

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: BILLENA, MATHILDA (ARCH)</b>	<b>CHAPTER 100.1</b>
<b>Address: 94-1169 Limahana Street, Waipahu, Hawaii 96797</b>	<b>Inspection Date: November 7, 2018 Annual</b>

**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) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

RECEIVED

	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><b><u>FINDINGS</u></b>  Household members #2 &amp; 3, no evidence of a current physical examination.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Go right then to see to write MD for these PL. Put down the date + month on the calendar - as reminder</i></p>	<p><i>11/20/18</i> <i>12/8/2018</i></p>

PROCESSED

	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><b><u>FINDINGS</u></b>  Household members #2 &amp; 3, no evidence of a current physical examination.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>Put reminder in the Calendar that the Physical is to be done by Sept. + returned to me by Oct 31, 2019</i></p>	<p style="text-align: center;">4/</p>

RECEIVED

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p><b><u>FINDINGS</u></b> No record of meal substitutions. For example, lunch menu - week #4 (11/14/18) reads, "chicken sandwich, lettuce, tomato, bread, lima beans, mayo tea and milk." Primary care giver (PCG) reports (11/14/18) residents requested saimin for lunch. PCG displays a form to record substitutions next to the dining room table. However, last entry to "substitution form" was made on 8/23/17.</p>	<p><b>PART 1</b></p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p><b><u>FINDINGS</u></b> No record of meal substitutions. For example, lunch menu - week #4 (11/14/18) reads, "chicken sandwich, lettuce, tomato, bread, lima beans, mayo tea and milk." Primary care giver (PCG) reports (11/14/18) residents requested saimin for lunch. PCG displays a form to record substitutions next to the dining room table. However, last entry to "substitution form" was made on 8/23/17.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>I requested a form of substitution of menu from Dept of Health. I will go w/ the menus, if resident ask for another food write the substitute - give that day into the form</i></p>	<p style="text-align: right;"><i>4/29/2019</i></p>

RECEIVED

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><b><u>FINDINGS</u></b> Resident #1, no evidence that the PCG clarified diet orders with the physician:</p> <ol style="list-style-type: none"> <li>1. "Reg, Low Na, Low Chol-Sat/Fat, No concentrated Sweets, Low Calorie, Uptake in Fiber."</li> <li>2. "Regular."</li> </ol>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>I took resident on 12/6/2018 to visit his Doctr. MD Amps doing ok - MD ordered reg. diet</i></p>	<p style="text-align: right;"><i>12/6/2018</i></p>

RECORDED

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><b><u>FINDINGS</u></b> Resident #1, no evidence that the PCG clarified diet orders with the physician:</p> <ol style="list-style-type: none"> <li>1. "Reg, Low Na, Low Chol-Sat/Fat, No concentrated Sweets, Low Calorie, Uptake in Fiber."</li> <li>2. "Regular."</li> </ol>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>If has special diet I will not admit a new resident on a special diet. I submitted a written request from the Dept. of Health to remove special diet from my license.</i></p>	<p><i>4/29/2019</i></p>

RECEIVED

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a)  All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><b><u>FINDINGS</u></b>  Unsecured medication in a kitchen cabinet. Lock attached to this cabinet; however, lock was not engaged.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>While I'm anticipating that you come thru day, I did not lock the cabinet where the medication was kept.</i></p>	<p><i>NOV 2018</i></p> <p><i>The cabinet was always after medication.</i></p>

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RECEIVED

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b)            Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u>            Unsecured pharmacy labeled eye drops in refrigerator.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Corrected as soon as you left. Put in my cabinet in system.</i></p>	<p style="text-align: right;"><i>X104 2018</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f)  Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><b><u>FINDINGS</u></b>  Resident #1, no identification in medication administration record (MAR) for the person making medication available.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>from now on will follow what's right in medication administration administration</i></p>	<p style="text-align: right;"><i>Dec 2018</i></p> <p style="text-align: right; font-size: small;">15</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (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.</p> <p><b><u>FINDINGS</u></b> Resident #1, order (9/23/17) reads, "Allopurinol 300 mg ½ tab po QD." Reevaluation and renewal order signed 5/26/18 which is more than four months.</p>	<p style="text-align: center;"><b>PART 1</b></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;">10/10/18</p>

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RECEIVED

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><b>FINDINGS</b> Discontinued medication unsecured. Pharmacy labeled bottle with pills in an open basket on the kitchen counter.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>yes, as soon as I find out from you to disposed I did what you told me to - put in bottle of hot oil or coffee (used) I never put any meds used or unused (always lock or disposed it properly as advised from you</i></p>	<p style="text-align: right;"><i>Dec 20/18</i></p> <p style="text-align: right;">19 APR 20 04:08</p>

RECEIVED



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (m)  All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b>  Resident #1, incorrect listing in the MAR. The frequency listed in the MAR does not match the order. Order reads, "Melatonin 3 mg take 1 tablet at bed time <u>as needed for sleep</u>. May repeat x 1." Pharmacy labeled container reflects order. However, MAR reads, "Melatonin 3 mg <u>take 1 tablet QHS</u>. May repeat x 1 PRN." Please correct the MAR.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>When he went for his visit to the MD - MD will correct the order &amp; follow up the pharmacy to change it to Melatonin 3mg at A.S. may repeat q1 PRN</i></p>	<p><i>Dec 2018</i></p> <p style="text-align: right;"><i>19</i></p>

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PROFIT

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m)  All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b>  Resident #1, order reads, "Haldol 1 mg QHS changed to QAM" dated <u>4/5/18</u>. However, MAR reads, Haldol 1 mg QAM started on <u>4/1/18</u>.</p>	<p style="text-align: center;"><b>PART 1</b></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;">19 APR 20 14 09</p> <p style="text-align: right;">RECEIVED</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b> Resident #1, order reads, "Haldol 1 mg QHS changed to QAM" dated <u>4/5/18</u>. However, MAR reads, Haldol 1 mg QAM started on <u>4/1/18</u>.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>Read the label from Pharmacy bottle Confer w/ Drs order Make label corrects will then write MD order on the MAR</i></p>	<p style="text-align: right;"><i>9/29/2019</i></p> <p style="text-align: right;">19 JAN 29 PM 4:50</p>

RECEIVED

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><b><u>FINDINGS</u></b> Discontinued medication unsecured. Pharmacy labeled bottle with pills in an open basket on the kitchen counter.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>as soon as meds was <del>was</del> gone needed - dispose in the trash as advised by my nurse consultant</i></p>	<p style="text-align: center;"><i>4/29/19</i></p> <p style="text-align: right;"><i>19 APR 29 2019</i></p>

RECEIVED

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h)  A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><b>FINDINGS</b>  Resident #1, schedule of activity outdated. Order (5/26/18) for new diagnosis of DM Type II reads, "Increase Activity." No evidence of resident response to order. Activity schedule reads, "watch TV, take bus Saturday, go to mall Sunday." PCG states, "resident stopped Club House activities six months ago and sleeps alot."</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><i>Talked w/ case manager to encourage him to go back to Clubhouse</i></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;"><i>Feb 2019</i></p> <p style="text-align: center;"><i>reactivated to go back 2x wks.</i></p> <p style="text-align: right; font-size: small;">19 APR 29 PM 3:00  PROCESSED</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h)  A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><b>FINDINGS</b>  Resident #1, schedule of activity outdated. Order (5/26/18) for new diagnosis of DM Type II reads, "Increase Activity." No evidence of resident response to order. Activity schedule reads, "watch TV, take bus Saturday, go to mall Sunday." PCG states, "resident stopped Club House activities six months ago and sleeps alot."</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>With father &amp; case manager  obs encourage to go back  also Clubhouse / some  walking when he stays home</i></p>	<p style="text-align: right;"><i>2/2019</i></p> <p style="text-align: center;">STATE OF CONNECTICUT  DEPARTMENT OF SOCIAL SERVICES</p> <p style="text-align: right;">19 APR 29 PM 3:01</p> <p style="text-align: right; border-left: 1px solid black; padding-left: 5px;">RECEIVED</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><b><u>FINDINGS</u></b> Resident #1, annual physical examination (9/17/18) reads, "BS monitoring." However, no record of clinical BS test(s) or plans for home glucose (BS) monitoring.</p>	<p style="text-align: center;"><b>PART 1</b></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;">19 JAN 29 21:36</p>

R19011717



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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><b><u>FINDINGS</u></b> Resident #1, annual physical examination (9/17/18) reads, "BS monitoring." However, no record of clinical BS test(s) or plans for home glucose (BS) monitoring.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>When, Financial situation limit to purchase the equipment I'll talk to the MD + case manager to address residents needs</i></p>	<p style="text-align: right;"><i>4/29/2019</i></p> <p style="text-align: center;">19 APR 29 PM 3:00</p> <p style="text-align: right;">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><b><u>FINDINGS</u></b> Resident #1, new order (5/26/18) "Metformin 500 mg 1 tab QD" for DM II. No evidence in progress notes of diagnosis or response to new medication order and later increased order (9/18/18) to "Metformin 500 mg 3 tabs with dinner."</p>	<p style="text-align: center;"><b>PART 1</b></p> <p><i>so far do thing happens that length of time last time then he went. It ok. Jim had on I will write the result + observation</i></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: right;"><i>12/20/18</i></p> <p style="text-align: right;">19 Nov 20 24:00</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><b><u>FINDINGS</u></b> Resident #1, new order (5/26/18) "Metformin 500 mg 1 tab QD" for DM II. No evidence in progress notes of diagnosis or response to new medication order and later increased order (9/18/18) to "Metformin 500 mg 3 tabs with dinner."</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>Do as ordered to write observation to his response to meds that decrease or increase</i></p>	<p style="text-align: center;">19 SEP 28 P 4:30</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><b><u>FINDINGS</u></b> Resident #1, no progress note to recognize and report complaint of sore throat, wheezing and stuffy nose and record resident response to antibiotic treatment order.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p><i>from now on I don't forget to <sup>write</sup> result of the medication given to him for that certain C/P but I know I wrote in med. - resolved</i></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;">19 APR 29 PM 4:01</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><b><u>FINDINGS</u></b> Resident #1, no progress note to recognize and report complaint of sore throat, wheezing and stuffy nose and record resident response to antibiotic treatment order.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>I will include in the progress notes whenever</i></p> <ol style="list-style-type: none"> <li>① Resident has a new C/O</li> <li>② Resident see the Dr.</li> <li>③ Resident start taking med.</li> <li>④ Resident condition after 4/29/2019 med was completed</li> </ol>	<p style="text-align: right;">19 APR 29 PM 4:30</p> <p style="text-align: right;">STATE OF CONNECTICUT</p> <p style="text-align: right;">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><b><u>FINDINGS</u></b> Resident #1, no evidence of any blood pressure reading to monitor resident response to medication for hypertension.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p><i>I have v once a while but I've been confident for the 3<sup>rd</sup> month a visit for his BP</i></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES</p>	<p style="text-align: right;"><i>1/2019</i></p> <p style="text-align: right;">19 APR 29 P 4:21</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><b><u>FINDINGS</u></b> Resident #1, no evidence of any blood pressure reading to monitor resident response to medication for hypertension.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>I will monitor it in <sup>write</sup> the progress note then &amp; record it the reading when we go to the Dr <u>9</u> 3 months.</i></p>	<p style="text-align: right;">4/29/29</p> <p style="text-align: right;">19 APR 29 P 4:30</p> <p style="text-align: right;">STATE OF MICHIGAN DEPARTMENT OF STATE POLICE</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (e) In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p><b><u>FINDINGS</u></b> Resident #1, "Resident Emergency Information" form not current.</p> <ol style="list-style-type: none"> <li>1. Current primary care and psych provider not listed.</li> <li>2. Current dentist not listed.</li> <li>3. Current mental health case manager not listed.</li> <li>4. List of diagnoses is incomplete – no DM Type II listed.</li> <li>5. No annual TB Attestation Form.</li> <li>6. No insurance information.</li> <li>7. Medication list is outdated.</li> </ol>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>To make the records current at the time ✓ if new things ordered do not away</i></p>	<p style="text-align: center;"><i>Completed 1/2019</i></p> <p style="text-align: right;">19 APR 29 P 4:30</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>16§11-100.1-17 <u>Records and reports.</u> (e)            In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p><b><u>FINDINGS</u></b>            Resident #1, "Resident Emergency Information" form not current.</p> <ol style="list-style-type: none"> <li>1. Current primary care and psych provider not listed.</li> <li>2. Current dentist not listed.</li> <li>3. Current mental health case manager not listed.</li> <li>4. List of diagnoses is incomplete – no DM Type II listed.</li> <li>5. No annual TB Attestation Form.</li> <li>6. No insurance information.</li> <li>7. Medication list is outdated.</li> </ol>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>After Drs office <sup>review</sup> when something changes Dr, Case Manager, correct right then.</i></p>	<p style="text-align: right;"><i>4/29/2019</i></p> <p style="text-align: right;">19 APR 29 P 4:30</p> <p style="text-align: right; font-size: small;">STATE OF NEW JERSEY            DEPARTMENT OF HUMAN SERVICES            DIVISION OF COMMUNITY CARE</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (c)            The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p><b><u>FINDINGS</u></b>            Resident #1, no report to mental health or primary care providers concerning daily lethargy and lack of interest in participating in activities.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>meeting to case manage            We talked about it.</i></p>	<p style="text-align: right;"><i>Reactivated            2/2019</i></p> <p style="text-align: right;">19 APR 29 P 4:30</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (c)  The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p><b><u>FINDINGS</u></b>  Resident #1, no report to mental health or primary care providers concerning daily lethargy and lack of interest in participating in activities.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>I will talk to case manager &amp; Dr about resident condition &amp; write in the progress notes that I talked to them</i></p>	<p style="text-align: right;"><i>c/29/2019</i></p> <p style="text-align: right;">19 APR 29 P4:30</p> <p style="text-align: right;">STATE OF MA  DEPT OF  STATE LICENSING</p>

RECEIVED

Licensee's/Administrator's Signature: Mathilda Billea

Print Name: MATHILDA BILLEXIA

Date: 4/29/2019

STATE OF ARIZONA  
DEPT. OF TRANSPORTATION  
STATE LICENSING  
APR 29 4:30 PM '19