

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Angel Home for Seniors	CHAPTER 100.1
Address: 1315 Kupau Street, Kailua, Hawaii 96734	Inspection Date: February 23, 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.

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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 Substitute care giver (SCG) #1 - No current physical examination. Document in the file was not dated.</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>Gave PE to Aize to have her MD to correct the PE date. Aize returns PE completed PE with the corrected date with MD signature the PE Form filled and filed.</p>	<p style="text-align: right;">7/25/18</p> <p style="text-align: right;">'18 JUL 25 P2:21</p> <p style="text-align: right;">STATE OF HAWAII DOH-DICA STATE HEALTHS</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"/>	RULE # §11-100.1-9 (a)	<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 providing annual PE forms to SCG I will ensure to remind and give clear instruction to ensure MD to sign and date documents.</p> <p>Upon submitting the completed PE form I will double check the form to ensure it's completed properly with date and signature before filling away.</p>	<p style="text-align: center;">3-25-17</p> <p style="text-align: center;">17 16:25</p>

Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; <u>FINDINGS</u> Primary care giver (PCG), SCG #1 & SCG #2 - No first aid certification.	<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>Called first aid provider to verify if certificate is mailed to the facility and if not for the provider to mail it immediately. Received on 2/27/17 copy on file.</p>	<p style="text-align: right; font-size: 1.5em;">3.25.17</p> <p style="text-align: right; font-size: 1.2em;">16:25</p>

Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/> RULE # §11-100.1-9 (e)(3)	<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>Make a log of all SCG's first aid certificate to include date completed, expiration and renewal due date. Log on calendar one month before expiration date to remind SCG for first aid expiration date and give them one month to complete training.</p> <p>In the event the provider is not able to provide certificate right away SCG will obtain a receipt to show that they attended and participated in a training program.</p>	<p style="text-align: center;">3-25-17</p> <p style="text-align: center;">46:26</p>

Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall: Be currently certified in cardiopulmonary resuscitation; <u>FINDINGS</u> PCG, SCG #1 & SCG #2 - No cardiopulmonary resuscitation certification.	<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>Called the provider for CPR to verify if the certificate is mailed to the facility and if not to mail it right away. Received certifiote 2/27/17 on file.</p>	<p style="text-align: right;">3.25.17</p> <p style="text-align: right;">16:26</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-9 (f)(1)	<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>Make a log of all SCG CPR certificate to include date completed, expiration and renewal date. On a calendar log down renewal date one month before expiration date to give enough time for SCG to complete a training class and give them a deadline. In the event the provider is not able to provide a certificate right away SCG will obtain a receipt to show that SCG attended and participated in a training program.</p>	<p style="text-align: right;">3-25-17</p> <p style="text-align: right;">16:26</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> No menu for pureed consistency diet ordered 1/3/17 for Resident #1.</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>Created a menu for the pureed diet to meet the standard nutrition requirement. Posted in the kitchen in a visible area.</p>	<p>3.25.17</p> <p>16:26</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-13 <u>Nutrition</u> . (d)	<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>Once a new diet order is issued by the physician PCG will ensure to implement it right away by creating a menu to reflect the new order, update case manager to update care plan to reflect changes and update menu as necessary for changes.</p>	<p style="text-align: right;">3.25.17</p> <p style="text-align: right;">16:26</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 - After Visit Summary 7/27/16 reflected "Change how you take these medications: nystatin (Nystop) 100,000 unit/g Powd apply to affected area 2 times a day." The August 2016 and September 2016 medication records reflected the medication was applied "3 times a day."</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>Called PCP to clarify the order of Nystatin Powder for the route for either 2X or 3X daily. PCP indicated that it was change to 3X daily due to resident incontinent problems but did not reflect their note which PCP indicated that they will update their record to 3X daily. Update MAR to 3X daily document conversation.</p>	<p style="text-align: center;">3.25.17</p> <p style="text-align: center;">15:26</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-100.1-15 (e)</p> <p><u>FINDINGS</u> Resident #1 - After Visit Summary 7/27/16 reflected "Change how you take these medications: nystatin (Nystop) 100,000 unit/g Powd apply to affected area 2 times a day." The August 2016 and September 2016 medication records reflected the medication was applied "3 times a day."</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>On resident doctors visit any changes of medications PCP will check, clarify and verify any updates discussed during the visit. PCP will check any written documentations to ensure all changes are written down accordingly and all documents are updated to new orders. Update MAR right away to reflect all changes. Always double check orders if it's consistent with the medication label, MAR and orders.</p>	<p style="text-align: right;">3-25-17</p> <p style="text-align: right;">15:26</p>

Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/> §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. <u>FINDINGS</u> Resident #1 - "Melatonin 3 mg Take 1 1/2 tabs po at bedtime" ordered 3/15/16, 4/27/16, 7/27/16, 9/23/16, & 10/6/16; however, the July 2016 medication record reflected "2 tabs" taken, August 2016 medication record reflected "1 tab" taken, and December 2016 to January 5, 2017 medication record reflected "1 tab" taken. Melatonin decreased to "1 tab" on 1/6/17.	<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>Updated medication label and MAR to reflect 1/6/17 order.</p>	<p style="text-align: center;">3.28.17</p> <p style="text-align: center;">16:26</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>RULE # §11-100.1-15 (e)</p> <p>FINDINGS Resident #1 - "Melatonin 3 mg Take 1 1/2 tabs po at bedtime" ordered 3/15/16, 4/27/16, 7/27/16, 9/23/16, & 10/6/16; however, the July 2016 medication record reflected "2 tabs" taken, August 2016 medication record reflected "1 tab" taken, and December 2016 to January 5, 2017 medication record reflected "1 tab" taken. Melatonin decreased to "1 tab" on 1/6/17.</p>	<p>PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Verify and clarify with PCP for any changes of medications, documents all changes, update label and MAR right away. Always verify for consistency and if it need to be change call MD for telephone orders if needed then document and any change order PCP signature can be obtain on the next visit.</p>	<p>3-28-17</p> <p>16:26</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 - "Vitamin D 1000 IU Take 1 tab po daily" ordered 1/6/17; the January 2017 and February 2017 medication records did not include "1000" IU.</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>Change medication label to include "1000" IU as well as the MAR is changed. New label and MAR are completed and show's Vitamin D 1000 IU.</p>	<p style="text-align: center;">3.25.17</p> <p style="text-align: center;">16:26</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-15 (m)	<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 making new labels I will ensure to include the name and strength of the medication as well as the MAR will have the same information. Always double check and review document to ensure they are done properly.</p>	<p style="text-align: center;">3.25.17</p> <p style="text-align: center;">16.26</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 - January 2017 progress notes did not indicate the type of diet ordered. Only the consistency noted.</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>Corrected to regular pureed diet. Called and clarify with PCP and a new order will be sign on the next visit.</p>	<p style="text-align: right;">3.25.17</p> <p style="text-align: right;">15:26</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-17 (b)(3)	<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 documenting in the Progress Note, Make sure to document the type and consistency of the event. Double check to ensure is completed properly.</p>	<p style="text-align: center;">7/25/18</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u>. (1)(1) An enclosed dining area within the Type I ARCH shall be provided for residents which shall be apart from sleeping quarters but may be in continuity to the living room area. The following shall prevail:</p> <p>At least one table with twenty nine inches clearance between floor and lower edge shall be provided to allow for those residents using wheelchairs;</p> <p><u>FINDINGS</u> Table for two (2) wheelchair dependent residents did not have 29 inch clearance. Height was 25.5 inches.</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>Re-assigned resident seating area to meet the 29 inches clearance by moving wheelchair resident to the end of the table to meet clearance.</p>	<p style="text-align: center;">3.25.17</p> <p style="text-align: center;">16:26</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-23 (1)(1)	<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>From now on all wheelchair resident will be assigned to seat at the end of the table to meet the 29 inches clearance.</p>	<p style="text-align: center;">3.25.17</p> <p style="text-align: center;">16:26</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><u>FINDINGS</u> SCG #2 - No documentation of training by the RN CM.</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>Called case manager to provide training for SCG#2. Training is completed and documents on file.</p>	<p style="text-align: center;">3.25.17</p> <p style="text-align: center;">1526</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE # §11-100.1-83 (1)	<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>Before a new SCG start assisting any resident I will contact case manager to provide training and to ensure all documents of training are on file.</p>	<p style="text-align: center;">3.25-17</p> <p style="text-align: center;">4.4.26</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-83 (1)	<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>Use a check list to follow & to ensure trainings by the RN can and have RN to document trainings for the file</i> </p>	<p style="text-align: center;"> <i>11/25/18</i> </p>

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<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><u>FINDINGS</u> All care givers - No training for crushing medication by the RN CM.</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>Called case manager that all caregivers need training to crush medication and need documentation. Completed and documentation are on file.</p>	<p style="text-align: right;">3.25.17</p> <p style="text-align: right;">4/5/26</p>

Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/> RULE # §11-100.1-83 (1)	<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>Inform case manager for all changes in resident care and procedures needing training. Ensure that the case manager provide training to SCG and PCG as needed and training to be completed on a timely manner and obtain documentation for validation of training. PCG will review care plan regularly to ensure that care plan are up to date and such training are completed accordingly.</p>	<p style="text-align: center;">3-25-17</p> <p style="text-align: center;">16:27</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> Resident #1 - "Risk for Imbalance Nutrition & Fluid Intake" care plan (updated 1/29/17) intervention reflected "Regular, chopped;" however, the diet was changed to "pureed, thicken liquid to honey consistency" on 1/6/17.</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>Care plan updated by case manager is completed.</p>	<p style="text-align: center;">3.25.17</p> <p style="text-align: center;">4.6.27</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-88 (c)(4)	<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>Inform case manager for changes and the case manager to update care plan for diet. PCG to review care plan and ensure the care plan reflect orders that includes the resident specific needs in nutrition. If in doubt call for assistance. Review care plan regularly to ensure that the care plan reflect the type of care is covered in the care plan.</p>	<p style="text-align: right;">3.25.17</p> <p style="text-align: right;">4/6/27</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> Resident #1 - Impaired Bowel Elimination" care plan (updated 1/29/17) intervention reflected "Encourage food high in fiber: fruits & fresh veggies; however, resident on a pureed diet. Raw vegetables, corn, peas, dried fruit, hard fruits, fruits with seeds are not permitted on a pureed diet.</p>	<p style="text-align: center;">PART I <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>Case manager updated and revised care plan.</p>	<p style="text-align: right;">3-25-17</p> <p style="text-align: right;">15:27</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-88 (c)(4)	<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>read and review care plans regularly to ensure that the services that need to be provided is being followed and if need clarification than call for help.</p> <p>Inform case manager to updates resident care plan as needed. PCG to ensure that resident need, services provided are included in the care plan. Any intervention PCG will need to follow and case manager will assist in planning to how the intervention is provided.</p>	<p style="text-align: center;">3.25.17</p>

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<input checked="" type="checkbox"/>	RULE # §11-100.1-88 (c)(4)	<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>Read care plan. Make sure the care plan follows the special diet ordered. Re: puree diet ordered cannot have raw fruits and vegetables. Work with the case manager to ensure the care plan follows the guideline for puree diet.</p>	<p style="text-align: center;">7/25/18</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> Resident #1 - Impaired Mobility Risk for Falls" care plan (updated 1/29/17) did not indicate that the resident is dependent on the wheelchair for mobility.</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>Called case manager to update care plan to reflect the resident impaired mobility. Complete and updated.</p>	<p style="text-align: center; font-size: 2em;">3.27.17</p> <p style="text-align: right; font-size: 1.5em;">15:27</p>

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<input checked="" type="checkbox"/>	RULE # §11-100.1-88 (c)(4)	<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;">Lead care plan and work with case manager to ensure care plan indicate the resident uses wheel chair for mobility to reflect the needs of the resident.</p>	<p style="text-align: center;">7/25/18</p>

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Licensee's/Administrator's Signature: Anafré Cabal
Print Name: Anaelie Cabal
Date: 3-27-17

Licensee's/Administrator's Signature: Anafré Cabal
Print Name: Anaelie Cabal
Date: 7/25/18