

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: TJ Factora Care Home	CHAPTER 100.1
Address: 830 Second Street, Pearl City, Hawaii 96782	Inspection Date: August 3, 2017 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>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> Substitute care giver (SCG) #1, Household member (HM) #1 and HM #2 - No physical examinations (PE) prior to move into ARCH (11/15/16) and contact with residents. SCG #1 PE dated 1/5/17, HM #1 PE dated 3/22/17 and HM #2 PE dated 3/27/17.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a)	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> Substitute care giver (SCG) #1, Household member (HM) #1 and HM #2 - No physical examinations (PE) prior to move into ARCH (11/15/16) and contact with residents. SCG #1 PE dated 1/5/17, HM #1 PE dated 3/22/17 and HM #2 PE dated 3/27/17.</p>	<p style="text-align: center;">PART 2 <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>From now on, I will require every individual moving into my care home for the first time, to either reside or provide care to my residents, to submit prior to moving in, the following documents such as PE performed by a physician and TB clearances certifying that he/she is free of infectious disease. PE and TB clearances will be done annually thereafter.</i></p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1 - "Carvedilol 3.125 mg tab take 1 tablet twice daily with meals" ordered 6/20/17, 2/25/17, 10/17/16 and 9/17/16; however, the pharmacy label read "Carvedilol 6.25 mg Take 1 tab twice per day with breakfast and dinner." There was a post-it note that read: "Carvedilol 6.25 mg tab take 1/2 tab po BID with meals."</p>	<p style="text-align: center;">PART 1 <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>(see attached)</i></p>	<p style="text-align: center;">8-10-17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	§11-100.1-15. <u>Medications.</u> (a)	<p style="text-align: center;">Part 1</p> <p>The deficiency was corrected on August 10, 2017. The MD ordered decreased Carvedilol 6.25mg to Carvedilol 3.125mg 1 tab BID with breakfast and dinner on 2-23-15. The resident's family member is the responsible party. She always accompanies and takes the resident to the doctor. She picks up all medications from the Pharmacy and drops them off to the Care Home. She is aware of the changes in the medication made and ordered by the MD. The Pharmacy dispensed a lot of Carvedilol 6.25mg tablet. There were actually 3 bottles of expired Carvedilol 6.25mg and the one in used was the last bottle of Carvedilol 6.25mg the resident's family member got from the Pharmacy. The said medication was cut into half to make Carvedilol 3.125mg available for the resident.</p> <p>On August 10, 2017, all the current medications were updated, reconciled and reviewed with the PCP (see attached list). The PCG personally walked in to the PCP office and checked with the Nurse Receptionist making sure the right strength of Carvedilol 3.125mg was updated in their computer system as well as the prescription be send to the Pharmacy right away to dispense the right drug strength as ordered by MD. On August 13, 2017 the resident's family member drops off one container of Carvedilol 3.125mg containing 90 tablets.</p>	8-10-17

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<input checked="" type="checkbox"/>	§11-100.15- <u>Medications</u> . (a)	<p style="text-align: center;">Part 2 <u>Future Plan</u></p> <p>To ensure that it doesn't happen again, PCG will immediately check and read the Clinical Summary Report from the MD every after Clinic visits of residents. PCG will check changes ordered by MD and follow up with Pharmacy to check if they were notified and made aware of such drug changes so that they will dispense the right drug so ordered by MD. The PCG will always double check all medications received and to correct mistakes or errors noted immediately by calling to check with the Pharmacist and with the MD as well.</p>	

J. J. Acton

	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> Unsecured medication at a resident's bedside - Terbinafine hydrochloride cream 1%, Mometasone furoate cream 0.1%, antibiotic ointment and triple antibiotic ointment.</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>(see attached)</i></p>	<p style="text-align: center;">8-3-17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	§11-100.15- <u>Medications.</u> (b)	<p style="text-align: center;">Part 1</p> <p>All the medications at the resident's bedside table were all confiscated and taken, checked for expiration dates, properly disposed of, properly labeled and made secured in the locked storage.</p>	<p style="text-align: center;">8-3-17</p>

J. J. Adams

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<input checked="" type="checkbox"/>	§11-100.15- <u>Medications.</u> (b)	<p style="text-align: center;">Part 2 <u>Future Plan</u></p> <p>Future plan made to ensure that it doesn't happen again in the future. The PCG will always remind and keep on reminding the resident to hand in all kinds of medications for safe keeping and also make the resident's family member aware that medications are to be kept properly in a secured storage of the Care Home. The PCG and or SCG will check the resident's room on a regular weekly basis especially when cleaning resident's room and check for any medication the resident might be keeping or hiding. If the PCG or the SCG whoever is cleaning the room will inform the resident that he needs to give or hand in all medications to the PCG for safe keeping and that any kind of medication be stored securely and properly in the Care Home.</p>	

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<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 for "amoxicillin 500 mg Take 1 capsule by mouth every 6 hrs until gone #28" recorded on the April 2017 medication record as taken 4/14/17 to 4/20/17.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	§11-100.1-15 Medications. (e)	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

J. J. Adams

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	§11-100.15- <u>Medications.</u> (e)	<p style="text-align: center;">Part 2 <u>Future Plan</u></p> <p>To prevent and to ensure that it doesn't happen again, future plan was made. Whenever a resident goes to the doctor, PCG will prepare and make sure the resident brings along with him a Physician/APRN Record so that MD/APRN or Dentist or Consultants or whoever sees the resident can write any orders made on the form. PCG will check and make sure always that resident and family member bring back the said form accomplished by the doctor or dentist. The PCG will make sure all orders are carried out accordingly and make the necessary correction immediately when needed. PCG will always check and monitor that nothing is being missed with any consultation encounter.</p>	

J. Adams

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<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 - "Aspirin 81 mg tabs 1 tablet daily" ordered 10/17/16; however, was not recorded on the medication record and was not taken by the resident.</p>	<p>PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>(see attached)</i></p>	<p>8-10-17</p>

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<input checked="" type="checkbox"/>	§11-100.15- <u>Medications.</u> (e)	<p style="text-align: center;">Part 1</p> <p>The ASA 81mg tab 1 tab daily was discontinued by the Cardiologist on 7-17-14, then the order was resumed by the PCP on 11-7-14. The Ortho doctor discontinued the ASA 81mg tab order on 4-14-16 due to left knee with excessive bleeding and excessive hematoma.</p> <p>An order to discontinue ASA 81mg tab PO daily effective 4-14-16 was made on 8-10-17, signed by the MD. (See attached Physician/APRN Record)</p>	<p style="text-align: center;">8-10-17</p>

J. J. Acton

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<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 - "Gingko Biloba 120 mg I capsule daily" ordered 10/17/16; however, was not recorded on the medication record and was not taken by the resident.</p>	<p style="text-align: center;">PART 1 <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>(see attached)</i></p>	<p style="text-align: center;"><i>8-10-17</i></p>

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<input checked="" type="checkbox"/>	§11-100.15- <u>Medications.</u> (e)	<p style="text-align: center;">Part 1</p> <p>“Gingko Biloba 120mg cap daily” was also discontinued per recommendation by the Ortho doctor due to excessive bleeding and hematoma left knee on 4-14-16.</p> <p>An order to discontinue “Gingko Biloba” effective 4-14-16 was done on 8-10-17. (See attached Physician/APRN Record) signed by MD. All current medications reviewed and medication list reconciled as well on 8-10-17.</p>	<p style="text-align: center;">8-10-17</p>

J. J. Acton

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<input checked="" type="checkbox"/>	§11-100.15- <u>Medications.</u> (e)	<p style="text-align: center;">Part 2 <u>Future Plan</u></p> <p>A future plan is made to prevent and to ensure that it doesn't happen again. The PCG will always check immediately the After Visit Summary or Physician/APRN Record in every occurrence for new orders, order changes and discontinued medication orders and carry out every single order made. The PCG will double check if possible errors are made on the After Visit Summary. If errors are noted follow up immediately with the responsible MD and proper clarification orders and necessary corrections be made right away at the soonest possible time. The PCG will see to it that no single order entry is being missed. The PCG will write progress notes for the necessary documentation.</p>	

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<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 - "Oxycodone-acetaminophen 5-325 mg oral tablet take 1 tablet every 12 hours as needed for pain" ordered 10/17/16, 9/17/16; the medication records read: "Take 1-2 tabs po every 4 hours prn pain." On 2/11/17 two (2) tablets were taken by the resident.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	§11-100.15- <u>Medications.</u> (e)	<p style="text-align: center;">Part 2 <u>Future Plan</u></p> <p>A future plan is made to prevent and to ensure it doesn't happen again. The PCG will check immediately the After Visit Summary for new orders and changes in the previous medications made by a different MD. If there are modifications in the dosages or strengths of the drug from previous orders, the PCG will follow up with the MD and clarification on the orders be done right away. PCG will double check and make sure not to miss a single entry. A telephone order for the clarification should be written right away and have the MD sign the soonest possible time. In this case the After Visit Summary from the ER should have been brought along to the MD office and so that the PCP will review, reconcile and update the medication order. The resident and the family member who brings resident to the MD should always bring with them a copy of current updated medication list for the MD to review and make necessary adjustment to any orders previously made by another MD prior to that visit being made and for the Nurse/Receptionist to compare when carrying out the MD orders and at the same time to update the orders in their computer software system.</p>	

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	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><u>FINDINGS</u> Resident #1 - "Promethazine-codeine 6.25 mg/5 ml oral syrup Take 1 tsp po every 4 hours prn for cough" recorded on the medication record was not updated since 7/12/16 to present; a period of 12 months.</p>	<p>PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>(see attached)</i></p>	<p><i>8-10-17</i></p>

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<input checked="" type="checkbox"/>	§11-100.15- <u>Medications.</u> (g)	<p style="text-align: center;">Part 1</p> <p>The medication order for Promethazine-Codeine 6.25mg/5ml oral syrup was on 7-12-16 and the resident consumed all the contents of the bottle of medicine on July 20, 2016. An order to discontinue the order for Promethazine-Codeine was done and received on 8-10-17 due to non-usage, resident consumed the medication after a week, the order exceeded one year and there were no more refills on said medication. (See attached Physician/APRN Record)</p>	<p style="text-align: center;">8-10-17</p>

M. Adams

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<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><u>FINDINGS</u> Resident #1 - "Diabetic tussin DM 100/5 ml oral liquid 1 tsp q4h prn" ordered 10/17/16 was not updated 10/17/16 to present; a period of 9 months.</p>	<p>PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>(see attached)</i></p>	<p><i>8-10-17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	§11-100.1-15 <u>Medications.</u> (g)	<p style="text-align: center;">Part 1</p> <p>The “Diabetic Tussin DM 100/5ml oral liquid 1 tsp every 4 hours PRN” order was not updated for 9 months. Resident was given Diabetic Tussin from June 11-30, 2017. An order to discontinue PRN medication Diabetic tussin was made and received on 8-10-17. The order carried out and current medication list updated. All medication orders were also reevaluated, reviewed, reconciled and signed by PCP. (See attached Physician/APRN Record)</p>	<p style="text-align: center;">8-10-17</p>

M. Adora

	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><u>FINDINGS</u> Resident #1 - "Diabetic tussin DM 100/5 ml oral liquid 1 tsp q4h prn" ordered 10/17/16 was not updated 10/17/16 to present; a period of 9 months.</p>	<p>PART 2 <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>(see attached)</i></p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	§11-100.1-15 <u>Medications.</u> (g)	<p style="text-align: center;">Part 2 <u>Future Plan</u></p> <p>A future plan was made to ensure that it doesn't happen again. The PCG will follow up with PCP/MD making sure all medication orders and/or current medications and PRN medications as well are reevaluated, reviewed, reconciled and updated and signed by the physician every 4 months. The PCG will double check the current medication list on a regular every 4 months interval and making sure not to miss anything that exceed 4 months. PCG will monitor PRN medications not in used and consumed and get an order to discontinue medication and will only get a new order if resident needs that medication again. PCG will also get the period of time the resident will take the medication, and to get a stop date on the medication order and also to discard and properly dispose said medication.</p>	

tyfactors

	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><u>FINDINGS</u> Resident #1 - Oxycodone-acetaminophen recorded on the medication record was not updated 10/17/16 to present; a period of 9 months.</p>	<p style="text-align: center;">PART 1 <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>(see attached)</i></p>	<p>8-10-17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	§11-100.1-15 <u>Medications.</u> (g)	<p style="text-align: center;">Part 1</p> <p>The last tablet of Oxycodone-Acetaminophen was administered on February 22, 2017. An order to discontinue PRN Oxycodone-Acetaminophen received on 8-10-17, order carried out and the current medication list updated. (See attached order)</p>	<p style="text-align: center;">8-10-17</p>

MyAction

	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><u>FINDINGS</u> Resident #1 - Oxycodone-acetaminophen recorded on the medication record was not updated 10/17/16 to present; a period of 9 months.</p>	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>(see attached)</i></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><u>FINDINGS</u> Resident #1 - Oxycodone-acetaminophen recorded on the medication record was not updated 10/17/16 to present; a period of 9 months.</p>	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>From now on, with every MD visit, every 4 months or as determined by the MD, I will ensure to obtain a written MD order of all current medications, to include PRN medications dated and signed accordingly by MD in the Physician Record, accurately updated with every visit, transcribed and recorded in the MAR as ordered and then kept in resident's chart.</i></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><u>FINDINGS</u> Resident #1 - "Claritin 10 mg oral capsule" has not been updated since 8/29/14; a period of 28 months.</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>(See attached)</i></p>	<p style="text-align: center;"><i>8-16-17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	§11-100.1- <u>Medications.</u> (g)	<p style="text-align: center;">Part 1</p> <p>Claritin 10mg oral capsule is a routine medication taken by the resident for a long time and it had not been updated since then. My mistake it should have been updated and reevaluated by MD every 4 months. The Claritin 10mg capsule and all current medications updated and reevaluated and signed by the MD on 8-10-17 and the medication list updated with the Nurse/Receptionist at the doctor's office. PCG checked it out personally with the Nurse/Receptionist that the updated medication list is in their software system. (See attached Physician/APRN Record)</p>	<p style="text-align: center;">8-10-17</p>

J. J. Adams

	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><u>FINDINGS</u> Resident #1 - "Claritin 10 mg oral capsule" has not been updated since 8/29/14; a period of 28 months.</p>	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>(see attached)</i></p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	§11-100.1- <u>Medications.</u> (g)	<p style="text-align: center;">Part 2 <u>Future Plan</u></p> <p>To ensure that it doesn't happen again, a future plan is made to be strictly followed. PCG will follow up with the MD that all medications routine or it be a PRN are to be reevaluated and updated every 4 months. PCG will check and monitor monthly that all medications are updated making sure every single medication is active and not to exceed 4 months since the last medication update.</p> <p>Addendum: To start the year with the future plan that was written and to be strictly followed the PCG started to implement the rule as planned. All the medications were reevaluated, reviewed, updated and signed by MD on 1-8-18.</p>	

tytactor

	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 - "Mupirocin (Bactroban) 2% ointment apply to small film with antifungal medication 1:1 ratio 3 times a day for 14 days" ordered 7/30/17; medication record did not reflect the name of the anti-fungal medication used (Terbinafine hydrochloride cream 1%).</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>(see attached)</i></p>	<p style="text-align: center;"><i>8-10-17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	§11-100.1-15 <u>Medications.</u> (m)	<p style="text-align: center;">Part 1</p> <p>Family consulted MD on 7-28-17 for scrotal rashes of resident. MD prescribed topical cream as the treatment. The order was picked up by the family and handed the cream Terbinafine Hydrochloride 1% which was an antifungal cream per MD which was to be applied to the scrotal area 2 times a day. A telephone order written signed by MD. (See attached copy). On 7-30-17 the resident was brought to the ER for further evaluation and management for the worsening scrotal rashes. So the After Visit Summary received with the new order Mupirocin(Bactroban) 2% ointment apply to small film with antifungal medication 1:1 ratio 3X a day for 14 days. A telephone order written to change Terbinafine 1% cream written on 7-30-17 and specified that Terbinafine 1% cream is the antifungal cream previously prescribed on 7-28-17(see attached copy). Addendum was written on the treatment record to reflect the name of the antifungal medication used. The telephone orders signed by MD on 6-10-17.</p>	<p style="text-align: center;">8-10-17</p>

Atadon

	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 - "Mupirocin (Bactroban) 2% ointment apply to small film with antifungal medication 1:1 ratio 3 times a day for 14 days" ordered 7/30/17; medication record did not reflect the name of the anti-fungal medication used (Terbinafine hydrochloride cream 1%).</p>	<p>PART 2 <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>(see attached)</i></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 - "Mupirocin (Bactroban) 2% ointment apply to small film with antifungal medication 1:1 ratio 3 times a day for 14 days" ordered 7/30/17; medication record did not reflect the name of the anti-fungal medication used (Terbinafine hydrochloride cream 1%).</p>	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>From now on, to prevent this from happening again, this PCG will ensure the accurateness of the medication ordered: by double checking the written MD order, comparing with the medication label on the container for correctness and specific name of drug ordered and documenting the specific medication used as well as recorded accordingly in the MAR.</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 #1 - Progress notes did not reflect resident's tolerance to diet.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	§11-100.1-17 Records and reports. (b)(3)	<p style="text-align: center;">Part 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/ appropriate. For this deficiency, only a future plan is required.</p>	

tyfactor

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 - Progress notes did not reflect resident's tolerance to diet.</p>	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>(see attached)</i></p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	§11-100.1-17 <u>Records and reports</u> (b)(3)	<p style="text-align: center;">Part 2 <u>Future Plan</u></p> <p>To ensure that it doesn't happen again, a future plan is made that must be followed. The progress notes which stated, "the resident tolerated diet" is not complete to reflect resident tolerance to diet. The PCG will make sure the progress notes reflect resident's tolerance to diet by taking into consideration such as:</p> <ol style="list-style-type: none"> 1. Describe the appetite 2. Percentage of food consumption 3. Ability of resident to eat the served food or diet 4. Note for any difficulty problems or chewing problems that might occur. 	

W. Actorn

	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><u>FINDINGS</u> Resident #1 - No documentation that the physician was notified of a 14 lb weight loss June 2017 (178.4 lbs) to July 2017 (164.4 lbs).</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	§11-100.1-20 Resident healthcare standards. (c)	<p style="text-align: center;">Part 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/ appropriate. For this deficiency, only a future plan is required.</p>	

tylacton

	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><u>FINDINGS</u> Resident #1 - No documentation that the physician was notified of a 14 lb weight loss June 2017 (178.4 lbs) to July 2017 (164.4 lbs).</p>	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>(see attached)</i></p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	§11-100.1-20 <u>Resident health care standards.</u> (c)	<p style="text-align: center;">Part 2 <u>Future Plan</u></p> <p>A future plan is made to be strictly followed to ensure that it doesn't happen again. Weights of residents are being taken and recorded monthly on the 1st day of the month. PCG will monitor the monthly weights and check weight changes. Notify MD for any significant changes the soonest possible time possibly within the first week and PCG will write the documentation in the progress notes making sure nothing will be missed.</p>	

jtadon

	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><u>FINDINGS</u> Resident #1 - No documentation that the physician was notified of a 14 lb weight loss June 2017 (178.4 lbs) to July 2017 (164.4 lbs).</p>	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>In the future, whenever I notice any significant change in my resident's weight, I will immediately call and notify the doctor's office and secure a doctor's appointment for my resident, to have my resident be evaluated of his physical condition and indicate a weight parameter to serve as my guideline and document in the doctor's order record. Progress notes will be written accordingly and immediately there after.</i></p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) 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>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u> Substitute care giver did not submerge dishes completely in the sanitizing solution.</p>	<p>PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>(see attached)</i></p>	<p><i>8-4-17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	§11-100.1-23 <u>Physical environment.</u> (h)(3)	<p style="text-align: center;">Part 1</p> <p>The PCG instructed all SCGs to properly submerge dishes completely in the sanitizing solution and to soak dishes in the sanitizing solution for at least 1 minute. The SCGs were instructed to sanitized dishes and utensils properly. The SCGs further instructed to wash dishes and utensils not all at one time making sure the dishes are submerge completely on the sanitizing solution and after at least 1 minute have the dishes air dry and submerge the rest of the dishes or another batch of dishes to be submerge completely in the sanitizing solution.</p>	<p style="text-align: center;">8-4-17</p>

jtactara

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) 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>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u> Substitute care giver did not submerge dishes completely in the sanitizing solution.</p>	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>(see attached)</i></p>	<p style="text-align: center;">8-6-17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	§11-100.1-20 <u>Physical environment.</u> (h)(3)	<p style="text-align: center;">Part 2 <u>Future Plan</u></p> <p>To ensure that it doesn't happen again, this future plan is made to be strictly followed. A bigger container was purchase ready for use to accommodate bigger utensils and dishes and also wider and bigger room or space for utensils to be completely submerge the sanitizing solution. PCG will monitor and check all SCGs that they are doing what is being told and instructed them to do regarding the rules relating to sanitation, health, infection control and environmental safety. Monitor SCGs every time they wash dishes to completely submerge dishes in the sanitizing solution. PCG will check SCGs that they are following strictly the proper way to sanitize dishes and utensils making sure all dishes and utensils are completely submerged in the sanitizing solution.</p>	<p style="text-align: center;">8-6-17</p>

J. Adara

Licensee's/Administrator's Signature: _____

T. Factora

Print Name: _____

TESSIE J. FACTORA

Date: _____

Licensee's/Administrator's Signature: *tfactora*

Print Name: TESSIE J. FACTORA

Date: 1-18-78

Licensee's/Administrator's Signature: *tfactora*

Print Name: TESSIE J. FACTORA

Date: April 4, 2018