

Office of Health Care Assurance

State Licensing Section

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Holy Family II	CHAPTER 100.1
Address: 47-410 Ahuimanu Road, Kaneohe, Hawaii 96744	Inspection Date: June 8 & 9, 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>§11-100.1-15 <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><b><u>FINDINGS</u></b>            Nystatin powder, clotrimazole ointment and ammonium lactate unsecured in an unlocked cabinet.</p>	<p style="text-align: center;"><b>Part 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>The Nystatin powder, clotrimazole ointment, and ammonium lactate are kept separate from the oral medications stored in the drug cart for use during the morning skin care routines. These medications have since been moved from the unlocked cabinet and stored in the drug room.</p>	<p>06/2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	11-100.1-15(b)	<p style="text-align: center;"><b>Part 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent future deficiencies, a locked cabinet will be provided for ease of access to medicated skin creams and lotions. All medicated creams (including the nystatin powder, clotrimazole ointment, and ammonium lactate) will be stored only in the locked cabinet, with the key kept in the drug room and accessible by the licensed staff. Any medicated creams or lotions stored in this cabinet will be properly labeled and monitored by the licensed staff.</p>	01/2017

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b>FINDINGS</b> Resident #3 – “Acetaminophen (325 mg) 650 mg 2 ea oral every 4 hours as needed mild pain” order was signed by the physician; however, the medication was not provided and the order not clarified with the physician.</p> <p>Resident #4 – “Lasix 40 mg i QD pm” ordered 6/7/15; however, the medication was not recorded on the June 2015 medication record. The order was not clarified.</p>	<p style="text-align: center;"><b>Part 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>To prevent future deficiencies, all medication and treatment orders will be clarified immediately upon admission for all hospital readmissions. Additionally, orders will be updated with the primary care physician at the hospital discharge follow up visit.</p> <p>To prevent future deficiencies and timely filing of documents in resident charts, all physicians will be provided with a Physician Order form at the time of the visit, even if a separate Physical Examination Form is provided. This form will be completed by the physician, with any new orders/concerns and signature at the very least. Caregivers accompanying the resident will be instructed to have the physician write any new orders and sign the form, and bring the form back to the facility on the day of the visit. Any physician visit summaries received after the day of the visit will be checked against the Physician Order Form and filed accordingly.</p>	<p>Ongoing</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	11-100.1-15(e)	<p style="text-align: center;"><b>Part 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PRN acetaminophen was included on the hospital M4 discharge orders form. This was a new medication for this resident and no prescription or supply of the medication was provided. Admission orders, which included medications, diet orders, and activity orders were clarified by telephone order with this resident's physician and filed in the resident's chart upon readmission.</p> <p>In review of this chart, PRN Lasix and the diagnosis of CHF for this resident were transcription errors on the part of the physician. Medication orders and resident diagnoses have since been updated with this physician. However, there was an oversight by the licensed staff, as this error was not identified sooner. Discussed with licensed staff the importance of reviewing all physician orders/records, even if these records are not received in a timely manner from this physician.</p>	<p>08/2016</p> <p>06/2016</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><b><u>FINDINGS</u></b>  Resident #1 – Progress notes reflected “trazodone given on 2/19/16 x 2 with little relief;” however, the February 2016 medication record was not initialed by the care giver for 2/19/16.</p>	<p style="text-align: center;"><b>Part 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>This was a documentation error by the RN. Reviewed medication administration procedures with RN, which includes charting both in MAR and in the progress notes. Also discussed documentation of an incident report in cases of extreme behavioral changes or incidents occurring as a result of the unusual behavior.</p>	<p>08/2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	11-100.1-15(m)	<p style="text-align: center;"><b>Part 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Facility medication policy and procedures reviewed with all licensed staff, in-service training done on facility policies. Licensed staff will review charting in progress notes and medication records for accuracy monthly while completing monthly summaries.</p>	09/2016

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1 – No progress notes for falls on 10/3/15 and 12/24/15.</p> <p>Resident #1 – Progress notes did not describe changes in behavior (need for and response to) requiring “trazodone prn.” For example:</p> <ul style="list-style-type: none"> <li>• “2/19 was given 2x PRN Trazodone with little relief.”</li> <li>• “2/27 had episode of agitation, PRN Trazodone given x2 with slight relief.”</li> </ul> <p>Resident #1 – The 1/26/16 case manager progress notes reflected “pt has some days when he is more agitated than others but overall, pt is better than on admission.” Care giver notes did not describe changes in resident behavior since admission.</p>	<p style="text-align: center;"><b>Part 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>This was a documentation error by the RN. Reviewed fall and incident report procedures with licensed staff. Incident Report Policies and Procedures revised to include a more comprehensive documentation procedure, to include documentation in the progress notes.</p> <p>Reviewed Chapter 11-100.1-17 Records and reports (b)(3) with licensed staff. Also reviewed the Monthly Progress Note form, highlighting key areas to be completed. Monthly Progress Notes form revised to assist with ease and consistency of documentation.</p>	<p>08/2016</p>



	Rules (Criteria)	Plan of Correction	Completion Date
	11-100.1-17(b)(3)	<p style="text-align: center;"><b>Part 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent future deficiencies, facility Incident Report procedures reviewed with all licensed staff, in-service training done on updated facility policies. Care home operator and/or administrator will review chart for complete documentation in progress notes when completing the investigation of the incident.</p> <p>The revised Monthly Progress Notes form, which includes documentation of changes in behaviors, response to treatments/interventions, changes in condition, shall be completed in its entirety by licensed staff each month. Licensed staff will conduct chart reviews to check for completeness of documentation.</p>	<p>09/2016</p> <p>Ongoing</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c)            Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><b><u>FINDINGS</u></b>            Resident #1 – No incident report for fall on 2/24/16 for which resident was taken to the emergency room. A head laceration required sutures.</p>	<p style="text-align: center;"><b>Part 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>This was an error on the part of the care home operator. An incident report and proper charting in the progress notes of the event had been completed by the RN on duty. However, the original incident report had not been refiled into the incident report folder after the investigation was completed, and the form misplaced. A new form was completed by the RN and filed properly for record-keeping purposes.</p>	<p>06/2016</p>

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	11-100.1-17(c)	<p style="text-align: center;"><b>Part 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent future deficiencies, all incident reports will be filed immediately into the Incident Report binder and not removed. Any new Incident Reports will be flagged for review/investigation. The investigation into the incident done by the care home operator and/or administrator will be completed without removing the form from the binder to minimize loss of loose papers/forms.</p>	Ongoing

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a)  The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><b><u>FINDINGS</u></b>  Resident #2 – “Notify MD if SBP &gt; 150 +/-or DBP &gt; 90” ordered 10/15/15; however, on 10/24/15 the BP = 169/76. No documentation that the physician was notified.</p>	<p style="text-align: center;"><b>Part 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>This was an oversight on the part of the RN. In review of the chart, this resident’s blood pressures have otherwise remained below the specified parameters, indicating satisfactory blood pressure control. Discussed with licensed staff regarding documentation in the medication record and following of any medication instructions/parameters specified by the physician. Also discussed the importance of documenting in the progress notes if the blood pressure was rechecked and found to be within parameters.</p>	<p>08/2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	11-100.1-20(a)	<p style="text-align: center;"><b>Part 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent future deficiencies, blood pressure parameters to follow will be written on the MAR along with the specific parameters to be easily viewed by the licensed staff documenting in the MAR. Any findings outside of specified parameters will be more easily identified and addressed as ordered.</p> <p>Any follow up actions or interventions done (i.e. Blood pressure rechecks, physician notification) will be documented properly in the progress notes by the licensed staff. Licensed staff will conduct chart reviews to check for completeness of documentation.</p>	Ongoing

	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><b><u>FINDINGS</u></b>  Resident #1 – No documentation that the physician was made aware that “prn trazodone” provided “little relief” or “slight relief.”</p>	<p style="text-align: center;"><b>Part 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>This resident had been to several different homes prior to this facility due to uncontrolled and difficult to manage behaviors. He had a long history of agitation with very little response to medications, which is why he was asked to leave his three prior living situations. He was placed in this facility more for behavioral modification and the attention that a larger team of caregivers could provide. He was receiving routine physician visits and also started counseling sessions to assist with his behaviors. At his counseling session on 11/18/15 he was noted to have “↓ physical aggression.” The slight effect of the PRN trazodone was not brought the attention of the physician since the resident was able to be redirected most times, and his behaviors were not becoming worse. However, discussed with licensed staff regarding documenting in progress notes all behaviors and interventions used (ie. redirecting, reorienting to situation).</p>	08/2016

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	11-100.1-20(c)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent future deficiencies, licensed staff will document all interventions used to manage residents' needs, including medications and/or alternative interventions (i.e redirection, closer attention/monitoring). If a physician ordered intervention proves ineffective, or continues to be ineffective, the physician will be notified by phone in a timely manner by the licensed staff. Additionally, residents' response to medications will be reported to the physician at each office visit, especially for residents who are not stable on current plan of care.</p>	Ongoing

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><b>FINDINGS</b> Resident #1 – The care plan did not address falls on 10/3/15, 12/24/15 and 2/24/16.</p> <p>Interventions and preventive interventions noted on the 10/3/15 <u>incident report</u> identified the following:</p> <ul style="list-style-type: none"> <li>• Walking exercise to keep muscle tone and strength</li> <li>• Frequent visual checks</li> <li>• BLE getting weak while walking</li> </ul> <p>Interventions and preventive interventions noted on the 12/24/15 <u>incident report</u> identified the following:</p> <ul style="list-style-type: none"> <li>• Use fall alarms for high fall risks</li> <li>• Orient resident to call bell frequently</li> <li>• Keep walker within reach and remind resident to use it</li> </ul>	<p><b>Part 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>This deficiency was brought to the attention of the case manager, and the incident report with identified interventions provided to the case manager for her review. The resident has since passed away before the care plan could be updated. For future reference, interventions and preventative interventions identified by a resident's caregivers shall be brought to the attention of the case managers (via faxed documents, phone calls, notations on the care plan itself, and/or face to face meetings) and incorporated into the plan of the care.</p>	<p>08/2016</p>



	Rules (Criteria)	Plan of Correction	Completion Date
	11-100.1-88(c)(4)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent future deficiencies, the licensed staff/ PCG will review and familiarize themselves with the residents' care plan and issues/interventions to better address the needs of each resident and will work with case managers to update the plan of care as the residents' needs change. Care plans will be reviewed monthly by the licensed staff and discussed with case managers. Any new concerns or interventions and preventative measures identified by the caregivers shall be brought to the attention of the case manager and incorporated into the plan of care.</p>	Ongoing

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><b><u>FINDINGS</u></b> Resident #1 – The Risk of Agitation Sleeplessness” care plan intervention did not address safety of staff and other residents when the resident is experiencing episodes of agitation.</p>	<p style="text-align: center;"><b>Part 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>This deficiency was brought to the attention of the case manager, and the incident report with identified interventions provided to the case manager for her review. The resident has since passed away before the care plan could be updated. For future reference, interventions and preventative interventions identified by a resident’s caregivers shall be brought to the attention of the case managers (via faxed documents, phone calls, notations on the care plan itself, and/or face to face meetings) and incorporated into the plan of the care.</p>	<p>08/2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	11-100.1-88(c)(4)	<p style="text-align: center;"><b>Part 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent future deficiencies, the licensed staff/ PCG will review and familiarize themselves with the residents' care plan and issues/interventions to better address the needs of each resident and will work with case managers to update the plan of care as the residents' needs change. Care plans will be reviewed monthly by the licensed staff and discussed with case managers. Any new concerns or interventions and preventative measures identified by the caregivers shall be brought to the attention of the case manager and incorporated into the plan of care.</p>	Ongoing

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><b><u>FINDINGS</u></b> Resident #2 – Care plan did not reflect that resident is wheelchair dependent.</p>	<p style="text-align: center;"><b>Part 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>The case manager has been notified of this concern and the chart flagged for review/update. The care home operator will discuss the care plan with the case manager at her next visit and check to ensure that the care plan is updated properly.</p>	<p style="text-align: center;">12/2016</p>

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	11-100.1-88(c)(4)	<p style="text-align: center;"><b>Part 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent future deficiencies, the licensed staff will review care plans monthly and with every 6 month care plan update. Licensed staff/PCG will familiarize themselves with the care plan issues and work with case managers to incorporate any interventions and/or preventative measures that may apply in order to meet the residents' care needs. Any care plans in need of update will be flagged and brought to the attention of the case manager.</p>	Ongoing

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(8) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Documentation of case manager visit:</p> <ul style="list-style-type: none"> <li>• On 10/30/15, reflected “no falls/injuries noted; however, resident fell on 10/3/15.</li> <li>• On 12/29/15, reflected “no falls/injuries noted; however, resident fell on 12/24/15.</li> <li>• On 2/26/16, case manager noted “pt has injury to right forearm from fall 2 days ago;” however, the resident sustained injury to the right forehead which required sutures.</li> </ul>	<p style="text-align: center;"><b>Part 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Case manager notified of deficiencies and discrepancies in documentation. Since incident reports are filed separately from the chart, case managers will be faxed all incident reports for their records and review, and licensed staff will call to update case manager of any unusual occurrences. This resident has since passed away before care plan and case manager documentation could be updated.</p>	<p>12/2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	11-100.1-88(c)(8)	<p style="text-align: center;"><b>Part 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent future deficiencies, all physicians' orders, updates, incident reports will be faxed to the case managers for their review and to assist them with properly updating their charts. Licensed staff will also flag the care plan if an update is needed for the review of the case manager at each monthly visit. Case manager notes will be reviewed monthly by licensed staff, for accuracy and for any notes/recommendations, prior to completing the monthly summary.</p>	Ongoing

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(8) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;</p> <p><b><u>FINDINGS</u></b> Resident #2 – No documentation that case manager had face to face visits every 30 days: May 2016, April 2016, January 2016, December 2015, November 2015, October 2015, September 2015 and August 2015.</p>	<p style="text-align: center;"><b>Part 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>The case manager does monthly face to face visits with this resident (and calls to notify us as to when she will be coming). This case manager discusses findings with staff while she is here, but the hard copy of the visit summary is faxed in later. Upon review of the charts, the months in question were not filed. The case management agency contacted and the summaries have since been provided and filed in the resident chart.</p>	<p style="text-align: center;">12/2016</p>



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	11-100.1-88(c)(8)	<p style="text-align: center;"><b>Part 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent future deficiencies, we will discuss with the case manager upon her next visit re. handwriting the CM Visit Summary and filing it right away into the chart, or printing summaries right away at the facility in order to help ensure that documents are filed in a timely manner. Case manager notes will be reviewed monthly by the licensed staff/ PCG to ensure that they are provided in the chart as well as that they properly address the individual needs of the residents.</p>	<p>Ongoing</p> <p style="text-align: right;">11/24/24 11/24/24</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><b><u>FINDINGS</u></b> Resident #3 – No documentation that the nonstandard diet order, “cardiac diet” (ordered 2/29/16), was clarified with the physician.</p>	<p style="text-align: center;"><b>Part 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>The diet orders have since been clarified with the physician and were changed to Regular diet. A list was obtained from the Consultant dietician of all standard diet orders and given to the licensed staff for reference.</p>	<p>06/2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	11-100.1-13(1)	<p style="text-align: center;"><b>Part 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>A list was obtained from the Consultant dietician of all standard diet orders and given to the licensed staff for reference. All resident diet orders will be checked by the licensed staff upon admission/readmission or when any changes occur, and clarified with the physician to reflect a standard diet order as outlined by the consultant dietician if needed.</p>	06/2016

	Rules (Criteria)	Plan of Correction	Completion Date
	<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><b><u>FINDINGS</u></b>  Resident #4 – No documentation that the nonstandard diet order, “low fat” (ordered on 3/31/16), was clarified with the physician.</p>	<p style="text-align: center;"><b>Part 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>The diet orders have since been clarified with the physician and were changed to low cholesterol diet. A list was obtained from the Consultant dietician of all standard diet orders and given to the licensed staff for reference.</p>	<p>06/2016</p>



	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documentation that training on aspiration precautions was specific to the resident needs. Resident's diagnosis was dysphagia.</p>	<p style="text-align: center;"><b>Part 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Discussed aspiration precaution training with the speech therapist that does the in-service training. Aspiration precautions training provided is comprehensive and should apply to all residents with swallowing difficulties regardless of the underlying diagnosis. Since unlicensed staff will not understand the disease process behind dysphagia, or difficulties with swallowing, training is focused on a broad and thorough understanding of how to identify swallowing issues and how to prevent aspiration.</p>	<p>08/2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	11-100.1-83(1)	<p style="text-align: center;"><b>Part 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent future deficiencies, the facility will ensure that all in-service training is individualized to the resident(s) that we care for. In this case, the speech therapist was provided with a list of the residents with dysphagia and/or on aspiration precautions, as well as their diagnoses, to be incorporated into any training done. If any specific diagnosis requires special consideration or intervention, this will be incorporated into the training.</p>	08/2016

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><b><u>FINDINGS</u></b> Resident #2 – No documentation that training on aspiration precautions was specific to the resident’s needs. Resident’s diagnosis was neurogenic dysphagia.</p>	<p style="text-align: center;"><b>Part 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Discussed aspiration precaution training with the speech therapist that does the in-service training. Aspiration precautions training provided is comprehensive and should apply to all residents with swallowing difficulties regardless of the underlying diagnosis. Since unlicensed staff will not understand the disease process behind dysphagia, or difficulties with swallowing, training is focused on a broad and thorough understanding of how to identify swallowing issues and how to prevent aspiration in all residents.</p>	<p>08/2016</p>



	Rules (Criteria)	Plan of Correction	Completion Date
	11-100.1-83(1)	<p style="text-align: center;"><b>Part 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent future deficiencies, the facility will ensure that all in-service training is individualized to the resident(s) that we care for. In this case, the speech therapist was provided with a list of the residents with dysphagia and/or on aspiration precautions, as well as their diagnoses, to be incorporated into any training done. If any specific diagnosis requires special consideration or intervention, this will be incorporated into the training.</p>	08/2016

	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><b><u>FINDINGS</u></b> Resident #2 – No nutrition care plan for resident on “low fat, no salt added, mechanical soft” diet (ordered (2/29/16).</p>	<p style="text-align: center;"><b>Part 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>The case manager has been notified of this concern and the chart flagged for review/update. The care home operator will discuss the care plan with the case manager at his next visit and check to ensure that the care plan is updated properly.</p>	<p>12/2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	11-100.1-88(c)(2)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent future deficiencies, care plans will be reviewed monthly and with every 6 month care plan update by the licensed staff/PCG. The case manager will be notified if the care plan is incomplete and the care plan flagged for review/update. The licensed staff will communicate with case managers to coordinate care needs/concerns of each resident and work with the case manager to ensure that residents receive a comprehensive plan of care.</p>	Ongoing

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><b><u>FINDINGS</u></b> Resident #2 – Aspiration care plan was incomplete as it did not specify the diet, consistency of liquids, and the resident's specific needs related to dysphagia.</p>	<p style="text-align: center;"><b>Part 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>This concern was discussed with this case manager and the chart flagged for update/review. The care home operator will be meeting with this case manager next month to discuss the care plan issues/concerns.</p>	<p>01/2017</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	11-100.1-88(c)(4)	<p style="text-align: center;"><b>Part 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Prior care plans for this resident were client specific and more comprehensive. However, when updated in April 2016, the care plan was not completed properly. To prevent future deficiencies, the licensed staff will review the care plan each time they are updated (every 6 months) to check for accuracy. The case manager will be notified if the care plan is incomplete and the care plan flagged for review/update. The licensed staff will communicate with case managers to coordinate care needs/concerns of each resident and work with the case manager to ensure that residents receive a comprehensive plan of care.</p>	01/2017

11-100.1-88(c)(4)  
 01/2017  
 01/2017

	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><b><u>FINDINGS</u></b>  Bedrooms #1, #6, #9, #11, and #14 had parts of the jalousie windows inoperable due to stuck opening cranks or missing crank lever.</p>	<p style="text-align: center;"><b>Part 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>The inoperable cranks have since been replaced. Another routine inspection of the facility done last month identified two additional cranks that were inoperable and those also replaced.</p>	<p>11/2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	11-100.1-23(h)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent future deficiencies, routine inspections of the facility will be done by the care home operator/administrator to identify any needed repairs. A communication notebook has been provided for the staff to note any needed repairs, and is reviewed frequently by the care home operator/administrator. Repairs will be done in a timely manner.</p>	Ongoing

STATE OF OHIO  
 DEPARTMENT OF LICENSING  
 11-100-23(h)

	Rules (Criteria)	Plan of Correction	Completion Date
	<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><b><u>FINDINGS</u></b>  Reach-in refrigerator for medication in medicine room did not have refrigerator thermometer.</p>	<p style="text-align: center;"><b>Part 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>A refrigerator thermometer has since been placed in the medication room refrigerator.</p>	<p>06/2016</p>



	Rules (Criteria)	Plan of Correction	Completion Date
	11-100.1-23(h)	<p style="text-align: center;"><b>Part 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent future deficiencies and to ensure that a thermometer is always provided, the medication room refrigerator has been included in the daily temperature logs of the care home refrigerator/freezers.</p>	06/2016

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(1)(D)  The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>Housekeeping:</p> <p>All walls, ceilings, windows and fixtures shall be kept clean; and toilets and lavatories shall be cleaned and deodorized daily.</p> <p><b><u>FINDINGS</u></b>  Bedroom #12 – Desk fan grille was dusty.</p>	<p style="text-align: center;"><b>Part 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>The fan grill has since been dusted and cleaned. Upon spot check, the fan is still clean at this time.</p>	<p>06/2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	11-100.1-23(h)(1)(D)	<p style="text-align: center;"><b>Part 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent future deficiencies, a daily checklist of duties, to include dusting fans, has been provided and reviewed with the housekeeping staff. Housekeeping staff have been provided with materials and instructions to include removal of dust on all surfaces in their daily routine. Routine spot checks will be done by the care home operator/administrator to ensure that the facility is kept clean.</p>	<p>Ongoing</p> <p style="text-align: right;">D.H. UDOALLENTHA 11-05-2011 08:25</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (i)(2)  All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure.</p> <p>Windows shall have screens having no less than sixteen meshes per inch.</p> <p><b><u>FINDINGS</u></b>  Bedrooms #7 &amp; #8 – Part of the window screen frames were warped creating gaps around the screen.</p>	<p style="text-align: center;">Part 1</p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>The warped screens in these rooms were taped temporarily to close the gaps around them. These screens will be replaced with new frames.</p>	<p>02/2017</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	11-100.1-23(i)(2)	<p style="text-align: center;">Part 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent future deficiencies, housekeeping staff have been instructed as to how to properly remove, clean, and replace screen frames. Routine checks will be done of the facility/screens to identify any needed repairs. Such repairs will be done as needed in a timely manner.</p>	12/2016

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (i)(4)(B)  All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure.</p> <p>Lighting:</p> <p>Residents' rooms shall have artificial light adequate for reading at bedside. This lighting shall be at least thirty foot candles at normal reading height;</p> <p><b><u>FINDINGS</u></b>  Bedroom #3 – One bulb for ceiling light fixture was not working.</p>	<p style="text-align: center;"><b>Part 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Housekeeping staff replaces light bulbs promptly when they burn out. Upon further inspection, in this case, the light fixture needed to be replaced. This fixture has since been replaced and is working properly.</p>	<p>06/2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	11-100.1-23(i)(4)(B)	<p style="text-align: center;"><b>Part 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent future deficiencies, housekeeping staff has been instructed to notify administrator promptly of any needed repairs. Repairs will be done in a timely manner. A communication notebook has been provided for the staff to note any needed repairs, and is reviewed frequently by the administrator.</p>	<p>06/2016</p> <p style="text-align: right; font-size: small;">       67-0000-0000-0000        06/26/2016        11:26 AM        DUH-OMICA LICENSING     </p>

Licensee's/Administrator's Signature: George Guillermo RN  
Print Name: GEORGE GUILLERMO RN  
Date: 12-29-16

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Licensee's/Administrator's Signature: George Guillermo RN  
Print Name: GEORGE GUILLERMO RN  
Date: 3-30-17