Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Emmy's	**CHAPTER 100.1**
Address: **94-382 Kaholo Street, Mililani, Hawaii 96789**	**Inspection Date: April 25, 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.

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** Substitute care giver (SCG) #1 - No annual physical examination.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** 11-100.1-9(a) What did you do to correct it? I will record in my calendar the annual physical examination due date. Put it on their files. Let the employee know ahead of time that their annual physical examination will be due. SCG1 has a physical examination done on 3/21/17.	4-26-17

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** Substitute care giver (SCG) #1 - No annual physical examination.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** 11-100.1-9(a)(con't) what will you do in the future to not make the same mistake again? To prevent the same mistake in the future, Care Home Operator created "Personnel Form" to include but not limited to Employee Name, TB Screening 2 step TB Clearance, TB Physical Exam, CPR/First Aid to make sure that all necessary paper works are present upon hiring a new employee. The form will also checked by PCG or substitute caregiver every 6 months for expiration dates.	4-26-17

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(4) The substitute care giver who provides coverage for a period less than four hours shall: Be trained by the primary care giver to make prescribed medications available to residents and properly record such action. **FINDINGS** SCG #2 - No documentation of primary care giver training to make medications available to residents.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I provided Training to the substitute care giver to make medications available to the residents. Substitute care giver ~~give~~ give training is in the care home binder.	2-25-19

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	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(4) The substitute care giver who provides coverage for a period less than four hours shall: Be trained by the primary care giver to make prescribed medications available to residents and properly record such action. **FINDINGS** SCG #2 - No documentation of primary care giver training to make medications available to residents.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will use new employee checklist which contains PPD, physical exam, first aid and CPR, and training for medications. I will not allow new employees to work without health clearances and CPR/FA and medication training.	2-25-19

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	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 - "Tylenol 500 mg 1 tab po every 8 hours prn pain" ordered 2/23/17; however, label reflected "every 4-6 hours as needed."	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** 11-100.1-15 What did you do to correct it? 1. Label changed to current MD order. 2. Medication bottle taken to pharmacy for relabeling to reflect new MD order.	3-11-18

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 - "Tylenol 500 mg 1 tab po every 8 hours prn pain" ordered 2/23/17; however, label reflected "every 4-6 hours as needed."	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** when I received an order from the MD, I will check the medication label if it is the same as the MD order. If not the same, I will clarify with the MD.	2-25-19

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	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-15 Medications. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year. **FINDINGS** Resident #1 - "Plavix, diltiazem, simvastatin, diphenoxytate atropine, benzonate, and Tylenol" were not updated 11/26/15 to 9/2/16; a period of nine (9) months.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-15 Medications. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year. **FINDINGS** Resident #1 - "Plavix, diltiazem, simvastatin, diphenoxytate atropine, benzonate, and Tylenol" were not updated 11/26/15 to 9/2/16; a period of nine (9) months.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** 11-100.1-15(g) What will you do in the future to not make the same mistake again? PCG will have a current list of medications and treatments during MD visit for updates or additional medications. Physician need to sign list of medications. Checked if MD signed medication list to make sure medications is accurate medications.	5-31-18

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	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1 - "Robitussin DM 1-2 tsp po every 4-6 hours prn cough" ordered 9/2/16; the September 2016 medication record did not indicate the number of teaspoons taken by the resident.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1 - "Robitussin DM 1-2 tsp po every 4-6 hours prn cough" ordered 9/2/16; the September 2016 medication record did not indicate the number of teaspoons taken by the resident.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** 11-100.1-15(m) What will you do in the future to not make the same mistake again? I will note the time of the day of the medication was taken now and in the future. I will double check daily to make sure it is written down the number of teaspoon given. I will document on the progress notes medication binder and chart of the response and recorded on resident condition.	4-26-17

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1 - "Robitussin DM 1-2 tsp po every 4-6 hours prn cough" ordered 9/2/16; the medication record did not indicate the time of day the medication was taken by the resident.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1 - "Robitussin DM 1-2 tsp po every 4-6 hours prn cough" ordered 9/2/16; the medication record did not indicate the time of day the medication was taken by the resident.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** 11-100.1-15(m) What will you do in the future to not make the same mistake again? I will note the time of the day of the medication was taken now and in the future. I will double check daily to make sure it is written down the number of teaspoon given. I will document on the progress notes medication binder and chart of the response and recorded on resident condition.	4-26-17

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-17 Records and reports. (a)(2) 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: Recording of identifying information such as resident's name, social security number, racial extraction, marital status, date of birth, sex, and minister or religious denomination, and information about medical plan or coverage; **FINDINGS** Resident #1 - No identifying/emergency information recorded.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** 11-100.1-17(a)(2) What did you do to correct it? Care Home Operator found the form and was misfiled resident identifying emergency information at the back of resident chart. Care Home Operator file back at the correct filing on resident chart.	4-25-17

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-17 Records and reports. (a)(2) 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: Recording of identifying information such as resident's name, social security number, racial extraction, marital status, date of birth, sex, and minister or religious denomination, and information about medical plan or coverage; **FINDINGS** Resident #1 - No identifying/emergency information recorded.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** 11-100.1-17(a)(2) What will you do in the future to not make the same mistake again? Emergency information always available when needed in place. Use the admission check list when admitting residents. PCG will list emergency information on admission and update as changes occurs.	5-31-18

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	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; **FINDINGS** Resident #1 - Progress notes did not reflect the need for and response to "Robitussin DM 1-2 tsp po every 4-6 hours prn cough" ordered 9/2/16 and taken 9/2-19/16.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; **FINDINGS** Resident #1 - Progress notes did not reflect the need for and response to "Robitussin DM 1-2 tsp po every 4-6 hours prn cough" ordered 9/2/16 and taken 9/2-19/16.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** 11-100.1-17(b)(3) What will you do in the future to not make the same mistake again? I will reflect the response to PRN medications in my progress notes now and in the future.	4-26-17

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-17 Records and reports. (f)(2) General rules regarding records: Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them; **FINDINGS** Resident #1 - Medication records did not have a legend for care giver initials.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** 11-100.1-17(f)(2) What did you do to correct it? I have a legend for initials used on the Personal Care/Skilled Nursing Activities form and the medication records.	4-27-17

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-17 Records and reports. (f)(2) General rules regarding records: Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them; **FINDINGS** Resident #1 - Medication records did not have a legend for care giver initials.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** 11-100.1-17(f)(2)(con't) What will you do in the future to not make the same mistake again? I will instruct the caregivers to write their name and initial on the legend. Check it daily to make sure they completed the legend.	4-27-17

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-23 Physical environment. (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers. **FINDINGS** Bedrooms #4 and #5 - One of three (3) lights bulbs was not functioning.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** 11-100.1-23(h) What did you do to correct it? Care Home Operator changed the three lights on bedroon 4&5 that was not functioning after the visit.	4-25-17

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-23 Physical environment. (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers. **FINDINGS** Bedrooms #4 and #5 - One of three (3) lights bulbs was not functioning.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** 11-100.1-23(h)(con't) What will you di in the future to not make the same mistake again? Care Home Operator will make sure that light fixtures are all functional at all times. Changed light fixtures as soon as noted.	4-25-17

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-23 Physical environment. (h)(1)(A) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers. Housekeeping: A plan including but not limited to sweeping, dusting, mopping, vacuuming, waxing, sanitizing, removal of odors and cleaning of windows and screens shall be made and implemented for routine periodic cleaning of the entire Type I ARCH and premises; **FINDINGS** Bedroom #1 - Strong urine odor.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** 11-100.1-23(h)(I)(A) What did you do to correct it? 1. Mop and clean room everyday 2. Disinfect room and bed with clorox 3. Change linen 4. Make sure resident clean every after urination 5. Change every linen when soiled 6. Use deodorizer 7. Make sure room no smell and odor free.	4-25-17

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-23 Physical environment. (h)(1)(A) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers. Housekeeping: A plan including but not limited to sweeping, dusting, mopping, vacuuming, waxing, sanitizing, removal of odors and cleaning of windows and screens shall be made and implemented for routine periodic cleaning of the entire Type I ARCH and premises; **FINDINGS** Bedroom #1 - Strong urine odor.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** 11-100.1-23(h)(I)(A)(con't) What will you do in the future to not make the same mistake again? 1. Make sure that the room are clean on daily basis 2. Mop everyday 3. Incontinent resident change linen 4. Change resident linen if smell 5. Make sure room and bed no smell and odor free	4-25-17

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-23 Physical environment. (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers. All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety; **FINDINGS** Two (2) live cockroaches in the kitchen.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** 11-100.1-23(h)(3) What did you do to correct it? Care Home Operator hired a licensed roach exterminator to treat the premises again. Returned in one week for follow-up with effective results. To their follow-up visit there is no eoaches noted around.	5-5-17

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-23 Physical environment. (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers. All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety; **FINDINGS** Two (2) live cockroaches in the kitchen.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** 11-100.1-23(h)(3)(con't) What will you do in the future to not make the same mistake again? Care Home Operator will maintain and monitor that no roaches or infestations bugs to the kitchen and wet bar area and to the premises. No small garbage receptacles will be use for food scrap left open on top of kitchen counter that will attract roaches. Remove garbage on daily basis. Good housekeeping and thorough cleaning daily. Application of cockaroach gel bait every three months in cabinets door and hinges. Pest control personnel will visit the Care Home every months for follow-up for pest infestation and treatment as needed.	5-5-17

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-23 Physical environment. (i)(4)(B) All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure. Lighting: Residents' rooms shall have artificial light adequate for reading at bedside. This lighting shall be at least thirty foot candles at normal reading height; **FINDINGS** Bedroom #1 - No artificial light for reading at bedside. Only available light sources were the bathroom ceiling light and a bathroom night light in the bedroom.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** 11-100.1-23(i)(4)(B) What did you do to correct it? Care Home Operator put bedside light on bedroom#1 after the visit.	4-25-17

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-23 Physical environment. (i)(4)(B) All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure. Lighting: Residents' rooms shall have artificial light adequate for reading at bedside. This lighting shall be at least thirty foot candles at normal reading height; **FINDINGS** Bedroom #1 - No artificial light for reading at bedside. Only available light sources were the bathroom ceiling light and a bathroom night light in the bedroom.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** 11-100.1-23(i)(4)(B)(con't) What will you do in the future to not make the same mistake again? Care Home Operator will make sure that bedside light on all bedrooms will be available at all times.	4-25-17

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-23 Physical environment. (o)(1)(H) Bedrooms: General conditions: Type I ARCH licensed for a person in a wheelchair shall provide an accessible route to and into all sleeping rooms, bathrooms, common areas and exits. **FINDINGS** Residents in Bedroom #1, Bedroom #2 and Bedroom #3 - No wheelchair accessible route to the second exit. Clear width for two routes were 27 inches and 30 inches.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** 11-100.1-23(o)(1)(H) What did you do to correct it? Care Home Operator switch the small table to Care Home Operator's dining room table. Remove resident's old table and put smaller table and now wheelchair accessible route to second exit.	4-25-17

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-23 Physical environment. (o)(1)(H) Bedrooms: General conditions: Type I ARCH licensed for a person in a wheelchair shall provide an accessible route to and into all sleeping rooms, bathrooms, common areas and exits. **FINDINGS** Residents in Bedroom #1, Bedroom #2 and Bedroom #3 - No wheelchair accessible route to the second exit. Clear width for two routes were 27 inches and 30 inches.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will measure 32 inches from the wall and I will put tape on the floor so that no one will put anything in that area. I will educate ~~[illegible]~~ substitute the one given that will not put anything. PCG to check it daily.	2-25-19

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	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-23 Physical environment. (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes. **FINDINGS** Smoke detector was beeping throughout inspection.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** 11-100.1-23(r) What did you do to correct it? Care Home Operator changed the battery that was beeping thtoughout the inspection ater the visit.	4-25-17

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-23 Physical environment. (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes. **FINDINGS** Smoke detector was beeping throughout inspection.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** 11-100.1-23(r)(con't) What will you do in the future to not make the same mistake again? Care Home Operator is to make sure to change smoke detector battery as soon as is noted beeping. Care Home Operator is also make sure that smoke detector battery is checked periodically if needed to change battery or new smoke detector.	4-25-17

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-83 Personnel and staffing requirements. (1) In addition to the requirements in subchapter 2 and 3: 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; **FINDINGS** All care givers - No documentation of RN case manager training in providing daily personal and specialized care.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** 11-100.1-83 What did you do to correct it? Previous RN delegation on file to binder of resident. RN/CM updated basic personal and specialized care to CHO and substitute caregivers.	3-11-18

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-83 Personnel and staffing requirements. (1) In addition to the requirements in subchapter 2 and 3: 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; **FINDINGS** All care givers - No documentation of RN case manager training in providing daily personal and specialized care.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will tell the CM to provide the training at the time of visit. If CM will not do it at the time of visit, I will call ~~[illegible]~~ to remind CM that she must bring the training documents.	2-25-19

FEB 25 2019

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-86 Fire safety. (a)(2) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following: Resident's sleeping room doors shall be self closing; **FINDINGS** Resident #1 - Bedroom door was not self-closing.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** 11-100.1-86(a)(2) What did you do to correct it? Care Home Operator's husband changed the hinge on resident bedroom #1 doors shall be self closing after the visit.	4-25-17

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-86 Fire safety. (a)(2) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following: Resident's sleeping room doors shall be self closing; **FINDINGS** Resident #1 - Bedroom door was not self-closing.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** 11-100.1-86(a)(2)(con't) What will you do in the future to not make the same mistake again? Care Home Operator will make sure that bedroom door is self closing. Care Home Operator will also educate other caregivers of the door self closed. Check monthly when the fire drills.	4-25-17

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (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: Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions; **FINDINGS** Resident #1 - No nutrition care plan. Resident needs to be fed by care givers and is on "Ensure Plus 1 can po BID" since 9/2/16.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** 11-100.1-88(c)(4) What did you do to correct it? CM updated the care plan and addressed issue problem related to nutrition.	4-26-17

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (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: Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions; **FINDINGS** Resident #1 - No nutrition care plan. Resident needs to be fed by care givers and is on "Ensure Plus 1 can po BID" since 9/2/16.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** 11-100.1-88(c)(4)(con't) What will you do in the future to not make the same mistake again? If nutrition remains an issue to make sure that this is in the plan of care. Also cregiver will read the care plan before the CM comes. Make sure that the issue problem will be included in the care plan.	4-26-17

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (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: Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions; **FINDINGS** Resident #1 - No mobility care plan. The resident is wheelchair dependent and requires maximum assistance of one person for transfer.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** 11-100.1-88(c)(4) What did you do to correct it? CM updated the care plan and addressed issue problem related to mobility.	4-26-17

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (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: Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions; **FINDINGS** Resident #1 - No mobility care plan. The resident is wheelchair dependent and requires maximum assistance of one person for transfer.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** 11-100.1-88(c)(4)(con't) What will you do in the future to not make the same mistake again? If mobility remains an issue to make sure that this is in the plan of care. Also caregiver will read the care plan before the CM comes. Make sure that the issue problem will be included in the care plan.	4-26-17

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (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: Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions; **FINDINGS** Resident #1 - The Service Plan dated 3/9/17 reflected "Detrol LA 2 mg;" however, "Detrol" was discontinued 5/14/15. The resident is not taking "Detrol."	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** 11-100.1-88(c)(4) What did you do to correct it? Detrol discontinued Also discontinued in the plan of care.	4-26-17

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (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: Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions; **FINDINGS** Resident #1 - The Service Plan dated 3/9/17 reflected "Detrol LA 2 mg;" however, "Detrol" was discontinued 5/14/15. The resident is not taking "Detrol."	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will read the care plans and if I will notice that there is any discrepancy in the care plan, I will make a best for CM and work with her to update the care plan.	2-25-19

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	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(10) 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: Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate; **FINDINGS** Resident #1 - No documentation of the RN case manager six-month comprehensive reassessment that was due December 2016.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** 11-100.1-88(c)(10) What did you do to correct it? RN Case Manager conducts monthly RN assessments. Monthly RN assessments are comprehensive in nature. A different form was utilized to reflect RN assessments 6 months.	4-26-17

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(10) 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: Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate; **FINDINGS** Resident #1 - No documentation of the RN case manager six-month comprehensive reassessment that was due December 2016.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** 11-100.1-88(c)(10)(con't) What will you do in the future to not make the same mistake again? RN Case Manager will use the initial RN assessments form which reflects a head-to-toe. A box will be added to reflect six months.	4-26-17

Licensee's/Administrator's Signature: Emalyn P. Esteban

Print Name: Emalyn P. Esteban

Date: 8-31-17

Licensee's/Administrator's Signature: Emalyn P. Esteban

Print Name: Emalyn P. Esteban

Date: 3-13-18

Licensee's/Administrator's Signature: Emalyn Esteban

Print Name: Emalyn Esteban

Date: 5-31-18

Licensee's/Administrator's Signature: Emalyn P. Esteban

Print Name: Emalyn P. Esteban

Date: 3-25-19