

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Wilson Senior Living Kailua	CHAPTER 100.1
Address: 96 Kaneohe Bay Drive, Kailua, Hawaii 96734	Inspection Date: March 14 & 15, 2018 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.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

RECEIVED

03/14/18

Completion Date	PLAN OF CORRECTION	
<input checked="" type="checkbox"/>	<p>RULES (CRITERIA)</p> <p>§11-100.1-8 Primary care giver qualifications. (a)(5) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Have completed ARCH teaching modules that are approved annually by the department;</p> <p>FINDINGS</p> <p>PCG has not completed or enrolled in the ARCH Modules course required for a PCG of an ARCH or Expanded ARCH.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>See enclosed.</i></p> <p><i>6/15/18</i></p>



2018 Plan of Correction

July 10, 2018

§11-100.1.8(a)(5):

At the time of the inspection, March 14 & 15, 2018, our Primary Care Giver was on a list of candidates wishing to enroll in the ARCH Modules. (Our former Primary Care Giver of 4 years had left abruptly, and we secured one of our RN's to cover the role of Primary Care Giver until we could hire another.) Currently, our Primary Care Giver is enrolled in the Fall 2018 ARCH Modules course for Nurses – the next available course. We will submit the certification to OHCA immediately upon receipt.

Completion Date: June 15, 2018

Signature: Claudia Fristoe LPN
Claudia Fristoe, LPN

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(5) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Have completed ARCH teaching modules that are approved annually by the department;</p> <p><u>FINDINGS</u></p> <p>PCG has not completed or enrolled in the ARCH Modules course required for a PCG of an ARCH or Expanded ARCH.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>See enclosed.</i></p>	<p style="text-align: center;"><i>7/12/18</i></p>



2018 Plan of Correction

July 10, 2018

§11-100.1.8(a)(5):

Future Plan

To ensure we are always operating with ARCH-certification, our Administrator, Shelley Wilson (Founder/CEO Wilson Care Group), is also enrolling in the Fall 2018 ARCH Modules. OHCA will receive confirmation of her enrollment and certification as soon as they are available.

Completion Date: July 12

Signature: Claudia Fristoe
Claudia Fristoe, LPN

	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></p> <p>Employee #1, 2-step TB test completed after employee was already working with residents. All employees and residents are required to complete a 2-step TB test prior to starting work at the facility or admission to the facility.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: right;">RECEIVED</p>

	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></p> <p>Employee #1, 2-step TB test completed after employee was already working with residents. All employees and residents are required to complete a 2-step TB test prior to starting work at the facility or admission to the facility.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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: right;">RECEIVED</p>



2018 Plan of Correction

March 29, 2018

§11-100.1-9(b):

Future Plan

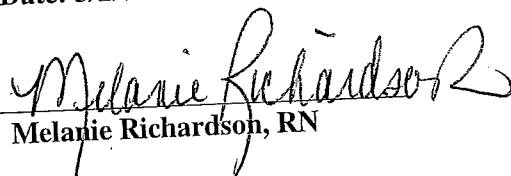
It should be noted that the employee who didn't have a TB test is a maintenance worker, part-time. While he doesn't provide care, there will be occasion when he'll enter the residents' rooms for normal maintenance purposes. Unfortunately, Employee #1 fell and was injured after the inspection. As of the date of submission of this plan of correction, the employee is on leave. He may not return to work until he submits his second-step TB clearance.

To ensure no reoccurrence of this deficiency, we have transferred the responsibility for collecting the employee's TB clearance to the Wilson Senior Living Kailua PCG. As the individual who will train/orient all new employees prior to their first shift, the PCG will now know firsthand whether the clearance was submitted; she shall delay the employee's start date if the TB clearance isn't submitted on or by orientation day.

The Community Director will then be responsible to collect the clearance from the PCG, manage the spreadsheet which documents that TB clearances are received, and manage the binder where the clearances are stored. The staff certifications spreadsheet also indicates current and renewal due dates. The Community Director will enter the renewal due date in our software system, eRSP, and assign the system to remind the PCG and Community Director 90 days prior to the renewal date. The PCG is responsible to remind the employee at 90 days, 60 days, 30 days, then weekly until two weeks from the due date, then daily. The employee will be removed from the schedule if the clearance isn't submitted on time. The Community Director will store the clearance, update the spreadsheet, and enter the next and subsequent reminders in eRSP.

Completion Date: 3/19/18

Signature: _____


Melanie Richardson, RN

	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></p> <p>Resident #1 progress notes for June 2017 thru January 2018 did not include observations of the resident response to medication or diet.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: center;">RECEIVED</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></p> <p>Resident #1 progress notes for June 2017 thru January 2018 did not include observations of the resident response to medication or diet.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>See attached.</i></p>	<p style="text-align: center;"><i>3/28/18</i></p>



2018 Plan of Correction

March 29, 2018

§11-100.1-17(b)(3):

Future Plan

We've created a Monthly Summary form which prompts the necessary monthly reporting, indicating whether the resident's response/activity/behavior (depending on the subject summarized) is normal for that resident and the outcome. If "No" is checked, the form prompts the next steps needed (i.e., notify resident's MD, documentation, etc.).

To ensure the necessary reporting is completed monthly, we are utilizing our software system ("eRSP") to automatically assign a Monthly "Task" to the PCG for each Resident automatically upon Admission. The monthly task, "Prepare Monthly Summary," is a separate Task for each individual resident. Utilizing the Monthly Summary form, the PCG will document each of the resident responses to and/or changes with medications, diet, treatments, activities, care plan, condition, behavior patterns; as well as notations of visits and consultations made to the resident by other professional personnel; MD visits, orders, treatments, and any out-of-the ordinary incidents; and initiate appropriate follow-up actions as needed.

Last, the PCG must "Complete" the Task in eRSP. (The Task continues to "remind" the PCG to complete the Monthly Summary every day from the day it was assigned until she manually clears it. The date and time the Task was cleared is indicated in the system.)

Completed: 3/28/18

Signature: _____

Melanie Richardson
Melanie Richardson, RN

	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></p> <p>Resident #2 progress notes for June 2017 thru November 2017 did not include observations of the resident response to medication or diet.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

RECEIVED

	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></p> <p>Resident #2 progress notes for June 2017 thru November 2017 did not include observations of the resident response to medication or diet.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>	



2018 Plan of Correction

March 29, 2018

§11-100.1-17(b)(3):

Future Plan

This deficiency is the exact same as the previous one, but for Resident #2, therefore our plan to avoid recurrence is exactly the same as above, and copied below:

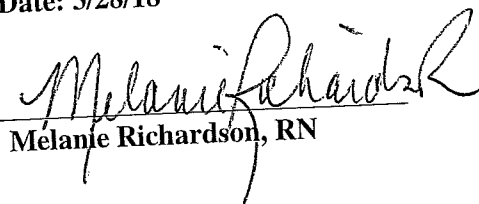
We've created a Monthly Summary form which prompts the necessary monthly reporting, indicating whether the resident's response/activity/behavior (depending on the subject summarized) is normal for that resident and the outcome. If "No" is checked, the form prompts the next steps needed (i.e., notify resident's MD, documentation, etc.).

To ensure the necessary reporting is completed monthly, we are utilizing our software system ("eRSP") to automatically assign a Monthly "Task" to the PCG for each Resident automatically upon Admission. The monthly task, "Prepare Monthly Summary," is a separate Task for each individual resident. Utilizing the Monthly Summary form, the PCG will document each of the resident responses to and/or changes with medications, diet, treatments, activities, care plan, condition, behavior patterns; as well as notations of visits and consultations made to the resident by other professional personnel; MD visits, orders, treatments, and any out-of-the ordinary incidents; and initiate appropriate follow-up actions as needed.

Last, the PCG must "Complete" the Task in eRSP. (The Task continues to "remind" the PCG to complete the Monthly Summary every day from the day it was assigned until she manually clears it. The date and time the Task was cleared is indicated in the system.)

Completion Date: 3/28/18

Signature: _____


Melanie Richardson, RN

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include: Entries describing treatments and services rendered;" <u>FINDINGS</u> Resident #1 RD note on 2/9/18 made seven (7) recommendations to address resident's weight gain. PCG's progress note on 2/9/18 only addressed one (1) of the recommendations. Unable to verify if all the recommendations were initiated for this resident.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>See attached</i></p>	<p style="text-align: center;"><i>3/26/18</i></p>



2018 Plan of Correction

March 29, 2018

§11-100.1-17(b)(4):

We corrected this deficiency by contacting Resident #1's RD and requested she report to the PCG her knowledge/notes of any/all subsequent follow-through that was completed. Mention of her recommendations (skim milk; ½ serving starch (rice, noodle, break, potato) at lunch and dinner; limit snacks to mostly fruit and vegetables; offer water to drink instead of juice; encourage water intake throughout the day; fruit for desserts instead of sugar-containing desserts) were added the Resident #1's Progress Notes on 3/20/18 and Resident #1's MD was sent a Progress Note via fax on 3/26/18. We initiated the Consultant RD's recommendations and we are monitoring the resident's response to them.

Completion Date: 3/26/18

Signature: _____

Melanie Richardson
Melanie Richardson, RN

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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></p> <p>Resident #1 RD note on 2/9/18 made seven (7) recommendations to address resident's weight gain. PCG's progress note on 2/9/18 only addressed one (1) of the recommendations. Unable to verify if all the recommendations were initiated for this resident.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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; font-size: 1.2em;">See attached.</p>	3/28/18



2018 Plan of Correction

March 29, 2018

§11-100.1-17(b)(4):

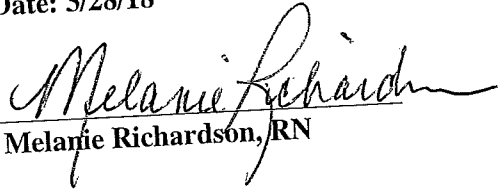
Future Plan

The plan in place for the above deficiencies (same Chapter Rules: 11-100.1-17) will prevent this deficiency in the future, as well. Notations of visits by other professional personnel and our follow-through would be recorded in the Monthly Summary at the very least, if they are not noted in the Progress Notes.

To tighten up the Progress Notes, we added a checklist in our Progress Notes form, built into each page header, to prompt the writer to note appropriate follow-through when recommendations are made or orders received, documenting action(s) we've initiated and the resident's response to each recommendation or order.

For this resident and any future residents with waivers for Expanded Care, a monthly face-to-face meeting with the case manager is now set up to review the resident's plan of care, visits and treatments, medications, recommendations, progress notes, and any incidents that may occur. The two individuals shall review the resident's care in detail, with the intention of eliminating oversights. This meeting shall be documented monthly.

Completion Date: 3/28/18

Signature: 
Melanie Richardson, RN

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><u>FINDINGS</u></p> <p>No weights listed on the monthly weight record for February 2018 for six (6) of the resident currently residing in the care home.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><u>FINDINGS</u></p> <p>No weights listed on the monthly weight record for February 2018 for six (6) of the resident currently residing in the care home.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>See attached.</i></p>	<p style="text-align: center;"><i>3/26/18</i></p>



2018 Plan of Correction

March 29, 2018

§11-100.1-17(b)(7):

Future Plan

We are utilizing our software system to automatically assign a "Task" to the PCG to record the resident's weight each month. The PCG then adds the instruction to the SCGs' daily assignment care logs for the first week of every month. The software system will prompt the PCG daily until she enters each individual resident's weight; this also serves to remind the PCG to follow up with the SCGs to ensure the residents' weights are taken.

Completion Date: 3/26/18

Signature: Melanie Richardson RN
Melanie Richardson, RN

	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></p> <p>Resident #1 nutrition/hydration care plan does not include specific weight range goal for resident with significant weight gain, and unable to verify that the responsible person notified the physician as recommended in care plan.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>See attached,</i></p>	<p style="text-align: center;"><i>3/27/18</i></p>



2018 Plan of Correction

March 29, 2018

§11-100.1-88 (c)(2):

On 3/26/18, the PCG met with case manager and discussed setting up monthly meetings as well as the RD recommendations. The case manager added the recommendations to the care plan (attached for your review) on 3/27/18, and the PCG faxed the resident's primary care MD, informing MD that we've instituted the recommendations and requested a goal weight. On 3/28/18, the PCG re-sent the fax, and subsequently received a response by the MD: Resident #1 specific weight goal is 145 lbs. (faxed order attached for your review).

Completion Date: 3/27/18

Signature:

Melanie Richardson
Melanie Richardson, RN

	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></p> <p>Resident #1 nutrition/hydration care plan does not include specific weight range goal for resident with significant weight gain, and unable to verify that the responsible person notified the physician as recommended in care plan.</p>	<p>PART 2</p> <p><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 style="font-size: 1.5em; margin-top: 20px;">See attached.</p>	<p>3/26/18</p>



2018 Plan of Correction

March 29, 2018

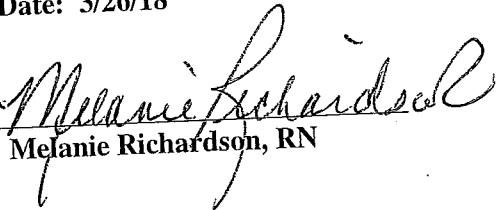
§11-100.1-88(c)(2):

Future Plan

Monthly meetings with the case manager are now required for any expanded ARCH resident we have been waived. These meetings will review the care plan, any visits/services/treatments, changes in medications, condition, or behavior, as well as documentation. The PCG will be responsible for informing the primary care MD of any changes or recommendations initiated.

Completion Date: 3/26/18

Signature:


Melanie Richardson, RN

	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></p> <p>Resident #1 nutrition/ hydration care plan not updated to address weight gain and include recommendation by RD on weight control.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>See attached.</i></p>	<p><i>3/27/18</i></p>



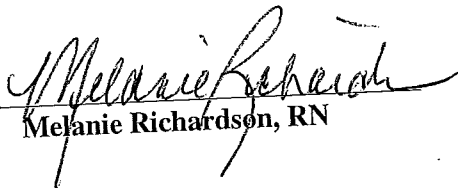
2018 Plan of Correction

March 29, 2018

§11-100.1-88(c)(4):

On 3/16/18, the PCG called the case manager and informed her of the need to update her care plan to address the resident's weight gain and include the recommendations by the Consultant RD on weight control. Mention of the Consultant RD's recommendations (skim milk; ½ serving starch (rice, noodle, break, potato) at lunch and dinner; limit snacks to mostly fruit and vegetables; offer water to drink instead of juice; encourage water intake throughout the day; fruit for desserts instead of sugar-containing desserts) were added the Resident #1's Progress Notes on 3/20/18 and Resident #1's MD was sent a Progress Note via fax on 3/26/18. We initiated the Consultant RD's recommendations and we are monitoring the resident's response to them. The case manager updated the Nutrition/Hydration Care Plan (attached for your review) to include the Consultant RD's recommendations on 3/27/18 and submitted to the PCG.

Completion Date: 3/27/18

Signature: 
Melanie Richardson, RN

	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></p> <p>Resident #1 nutrition/ hydration care plan not updated to address weight gain and include recommendation by RD on weight control.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>See attached.</i></p>	<p style="text-align: center;"><i>3/29/18</i></p>



2018 Plan of Correction

March 29, 2018

§11-100.1-88(c)(4):

Future Plan

Monthly meetings with the case manager are now required for any expanded ARCH resident we have been waived. These meetings will review the care plan, any visits/services/treatments, changes in medications, condition, or behavior, as well as documentation. The PCG will be responsible for informing the primary care MD of any changes or recommendations initiated.

Completion Date: 3/26/18

Signature: _____

Melanie Richardson RN
Melanie Richardson, RN

	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></p> <p>Resident #1 nutrition/ hydration care plan step #4 states to notify MD for 5 lbs. weight gain. Step #5 states to notify MD and case manager for weight gain of 3 lbs. Unable to determine if MD should be notified for 3 or 5 lbs. weight gains.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>See attached.</i></p>	<p style="text-align: center;"><i>3/29/18</i></p>



2018 Plan of Correction

March 29, 2018

§11-100.1-88(c)(4):

On 3/27/18 the case manager updated the Nutrition/Hydration Care Plan (attached). MD orders were received on 3/28/18 and implemented on 3/29/18. Resident #1's specific weight goal is 145 lbs. (faxed order attached for your review).

Completion Date: 3/29/18

Signature: _____

Melanie Richardson
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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)(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></p> <p>Resident #1 nutrition/ hydration care plan step #4 states to notify MD for 5 lbs. weight gain. Step #5 states to notify MD and case manager for weight gain of 3 lbs. Unable to determine if MD should be notified for 3 or 5 lbs. weight gains.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>See attached.</i></p>	<p style="text-align: center;"><i>3/26/18</i></p>



2018 Plan of Correction

March 29, 2018

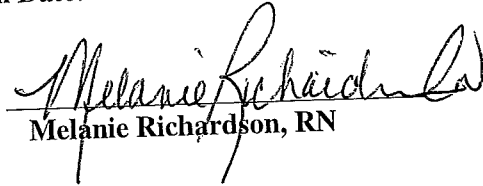
§11-100.1-88(c)(4):

Future Plan

Monthly meetings with the case manager are now required for any (waived) expanded ARCH resident. These meetings will review the care plan, any visits/services/treatments, changes in medications, condition, or behavior, as well as documentation. The PCG will be responsible for informing the primary care MD of any changes or recommendations initiated.

Completion Date: 3/26/18

Signature:


Melanie Richardson, RN

Licensee's/Administrator's Signature: Melanie Richardson RN
Print Name: Melanie Richardson RN
Date: 3-29-18

Licensee's/Administrator's Signature: Melanie Richardson
Print Name: Melanie Richardson
Date: 5-4-18

Licensee's/Administrator's Signature: Claudia Frstoe
Print Name: Claudia Frstoe
Date: 7/24/18