

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Halawa Care Home LLC	CHAPTER 100.1
Address: 99-626 Halawa Drive, Aiea, Hawaii 96701	Inspection Date: April 1, 2016 Annua;

IMMEDIATE ADVISORY

POSTING OF DEFICIENCIES AND PLANS OF CORRECTIONS

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 style="text-align: center;"><b>“POC NOT RECEIVED AS OF &lt;DATE&gt;”</b></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 style="text-align: center;"><b>“POC NOT ACCEPTABLE”</b></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 style="text-align: center;"><b>“POC NOT ACCEPTABLE”</b></p>

RECORDED  
16 SEP -2 P4:31  
OFFICE OF HEALTH CARE LICENSING

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-2 <u>Definitions</u>. As used in this chapter: "Neglect" means failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness, with complete disregard for negative consequences or negative resident outcome which may arise.</p> <p><u>FINDINGS</u> Resident #1 – Weights were recorded monthly; however, the primary care giver stated that monthly weights are not taken monthly because the resident could not stand. Weight record reflected 129 lbs every month from May 2015 to January 2016.</p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b></p> <p>I deleted the weight record of 129 lbs. every month from May 2015 to January 2016. I recorded the same weight every month by mistake. This will not happen again.</p> <p><b><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></b></p> <p>I will not record weights that are not actually taken from now on.</p> <p>I will buy a weighing scale that can weigh both the wheel chair &amp; the residents.</p> <p>Residents that cannot stand will be weighed while on the wheel chair &amp; I will deduct the wheel chair weight <del>and subtract it</del> from the total weight to determine the resident's weight.</p>	<p>9/1/2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-2 <u>Definitions</u>. As used in this chapter: "Neglect" means failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness, with complete disregard for negative consequences or negative resident outcome which may arise.</p> <p><b>FINDINGS</b> Resident #1 – Weights were recorded monthly; however, the primary care giver stated that monthly weights are not taken monthly because the resident could not stand. Weight record reflected 129 lbs every month from May 2015 to January 2016.</p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b></p> <p style="text-align: center;">↑ This POC is <b>ACCEPTABLE</b> ↓ Submit only Future Plan</p> <p><b>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Purchased weighing scale in future talk to case manager not carry the weight throw if weight not taken will not record.</p>	<p>4/17/17 MRC</p> <p style="text-align: right;">17 APR 19 AM 1:48</p>

Rules (Criteria)	Plan of Correction	Completion Date
<p>☒ §11-100.1-2 <u>Definitions</u>. As used in this chapter: "Neglect" means failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness, with complete disregard for negative consequences or negative resident outcome which may arise.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Weights were recorded monthly; however, the primary care giver stated that monthly weights are not taken monthly because the resident could not stand. Weight record reflected 129 lbs every month from May 2015 to January 2016.</p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b></p> <p style="text-align: center;">↑ This POC is <b>ACCEPTABLE</b> ↓ Submit only Future Plan</p> <p><b><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></b> <i>In the future I will make sure I have the right weighing scale in the event my Residents could not stand. I will also let my substitute caregivers to re-check my recording each month to avoid further mistakes.</i></p>	<p style="text-align: right;"><i>01/03/2017</i> <u>MRC</u></p>

	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><b><u>FINDINGS</u></b>  Substitute care giver #1 – No documentation of an annual physical examination. Date on copy was cut off. <b>Submit a complete copy with the plan of correction.</b></p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b>  Available + attached complete copy with complete date.</p> <p><b><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></b>  All annual physical <sup>MC</sup> <del>exam</del> exams are up to date &amp; complete copies will be provided.  I will see to it that copies of annual physical exams are complete including the dates.</p>	<p>9/1/2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (b)  The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p><b>FINDINGS</b>  Medications (antacid, aspirin, non-aspirin, antibiotic ointment and burn gel) were in the first aid kit.</p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b></p> <p>These items were removed immediately during inspection.</p> <p><b>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Antacid, aspirin, non-aspirin, antibiotic ointment and burn gel will not be in the first aid kit.</p> <p>The first aid kit will no longer have any medication that are not allowed in it.</p>	<p>9/1/2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p><b><u>FINDINGS</u></b> Medications (antacid, aspirin, non-aspirin, antibiotic ointment and burn gel) were in the first aid kit.</p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b></p> <p style="text-align: center;">↑ This POC is <b>ACCEPTABLE</b> ↓ Submit only Future Plan</p> <p><b><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></b> <i>In the future I will re-check my first Aid Kit - if I have an OTC Meds inside, also I will let my substitute caregiver to help me re-check for. I know 2 heads is better than one.</i></p>	<p><i>01/03/2017</i> <i>MRC</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><b><u>FINDINGS</u></b> Menu is not followed. For example:</p> <ul style="list-style-type: none"> <li>• "Soup of the day" was served; however, not on the menu.</li> <li>• Two slices of bread was noted on the menu; however, residents received only half a sandwich.</li> </ul>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b></p> <p>I follow the menu but I made extra soup since one of the clients requests soup every day. The slice of bread used was larger than usual serving usually, this size slice of bread residents cannot finish the whole sandwich. they can always ask for more.</p> <p><b><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></b></p> <p>I will serve the whole sandwich &amp; follow the menu &amp; just toss the left over.</p> <p>I will add soup on the menu and indicate it "if <sup>more</sup> requested"</p>	<p>9/1/2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (e)  Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p><b>FINDINGS</b>  No substitutions documented.</p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b></p> <p>I have substitution list to document menu substitutions <sup>mcc</sup></p> <p><b>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Substitute list posted next to menus write substitution right away when served.</p>	<p>4/17/17  mcc</p> <p>17 APR 19 AM 1:48</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><b><u>FINDINGS</u></b>  Resident #1 – “Low fat” diet ordered 6/8/15; however, the primary care giver stated and documented in the progress notes that “regular diet” provided. The “low fat” diet order was a non-standard diet order and should have been clarified.</p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b></p> <p>The doctor ordered regular diet on the order but the physical exam was written as low fat diet by mistake and I clarified this with M.D. I clarified written <sup>me</sup> the Doctor on 6/27/2016 &amp; was not documented by mistake. (copy attached)</p> <p><b><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></b></p> <p>I will clarify written <sup>me</sup> with the doctor right away if <del>there</del> <sup>me</sup> there are discrepancies in the physical exam notes &amp; the diet order and document the clarification or ask for a new order to be faxed or mailed.</p>	<p>9/1/2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><b><u>FINDINGS</u></b> Food stored on the floor in the pantry.</p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b> By mistake I stored it on the floor. This was immediately lifted off the floor &amp; stored on high shelf.</p> <p><b><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></b> I will store all food items at least 6" off the floor.</p>	<p>4/1/2016</p>
		<p>Substitute care giver instructed all care givers not to store food on the floor. PCG - check every day OR put on sign has to be 6 inches.</p>	<p>4/17/17 MRC</p> <p>APR 19 2017</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (b)            Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u>            Medication unsecured in the refrigerator.</p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b></p> <p>The medication was my Auntie's eye drops. I forgot to secure it.</p> <p>I secured it right away on that day.</p> <p><b><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></b></p>	<p>9/11/2016</p>
		<p>Instructed all my caregivers that medications has to be in the lock container in the refrigerator. I will check when I open my refrigerator that the medication container lock and no unsecured medication.</p>	<p>4/17/17            mrc</p> <p>17 APR 19 AM 1:49</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (c)            Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><b>FINDINGS</b>            Internal and external medication were not segregated.</p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b></p> <p><i>I separated the ointment from the tablets right away that day.</i></p> <p><b>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>I will have separate containers for external medication and another for internal medication &amp; not mix them.</i></p>	<p><i>9/1/2016</i></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><b>FINDINGS</b> Resident #1 – “Tamsulosin HCl caps 0.4 mg Take one capsule one a day” ordered on 2/9/15 was discontinued without a physician order on 6/8/15.</p> <p>Resident #1 – “Mupirocin 2% topical cream AAA BID Apply to open wounds-penis, right ankle (sic) and forearm” was ordered on 9/24/15; however, was not reflected on the September 2015 medication record.</p> <p>Resident #1 – “Ambien 5 mg po every HS prn” ordered 6/8/15 (physical examination); however, the label and the medication record reflected “10 mg” taken by the resident.</p> <p>Resident #1 – No physician order for “Ambien <u>10 mg</u>” taken by the resident.</p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b></p> <p>- Tamsulosin HCl cap 0.4mg was discontinued w/ physician orders but, cannot find copy and request from the physician but not received yet. Will mail meds i received</p> <p>- Mupirocin 2% cream was applied to open wound - penis right ankle &amp; forearm but was not recorded by mistake. It is now reflected in 9/2015 medication record.</p> <p>- Ambien was increased from 5mg to 10mg. <del>2/11/15</del> requested copy of physician order.</p> <p><b>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p>	<p>9/11/2016</p>
		<p>In the future I will re-check my medication record every week to avoid mistake. I will also ask my substitute caregiver to help me re-check my medication records to avoid mistake.</p>	<p>01-03-2017 MRC</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><b>FINDINGS</b> Resident #1 – “Tamsulosin HCl caps 0.4 mg Take one capsule one a day” ordered on 2/9/15 was discontinued without a physician order on 6/8/15.</p> <p>Resident #1 – “Mupirocin 2% topical cream AAA BID Apply to open wounds-penis, right anklee (sic) and forearm” was ordered on 9/24/15; however, was not reflected on the September 2015 medication record.</p> <p>Resident #1 – “Ambien 5 mg po every HS prn” ordered 6/8/15 (physical examination); however, the label and the medication record reflected “10 mg” taken by the resident.</p> <p>Resident #1 – No physician order for “Ambien <u>10 mg</u>” taken by the resident.</p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b></p> <p style="text-align: center;">↑ This POC is <b>ACCEPTABLE</b> ↓</p> <p><b>Submit only Future Plan</b></p> <p><b><u>FUTURE PLAN:</u> WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>After office visit I will Review medication order check w/ the label of medication and any verbal instruction for consistency if not I will clarify w/ the Physician. New Physician orders on the MAR immediately.</p>	<p>4/17/17 mrc</p> <p style="text-align: right;">APR 19 AM 4:19</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 – "Ibuprofen 200 mg 2 tabs po every 8 hours prn pain" ordered 5/1/15 was not made available to the resident. The medication was not recorded on the medication record.</p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b></p> <p>Ibuprofen 200 mg 2 tabs po every 8 hrs. prn for pain was made available to the resident.</p> <p>I did not record this on medication record by mistake. it is now recorded.</p>	<p>9/1/2016</p>
		<p><b><u>FUTURE PLAN:</u> WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future I will re-check my medication list monthly. I will also ask my substitute caregiver to help me re-check my medication list to avoid mistake.</p>	<p>01-03-2017 MRC</p>
		<p>After office DR. visit I will record new orders immediately on the MAR.</p>	<p>4/17/17 MRC</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><b>FINDINGS</b> Resident #1 – Medications, recorded on the April 2016 medication record, were not updated every four (4) months:</p> <ul style="list-style-type: none"> <li>• “Vitamin D3 1000 units 2 tabs po qd” ordered 6/8/15</li> <li>• “Metoprolol 25 mg XL qd” ordered 6/8/15</li> <li>• “Senokot-S 2 tabs po QD” ordered 2/9/15</li> <li>• “Hydrocortisone 1% topical cream AAA BID pm” ordered 3/3/15</li> </ul>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b></p> <p>I have updated every 4 months. I have physician's signature on them.</p> <p><b>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p>	<p>9/1/2016</p>
		<p>Prior to leaving Physician office, I make appointment for next visit prior appointment, I prepare medication list &amp; have the Physician review and sign.</p>	<p>4/17/17 mzc</p> <p>17 APR 19</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b>FINDINGS</b></p> <p>Resident #1 – Progress notes did not reflect “open wounds” to the penis, ankle and forearm for which mupirocin topical cream was ordered on 9/24/15. Progress notes noted “skin intact”.</p> <p>Resident #1 – Progress notes did not reflect skin condition noted by the case manager:</p> <ul style="list-style-type: none"> <li>• “Scratch marks on right outer distal leg/foot on 1/14/16</li> <li>• “Skin lesions on right arm, right ankle and penis” on 10/13/15</li> <li>• “Rash on back” noted by the case manager on 9/4/15 and 8/20/15</li> <li>• “Scratch marks on upper back” on 7/16/15</li> </ul> <p>Resident #1 – Progress notes did not reflect why the resident was prescribed “Ibuprofen 200 mg 2 tabs po every 8 hours prn pain” on 5/1/15. The medication was not reflected on the medication record.</p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b></p> <p>I corrected by writing down condition during admission. The <sup>the</sup> progress note showed was <del>not</del> <sup>when they</sup> patient's open wound healed and skin intact.</p> <p><b>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Any changes in the resident condition will be recorded on the progress note.</p>	<p>9/1/2016</p> <p>4/17/17 MRC</p> <p>17 APR 19 AM 2 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> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><b>FINDINGS</b> Resident #1 – Weights were recorded monthly; however, the primary care giver stated that monthly weights are not taken monthly because the resident could not stand. Weight record reflected 129 lbs every month from May 2015 to January 2016.</p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b> I deleted the weight record of 129 lbs. every month from May 2015 to January 2016. I recorded the same weight every month by mistake. This will not happen again.</p> <p><b>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b> Purchased weighing scale in future talk to case manager not carry the weight throw. if not taken will not record.</p>	<p>9/1/2016</p> <hr/> <p>4/17/17 MRC</p> <p>APR 19 AM 1:49</p> <p>DEPARTMENT OF HEALTH LICENSING</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1)            General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – Progress note entries were not signed by the individual making the entry: March 2016, February 2016, December 2015, October 2015, August 2015, and July 2015.</p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b></p> <p><i>This was corrected by having my substitute care given who did progress notes sign on it.</i></p> <p><b><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></b></p> <p><i>In the future I will make sure each week I will check that my progress note was sign by my substitute. Also i will remind them each duty to sign in.</i></p>	<p><i>9/1/2016</i></p> <hr/> <p><i>01-03-2017 MRC</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><b><u>FINDINGS</u></b> Resident #1 – No legend for initials on the medication record.</p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b></p> <p>I corrected it by having all the initials <sup>from</sup> <del>with</del> <sup>care given</sup> the substitute <sup>names</sup> and my name of the <del>corresponding</del> initials.</p> <p><b><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></b></p> <p>I will have a legend all the time for the initials and if I have new substitutes they will be added on the legend.</p>	<p>9/1/2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<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><b>FINDINGS</b>            Resident #1 – Inventory of possessions was not maintained.            Last updated 8/9/14.</p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b></p> <p>There <sup>is</sup> nothing to update.  <del>me</del> Resident #1 has no cash on hand and belongings stay <sup>the</sup> the same from admission to present.</p> <p><b>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Inventory will updated before admission anniversary date or when family bring new item.</p>	<p>9/11/2016</p> <hr/> <p>4/17/17            MRC</p> <p>APR 19 2017</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><b><u>FINDINGS</u></b> One bedside signaling device was not working.</p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b></p> <p><i>That bedside signaling device battery was replaced and is now working</i></p> <p><b><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></b></p> <p><i>I will check all bedside signaling devices daily and what ever device does not work, I will fix it right away such as replace battery or replace the whole unit.</i></p>	<p><i>9/1/2016</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services</u>, (c)(2)  The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have:</p> <p>Pneumococcal and influenza vaccines and any necessary immunizations following the recommendations of the Advisory Committee of Immunization Practices (ACIP);</p> <p><b><u>FINDINGS</u></b>  Resident #1 – No current influenza vaccination.</p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b></p> <p><i>Resident #1 has current in fluenza vaccination. Requested copy of record and am now in process received copy affc. 9/27/15</i></p> <p><b><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></b></p> <p><i>If family refused to get annual FLU vaccine I will request physician document in his note.</i></p>	<p><i>9/1/2016</i></p> <hr/> <p><i>4/17/17</i> <i>mac</i></p> <p style="text-align: right; font-size: small;"> APR 19 AM 1:45  OFFICE </p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2)            Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – No nutrition care plan to address that weights cannot be taken monthly (resident unable to stand) and to address an alternate plan to assess nutrition status.</p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b>  <i>Rts #1 I will secure the right weighing scale and consult my dietitian to help me out in giving the right nutrition intake.</i></p> <p><b><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></b>  <i>I will work with case management to address any changes of condition and the resident care plan.</i></p>	<p><i>01-03-2017</i>  <i>MRC</i></p> <p><i>4/17/17</i>  <i>MRC</i></p>

Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/> <p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(3) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Review the care plan monthly, or sooner as appropriate;</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documentation that the care plan was reviewed monthly by the case manager.</p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b> <i>Resident #1 Monthly record updated by case management.</i></p> <p><b><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></b> <i>I will work with the case manager. Remind her that she has to document that the care was reviewed monthly.</i></p>	<p><i>01-03-2017</i> <i>muc</i></p>
		<p><i>4/17/17</i> <i>muc</i> <i>APR 19</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><b>FINDINGS</b> Resident #1 – “Risk for Falls &amp; Injuries/Impaired Mobility/Periods of Restlessness” care plan intervention was not updated to reflect that the resident is wheelchair dependent.</p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b></p> <p><i>Resident #1 care plan was updated to reflect wheelchair dependants</i></p>	<p><i>01-03-2017</i> <i>MRC</i></p>
		<p><b>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>I will review the care plan and I work with the case manager to ensure that the interventions reflect the resident needs.</i></p>	<p><i>4/17/17</i> <i>MRC</i></p>
		<p style="text-align: right; font-size: small;">DEF. SCALED 5 OF 11</p>	<p style="text-align: center; font-size: small;">7 APR 19 AM 1</p>

Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/> <p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(8) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documentation of case manager's face-to-face contact with the resident for March 2016, February 2016 and December 2015.</p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b> <i>Resident #1 requested my case management to update recording.</i></p> <p><b><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></b> <i>In the future I will request my case manager do her monthly visit &amp; update her record. Also I will record it to my calendar each visit as my reminder for visit.</i></p>	<p><i>01-03-2017</i> <i>MRC</i></p> <p><i>01-03-2017</i> <i>MRC</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-91 <u>Professional misconduct.</u> (b)(1)            Misconduct includes, but is not limited to, the following:</p> <p>Procurement of license by fraud or misrepresentation;</p> <p><b>FINDINGS</b>            Resident #1 – Weights were recorded monthly; however, the primary care giver stated that monthly weights are not taken monthly because the resident could not stand. Weight record reflected 129 lbs every month from May 2015 to January 2016.</p>	<p>I will buy a weighing scale that can weigh both the wheelchair &amp; the residents.</p> <p>Residents that cannot stand will be weighed while on the <sup>mc.</sup> <del>wheelchair</del> wheelchair &amp; I will deduct the wheelchair weight to determine the residents weight.</p>	<p>9/1/2016</p>

Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/> §11-100.1-91 <u>Professional misconduct</u> (b)(1) Misconduct includes, but is not limited to, the following:  Procurement of license by fraud or misrepresentation;  <u>FINDINGS</u> Resident #1 – Weights were recorded monthly; however, the primary care giver stated that monthly weights are not taken monthly because the resident could not stand. Weight record reflected 129 lbs every month from May 2015 to January 2016.	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b></p> <p style="text-align: center;">↑ This POC is <b>ACCEPTABLE</b> ↓ Submit only Future Plan</p> <p><b><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></b></p> <p><i>In the future i will make sure i have the right weighing scale in the event my resident could not stand. I will also let my substitute caregiver to re-check my recording each month to avoid further mistake.</i></p>	<p style="text-align: right;"><i>01-03-2017</i></p> <p style="text-align: right;"><i>MRC</i></p>

Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/> §11-100.1-91 <u>Professional misconduct</u> , (b)(1) Misconduct includes, but is not limited to, the following:  Procurement of license by fraud or misrepresentation;  <u>FINDINGS</u> Resident #1 – Weights were recorded monthly; however, the primary care giver stated that monthly weights are not taken monthly because the resident could not stand. Weight record reflected 129 lbs every month from May 2015 to January 2016.	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">↑ This POC is <b>ACCEPTABLE</b> ↓ Submit only Future Plan</p> <p>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Purchased weighing scale in future talk to case manager not carry the weight throw if weight not taken will not record.</p>	<p>4/17/17 MRC</p> <p style="text-align: right;">17 APR 19 AM 2:19</p>

Licensee's/Administrator's Signature: ~~Marites Collado~~  
Print Name: Marites Collado  
Date: 9/2/2016

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Licensee's/Administrator's Signature: ~~Marites Collado~~  
Print Name: Marites Collado  
Date: 01-03-2017

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Licensee's/Administrator's Signature: ~~Marites Collado~~  
Print Name: Marites Collado  
Date: 4/17/2017