

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Beckwith Manoa Senior Care	CHAPTER 100.1
Address: 2375 Beckwith Street, Honolulu, Hawaii 96822	Inspection Date: July 25, 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.

2018
LICENSING

STATE OF HAWAII
DEPARTMENT OF HEALTH
JAN 10 12:44
LICENSING

	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>FINDINGS Substitute care giver (SCG) #1 – No two-step tuberculosis (TB) clearance. Submit a copy of the second TB skin test with the plan of correction (POC).</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>Unable to submit second TB. skin test for this SCG #1. Care giver no longer employed at Beckwith due to not showing up for assigned shifts; not answering phone calls from Beckwith.</p>	<p>17 JAN 10 PM 2:44</p>

8127
 DUCH-UCHA LICENSING

17 JAN 10 PM 2:44
 DUCH-UCHA LICENSING

17 JAN 10 PM 2:44

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-9(b)	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>We have created a spreadsheet that lists each caregiver's required documentation w/ corresponding expiration dates. This spreadsheet is posted on our office door and PCG + SCG #1 (Courtney) shall check this list every month. We will give staff ample notice of at least 3 months prior to an expiration. We will also post the spreadsheet on the medicine cabinet so staff can see. We will continue to give frequent reminders within the final 3 month time frame.</p>	<p style="text-align: center;">8/30/16</p> <p style="text-align: right;">0/0</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)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p>FINDINGS All SCG – No documentation of training to make medication available to residents. Submit a copy for each with the POC.</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>yes, corrected.</p> <p>Training has been completed to all staff regarding making medication available to residents.</p>	<p>IAN 2017</p>

617
 LICENSURE

17 JAN 10 12:44
 STATE OF MARYLAND
 LICENSURE

2017

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-9(e)(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>In the future, when a new caregiver is hired, as part of the new employee's training, PCG & SCG #1 will train the new SCG on giving prescribed medications and recording. This will be done at time of hire and training.</p>	<p style="text-align: right;">17 20</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p>FINDINGS Resident #1 - No level of care assessment at the time of admission.</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>yes, This resident has been discharged and L.O.C. assessment completed for before transfer</p>	<p>8/15/16</p>

DURHAM COUNTY LICENSING

6

RECEIVED
 17 JAN 10 PM 2:15
 STATE OF NORTH CAROLINA
 DIVISION OF LICENSING

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-10(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>We no longer allow a resident to move in until we have received all req'd documentation. We have created an admissions checklist. and when a family is interested in placing mom with us, we give all the N2, TB, etc. and let them know they'll likely need to make doctor appts. we are clear w/ the family that until all paperwork is complete, mom cannot move in. We offer assistance & guidance to the family to help expedite the process like letting them know where to get a free TB. We have had multiple admissions since this deficiency and have ensured compliance as everyone has arrived with all documentation.</p>	<p style="text-align: right;">7/26/16</p>

20

	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>FINDINGS Bedroom #2 is limited to fully ambulatory residents; however, the resident occupying the room requires a wheelchair for mobility most of the time. Resident is able to ambulate with a walker using a gait belt and physical assistance from the care giver. Resident is unable to ambulate independently.</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>Yes, Resident in bedroom #2 no longer resides in bedroom #2</p>	<p>8/15/14</p> <p>17 JAN 10 12:45</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-10(d)	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Since this deficiency, the way we assess potential clients has changed a lot. When a family member expresses interest for their mom to move in, we go to assess her. We ask to see her ambulate, walk, use the bathroom, whatever is relevant to assess her level of care needs. We also ask to see her chart to read what the doctor has assessed her needs to be. We speak with everyone possible, social worker, doctor, CNAs at the rehab where mom is at, whatever we can do to get as accurate a picture of mom's level of care needs. This way we don't have any surprises as to canes, wheelchairs, or walkers that may put us out of compliance with BR #1 or 2.</p>	<p style="text-align: right;">7/26/16</p>

120

	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>FINDINGS Resident #1 – No pureed diet menu.</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>yes, pureed diet menu has been located & posted in kitchen, staff has been re-educated regarding pureed and chopped diet consistency differences and the need for a physicians diet order.</p>	<p>Nov 2016</p> <p>17 JUN 10 12:45</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>Prior to admission, we need to find out what kind of diet needs mom has. We talk to the family, ask the doctor, and make sure to read the N2 form to see if the doctor has indicated any special diet. We also verify w/ the family or facility where mom is coming from to make sure the diet written in her chart matches what she is actually eating at home or at the facility. This way we can ensure mom is receiving the proper diet upon admission.</p> <p>Purced diet menus will be posted for those residents on purced diets. Also staff will be retrained on diet consistencies.</p>	<p style="text-align: right;">7/25/16</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 #1 – No physician order for pureed consistency diet. On the day of the inspection, lunch consisted of pureed beef curry, pureed pineapple and regular consistency brown rice.</p> <p style="text-align: right;">DURHAM-CHCA LICENSE 20</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 style="text-align: center;">yes, physician ordered special diet after caregiver request. Resident #1 discharged from Beckwith 8/15/14</p>	<p style="text-align: center;">8/15/14</p> <p style="text-align: center;">17 JUN 10 12:45</p> <p style="text-align: center;">RECEIVED</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-13(I)	<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>Before a resident moves in, we review the N2 form with the family, doctor and social worker to get a clear assessment of the resident's dietary needs. If the resident requires a special diet, we ensure the doctor writes an order for it and that the N2 form correctly lists the special diet.</p>	<p style="text-align: right;">7/26/16</p> <p style="text-align: right;">17</p> <p style="text-align: right;">21</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p>FINDINGS No metal stem thermometer.</p> <p style="text-align: right;">UNIFORM & LICENSE 20</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>YES, Beckwith has purchased another metal stem thermometer. Also, retrained staff to put equipment back in its proper place after all uses.</p>	<p>9/20/16</p> <p style="text-align: right;">97 JAN 10 PM2:45 STATE OF PENNSYLVANIA DEPARTMENT OF HEALTH</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-14(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 style="text-align: center;">A metal stem thermometer shall be available for checking cold & hot food temperatures.</p>	<p style="text-align: center;">9/20/16</p> <p style="text-align: center;">JAN 10 12:45</p> <p style="text-align: center;">E OF PM/AM HONOLULU, HAWAII</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>FINDINGS Resident #1 – No physician order to crush medication.</p> <p>Resident #1 – “Amlodipine 5 mg 1 QD” ordered 4/18/16; however, no medication available.</p> <p>Resident #1 – “Docusate 100 mg 2 QD” ordered 4/18/16; however, the May 2016, June 2016 and July 2016 medication records reflected the medication is given at 8 a.m. and the 6 p.m. dose is held. No documentation why the 6 p.m. dose is held.</p> <p>Resident #1 – “Trazodone 50 mg Take 1 to 2 tablets once daily as needed for agitation” ordered 6/27/16; however, the July medication record reflected the medication is taken at 8 a.m. and 6 p.m. The number of tablets taken was not documented.</p> <p>Resident #1 – “D/C Myrbetric” ordered 6/27/16; however, there was no physician order for the medication reflected on the April 2016, May 2016, June 2016 and July 2016 medication records.</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>1- yes - physician order to crush pills on 6/27/16</p> <p>2- yes - re-order received from pharmacy that evening</p> <p>3- yes - corrected MAR to state 6 pm dose held for loose stool</p> <p>4- yes - corrected MAR to document one tablet per dose</p> <p>5- NO - unable to find order</p>	<p>1/2017</p> <p>7/25/16</p> <p>1/2017</p> <p>1/2017</p> <p>1/2017</p> <p>1/2017</p>

DCH-ONCA LICENSE

02

RECEIVED
 JAN 10 11:17 AM
 1/10/17 11:17 AM
 1/10/17 11:17 AM

	Rules (Criteria)	Plan of Correction	Completion Date
☒	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>After reading these findings, we have developed a plan that pays greater attention to physicians' orders. SCG #1 goes to almost all of the resident doctor visits and brings the OHCA physician order form so the doctor may write any new orders right there in the office. After receiving the after visit summary from the appointment, SCG #1 returns home and compares the summary to the new orders, the MAR and labels on the medications delivered by the pharmacy to ensure all match.</p>	<p style="text-align: right;">7/26/14</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 – No physician order to crush medication.</p> <p>Resident #1 – “Amlodipine 5 mg 1 QD” ordered 4/18/16; however, no medication available.</p> <p>Resident #1 – “Docusate 100 mg 2 QD” ordered 4/18/16; however, the May 2016, June 2016 and July 2016 medication records reflected the medication is given at 8 a.m. and the 6 p.m. dose is held. No documentation why the 6 p.m. dose is held.</p> <p>Resident #1 – “Trazodone 50 mg Take 1 to 2 tablets once daily as needed for agitation” ordered 6/27/16; however, the July medication record reflected the medication is taken at 8 a.m. and 6 p.m. The number of tablets taken was not documented.</p> <p>Resident #1 – “D/C Myrbetric” ordered 6/27/16; however, there was no physician order for the medication reflected on the April 2016, May 2016, June 2016 and July 2016 medication records.</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>→ We will take the OHCA doctor's order form to all doctor visits. When a doctor orders medications to be crushed, we will have the form filled out. When we return home, we will now have a physician's order to crush medications, which we will file in the resident record.</p> <p>→ On the MAR, we will write the medication order on two lines for a med that, for example, has an option of giving 1-2 pills. The first line indicates one pill, the second line indicates two pills. If we give one pill, we sign off on the first line; if we give two pills, we sign off on the second line, indicating two pills were given.</p>	<p style="text-align: right;">10/19/17</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 #1 – No physical examination at the time of admission 4/16/16.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>yes, corrected. copy of physical exam dated 2/24/16 (2 months before admission) is attached. DR. Dawn Minaai at Straub Clinic conducted a complete medical exam.</p>	<p style="text-align: right;">2/24/16</p> <p style="text-align: right;">'17 JUN 10 PM 2:46</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE #11-100.1-17(a)(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>We have created an admissions checklist. We no longer allow a resident to move in until we have received all documentation. We review with the family all the required paperwork including a physical examination from the doctor or APRN and advise the family to schedule an appointment now so as to have the form completed before the move in date.</p>	<p style="text-align: right;">7/26/16</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>FINDINGS Resident #1 – No physician orders for medication, diet, and treatment at the time of admission 4/16/16.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, corrected.</p> <p>On 2/24/16, resident #1, list of medications provided by DR. Dawn Minnai at Straub Clinic also, nutrition & functional concerns addressed.</p> <p>On 4/18/16, DR. Dennis Murakami ordered a soft, no added salt diet.</p> <p>Resident #1 has since been discharged.</p>	<p style="text-align: center; font-size: 2em;">2/24/16</p> <p style="text-align: center;">17 JUN 10 PM 2:46</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-17(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>We have created an admissions checklist. This checklist is part of a better process/system to ensure we have appropriate physician's orders for medication, diet and treatment at the time of admission.</p>	<p style="text-align: right;">7/26/14</p>

Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; <u>FINDINGS</u> Resident #1 – The June 2016 progress notes reflected “Tramadol increased dose;” however, no documentation why Tramadol increased and no physician order for “Tramadol.” Resident #1 – The progress notes reflected “Has pinches another care giver I took a picture of care givers injury on ... arm black & blue & sl. swollen.” No documentation of actions taken to address behaviors. Resident #1 – Progress notes do not reflect resident’s tolerance to “Ensure” 3 cans/day, pureed diet. 1111-0111-0111 21	<p style="text-align: center;">Plan of Correction</p> <p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>YES,</p> <p>1- Primary Care given corrected her written error. Resident #1 is not taking Tramadol and has never been given tramadol. 7/20/16</p> <p>2- Resident #1 has been discharged 8/15/16. Documentation added 8/15/16.</p> <p>3- Records corrected to show residents #1 tolerance to ensure and pureed diet 8/15/16</p>	<p style="text-align: center;">Completion Date</p> <p style="text-align: center;">7/20/16</p> <p style="text-align: center;">8/15/16</p> <p style="text-align: center;">8/15/16</p> <p style="text-align: center;">JUN 10 12:46</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>We have implemented a more thorough system for documentation. At the beginning of each month, we place a blank copy of the narrative notes for each resident in the medicine cabinet. The staff has been trained to record any notes as appropriate, like the pinching or the tolerance to the ensure. At the end of the month, these narrative notes can now be more accurately incorporated into the monthly progress notes. Also, any recordings that need to be put into an incident report can more accurately be done. This system of more frequent documentation will help ensure less wrong entries and more complete charting.</p>	<p style="text-align: right;">7/26/16</p>

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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> (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 #1 – The progress notes reflected “Has pinches another care giver I took a picture of care givers injury on ... arm black & blue & sl. swollen.” No incident report initiated for the behavior and care giver injury.</p> <p style="text-align: right;">DLR-CNA LICENSE 12</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 style="text-align: center;">yes. Incident report has been generated.</p>	<p style="text-align: center;">7/20/24</p> <p style="text-align: right;">17 JAN 10 PM 2:46</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-17(c)	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Having the narrative notes outside the resident binders will help ensure more accurate documentation. Staff has been retrained on incident reports and the more frequent and thorough charting on the narrative notes will help prevent an incident report not getting written.</p>	<p style="text-align: right;">7/26/14</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><u>FINDINGS</u> Resident #1 – No financial agreement at the time of admission.</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 style="text-align: center;"><i>yes. Resident #1 has been discharged.</i></p>	<p style="text-align: center;"><i>8/20/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><u>FINDINGS</u> Resident #1 – No financial agreement at the time of admission.</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>We have created a checklist of required items to give families before admission. At the time of admission, we review all items on the checklist to ensure receipt of all the items before move-in. We place all items/documents including financial agreement into the resident record. As an additional safeguard, both PCG & SCG will review the resident record to verify that the financial agreement is completed and in the resident record.</p>	<p style="text-align: right; font-size: 2em;">10/19/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #1 – The resident's walker was not recorded on the inventory of possessions.</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 style="text-align: center;">Yes, The residents walker was added to the residents inventory list</p>	<p style="text-align: center;">8/1/14</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-19(d)	<p style="text-align: center;"> PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? </p> <p> At the time of admission, SCG#1 and a staff member perform an inventory of the residents belongings. We will now additionally, do quarterly re-inventorying to update and catch any item that may have been missed or added. We will also have a communication notebook for the staff to write an item down dropped off by the family. </p>	<p style="text-align: right;">7/26/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p>FINDINGS Resident #1 – The progress notes reflected “Has pinches another care giver I took a picture of care givers injury on ... arm black & blue & sl. swollen.” No documentation that physician was made aware of behavior.</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>Yes. Incident report completed. Behavior discussed with DR Raine Fukuda on April 28, 2016. Resident discharged before further action taken.</p>	<p style="text-align: center;">8/2016</p> <p style="text-align: right;">JUN 10 11:24:46 DEPT. OF HEALTH & HUMAN SERVICES</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-20(c)	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Before each doctor's appt, SCG #1 will review narrative notes, progress notes to ensure all relevant info and behaviors are reported to the doctor. If it is something like pinching or that has generated an incident report, SCG #1 will call the doctor immediately and not wait for the next appt.</p>	<p style="text-align: right;">7/26/16</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>FINDINGS Bedroom #3 wheelchair exit was obstructed by a bedside table and pedal exerciser.</p> <p style="text-align: right;">DENONCA LIBERSON</p> <p style="text-align: right;">2</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 style="text-align: center;"><i>Yes.</i></p> <p><i>Bedside table and pedal exerciser removed from doorway. Caregiver reminded and re-trained staff to keep fire exits clear.</i></p>	<p style="text-align: center;"><i>7/26/16</i></p> <p style="text-align: right;">JUN 10 12:46</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>Staff has been retrained to keep all exits unobstructed and to keep an eye out for potential obstructions. In addition, SCG #1 will do a daily walk-thru to make sure all exits are unobstructed.</p>	<p style="text-align: right;">7/26/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>FINDINGS On the day of the annual inspection there were three non-self-preserving residents. Two (2) residents were in a wheelchair but able to ambulate using a walker, gait belt and physical assistance from the care giver and a third resident was ambulatory using a walker, gait belt and physical assistance from the care giver. The SCG stated they were unable to ambulate independently.</p> <p>Resident #1 – No self-preservation certification at the time of admission.</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>yes resident #1 has not been discharged to a more appropriate care home. has other residents appropriate care home have been discharged to more appropriate settings. of the other two residents, one is no longer with us, and the other is still with us in an appropriate bedroom.</p>	<p>8/16</p> <p>17 JAN 10 PM 27</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-23(g)(3)(I)	<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>Due to the structural limitations of our house, we now do a better job to assess the resident's physical needs before admission. We work with the family, doctor and social worker to get a clear picture of whether mom uses a walker, needs a wheelchair, etc. We also go to physically assess the resident ourselves and see the resident ambulate. This ensures that we meet proper level of care. We also will have the doctor fill out the self-preservation certification before admission.</p>	<p style="text-align: right;">7/26/14</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (i)(1)(C) 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>Windows:</p> <p>Windows in residents' rooms shall have adequate means of insuring privacy.</p> <p><u>FINDINGS</u> Bedroom #3 has a window that looks into the living room; however, no curtain for privacy.</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>yes, a new curtain rod and new curtain that cannot be pulled down easily by residents has been purchased and put up on the window.</p>	<p>8/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-23(i)(1)(C)	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>We will do daily checks to make sure curtain is up. If resident takes it down, we will put it back up.</p>	<p style="text-align: right;">1/26/16</p> <p style="text-align: right;">22</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (1)(4) An enclosed dining area within the Type I ARCH shall be provided for residents which shall be apart from sleeping quarters but may be in continuity to the living room area. The following shall prevail:</p> <p>Safe supportive chairs shall be provided in accord with each resident's need;</p> <p>FINDINGS No safe, supportive chairs provided. For one (1) resident, the wheelchair is used for meals at the dining table for the arm rests.</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>Yes. Safe supportive chairs are provided for residents</p>	<p>10/16</p> <p>17 JAN 10 11:24:17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-23(1)(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>In the future, safe supportive chairs will be provided in accord with each residents need.</p>	<p style="text-align: center;">16/16</p>

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	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>FINDINGS</p> <p>Bedroom #2 – No pliable plastic pillow protector.</p> <p>Bedroom #3 – One (1) bed did not have pliable plastic pillow protector.</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>Yes, plastic pillow protectors have been replaced in bedrooms 1 and 3. Staff has been educated to replace plastic pillow covers after cleaning</p>	<p>8/20/16</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>SCG #1 has purchased extra pillow protectors so we have ten protectors for five beds. We will do daily checks to ensure each pillow has a pliable plastic pillow protector.</p>	<p style="text-align: right;">7/26/16</p>

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Licensee's/Administrator's Signature:

Beverly Young

Print Name:

BEVERLY YOUNG

Date:

1/10/2017

Licensee's/Administrator's Signature:

Beverly Young

Print Name:

BEVERLY YOUNG

Date:

8/28/2017

Licensee's/Administrator's Signature:

Beverly Young

Print Name:

BEVERLY Young

Date:

10/19/2017