

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kina Ole Estate, LLC	CHAPTER 100.1
Address: 45-225 William Henry Road, Kaneohe, Hawaii 96744	Inspection Date: November 17 & 18, 2016 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <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 documentation that "dysphagia diet, pureed diet food consistency" ordered on 9/15/16 was clarified with the physician to include the type of diet.</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><i>Yes the deficiency has been corrected.</i></p> <p><i>PCA contacted physician for a diet clarification. PCA received by fax a signed diet clarification from physician.</i></p>	<p style="text-align: center;"><i>12/23/14</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-13(1)</p> <p><u>FINDINGS</u> Resident #1 - No documentation that "dysphagia diet, pureed diet food consistency" ordered on 9/15/16 was clarified with the physician to include the type of diet.</p>	<p align="center">Part 2</p> <p align="center"><u>FUTURE PLAN</u></p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>PCA will read diet orders and clarify with physician. PCA will also check that there is a type of diet and consistency when receiving diet orders.</i></p>	<p align="center"><i>12/23/16</i></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 "soft, pureed diet" ordered on 5/13/16, 11/16/16 was clarified with the physician to include the type of diet.</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 this deficiency has been corrected. PCG contacted physician for diet clarification. per PCG received diet clarification by fax which has type of diet and signed by physician.</p>	<p style="text-align: right;">12/20/16</p> <p style="text-align: right;">12/23/16 JF</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-13(1)</p> <p><u>FINDINGS</u> Resident #2 - No documentation that "soft, pureed diet" ordered on 5/13/16, 11/16/16 was clarified with the physician to include the type of diet.</p>	<p align="center">Part 2</p> <p align="center"><u>FUTURE PLAN</u></p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>PCG will review diet order and check that type and consistency are clarified on order. In the future I will double check and read diet order to make sure it has type and consistency.</i></p>	<p><i>12/20/14</i></p> <p><i>12/23/14</i></p> <p><i>JF</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><u>FINDINGS</u> Resident #2 - "Clonidine" order included "Hold for HR less than 55 and SBP less than 100;" however, the following were noted on the medication records:</p> <ul style="list-style-type: none"> • 11/6/16 7 a.m. medication was withheld due to low BP; however, the BP & HR not recorded • 7/12/16 8 p.m. BP = 98/59; medication initialed as given • 7/13/16 7 a.m. BP = 88/52; medication initialed as given • 6/1/16 7 a.m. no BP recorded, no HR recorded • 6/29/16 7 a.m. BP = 97/62; medication initialed as given • 5/29/16 7 a.m. no BP recorded, no HR recorded • 3/8/16 7 a.m. BP = 98/63; medication initialed as given • 2/17/16 7 a.m. HR = 52; medication initialed as given 	<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><i>I'm unable to correct the deficiency. I will review Medication Records and training has been taken place.</i></p>	<p style="text-align: right;"><i>11/20/14</i></p>

	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>Pca has parameters highlighted now. Pca will review medication records on a weekly basis to ensure caregivers are following orders and Parameters.</p> <p>Staff training has been implemented on Parameters and Pca will be monitoring more often.</p>	11/20/16

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 - Physician informed by fax on 6/3/16 regarding excoriated rectum 6/10/16; requested "over the counter moisture (Desitin or vitamin A & D) Apply with each incontinence care;" however, no documentation that the treatment was applied.</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>I'm unable to correct deficiency.</i></p>	<p style="text-align: right;"><i>11/20/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-15(m)</p> <p><u>FINDINGS</u> Resident #1 - Physician informed by fax on 6/3/16 regarding excoriated rectum 6/10/16; requested "over the counter moisture (Desitin or vitamin A & D) Apply with each incontinence care;" however, no documentation that the treatment was applied.</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>PCs should have immediately followed up with physician on order and transcribed it into medication records. PCs will flag telephone and fax orders to make sure it is documented immediately to medication records.</p>	<p>11/20/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 - The 6/23/16 12 noon and 10/24/16 12 noon doses of tramadol were not initialed by the care giver. There was no documentation that the medication was withheld.</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>I'm unable to correct deficiency.</i></p>	<p style="text-align: right;"><i>11/20/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-15(m)</p> <p><u>FINDINGS</u> Resident #1 - The 6/23/16 12 noon and 10/24/16 12 noon doses of tramadol were not initialed by the care giver. There was no documentation that the medication was withheld.</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>PCA will check medication record weekly to ensure medications are given and initialed. Re-training of staff has been completed after survey. Next shift will also check medication records and notify person on shift.</p>	<p style="text-align: center;">11/20/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 - No documentation that physician has been made aware of frequency that medications (tramadol, hydroxyzine) are not available due to the family not being timely in picking up refills.</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><i>I'm unable to correct deficiency.</i></p>	<p style="text-align: right;"><i>11/20/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-17(b)(3)</p> <p>FINDINGS Resident #1 - No documentation that physician has been made aware of frequency that medications (tramadol, hydroxyzine) are not available due to the family not being timely in picking up refills.</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>PCA will Fax and call physician to notify him that family hasn't been bringing in medication. Family is notified by plan when there is a two week supply to give them time to call it in and bring it. PCA will offer to help family pick up medication if family can't bring it in before medication runs out.</p>	<p style="text-align: right;">11/20/14</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-17(b)(3)</p> <p><u>FINDINGS</u> Resident #2 - Progress notes did not reflect changes in level of care prior to resident reassessed at "INF" level of care on 8/29/16.</p>	<p align="center">Part 2</p> <p align="center"><u>FUTURE PLAN</u></p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>PCG will document all changes and observations such as resident needing more help and using wheel chair more. PCG will also notify physician and family of changes.</i></p>	<p align="center"><i>11/20/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #2 - No progress notes for falls on 12/15/15 and 11/17/15. The progress notes reflected "Refer to incident report."</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><i>I'm unable to correct deficiency.</i></p>	<p style="text-align: center;">11/20/14</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-17(b)(3)</p> <p><u>FINDINGS</u> Resident #2 - No progress notes for falls on 12/15/15 and 11/17/15. The progress notes reflected "Refer to incident report."</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><i>In the future PCA will document everything regarding falls or any unusual incidents. PCA will document immediately when an incident occurs.</i></p>	<p style="text-align: center;"><i>11/20/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #2 - Progress notes did not include observations of the resident's response to Ensure supplement ordered on 5/13/16.</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><i>I'm unable to correct deficiency.</i></p>	<p><i>11/20/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-17(b)(3)</p> <p><u>FINDINGS</u> Resident #2 - Progress notes did not include observations of the resident's response to Ensure supplement ordered on 5/13/16.</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>PCa will make sure to document how resident is tolerating ensure supplement in progress notes and notify physician just an update on residents tolerance to ensure</p>	<p style="text-align: center;">11/20/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #2 - Progress notes did not include observations related to the 12 lb weight loss from February 2016 (112.4) to March 2016 (100.4).</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><i>I'm unable to correct deficiency.</i></p>	<p style="text-align: right;"><i>11/20/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-17(b)(3)</p> <p><u>FINDINGS</u> Resident #2 - Progress notes did not include observations related to the 12 lb weight loss from February 2016 (112.4) to March 2016 (100.4).</p>	<p>Part 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>All Notes ^{JF}</p> <p>Pcg Will document in progress notes immediately after speaking to MD. Pcg Will double check that Weight is accurate and Compare last Months Weight. Pcg Will notify physician if Weight goes up or down 5lbs.</p>	<p>6/23/17</p> <p>17 JUN 23 17:55</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> Resident #3 - Admission date was not reflected on the permanent general register.</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><i>Yes. Resident has been entered correctly.</i></p>	<p style="text-align: center;"><i>11/20/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-17(h)(1)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCN will check resident registry upon admission and immediately enter new admission information correctly. An admission checklist will be made to ensure all new admissions are documented correctly.</p>	<p style="text-align: center;">11/20/16</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>FINDINGS Resident #1 - No current inventory of possessions. Inventory last updated 2/24/14.</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 <i>yes</i></p> <p><i>the inventory possessions was updated immediately after annual Survey</i></p>	<p style="text-align: center;"><i>6/23/17</i></p> <p style="text-align: right; vertical-align: bottom;"><i>17 JUN 23 17 55</i></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</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 a checklist and are assigned to a room to update residents inventory when a new item is brought in or taken out by family. PCH and assigned staff checked residents inventory and had it updated after survey.</p> <hr/> <p>families are encouraged to notify staff when they bring something or take something from resident.</p>	<p style="text-align: center;">11/20/14</p> <hr/> <p style="text-align: center;">6/23/17</p> <p style="text-align: center;">17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p><u>FINDINGS</u> Bedroom #1, #3, #5 & #6 - Bathroom switches are not tight fitting.</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 Bathroom switches was fixed immediately right after annual Survey.</p>	<p>6/23/17</p> <p>17 JUN 23 17:55</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-23(h)</p> <p><u>FINDINGS</u> Bedroom #1, #3, #5 & #6 - Bathroom switches are not tight fitting.</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>PCA notified President of company and maintenance came in on 11-28-16 to replace bathroom switches in room #1, #3, #5 and #6.</p> <p>PCA has a work order form that will be filled out and given to President of company when any equipment in facility needs to be fixed.</p>	<p style="text-align: center;">11/28/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-23(h)</p> <p>FINDINGS Bedroom #1, #3, #5 & #6 - Bathroom switches are not tight fitting.</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>Monthly ^{facility} check added to Checklist Maintenance log. added. instruct staff to inform me as soon something to be fixed.</p>	<p style="text-align: center;">6/23/17</p> <p style="text-align: right; font-size: small;">17 JUN 23 17:55</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u> (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p><u>FINDINGS</u> Bedroom #4 - Toilet water tank is constantly flowing to the toilet bowl.</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 maintance fixed toilet Water tank immediately after annual Survey.</p>	<p>6/23/17</p> <p>17 JUN 23 17:55</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-23(h) <u>FINDINGS</u> Bedroom #4 - Toilet water tank is constantly flowing to the toilet bowl.	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG notified President of company who had maintenance come in to replace stop in toilet tank in room #4 on 11-23-14.</p> <p>PCG has a worker order form in use.</p>	<p style="text-align: center;">11/23/14</p>
		<p>Will do Monthly facility Checks. instruct staff to inform Me asap as soon if anything breaks.</p>	<p style="text-align: center;">6/23/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u> (h)(1)(A) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>Housekeeping:</p> <p>A plan including but not limited to sweeping, dusting, mopping, vacuuming, waxing, sanitizing, removal of odors and cleaning of windows and screens shall be made and implemented for routine periodic cleaning of the entire Type I ARCH and premises;</p> <p><u>FINDINGS</u> Bedroom #8 - Bathroom vent dusty.</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>staff immediately cleaned vent in bathroom #8 after survey. pcg will have staff assigned to a room which is deep cleaned on a weekly basis. pcg will also do weekly checks.</p>	<p>6/23/17</p> <p>17 JUN 23 AM 7:55</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-23(h)(1)(A)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Staff immediately cleaned vent in bathroom #8 after survey. PCG will have staff assigned to a room which is deep cleaned on a weekly basis. PCG will also do weekly checks.</p>	<p style="text-align: center;">11/18/14</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-53 <u>Personnel and staffing requirements.</u> (c) All Type II ARCHs shall have available a registered nurse to provide direct management and oversight of residents and direct care staff. The registered nurse shall provide assessments of residents with appropriate training and oversight of staff to ensure that resident needs are met.</p> <p><u>FINDINGS</u> Documentation did not reflect that the Registered Nurse is providing direct management and oversight of residents and direct care staff. For example, Resident #2 was identified as "INF" level of care on 8/29/16; however, case manager assessment was dated 10/19/16 and care plan dated 11/3/16. Progress notes did not reflect changes in the resident's condition prior to level of care change on 8/29/16.</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><i>I'm unable to correct this deficiency.</i></p>	<p style="text-align: right;"><i>11/20/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-53(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>Moving forward. In the future PCA will work together with registered nurse and case manager to ensure that staff and PCA are receiving direct management and oversight for residents care and appropriate training and services of residents needs are met. PCA will also read and review care plan with case manager to ensure correct documenting are on progress notes.</p>	<p style="text-align: center;">11/20/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-54 <u>General operational policies.</u> (1) In addition to the requirements in section 11-100.1-7, the Type II ARCH shall have general operational policies on the following topics:</p> <p>Nursing services, delegation and staffing pattern/ratio;</p> <p>FINDINGS No general operational policies for:</p> <ol style="list-style-type: none"> Documentation. For example: Errors have numerous lines drawn across the words to prevent reading what is under it; there are one (1) to four (4) blank lines between entries on the progress notes; white-out use noted in the progress notes; and progress notes were recopied. Medication records contained similar lines drawn across words to prevent reading what is under it. 	<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 we corrected deficiency^{JP} together HR is putting general operational policies and procedures. putting^{JP}</p>	<p style="text-align: center;">6/23/17</p> <p style="text-align: center;">17 JUN 2017</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-54(1)</p> <p><u>FINDINGS</u> No general operational policies for:</p> <ol style="list-style-type: none"> Documentation. For example: Errors have numerous lines drawn across the words to prevent reading what is under it; there are one (1) to four (4) blank lines between entries on the progress notes; white-out use noted in the progress notes; and progress notes were recopied. Medication records contained similar lines drawn across words to prevent reading what is under it. 	<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>Human Resources is putting together a general operational policies and procedures at this time for future purposes and to ensure this deficiency doesn't occur.</p> <p>Staff along with PEG has been retrained.</p> <p>PEG will do weekly checks on progress notes and medication records.</p>	<p style="text-align: center;">11/20/14 to Present</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-54(1)</p> <p><u>FINDINGS</u> No general operational policies for:</p> <ol style="list-style-type: none"> Documentation. For example: Errors have numerous lines drawn across the words to prevent reading what is under it; there are one (1) to four (4) blank lines between entries on the progress notes; white-out use noted in the progress notes; and progress notes were recopied. Medication records contained similar lines drawn across words to prevent reading what is under it. 	<p align="center">Part 2</p> <p align="center"><u>FUTURE PLAN</u></p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>pcg and staff have been retained By Don. pcg will do Weekly Checks to ensure progress notes and documentation is properly Completed. upon Completion of Part 2 P pcg will put in Part 2 binder.</p>	<p align="center">6/23/17</p> <p align="center">47 JUN 23 2017</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-54 <u>General operational policies.</u> (1) In addition to the requirements in section 11-100.1-7, the Type II ARCH shall have general operational policies on the following topics:</p> <p>Nursing services, delegation and staffing pattern/ratio;</p> <p><u>FINDINGS</u> No general operational policies for:</p> <ol style="list-style-type: none"> 1. Fire evacuation procedure. Posted procedure was inconsistent with documentation of drills performed. For example: Towels are placed at the bottom of resident doors to keep smoke contained (not reflected on posted procedure). Posted procedure stated: Do not attempt to go back into the house; however, fire drills for 8/9/16, 6/25/16 and 4/2/16 noted that staff "ran back"/"came back" to get other residents. 	<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>HR is Working on general Part P for fire evacuation procedure.</i></p>	<p style="text-align: center;"><i>6/23/17.</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-54(1)</p> <p><u>FINDINGS</u> No general operational policies for:</p> <p>1. Fire evacuation procedure. Posted procedure was inconsistent with documentation of drills performed. For example: Towels are placed at the bottom of resident doors to keep smoke contained (not reflected on posted procedure). Posted procedure stated: Do not attempt to go back into the house; however, fire drills for 8/9/16, 6/25/16 and 4/2/16 noted that staff "ran back"/"came back" to get other residents.</p>	<p align="center">Part 2</p> <p align="center"><u>FUTURE PLAN</u></p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>Human Resources is working on a general policies and procedures for fire evacuation procedure. PCA and staff has been retrained on fire evacuation procedures.</i></p>	<p align="center"><i>11/20/16 to Present</i></p>
		<p><i>page and staff has been retrained on fire evacuation procedure By DON. upon completion of fire evacuation procedure P put in binder</i></p>	<p align="center"><i>6/23/17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-56 <u>Physical environment.</u> (c)(1) Except as provided in subsection (a), Type II ARCHs shall be in compliance with the requirements for Group I occupancies as defined in the Uniform Building Code and as detailed in applicable chapters of the NFPA 101 Life Safety Code adopted by reference by the state fire code and respective county fire codes. Compliance shall include but are not limited to the following:</p> <p>All exits in Type II ARCHs shall be lighted from sunset to sunrise and under other conditions required by applicable provisions of the state and county fire codes;</p> <p><u>FINDINGS</u> No documentation of annual fire alarm system inspection. Date of last inspection 8/31/15. Submit copy 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>Fire alarm inspection conducted on 8/25/16 obtain copy of report.</p>	<p>6/23/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-56(c)(1)</p> <p><u>FINDINGS</u> No documentation of annual fire alarm system inspection. Date of last inspection 8/31/15. Submit copy with the POC.</p>	<p align="center">Part 2</p> <p align="center"><u>FUTURE PLAN</u></p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>on day of fire alarm inspection get a copy of report and place in care home binder PCG ^{will} may also gather information a month prior to annual survey.</p>	<p align="center">6/23/17</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-56 <u>Physical environment.</u> (c)(1) Except as provided in subsection (a), Type II ARCHs shall be in compliance with the requirements for Group I occupancies as defined in the Uniform Building Code and as detailed in applicable chapters of the NFPA 101 Life Safety Code adopted by reference by the state fire code and respective county fire codes. Compliance shall include but are not limited to the following:</p> <p>All exits in Type II ARCHs shall be lighted from sunset to sunrise and under other conditions required by applicable provisions of the state and county fire codes;</p> <p><u>FINDINGS</u> No documentation of annual fire sprinkler system inspection. Date of last inspection 9/9/13. Submit copy 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>Sprinkler system conducted on 8/25/14 obtained a copy of annual fire sprinkler system inspection</p>	<p>6/23/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-56(c)(1)</p> <p><u>FINDINGS</u> No documentation of annual fire sprinkler system inspection. Date of last inspection 9/9/13. Submit copy with the POC.</p>	<p align="center">Part 2</p> <p align="center"><u>FUTURE PLAN</u></p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p align="center">on day of annual fire sprinkler system inspection Pcg will obtain copy of annual fire sprinkler system inspection and place in care home binder.</p>	<p align="center">6/23/17.</p> <p align="center">SS-2017-07-17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-56 <u>Physical environment.</u> (c)(1) Except as provided in subsection (a), Type II ARCHs shall be in compliance with the requirements for Group I occupancies as defined in the Uniform Building Code and as detailed in applicable chapters of the NFPA 101 Life Safety Code adopted by reference by the state fire code and respective county fire codes. Compliance shall include but are not limited to the following:</p> <p>All exits in Type II ARCHs shall be lighted from sunset to sunrise and under other conditions required by applicable provisions of the state and county fire codes;</p> <p><u>FINDINGS</u> No documentation of the Honolulu Fire Department 2016 inspection. Submit copy 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>HFD report received on 4/29/14</p>	<p>6/23/14.</p> <p style="text-align: right;">17 JUN 23 4 55</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-56(c)(1)</p> <p><u>FINDINGS</u> No documentation of the Honolulu Fire Department 2016 inspection. Submit copy with the POC.</p>	<p>Part 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>pcg will get copy on day of annual HFD inspection and place in care home binder</p>	<p>6/23/17</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c) 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><u>FINDINGS</u> Resident #2 - Case management services were not chosen at the time resident identified as "INF" on 8/29/16.</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><i>I'm unable to correct deficiency.</i></p>	<p style="text-align: right;"><i>11/20/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-88(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>PCA will document that families are pushing behind or refusing to have resident expanded and overseen by case manager because they don't want to pay for services. PCA will also notify physician and case manager to make them aware and work together with family to ensure resident is receiving proper care and services for correct use of care. PCA has spoken to family who have agreed to services care plan implemented.</p>	<p style="text-align: center;">11/20/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(1) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects;</p> <p><u>FINDINGS</u> Resident #2 - Resident reassessed as "INF" on 8/29/16; however, the comprehensive assessment was completed 10/19/16.</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><i>I'm unable to correct deficiency.</i></p>	<p><i>11/20/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-88(c)(1)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Moving forward - PCA will notify case manager as soon as resident level of care has changed to "LUF" to ensure that resident is receiving proper proper services and a care plan is implemented by a Case manager. PCA will review care plan and work with Case manager.</p>	<p style="text-align: center;">11/20/16</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><u>FINDINGS</u> Resident #2 - No care plan within seven (7) days of transition to "INF" level.</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>I'm unable to correct deficiency.</i></p>	<p style="text-align: center;"><i>11/20/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-88(c)(2)</p> <p><u>FINDINGS</u> Resident #2 - No care plan within seven (7) days of transition to "INF" level.</p>	<p>Part 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>Moving Forward - PCG will contact case manager immediately when a residents level of care is changed to "INF" to ensure there is a care plan in place for proper services and care.</i></p>	<p><i>11/20/16</i></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><u>FINDINGS</u> Resident #1 - "Quality of Life" care plan noted "Allow snack of choice or one that is being served that day" was "d/c 6/15/16;" however, there was no physician order to discontinue.</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 pcc met will CM and had Care plan updated after annual survey following annual inspection MD DC Snack of Choice ^{JF} Choice.</p>	<p>6/23/17</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-88(c)(2)</p> <p><u>FINDINGS</u> Resident #1 - "Quality of Life" care plan noted "Allow snack of choice or one that is being served that day" was "d/c 6/15/16;" however, there was no physician order to discontinue.</p>	<p align="center">Part 2</p> <p align="center"><u>FUTURE PLAN</u></p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PEG will contact physician for a signed order discontinuing order. PEG will not discontinue any orders without a signed physician's order. PEG will review medication records weekly to ensure orders are transcribed correctly.</p>	<p align="center">11/20/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p>FINDINGS Resident #2 - Nutrition care plan did not include measureable goals for weight.</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 pcg and CM Met after annual Survey to update^{IT} update Care plan.</p>	<p style="text-align: center;">6/23/17</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-88(c)(2)</p> <p>FINDINGS Resident #2 - Nutrition care plan did not include measureable goals for weight.</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>PCA will read care plan and identify specialized services in which Case manager will be providing. I will work with Case manager to assure all paper work for a care plan is completed within forty eight hours of admission to expanded AZCH.</p>	<p style="text-align: center;">11/20/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> Resident #1 - "At Risk for episodes of anxiety" care plan noted that "Seroquel" was ordered due to "unredirectable behaviors." Interventions did not include physician order to "watch for sedation."</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;">Following annual survey Met with CM to update Care plan.</p>	<p style="text-align: center;">6/23/17</p> <p style="text-align: center;">17 JUN 23 47:55</p>


	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>RULE #11-100.1-88(c)(4)</p> <p><u>FINDINGS</u> Resident #1 - "At Risk for episodes of anxiety" care plan noted that "Seroquel" was ordered due to "unredirectable behaviors." Interventions did not include physician order to "watch for sedation."</p>	<p align="center">Part 2</p> <p align="center"><u>FUTURE PLAN</u></p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Moving forward PCA will work with Case Manager on Care Plan to ensure that a physicians order is signed and set in place for interventions on watching for sedation. PCA will work with Case manager to assure specialized services are provided accordingly and updated.</p>	<p align="center">11/20/16</p>


	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(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>FINDINGS Resident #1 - "At risk for constipation related to history of and on routine stool softener" care plan reflected "Administer Senna S daily as ordered;" however, Senna S is ordered "prn."</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>Following annual Survey pg Met CM to update care plan</p>	<p>6/23/17</p> <p style="text-align: right; font-size: small;">17 JUN 23 4 55</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>RULE #11-100.1-88(c)(4)</p> <p><u>FINDINGS</u> Resident #1 - "At risk for constipation related to history of and on routine stool softener" care plan reflected "Administer Senna S daily as ordered;" however, Senna S is ordered "prn."</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>moving forward - PCA will read the care plan and identify the specialized services in which Case Manager is providing to Caregivers. PCA will work together with Case Manager to assure physicians orders are transcribed correctly in care plan and updated accordingly.</p>	<p>11/20/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> Resident #1 - "At risk for falls and decreased safety awareness and forgetfulness" care plan intervention noted: bed alarm when in bed, chair alarm when up in chair and wheelchair cushion;" however, no documentation that the services are provided.</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><i>Yes. These services has been transcribed into medication needs under treatments where staff are to sign off to ensure these services are provided.</i></p>	<p><i>11/20/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-100.1-88(c)(4)</p> <p><u>FINDINGS</u> Resident #1 - "At risk for falls and decreased safety awareness and forgetfulness" care plan intervention noted: bed alarm when in bed, chair alarm when up in chair and wheelchair cushion;" however, no documentation that the services are provided.</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><i>PCA will read care plan and work together with case manager on the proper documentation on services provided. PCA and case manager will review care plan more often.</i></p>	<p style="text-align: center;"><i>11/20/16</i></p>

Licensee's/Administrator's Signature: 
Print Name: Joy Foster
Date: 12/28/14

Licensee's/Administrator's Signature: 
Print Name: Joy Foster
Date: 6/23/17