

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aletha's Expanded ARCH	CHAPTER 100.1
Address: 99-631 Ulune Street, Aiea, Hawaii 96701	Inspection Date: March 8, 2017 Annual

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

17 18:44

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (b)  Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u>  No special diet menu for diet ordered 8/29/16: "No concentrated sweets except for special occasions, fine chopped, thin liquid."</p>	<p style="text-align: center;"><b>PART 1</b>  <u><b>DID YOU CORRECT THE DEFICIENCY?</b></u></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I have already had a dialouge with the ARRN about the diet and it change to Regular diet.</i></p>	<p style="text-align: right;"><i>3/23/17</i></p> <p style="text-align: right;"><i>17 48:51</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-13 (b)	<p style="text-align: center;"><b>PART 2</b> <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>In the future I need to read carefully the diet order and if special diet I have to make a 1 week <sup>special</sup> diet menu and call my Surgeon and the Section of OCHA Annette to informed about the diet.</p>	<p style="text-align: right; font-size: 2em;">3/28/17</p> <p style="text-align: right; font-size: 0.8em;">18:51</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d)            Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u>            Current menus were not posted in the kitchen.</p>	<p style="text-align: center;"><b>PART 1</b>  <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>I have posted the Current Menu for the week on the refrigerator.</p>	<p style="text-align: right;">6/18/2018</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-13 (d)	<p style="text-align: center;"> <b>PART 2</b>  <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>           Every Sunday I'll change the            Menu for the week for me            and substitute caregiver to follow.            I have a 4 week cycle menu            available.         </p>	<p style="text-align: right;">6/18/2018</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a)  All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><b>FINDINGS</b>  Primary care giver (PCG) stated she transfers "aspirin 81 mg" from a large bottle into the pharmacy labeled bottle.</p>	<p style="text-align: center;"><b>PART 1</b>  <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>I have a newly open bottle of Aspirin<sup>81mg</sup> and label it, as prescribed. I wrote the name of the client and 1 tab. PO QD.</p>	<p style="text-align: center;">3/28/17</p> <p style="text-align: right;">18:51</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-15 (a)	<p style="text-align: center;"><b>PART 2</b> <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>In the future, I will not transfer medication to old bottle of prescribed medication.</p>	<p style="text-align: center;">4/5/2018</p> <p style="text-align: center;">18 APR -6 AM 15</p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF CORRECTIONS OFFICE OF PROBATION AND PAROLE</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b>FINDINGS</b> Resident #1 - Vitamin D 5,000 IU po daily" ordered 12/5/16; the manufacturer's label reflected "2,000 IU." The medication record reflected "5,000 IU."</p>	<p style="text-align: center;"><b>PART 1</b> <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>I gave back the bottle of Vit. D 2000 IU to the family and requested to buy the Vit. D 5000 IU and beg them to allow me to buy for them, so diffirency like this wouldn't happen again</p>	<p style="text-align: center;">3/28/17</p>

1852



	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p><b>RULE # §11-100.1-15 (e)</b></p> <p><b><u>FINDINGS</u></b>  Resident #1 - Vitamin D 5,000 IU po daily" ordered 12/5/16;  the manufacturer's label reflected "2,000 IU." The medication  record reflected "5,000 IU."</p>	<p style="text-align: center;"><b>PART 2</b>  <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>When family bring in medication  will check the label of the  medication if coincide <math>\bar{c}</math>  doctor's order. <sup>if not</sup> Will tell the  family they brought the  wrong one and they need to  get the correct one.</p>	<p>6/18/2018</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b>FINDINGS</b> Resident #1 - No physician order for "Vitamin D 2,000 IU" taken by the resident.</p>	<p style="text-align: center;"><b>PART 1</b> <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>I talked to the family and explain that I can't give any medication without doctor's order. I explain Vit. D 5000 IU had been order by the primary physician and the family bought Vit D. 2000 IU, I beg them then to just allow me to buy all the supplements so I can buy the right dosage of medication client need as doctor prescribed. The family agree.</p> <p>Vit. D 2000 IU returned to the family and they brought the Vit. D 5000 IU.</p>	<p style="text-align: right;">18 APR 18 2018</p> <p style="text-align: right;">STATE OF OHIO DIVISION OF HEALTH SERVICES 6/18/2018</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p><b>RULE # §11-100.1-15 (e)</b></p> <p><b><u>FINDINGS</u></b>  Resident #1 - No physician order for "Vitamin D 2,000 IU" taken by the resident.</p>	<p align="center"><b>PART 2</b> <b><u>FUTURE PLAN</u></b></p> <p 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>In the future will not accept from family any vit. D 2000 IU without any doctor's order. I will explain that this vit. D 2000 IU dosage supposed to be vit. 5000 IU</p>	<p align="right">- 3/28/17</p> <p align="right">4852</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b>FINDINGS</b> Resident #1 - "Vitamin D3 5000 IU, atorvastatin, Vitamin E 400 IU, calcium 600 + vitamin D 400 IU, Tylenol 650 mg po every 4 hours PRN" ordered 8/15/16; however, was not reflected as given at the time of admission 8/19/16.</p>	<p style="text-align: center;"><b>PART 1</b> <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>I have to be more very careful in reading the medication list + orders upon admission - and to read page by page, double check it too, not to miss any medications to write in Medication profile.</p>	<p style="text-align: right;">3/28/17</p> <p style="text-align: right;">18:52</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p><b>RULE # §11-100.1-15 (e)</b></p> <p><u>FINDINGS</u> Resident #1 - "Vitamin D3 5000 IU, atorvastatin, Vitamin E 400 IU, calcium 600 + vitamin D 400 IU, Tylenol 650 mg po every 4 hours PRN" ordered 8/15/16; however, was not reflected as given at the time of admission 8/19/16.</p>	<p align="center"><b>PART 2 FUTURE PLAN</b></p> <p 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><i>In the future, I will asked help from the casemanager to check the medication profile if Sue written all the medication order in the MAR.</i></p>	<p align="center"><i>3/28/17</i></p> <p align="right"><i>18:52</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b>FINDINGS</b> Resident #1 - "Acetaminophen 325 mg two tablets twice daily for back pain" and "bisacodyl 10 mg supp insert 1 rectally as directed insert one rectally on 2nd or 3rd day if no bowel movement" ordered 12/5/16 and 8/29/16; however, medication was not made available to the resident.</p>	<p style="text-align: center;"><b>PART 1</b> <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>For Resident 1 I make available Acetaminophen 325 mg tabs BID and Bisacodyl 10 mg Supp. insert 1 rectally as directed insert on 2nd or 3rd day recorded to my monthly Medication Profile.</p>	<p style="text-align: center;">4/5/2018</p> <p style="text-align: right;">18 APR - 6 AM 1:15 STATE OF HAWAII DOH-CDCA STATE LICENSING</p> <p style="text-align: right; border: 1px solid black; padding: 2px;"><b>RECEIVED</b></p>

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<input checked="" type="checkbox"/>	<p><b>RULE # §11-100.1-15 (e)</b></p> <p><b><u>FINDINGS</u></b>  Resident #1 - "Acetaminophen 325 mg two tablets twice daily for back pain" and "bisacodyl 10 mg supp insert 1 rectally as directed insert one rectally on 2nd or 3rd day if no bowel movement" ordered 12/5/16 and 8/29/16; however, medication was not made available to the resident.</p>	<p align="center"><b>PART 2</b>  <u><b>FUTURE PLAN</b></u></p> <p 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>In the future I will ask my case manager to do monthly review on my MAR, or my CNA to help me check if I missed to write anyone of the medication ordered.</p>	<p align="right">3/28/17</p> <p align="right">18:52</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 - "Memantine 5 mg po twice a day" ordered 12/5/16; the March 2017 medication record was not initialed by the care giver 3/1-8/17.</p>	<p style="text-align: center;"><b>PART 1</b>  <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>Resident I  I initial all the medication Memantine 5mg po BID recorded with date time.</p>	<p style="text-align: right;">4/5/2018</p> <p style="text-align: right;">18 APR -6 AM 1:15</p> <p style="text-align: right;">STATE OF HAWAII  DOH-DHCA  STATE LICENSING</p> <p style="text-align: right; font-weight: bold; font-size: 2em;">RECEIVED</p>



	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p><b>RULE # §11-100.1-15 (m)</b></p> <p><u>FINDINGS</u> Resident #1 - "Memantine 5 mg po twice a day" ordered 12/5/16; the March 2017 medication record was not initialed by the care giver 3/1-8/17.</p>	<p><b>PART 2</b> <b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>I will initial medication record everytime I give medication. At the end of the day, I will check all the medication Record if I sign for the day.</p>	<p>6/18/2018</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m)  All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u>  Resident #1 - "Fish oil/omega 3 1200 mg 1 capsule po daily" ordered 12/5/16; the February 2017 medication record was not initialed by the care giver.</p>	<p style="text-align: center;"><b>PART 1</b>  <u><b>DID YOU CORRECT THE DEFICIENCY?</b></u></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I have to sign the medication profile after giving the medication every day, so not to miss anything and to prevent the same mistake.</i></p> <p><i>Re: Fish oil omega 3 1200 mg  1 cap PO QD</i></p>	<p style="text-align: center;"><i>3/28/17</i></p> <p style="text-align: right;"><i>1852</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p><b>RULE # §11-100.1-15 (m)</b></p> <p><b><u>FINDINGS</u></b>  Resident #1 - "Fish oil/omega 3 1200 mg I capsule po daily" ordered 12/5/16; the February 2017 medication record was not initialed by the care giver.</p>	<p><b>PART 2</b>  <b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>I will initial the medication record every time I give medication. At the end of the day I will check all the medication if I sign for the day.</p>	<p>6/18/2018</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (m)  All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u>  Resident #1 - "Acetaminophen 325 mg two tablets twice daily for back pain" and "bisacodyl 10 mg sup insert 1 rectally as directed insert one rectally on 2nd or 3rd day if no bowel movement" ordered 12/5/16 and 8/29/16; however, medication was not reflected on the medication records.</p>	<p style="text-align: center;"><b>PART 1</b>  <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>I've written the medications on the medication records, I will read + double check the medication records + medication order that I've written All the medications.</p> <p>Re: ① Acetaminophen 325 mg tab 2 tabs BID for back pain</p> <p>② Bisacodyl 10mg. Supp - insert 1 rectally as directed insert 1 rectally on 2nd or 3rd day if no bowel movement.</p>	<p style="text-align: right;">3/28/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p><b>RULE # §11-100.1-15 (m)</b></p> <p><b><u>FINDINGS</u></b>  Resident #1 - "Acetaminophen 325 mg two tablets twice daily for back pain" and "bisacodyl 10 mg sup insert 1 rectally as directed insert one rectally on 2nd or 3rd day if no bowel movement" ordered 12/5/16 and 8/29/16; however, medication was not reflected on the medication records.</p>	<p style="text-align: center;"><b>PART 2</b> <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>In the future, I need to read review carefully all medication ordered whether PRN or prescription medication had been reflected in my medication. From now on I will ask help from my casemanager CNA Substitute caregiver to double check what I've written in MAR</p>	<p style="text-align: right;">3/28/2017</p>

1852

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 - Progress notes did not reflect tolerance to special diet.</p>	<p style="text-align: center;"><b>PART 1</b> <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><i>I will record my observation and assesment of how the client tolerate the diet monthly, or everytime there is unusual changes in my clients condition.</i></p>	<p style="text-align: center;"><i>3/28/17</i></p>

1852

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p><b>RULE # §11-100.1-17 (b)(3)</b></p> <p><b><u>FINDINGS</u></b> Resident #1 - Progress notes did not reflect tolerance to special diet.</p>	<p align="center"><b>PART 2</b> <b><u>FUTURE PLAN</u></b></p> <p 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>In the future I will include in my monthly progress note how client can tolerate the special diet.</p>	<p align="center">3/28/17</p> <p align="right">1852</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 - Progress notes did not reflect resident condition when insulin held on 10/30/16 (BS = 79) and 11/5/16 (BS = 98). There were no entries regarding interventions taken, if any, and if resident symptomatic.</p>	<p style="text-align: center;"><b>PART 1</b> <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>I have to document and record why I held the insulin on 10/30/16. BS = 79 + 11-15-16 BS = 98. Held on those days because of BS is low but I provided 1 glass of orange juice and check Blood Sugar every 15 minutes till it reach BS 100 or up. This note should be written, right away in my records. I write it, right away after the incident.</p>	<p style="text-align: right;">3/28/17</p>



	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p><b>RULE # §11-100.1-17 (b)(3)</b></p> <p><b><u>FINDINGS</u></b>  Resident #1 - Progress notes did not reflect resident condition when insulin held on 10/30/16 (BS = 79) and 11/5/16 (BS = 98). There were no entries regarding interventions taken, if any, and if resident symptomatic.</p>	<p align="center"><b>PART 2  <u>FUTURE PLAN</u></b></p> <p 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>In the future, I will record / document, why I hold insulin and document the intervention I've given to client right away in my <del>no</del> recordings.</p>	<p align="center">9/28/2017</p> <p align="right">1853</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><b>FINDINGS</b> Resident #1 - Blood sugar checks ordered twice daily before breakfast and dinner; however, blood sugar readings were not recorded on the following days: 8/22/16 6 p.m., 11/4/16 6 p.m., 11/5/16 6 p.m., 12/18/16 8 a.m. &amp; 6 p.m., 12/23/16 6 p.m. and 2/18/17 6 p.m.</p>	<p style="text-align: center;"><b>PART 1</b> <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>I have check every day if the BS check is recorded daily or BID and always remind my Nursing assistant not to forget to record every result they get and re-orient Caregivers not to forget to document + record result of Blood Sugar <del>on the</del></p>	<p style="text-align: right;">3/28/2017</p> <p style="text-align: right;">1853</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-17 (b)(4)	<p style="text-align: center;"><b>PART 2</b> <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>In the future, I will review and recheck if all Blood Sugar <sup>check</sup> result had been recorded documented <del>on</del> the every days. I need to remind / check care giver for their recording &amp; documentation.</p>	<p style="text-align: center;">9/28/17</p> <p style="text-align: right;">1853</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d)            An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><b><u>FINDINGS</u></b>            Resident #1 - Inventory of possessions did not include a walker and wheelchair.</p>	<p style="text-align: center;"><b>PART 1</b>  <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><i>I have already included the Walker + Wheel chair in the inventory of residents possession.</i></p>	<p style="text-align: right;"><i>9/28/17</i></p> <p style="text-align: right;">1853</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-19 (d)	<p style="text-align: center;"><b>PART 2</b> <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>I will train my substitute caregiver to update personal belongings of residents when family bring in new items. Once a year I have to check all their belongings.</p>	6/18/2018

	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>FINDINGS</b> No documentation of care giver training for aspiration precautions and identifying and responding to hypoglycemia/hyperglycemia.</p>	<p style="text-align: center;"><b>PART 1</b> <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>Sue Conrich gave the appropriate Training for caregiver.</p> <p>① Aspiration precaution -</p> <p>② Identifying + responding hypoglycemia + hyperglycemia and read + explain to the caregivers. to read the Poster of Diabetic d in our Bulletin Board.</p>	<p style="text-align: right;">3/28/17</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-83 (1)	<p style="text-align: center;"> <b>PART 2</b>  <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> <i>I will read the case plan and            I will work with the case            manager to provide training            and documentation of training            when specialized care is ordered.</i> </p>	<p style="text-align: right;"><i>6/18/2018</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><b><u>FINDINGS</u></b> PCG, substitute care giver (SCG) #1 and SCG #2 - There was documentation of eleven (11) hours of continuing education.</p>	<p style="text-align: center;"><b>PART 1</b> <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><i>I already send my 2 caregivers to attend conl ha class in their continuing education</i></p>	<p style="text-align: right; font-size: 2em;"><i>3/28/17</i></p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-83 (5)	<p style="text-align: center;"><b>PART 2</b> <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>I will make a data sheet for each Substitute caregiver to keep track of the inservices specialties to the number of hours and topics given. 3 months before inspection, I will review the inservice training. I will make sure each have 12 hrs.</p>	<p style="text-align: right;">6/18/2018</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><b><u>FINDINGS</u></b> Resident #1 - No care plan for diabetes care. Resident has blood sugar checks twice daily, subcutaneous insulin injections daily, and parameter to hold insulin.</p>	<p style="text-align: center;"><b>PART 1</b> <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><i>Case manager made a Diabetes care plan.</i></p>	<p style="text-align: center;"><i>6/18/2018</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-88 (c)(2)	<p style="text-align: center;"><b>PART 2</b> <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>I will read the care plan and if the care plan does not identify the services we provide (Blood sugar check, + insulin administration) I will remind the case manager to include in the care plan.</p>	<p style="text-align: right;">6/18/2018</p>

Licensee's/Administrator's Signature: Florence Fayloga  
Print Name: Florence Fayloga  
Date: 3/28/2017

Licensee's/Administrator's Signature: Florence Fayloga  
Print Name: Florence Fayloga  
Date: 4/6/2018

Licensee's/Administrator's Signature: Florence O. Fayloga  
Print Name: Florence O. Fayloga  
Date: 6/18/2018