<p style="text-align: right;">17 SEP 21 PM 5:50</p>

STATE OF NEW JERSEY

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Employee #1 has a tuberculosis attestation screening in the employee record but has no proof of a positive tuberculosis test in the record.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Employee #1 TB attestation form was completed on 9/15/2017 with documented positive TB skin test dated 8/28/01</p>	<p>9/15/2017</p> <p>STATE OF CALIFORNIA 17 SEP 21 PM 2:50</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Employee #1 has a tuberculosis attestation screening in the employee record but has no proof of a positive tuberculosis test in the record.</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><i>In the future, a check list will be used to double check that all necessary documents are obtained prior to a new employee starts work.</i></p> <p><i>For existing employees, a list and a calendar will be posted one month prior to TB expiration date.</i></p>	<p style="text-align: right;">STATE OF NEW JERSEY DEPARTMENT OF HEALTH DIVISION OF PUBLIC HEALTH 17 SEP 21 PM 2:50</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Employee #4 has no current tuberculosis test results in the employee record.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>TB test for employee #4 was completed on 5/24/2017</i></p>	<p><i>5/24/2017</i></p> <p>STATE OF IDAHO HEALTH SERVICES 17 SEP 21 PM 2:50</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Employee #4 has no current tuberculosis test results in the employee record.</p>	<p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, administration will post a list and a calendar one month prior to when TB tests are due.</p> <p>Any employee that has an expired TB will not be allowed to work until TB is completed.</p>	<p style="text-align: right;">STATE OF NEW JERSEY JUL 21 2017 12:50 PM</p> <p style="text-align: right;">17 SEP 21 12:50</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> Employee #5 has no first aid certification in the employee record.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>First Aid Certification for employee #5 was completed on 3/8/2017.</p> <p>A copy was obtained on 5/26/2017 and filed in the staff credentials binder.</p>	<p>3/8/2017 ³⁶²</p> <p>5/26/2017</p>

STATE OF ILLINOIS
DEPARTMENT OF CHILDREN AND PARENTS

17 SEP 21 PM 2:50

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> Employee #5 has no first aid certification in the employee record.</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>In the future, administration will post a list and calendar one month prior to when First Aid Certifications will expire.</p> <p>Any employee that has an expired ^{First Aid certification} certification will not be allowed to work until First Aid Certifications is completed.</p>	<p align="right">STATE OF MAINE UNIVERSAL 17 SEP 21 12:50</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> Employee #5 has no cardiopulmonary resuscitation certification in the employee record.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Employee #5 CPR certification was completed on 3/8/2017.</p> <p>A copy was obtained on 5/26/2017 and filed in the staff credentials binder.</p>	<p>5/26/2017</p> <p>17 SEP 21 PM 2:50</p> <p>STATE OF HAWAII HUMAN RESOURCES</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> Employee #5 has no cardiopulmonary resuscitation certification in the employee record.</p>	<p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, administration will post a list and calendar one month prior to when CPR certifications will expire.</p> <p>Any employee that has an expired CPR certification will not be allowed to work until CPR certification is completed.</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF LABOR</p>	<p style="text-align: right; font-size: small;">17 SEP 21 PM 2:50</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (l) 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> Resident #2 No documentation that “no added salt, no concentrated sweets/starch, low saturated fat/cholesterol diet and reduced portions” ordered on 2/21/17 was clarified with the physician.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Resident #2 written clarification order for 2/21/2017 obtained from physician on 9/13/2017</i></p>	<p><i>9/13/2017</i></p> <p>17 SEP 21 PM 2:50</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (l) 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> Resident #2 No documentation that “no added salt, no concentrated sweets/starch, low saturated fat/cholesterol diet and reduced portions” ordered on 2/21/17 was clarified with the physician.</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 style="text-align: center;"><i>In the future, all diet orders received by resident's doctors at time of admission, re-admission and doctors appointments will be clarified by charge nurse at time of receipt with resident's doctor and documented on MAR to keep track daily.</i></p>	<p style="text-align: center;">STATE OF MICHIGAN DEPARTMENT OF HEALTH & HUMAN SERVICES</p> <p style="text-align: center;">17 SEP 21 12:50</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u> (l) 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> Resident #2 No documentation that "dietary changes" noted by the physician on 3/29/17 and progress notes on 3/31/17 to "avoid fatty foods and caffeine" was clarified with the physician.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Received written order for Resident #2 on 9/14/17 to avoid fatty foods and caffeine to help control GERDS.</i></p>	<p><i>9/14/2017</i></p> <p>17 SEP 21 PM 2:50</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> Resident #2 No documentation that "dietary changes" noted by the physician on 3/29/17 and progress notes on 3/31/17 to "avoid fatty foods and caffeine" was clarified with the physician.</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><i>In the future, when a resident returns from a doctor's appointment, the charge nurse will confirm and verify receipt of written orders from the doctor. If no order received, charge nurse will contact doctor's office as soon as possible and obtain order. Order will be documented in progress note, once obtained.</i></p>	<p style="text-align: right;">17 SEP 21 12:50</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 all PRN medication are not available for use if needed.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Resident #1 daughter was contacted on 5/27/2017 to bring a bottle of acetaminophen 325 mg., milk of magnesia Senha-S, siltussin-DM, dropped off on 5/29/2017</p>	<p>5/29/2017</p>

STATE OF MARYLAND
 DEPARTMENT OF HEALTH
 DIVISION OF LICENSING

17 SEP 21 PM 2:50

	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 all PRN medication are not available for use if needed.</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 align="center"><i>In the future, charge nurse will check all PRN medications with orders against new printed MARS received monthly for each resident.</i></p>	<p align="center">*17 SEP 21 12:51</p>

STATE OF MARYLAND
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	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 #1 Progress notes <u>did not include observations on significant weight gain of 7 lbs. from March 2017 (100 lbs.) to April 2017 (107 lbs.)</u>.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Correcting the deficiency after-the-fact is not practical / appropriate. For this deficiency, only a future plan is required.</i></p>	<p>'17 SEP 21 12:51</p>

STATE OF MARYLAND
 DEPARTMENT OF HEALTH
 DIVISION OF LICENSING

	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 #1 Progress notes <u>did not include</u> observations on significant weight gain of 7 lbs. from March 2017 (100 lbs.) to April 2017 (107 lbs.).</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 style="text-align: center;"><i>In the future, the charge nurse will document 5 lb. weight increase/decrease and notify our registered dietician and residents physician, and discuss plan of care.</i></p>	<p style="text-align: center;">17 SEP 21 12:51</p>

STATE OF HAWAII
DEPARTMENT OF HEALTH

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(6) During residence, records shall include:</p> <p>All recordings of temperature, pulse, respiration as ordered by a physician, APRN or as may appear to be needed. Physician or APRN shall be advised of any changes in physical or mental status promptly;</p> <p><u>FINDINGS</u> Resident #2 monthly weight record indicates a ten (10) pound weight gain from February to March and an eleven (11) pound weight loss from March to April. No indication that the resident was re-weighed or that the physician was made aware of these results.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>'17 SEP 21 12:51</p>

STATE OF MARYLAND
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(6) During residence, records shall include:</p> <p>All recordings of temperature, pulse, respiration as ordered by a physician, APRN or as may appear to be needed. Physician or APRN shall be advised of any changes in physical or mental status promptly;</p> <p><u>FINDINGS</u> Resident #2 monthly weight record indicates a ten (10) pound weight gain from February to March and an eleven (11) pound weight loss from March to April. No indication that the resident was re-weighed or that the physician was made aware of these results.</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><i>In the future, the charge nurse will review ^{monthly} monthly weights and direct CNA's to re-weigh the resident if there is a significant weight gain/loss of 5lbs.</i></p> <p><i>If re-weigh remains unchanged charge nurse will notify our RD and residents physician and discuss plan of care</i></p>	<p style="text-align: right;">'17 SEP 21 11:51</p>

STATE OF MARYLAND
DEPARTMENT OF HEALTH

	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><u>FINDINGS</u> Resident #1 no weight listed for the month of April 2017. Last weight listed was for March 2017.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>'17 SEP 21 P1251</p>

STATE OF MICHIGAN
DEPARTMENT OF HEALTH
DIVISION OF REGULATORY AFFAIRS

	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><u>FINDINGS</u> Resident #1 no weight listed for the month of April 2017. Last weight listed was for March 2017.</p>	<p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, staff will notify charge nurse if a resident's weight cannot be obtained on the ^{facility's} designated day.</p> <p>It shall be documented by the charge nurse, why unable to obtain resident's weight. Weight will be obtained the next day or as soon as possible.</p>	<p style="text-align: right;">STATE OF MARYLAND UNIVERSITY SYSTEM 17 SEP 21 PM 2:51</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> Resident #2 progress note dated 12/24/16 indicate resident had a syncope episode, no incident report was generated for this event.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>17 SEP 21 12:51</p>

STATE OF MAINE
 DEPARTMENT OF HEALTH & COMMUNITY SERVICES

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> Resident #2 progress note dated 12/24/16 indicate resident had a syncope episode, no incident report was generated for this event.</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><i>In the future, the charge nurse has been instructed to have, in hand, the incident report while documenting the progress note.</i></p> <p><i>After progress note documented, incident report will be filed in the Incident Report binder.</i></p>	<p style="text-align: right;">STATE OF MARYLAND DEPARTMENT OF HEALTH & GENERAL SERVICES</p> <p style="text-align: right;">'17 SEP 21 P12:51</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> Resident #2 progress note dated 1/12/17 indicates that resident had a new lesion, no incident report generated for this event.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>'17 SEP 21 PM 2:51</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> Resident #2 progress note dated 1/12/17 indicates that resident had a new lesion, no incident report generated for this event.</p>	<p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, the charge nurse will have in hand the incident report, while documenting the progress note.</p> <p>After the progress note has been documented, the incident report will be filed in the Incident Report binder.</p>	

STATE OF MICHIGAN

17 SEP 21 12:51

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> Resident #2 progress note dated 5/17/17 indicates that resident had an abrasion on the left side of the rectal opening, no incident report generated for this event.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>17 SEP 21 PM 2:51</p>

STATE OF NEW YORK

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> Resident #2 progress note dated 5/17/17 indicates that resident had an abrasion on the left side of the rectal opening, no incident report generated for this event.</p>	<p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, the charge nurse will have the incident report in hand, while documenting the progress note.</p> <p>After the progress note has been documented, the incident report will be filed in the Incident Report binder.</p>	<p style="text-align: right;">STATE OF NH 17 SEP 21 12:51</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><u>FINDINGS</u> General register list a deceased resident as a current resident of the home. The resident was never discharged.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Corrected General Register to reflect date resident expired on 5/26/17.</i></p>	<p><i>5/26/17</i></p>

STATE OF NEW JERSEY

17 SEP 21 14:51

	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><u>FINDINGS</u> General register list a deceased resident as a current resident of the home. The resident was never discharged.</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>Inspector explained the correct way to keep the General Register up to date.</p> <p>In the future, the General Register will be maintained by the LPNs and/or Administrator as instructed by inspector.</p>	<p style="text-align: right;">17 SEP 21 12:51</p>

STATE OF MICHIGAN

	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> Bedrooms #4 and #5 paint peeling off the sides of the door frames on the corridor side.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The sides of the door frames on the corridor side of bedrooms #4 and #5 was sanded down and cleaned of all peeling paint on 7/10/17.</p>	<p>7/10/17</p>

STATE OF MARYLAND
DEPARTMENT OF HEALTH & GENERAL SERVICES

17 SEP 21 PM 5:51

	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> Bedrooms #4 and #5 paint peeling off the sides of the door frames on the corridor side.</p>	<p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, the staff will notify charge nurse and/or administrator of any peeling paint or any repairs needed, when conducting daily rounds of residents rooms. Repairs will be handled as soon as possible.</p>	<p style="text-align: right;">'17 SEP 21 11:25:11</p>

STATE OF NH
SAL
1300

	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> Basement exit walkway, at the bottom of the outside staircase from the first floor exit, was partially blocked by a blue chair.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The blue chair was removed on 5/25/17.</p>	<p>5/25/17</p>

STATE OF MICHIGAN
MICHIGAN HEALTH CARE LICENSURE BOARD

17 SEP 21 PM 2:51

	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> Basement exit walkway, at the bottom of the outside staircase from the first floor exit, was partially blocked by a blue chair.</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 style="text-align: center;"><i>In the future, the charge nurse and administrative staff will make daily rounds throughout the day, to double check all exits are not blocked.</i></p>	<p style="text-align: center;">17 SEP 21 PM 2:51</p>

STATE OF MARYLAND
DEPARTMENT OF HEALTH

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(1)(D) 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>All walls, ceilings, windows and fixtures shall be kept clean; and toilets and lavatories shall be cleaned and deodorized daily.</p> <p><u>FINDINGS</u> <u>Bedroom #2 window sill dirty.</u></p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Bedroom #2 window sill cleaned on 5/27/17.</i></p>	<p><i>5/27/17</i></p>

STATE OF MAINE
DIV. OF SOCIAL SERVICES

17 SEP 21 12:51

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(1)(D) 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>All walls, ceilings, windows and fixtures shall be kept clean; and toilets and lavatories shall be cleaned and deodorized daily.</p> <p><u>FINDINGS</u> <u>Bedroom #2 window sill dirty.</u></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 style="text-align: center;"><i>In the future, the charge nurse and administrative staff will do daily checks of the facility, to maintain the cleanliness of the facility.</i></p>	<p style="text-align: center;">17 SEP 21 PM 2:51</p>

STATE OF HAWAII
DEPARTMENT OF HEALTH

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(1)(D) 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>All walls, ceilings, windows and fixtures shall be kept clean; and toilets and lavatories shall be cleaned and deodorized daily.</p> <p><u>FINDINGS</u> Bedroom #4B window sill dirty.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Bedroom #4B window sill cleaned on 5/27/17.</p>	<p>5/27/17</p>

STATE OF MARYLAND
DEPARTMENT OF HEALTH & GENERAL SERVICES

17 SEP 21 12:51

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(1)(D) 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>All walls, ceilings, windows and fixtures shall be kept clean; and toilets and lavatories shall be cleaned and deodorized daily.</p> <p><u>FINDINGS</u> Bedroom #4B window sill dirty.</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 style="text-align: center;"><i>In the future, the charge nurse and administrative staff will do daily checks of the facility, to maintain the cleanliness of the facility.</i></p>	<p style="text-align: right;">17 SEP 21 PM 2:51</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(1)(D) 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>All walls, ceilings, windows and fixtures shall be kept clean; and toilets and lavatories shall be cleaned and deodorized daily.</p> <p>FINDINGS Bedroom #1B stand fan dusty.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Bedroom #1B stand fan cleaned on 5/27/17.</p>	<p>5/27/17</p>

STATE OF NEW YORK

17 SEP 21 PM 2:51

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(1)(D) 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>All walls, ceilings, windows and fixtures shall be kept clean; and toilets and lavatories shall be cleaned and deodorized daily.</p> <p>FINDINGS Bedroom #1B stand fan dusty.</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 style="text-align: center;"><i>In the future, the charge nurse and administrative staff will do daily checks of the facility, to maintain the cleanliness of the facility.</i></p>	<p style="text-align: center;">17 SEP 21 12:51</p>

STATE OF MARYLAND
DEPARTMENT OF HEALTH & GENERAL SERVICES

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (i)(4)(A) All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure.</p> <p>Lighting:</p> <p>Appropriate lighting fixtures adequate in number shall be provided for the comfort of residents and care givers;</p> <p><u>FINDINGS</u> Bedroom #4B light in hallway not working.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Bedroom #4B light in hallway was fixed on 5/25/17.</p>	<p>5/25/17.</p>

STATE OF MARYLAND
DEPARTMENT OF HEALTH & GENERAL SERVICES

17 SEP 21 PM 2:51

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (i)(4)(A) All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure.</p> <p>Lighting:</p> <p>Appropriate lighting fixtures adequate in number shall be provided for the comfort of residents and care givers;</p> <p><u>FINDINGS</u> Bedroom #4B light in hallway not working.</p>	<p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN</p> <p>In the future, the staff has been instructed to notify the charge nurse or administrative staff ASAP, when lights not working (physically turn lights on to check if working or not).</p> <p>The charge nurse and administrative staff will do daily checks of the facility, to maintain functioning of the facility.</p>	<p style="text-align: right;">17 SEP 21 14:52</p>

STATE OF ILLINOIS
DEPARTMENT OF HEALTH

	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 #2 The Consultant RD was not utilized to provide nutrition assessments for resident with significant weight changes from February 2017 (115.6 lbs.) to March 2017 (125.6 lbs.) to April 2017 (114.4 lbs.).</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Correcting the deficiency after-the-fact is not practical/appropriate.</i></p> <hr/> <p><i>5/30/17 consultant RD was called by Administrator to review notification protocols when significant weight changes are noted.</i></p>	<p>17 SEP 21 12:52</p>

STATE OF IOWA
 DEPARTMENT OF HEALTH
 DIVISION OF LICENSING

	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 #2 The Consultant RD was not utilized to provide nutrition assessments for resident with significant weight changes from February 2017 (115.6 lbs.) to March 2017 (125.6 lbs.) to April 2017 (114.4 lbs.).</p>	<p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN</p> <p>In the future, the consultant RD will notify charge nurse or administrator of significant weight changes (+/- 5 lbs.). Administrator or charge nurse will notify family and PCP. Together with PCP and RD, plan of care will be discussed and implemented.</p>	<p style="text-align: right;">'17 SEP 21 12:52</p>

STATE OF HAWAII
DEPARTMENT OF HEALTH

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-55 <u>Nutrition and food sanitation.</u> (2) In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs:</p> <p>All consultant dietitians shall provide special diet training for food preparation staff and ensure staff competency;</p> <p><u>FINDINGS</u> No documentation that the Consultant RD was utilized to provide special diet training for food preparation staff.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Consultant RD received instruction from Annette Jackson on DOT guidelines.</p> <p>Consultant RD provided special diet training to food prep staff on 6/12/17.</p>	<p>6/12/17</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-55 <u>Nutrition and food sanitation.</u> (2) In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs:</p> <p>All consultant dietitians shall provide special diet training for food preparation staff and ensure staff competency;</p> <p><u>FINDINGS</u> No documentation that the Consultant RD was utilized to provide special diet training for food preparation staff.</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>Consultant RD received a detailed summary of the DOH guidelines from Annette Jackson.</p> <p>In the future the Administrator will review and double check with Consultant RD with a check list, to verify all requirements completed.</p>	<p style="text-align: right;">17 SEP 21 12:52</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p>FINDINGS Employees #2, #3 and #4 have no record of completed continuing education hours after March 2016. Twelve (12) hours are required for each employee. Each employee must make up the hours for 2016 plus complete their hours for 2017 for a total of 24 hours required.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Employee #2 completed 12 hours of in service on 7/15/17, for inspection year 2017 May 2016 - May 2017.</p> <p>Employee #3 completed 12 hours of in service on 7/14/17, for inspection year May 2016 - May 2017.</p> <p>Employee #4 completed 12 hours of in service on 7/29/17, for inspection year May 2016 - May 2017.</p> <p>"Catch up"</p>	<p>7/15/17</p> <p>7/14/17</p> <p>7/29/17</p> <p>SEP 21 12:52</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> Employees #2, #3 and #4 have no record of completed continuing education hours after March 2016. Twelve (12) hours are required for each employee. Each employee must make up the hours for 2016 plus complete their hours for 2017 for a total of 24 hours required.</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><i>Inspector clarified in service hours need to be completed in the facility's inspection year (May to May), not calendar year (January to December).</i></p> <p><i>In the future, in services will be completed 1 per month.</i></p>	<p style="text-align: right;">17 SEP 21 PM 2:52</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><u>FINDINGS</u> No fire drill conducted during the month of March 2017.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>17 SEP 21 PM 5:52</p> <p>STATE OF IOWA SAL</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><u>FINDINGS</u> No fire drill conducted during the month of March 2017.</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><i>In the future, a calendar will be posted with the name of the designated LPN in charge of completing that months fire drill. Fire drills done monthly.</i></p>	<p style="text-align: right;">17 SEP 21 P12:52</p>

STATE OF MICHIGAN
DEPARTMENT OF LABOR
INDUSTRIAL DIVISION

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 Case management qualifications and services. (a) Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who:</p> <p>FINDINGS Resident #1 level of care form and physical examination form, both dated 7/12/16, have resident at the ICF level of care. No case manager has been retained for this expanded care resident. PCG was unaware of the resident level of care as listed by the physician.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Resident #1 - LOC re-verified with the residents PCP on 8/28/17.</p> <p>Family notified of change in LOC 9/18/17 and the need for a case manager.</p>	<p>8/28/17</p> <p>9/18/17</p>

STATE OF HAWAII
DEPARTMENT OF HEALTH

17 SEP 21 PM 2:42

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (a) Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who:</p> <p><u>FINDINGS</u> Resident #1 level of care form and physical examination form, both dated 7/12/16, have resident at the ICF level of care. No case manager has been retained for this expanded care resident. PCG was unaware of the resident level of care as listed by the physician.</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><i>In the future, the charge nurse and/or Administrator will double check yearly PE forms received by the resident's physician upon receipt. Any changes will be discussed with the family, and all necessary changes addressed ASAP.</i></p>	<p style="text-align: right;">STATE OF MARYLAND DEPARTMENT OF HEALTH 17 SEP 21 PM 2:52</p>

Licensee's/Administrator's Signature: Carlene H. Ebioutani, RN, Administrator

Print Name: Carlene H. Ebioutani

Date: 9/19/17

17 SEP 21 PM 2:52
STATE OF HAWAII
DEPARTMENT OF HEALTH