

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Oceanside Hawaii Assisted Living Type II	CHAPTER 100.1
Address: 53-594 Kamehameha Highway, Hauula, Hawaii 96717	Inspection Date: January 3 & 4, 2018

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

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FEB 16 2018

Initial: DS

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-7 <u>General operational policies.</u> (c) A written agreement shall be completed at the time of admission between the licensee or primary care giver of the ARCH or expanded ARCH and the ARCH or expanded ARCH resident and the ARCH or expanded ARCH resident's family, legal guardian, surrogate or responsible agency that sets forth that resident's rights, the licensee or primary care giver of the ARCH or expanded ARCH responsibilities to that resident, the services which will be provided by the licensee or primary care giver of the ARCH or expanded ARCH according to that resident's schedule of activities or care plan, and that resident's responsibilities to the licensee or primary care giver of the ARCH or expanded ARCH.</p> <p><u>FINDINGS</u> Resident #3 no signed policy and procedures on record.</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>Resident #3 signed policy and procedure was found in the archived file. It is now in current Resident's Business file made available whenever necessary.</p>	<p style="text-align: center;">1/5/18</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-7 <u>General operational policies.</u> (c) A written agreement shall be completed at the time of admission between the licensee or primary care giver of the ARCH or expanded ARCH and the ARCH or expanded ARCH resident and the ARCH or expanded ARCH resident's family, legal guardian, surrogate or responsible agency that sets forth that resident's rights, the licensee or primary care giver of the ARCH or expanded ARCH responsibilities to that resident, the services which will be provided by the licensee or primary care giver of the ARCH or expanded ARCH according to that resident's schedule of activities or care plan, and that resident's responsibilities to the licensee or primary care giver of the ARCH or expanded ARCH.</p> <p><u>FINDINGS</u> Resident #3 no signed policy and procedures on record.</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>Audit checklist for Residents business file was created to include signed policy and procedures and will be checked by the office manager.</i></p>	<p style="text-align: center;"><i>1/5/18</i></p> <p style="text-align: right;">RECEIVED</p>

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Initial: DS

	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> Employee #2 physical examination expired 12/2017 no current PE on record.</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>Employee #2 physical examination was completed on 1/4/18 and paperwork was submitted on 1/7/18.</p>	<p style="text-align: center;">1/7/18</p> <p style="text-align: right; color: blue; font-weight: bold;">RECEIVED</p>

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	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>FINDINGS Employee #2 physical examination expired 12/2017 no current PE on record.</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>Personnel requirements which will include physical examination was created on Google calendar to give out official notification to employee one month prior to expiration. Employee without current physical examination on file will be suspended immediately until physical examination is completed and paperwork turned in.</p>	<p style="text-align: center;">1/8/18</p> <p style="text-align: center;">RECEIVED</p>

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	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> Employee #5 no physical examination on record.</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>Employee #5 physical examination was completed on 12/5/17 and paperwork turned in on 1/4/18.</p>	<p style="text-align: center;">1/4/18</p> <p style="text-align: right; color: blue; font-weight: bold;">RECEIVED</p>

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	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>FINDINGS Employee #5 no physical examination on record.</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>Personnel requirements which include physical examination was created on google calendar to give out official notification to employee one month prior to expiration. Employee without current physical examination will be suspended immediately until physical examination is completed and paperwork turned in.</p>	<p style="text-align: center;">1/8/18</p> <p style="text-align: right; color: blue; font-weight: bold; font-size: 1.2em;">RECEIVED</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p>FINDINGS Employee #1 history of a positive tuberculosis skin test. TB attestation signed by a RN, needs to be signed by a physician.</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>Employee #1 TB attestation is signed by a physician on 1/11/18.</p>	<p>1/11/18</p> <p>RECEIVED</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Employee #1 history of a positive tuberculosis skin test. TB attestation signed by a RN, needs to be signed by a physician.</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>Personnel requirements for employee's file was amended to include that TB attestation for a positive skin test must be signed by a physician. In-service was conducted by the Human Resource Department on 1/5 to ensure this requirement is fully understood and implemented.</p>	<p style="text-align: center;">1/5/18</p> <p style="text-align: right; color: blue; font-weight: bold;">RECEIVED</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Employee #3 no current tuberculosis skin test on record.</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>Employee #3 tuberculosis skin test was done on 1/2/18 and read on 1/4/18.</p>	<p>1/4/18</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Employee #3 no current tuberculosis skin test on record.</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>Personnel requirements which include initial and annual tuberculosis clearance was created on excel calendar to give out official notification to employee one month prior to expiration. Employee without current tuberculosis clearance will be suspended immediately until tuberculosis skin test is completed and paperwork turned in.</p>	<p style="text-align: center;">1/8/18</p> <p style="text-align: right;">RECEIVED</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Employee #4 history of a positive tuberculosis skin test. TB attestation signed by a RN, needs to be signed by a physician.</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>Employee #4 TB attestation is signed by a physician on 1/11/18.</p>	<p style="text-align: center;">1/11/18</p> <p style="text-align: right; color: blue; font-weight: bold;">RECEIVED</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Employee #4 history of a positive tuberculosis skin test. TB attestation signed by a RN, needs to be signed by a physician.</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>Personnel requirements for employees title was amended to include that TB attestation for a positive skin test must be signed by a physician. In-service was conducted by the human resources department on 1/5 to ensure this requirement is fully understood and implemented.</p>	<p style="text-align: center;">1/5/18</p> <p style="text-align: right; color: blue; font-weight: bold;">RECEIVED</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Employee #6 history of a positive tuberculosis skin test. TB attestation signed by a RN, needs to be signed by a physician.</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>Employee #6 TB attestation is signed by a physician on 1/11/18.</p>	<p>1/11/18</p> <p>RECEIVED</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Employee #6 history of a positive tuberculosis skin test. TB attestation signed by a RN, needs to be signed by a physician.</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>Personnel requirements for employees file was amended to include that TB attestation for a positive skin test must be signed by a physician. In-service was conducted by the human resources department on 1/5 to ensure this requirement is fully understood and implemented.</p>	<p style="text-align: center;">1/5/18</p> <p style="text-align: right; color: blue; font-weight: bold;">RECEIVED</p>

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	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 #3 physician order dated 12/5/17 reads, "MAPAP 500 mg caplet, 1 caplet by mouth 3 times daily." Pharmacy label reads, "1 tablet orally 3 times daily <u>as needed</u> for pain." Orders and label do not match.</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>Order was verified by the physician on 1/4/18. A red alert sticker reads "Direction Changed, refer to Chart" was placed on the pharmacy label on 1/4/18. Pharmacy was notified to make necessary changes to reflect physician's order.</p>	<p style="text-align: center;">1/4/18</p>

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<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 #3 physician order dated 12/5/17 reads, "MAPAP 500 mg caplet, 1 caplet by mouth 3 times daily." Pharmacy label reads, "1 tablet orally 3 times daily <u>as needed</u> for pain." Orders and label do not match.</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>The licensed nurse is designated to verify the pharmacy label matches the physician's order each time the facility receives new medication from the pharmacy. In addition, a monthly audit checklist was created to verify pharmacy labels for each medication matches with the MARs and the physicians order. A red alert sticker reads "direction changed, refer to chart" will be utilized for the wrong pharmacy label and pharmacy will also be notified immediately to make necessary changes reflect physicians order.</p>	<p style="text-align: center;">1/5/18</p> <p style="text-align: right; color: blue; font-weight: bold;">RECEIVED</p>

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	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 #3 physician orders dater 12/5/17 read, "Tramadol HCL 50 mg tablet, 1 tab by mouth 3 times daily as needed for pain." Pharmacy label reads, "Tramadol HCL 50 mg, 1 tab orally 3 times daily." Orders and label do not match.</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>Draker was verified by the physician on 1/4/18. A red alert sticker reads "Direction changed. Refer to chart" was placed on the pharmacy label on 1/4/18. Pharmacy was notified to make necessary changes to reflect physician's order.</p>	<p style="text-align: center;">1/4/18</p> <p style="text-align: right; color: blue; font-weight: bold;">RECEIVED</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
☒	<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 #3 physician orders dater 12/5/17 read, "Tramadol HCL 50 mg tablet, 1 tab by mouth 3 times daily as needed for pain." Pharmacy label reads, "Tramadol HCL 50 mg, 1 tab orally 3 times daily." Orders and label do not match.</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>The licensed nurse is designated to verify the pharmacy label matches the physician's order each time the facility receives new medication from the pharmacy. In addition, a monthly audit checklist was created to verify pharmacy labels for each medication matches with the MARs and the physician's order. A red alert sticker reads "Direction changed, refer to chart" will be utilized for the wrong pharmacy label and pharmacy will also be notified immediately to make necessary changes to reflect physician's order.</p>	<p style="text-align: center;">1/5/18</p>

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	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 #3 physician order, Ensure 1 can BID with lunch and dinner ordered on 12/2/17 was not recorded on the medication administration record.</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;">Ensure 1 can BID was recorded on medication administration record on 1/2/18.</p>	<p style="text-align: center;">1/2/18</p> <p style="text-align: right; color: blue; font-weight: bold; font-size: 1.2em;">RECEIVED</p>

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<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 #3 physician order, Ensure 1 can BID with lunch and dinner ordered on 12/2/17 was not recorded on the medication administration record.</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>Prokin supplement will be recorded on the medication administration record as physicians order regardless of family's non compliance to provide such supplement. All care staff was in-serviced to ensure compliance of this measure on 1/5/18.</p>	<p style="text-align: center;">1/5/18</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(7) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Height and weight measurements taken;</p> <p>FINDINGS Resident #2 no height and weight documented upon admission.</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>Residents height was recorded on 1/5/18. Due to extreme obesity of the resident, physician was notified, new orders were received not to weigh. Residents right arm circumference of 38" was recorded on 1/5/18 as an indication for weight monitoring.</p>	<p style="text-align: center;">1/5/18</p> <p style="text-align: right; color: blue; font-weight: bold; font-size: 1.2em;">RECEIVED</p> <p style="text-align: right; color: red; font-weight: bold;">FEB 16 2018</p> <p style="text-align: right;">Initial: <u> DS </u></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(7) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Height and weight measurements taken;</p> <p>FINDINGS Resident #2 no height and weight documented upon admission.</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</p> <p>Admission checklist was ^{AGAIN?} created to include height and weight for residents who refuse to be weighed and for extreme obese residents whose weight cannot be measured by weight scale. A physician's order must be obtained not to weigh. Alternative measurements such as the circumference of arms or thighs will be utilized and documented by the nurse as an indication for weight monitoring. All care staff was in-service to ensure compliance on 1/5/18.</p>	<p style="text-align: center;">1/5/18</p> <p style="text-align: right; color: blue; font-weight: bold;">RECEIVED</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;"</p> <p><u>FINDINGS</u> Resident #3 no documentation that the facility provided double portions on entrée (pureed) and pudding with meals, as ordered by the physician on 12/2/17.</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>Double portions on entrée (pureed) and pudding with meals were provided and documented on the progress note on 1/5/18.</p>	<p>1/5/18</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;"</p> <p><u>FINDINGS</u> Resident #3 no documentation that the facility provided double portions on entrée (pureed) and pudding with meals, as ordered by the physician on 12/2/17.</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>Special diet order and resident toleration to special diet will be documented in the monthly progress note. All care staff were trained and in-serviced of this measure on 1/5/18.</p>	<p style="text-align: center;">1/5/18</p> <p style="text-align: right; color: blue; font-weight: bold; font-size: 1.2em;">RECEIVED</p> <p style="text-align: right; color: red; font-weight: bold; font-size: 0.8em;">FEB 16 2018</p> <p style="text-align: right; color: blue; font-weight: bold;">Initial: <u>OS</u></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;"</p> <p><u>FINDINGS</u> Resident #2 no monthly weights.</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>Due to extreme obesity of the resident, physician was notified, new orders were received not to weigh. Resident's right arm circumference of 38" was recorded on 1/5/18 as an indication for weight monitoring.</p>	<p>1/5/18</p>

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Initial: DS

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;"</p> <p><u>FINDINGS</u> Resident #2 no monthly weights.</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>for residents who refuse to be weighed and for extreme obese residents whose weight cannot be measured by weight scale, a physicians order must be obtained not to weigh. Alternative measurements such as the circumference of arms or thighs will be utilized and documented by the nurse as an indication for weight monitoring. All care staff was in-service'd to ensure compliance on 1/5/18.</p>	<p style="text-align: center;">1/5/18</p> <p style="text-align: right; color: blue; font-weight: bold;">RECEIVED</p> <p style="text-align: right; color: red;">FEB 16 2018</p> <p style="text-align: right;">Initial: <u>DS</u></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><u>FINDINGS</u> Resident #2 incident report for 10/12/17 fall, report filed in resident record and not under separate cover.</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;">Incident report for Resident #2 for 10/12/17 was removed from the resident record and placed in the Incident Report file.</p>	<p style="text-align: center;">1/5/18</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> Resident #2 incident report for 10/12/17 fall, report filed in resident record and not under separate cover.</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>All care staff and medical record administrator were re-trained and in-serviced that all incident reports, including respite resident, are to be kept in the Incident Report file, not in the resident record.</p>	<p style="text-align: right;">1/5/18</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (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 #1 currently listed on the general register as an ARCH resident and is not currently a resident of the ARCH. No discharge information listed in the register.</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>Resident #1 was a former resident in 2012 discharged in 2015. Resident #1 is removed from general register on 1/4/18.</p>	<p style="text-align: center;">1/4/18</p> <p style="text-align: right; color: blue; font-weight: bold; font-size: 1.2em;">RECEIVED</p>

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Initial: DS

	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 #1 currently listed on the general register as an ARCH resident and is not currently a resident of the ARCH. No discharge information listed in the register.</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>Monthly audit checklist was created to include general register for residents admission date and discharge date. Audit checklist will be conducted by the Office Manager to ensure the accuracy of record keeping.</p>	<p style="text-align: center;">1/4/18</p> <p style="text-align: right; color: blue; font-weight: bold; font-size: 1.2em;">RECEIVED</p>

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Initial: DS

	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 #2 currently living as a resident of the ARCH, not listed in the general register as being admitted to the ARCH.</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>Resident #2 was added in the general register on 1/4/18.</p>	<p>1/4/18</p>

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Initial: DS

	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>FINDINGS Resident #2 currently living as a resident of the ARCH, not listed in the general register as being admitted to the ARCH.</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>Monthly audit checklist was created to include general register for residents' admission date and discharge date. The general register will include resident for respite stay. Audit checklist will be conducted by the Office Manager to ensure the accuracy of record keeping.</p>	<p style="text-align: center;">1/4/18</p> <p style="text-align: right; color: blue; font-weight: bold;">RECEIVED</p>

FEB 16 2018

Initial: DS

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><u>FINDINGS</u> Resident #2 no signed financial statement in resident record.</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>financial statement was signed on 1/4/18.</p>	<p>1/4/18</p> <p>RECEIVED</p>

FEB 16 2018

Initial: DS

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><u>FINDINGS</u> Resident #2 no signed financial statement in resident record.</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>Admission checklist was created to include financial statement. Financial statement must be signed and filed including Respite resident. All admission staff was in-service on 1/5/18. Admission Coordinator will be responsible to verify the checklist.</p>	<p style="text-align: center;">1/5/18</p> <p style="text-align: right; color: blue; font-weight: bold;">RECEIVED</p>

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Initial: DS

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #3 no current list of resident's possessions on record. Last update completed at time of admission 5/9/2010.</p>	<p align="center">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p align="center"><i>Resident #3 current list of possession is updated on 1/4/18.</i></p>	<p align="center"><i>1/4/18</i></p>

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Initial: RS

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #3 no current list of resident's possessions on record. Last update completed at time of admission 5/9/2010.</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>Residents possession and inventory record will be updated on an ongoing basis, at least annually. An audit check list was created to include updates of residents possession and inventory record. Resident inventory updates will be done before the end of february, a month after Christmas by the Care Manager. All care staff w.r.c. trained and in-serviced on 1/5/18.</p>	<p style="text-align: center;">1/5/18</p>

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Initial: ES

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-55 <u>Nutrition and food sanitation.</u> (1) In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs:</p> <p>A registered dietitian shall be utilized to assist in the planning of menus, and provide nutritional assessments for those residents identified to be at nutritional risk or on special diets. All consultations shall be documented;</p> <p><u>FINDINGS</u> Resident #3 no documentation that the Consultant RD was utilized to provide nutrition assessment for resident with significant weight loss from January 2017 to April 2017.</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>Consultant RD was notified on 1/4/18 for significant weight loss. Nutrition assessment completed.</p>	<p style="text-align: center;">1/4/18</p> <p style="text-align: right; color: blue; font-weight: bold;">RECEIVED</p>

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Initial: PS

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-55 <u>Nutrition and food sanitation.</u> (1) In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs:</p> <p>A registered dietitian shall be utilized to assist in the planning of menus, and provide nutritional assessments for those residents identified to be at nutritional risk or on special diets. All consultations shall be documented;</p> <p><u>FINDINGS</u> Resident #3 no documentation that the Consultant RD was utilized to provide nutrition assessment for resident with significant weight loss from January 2017 to April 2017.</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>Monthly weight tally will be sent to Consultant RD on the 5th of every month by Medical Record Administrator. Consultant RD will also be notified by the nurse of the facility to assess resident when resident's weight increase or decrease by 5 pounds in 30 days.</p>	<p style="text-align: center;">1/5/18</p>

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Initial: bs

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><u>FINDINGS</u> Resident #2 no evidence of current immunizations for pneumococcal and influenza on record.</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>Resident #2 current pneumococcal and influenza record was obtained from the Physician's office and placed in the residents file on 1/5/18.</p>	<p style="text-align: center;">1/5/18</p> <p style="text-align: right; color: blue; font-weight: bold; font-size: 1.2em;">RECEIVED</p>

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Initial: DS

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><u>FINDINGS</u> Resident #2 no evidence of current immunizations for pneumococcal and influenza on record.</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>Admission checklist for Expanded Arch resident was created to include evidence of current immunizations for pneumococcal and influenza. Admission staff was re-trained and in-serviced on 1/5/18.</p>	<p style="text-align: center;">1/5/18</p>

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Initial: RS

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><u>FINDINGS</u> Resident #3 no evidence of current immunizations for pneumococcal on record.</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>Resident #3 current pneumococcal and influenza record was obtained by the physician's office and placed in the resident file on 1/5/18.</p>	<p style="text-align: center;">1/5/18</p>

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Initial: DS

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><u>FINDINGS</u> Resident #3 no evidence of current immunizations for pneumococcal on record.</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>Admission checklist for Expanded Arch resident was created to include evidence of current immunization for pneumococcal and influenza. Admission staff was re-trained and in-serviced on 1/5/18.</p>	<p style="text-align: center;">1/5/18</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> (a) Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who:</p> <p><u>FINDINGS</u> Resident #2 admitted as an expanded resident no case management services on record.</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>Resident #2 and family was notified on 1/6/18 that her level of care evaluation signed by the physician is recognized as Expanded Arch level by the state. Per regulation, case management for Expanded Arch resident is required. Case management was hired on 1/6/18.</p>	<p>1/6/18</p>

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Initial: PS

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (a) Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who:</p> <p><u>FINDINGS</u> Resident #2 admitted as an expanded resident no case management services on record.</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>Admission checklist for Expanded Arch resident was created to include the requirement of case management. Admission staff was re-trained and in-serviced on 1/5/18.</p>	<p style="text-align: center;">1/5/18</p>

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Initial: RS

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (a) Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who:</p> <p><u>FINDINGS</u> Resident #3 expanded resident no case manager from 8/31/2017 to 12/31/2017.</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;">Case management service was provided on 12/30/17 for resident #3.</p>	<p style="text-align: center;">12/30/17</p>

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Initial: PS

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (a) Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who:</p> <p><u>FINDINGS</u> Resident #3 expanded resident no case manager from 8/31/2017 to 12/31/2017.</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>When resident starts to decline the family or the resident will be notified in advance that when the level of care evaluation reaches Expanded Arch level, case management service will be required by State Regulation. Non-compliance by the family or the resident not to hire case management service will compel the facility to notify licensing and trigger relocation or eviction procedure.</p>	<p style="text-align: right;">12/30/17</p>

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Initial: DS

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 Case management qualifications and services. (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 #3 nutrition care plan was not developed from April 30, 2017 to December 31, 2017 for resident with weight loss, diabetes, anemia, and special diet.</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>Resident #3, Case Management was notified on 1/5/18 that nutrition care plan is required for all residents with weight loss, diabetes, anemia and special diet.</p>	<p style="text-align: center;">1/5/18</p> <p style="text-align: right; color: blue; font-weight: bold; font-size: 1.2em;">RECEIVED</p>

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Initial: PS

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 Case management qualifications and services. (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 #3 nutrition care plan was not developed from April 30, 2017 to December 31, 2017 for resident with weight loss, diabetes, anemia, and special 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>The RN of the facility will review monthly with the case management to ensure that nutrition care plan concerning residents with weight loss diabetes, anemia and special diet is properly developed and completed.</p>	<p style="text-align: center;">1/5/18</p>

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Initial: RS

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 Case management qualifications and services. (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 nutrition care plan was not developed for resident with morbid obesity and chronic decubitus ulcer.</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>Resident #2, Case management was notified on 1/6/18 that nutrition care plan is required for all residents with morbid obesity and chronic decubitus ulcer.</p>	<p style="text-align: center;">1/6/18</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)(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 nutrition care plan was not developed for resident with morbid obesity and chronic decubitus ulcer.</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;">the RN of the facility will review monthly with the case management to ensure that nutrition care plan concerning residents with morbid obesity and chronic decubitus ulcer is properly developed and completed.</p>	<p style="text-align: center;">11/6/18</p> <p style="text-align: right; color: blue; font-weight: bold;">RECEIVED</p> <p style="text-align: right; color: red;">FEB 16 2018</p> <p style="text-align: right;">Initial: <u>PS</u></p>

Licensee's/Administrator's Signature: _____



Print Name: _____

DAVID SU

Date: _____

2/15/18

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