

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Dignity Senior Living at Oceanside Hawaii	CHAPTER 90
Address: 53-594 Kamehameha Highway, Hauula, Hawaii 96717	Inspection Date: January 4, 2021 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) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-4 <u>Minimum building and structural requirements.</u> (9) The facility shall provide each resident with the following:</p> <p>Private accessible mailbox in which the resident may send and receive mail, which meets postal standards.</p> <p><u>FINDINGS</u> Mailbox #420A is missing a lock and its contents inside are stored unsecured</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>	

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<input checked="" type="checkbox"/>	<p>§11-90-4 <u>Minimum building and structural requirements.</u> (9) The facility shall provide each resident with the following:</p> <p>Private accessible mailbox in which the resident may send and receive mail, which meets postal standards.</p> <p><u>FINDINGS</u> Mailbox #420A is missing a lock and its contents inside are stored unsecured</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-5 <u>Emergency care and disaster planning.</u> (a)(4) There shall be written policies and procedures to follow in an emergency which shall include provisions for the following:</p> <p>Quarterly rehearsal of emergency evacuation plans for staff and residents to follow in case of fire, explosion, or other civil emergency occurring in or within the environs of the facility.</p> <p><u>FINDING</u> Quarterly fire drill not performed between 7/17/20 and 1/4/21.</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>	

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<input checked="" type="checkbox"/>	<p>§11-90-6 <u>General policies, practices, and administration.</u> (b) All facility staff shall be in compliance with current department tuberculosis clearance procedures.</p> <p><u>FINDINGS</u> Employees #4,#8 – Initial 2-step TB clearance not signed by physician. Submit a copy of signed TB clearances with plan of correction.</p> <p>Employee #2 – Annual TB clearance unavailable. Submit a copy of annual TB clearance with plan of correction.</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>	

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<input checked="" type="checkbox"/>	<p>§11-90-6 <u>General policies, practices, and administration.</u> (b) All facility staff shall be in compliance with current department tuberculosis clearance procedures.</p> <p><u>FINDINGS</u> Employee #6 – Initial TB clearance (10/23/20) was obtained after employee’s hire date (8/21/20).</p>	<p style="text-align: center;">PART 1</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>	

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<input checked="" type="checkbox"/>	<p>§11-90-7 <u>Inservice education</u>. (1) There shall be a staff in-service education program for the entire staff that includes:</p> <p>Orientation for all new employees to acquaint them with the philosophy, organization, practice, and goals of assisted living;</p> <p><u>FINDINGS</u> Employee #7 – No evidence that orientation training was completed. Submit documentation of completed orientation training with plan of correction.</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>	

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<input checked="" type="checkbox"/>	<p>§11-90-7 <u>Inservice education</u>. (2) There shall be a staff in-service education program for the entire staff that includes:</p> <p>Ongoing in-service training on a regularly scheduled basis (minimum of six hours annually).</p> <p><u>FINDINGS</u> Employees #1,#2,#3,#4,#5,#6,#7,#8 – Annual in-service training of 6 hours were not completed.</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>	

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<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services</u>. (a)(1) Service plan.</p> <p>The assisted living facility staff shall conduct a comprehensive assessment of each resident's needs, plan and implement responsive services, maintain and update resident records as needed, and periodically evaluate results of the plan. The plan shall reflect the assessed needs of the resident and resident choices, including resident's level of involvement; support principles of dignity, privacy, choice, individuality, independence, and home-like environment; and shall include significant others who participate in the delivery of services;</p> <p><u>FINDINGS</u> Resident #1 – Comprehensive assessment unavailable to reflect the service plan update on 3/18/20.</p>	<p style="text-align: center;">PART 1</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>	

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<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (a)(3) Service plan.</p> <p>The initial service plan shall be developed prior to the time the resident moves into the facility and shall be revised if needed within 30 days. The service plan shall be reviewed and updated by the facility, the resident, and others as designated by the resident at least annually or more often as needed;</p> <p><u>FINDINGS</u> Resident #6 – Service plan has not been updated timely. The last service plan update was on 10/12/19. Submit an updated service plan with plan of correction.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (a)(4) Service plan.</p> <p>The facility shall designate a staff member to review, monitor, implement, and make appropriate modifications to the service plan for each resident.</p> <p><u>FINDINGS</u> Resident #1 – Service plan was not updated to address resident’s new pressure ulcer to sacrum area noted by physician on 10/21/20.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Resident expired on 1/4/21. Correcting this deficiency 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>§11-90-8 <u>Range of services.</u> (a)(4) Service plan.</p> <p>The facility shall designate a staff member to review, monitor, implement, and make appropriate modifications to the service plan for each resident.</p> <p><u>FINDINGS</u> Resident #1 – Service plan was not updated to address resident’s new pressure ulcer to sacrum area noted by physician on 10/21/20.</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 TO OTHER RESIDENTS IN A SIMILAR SITUATION?</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-90-8 <u>Range of services</u>. (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing;</p> <p><u>FINDINGS</u> Resident # 1 – Per care plans dated 5/24/20, 8/5/20, 9/23/20, and 9/26/20, “monitor for safety Q2H”. However, safety checks were not being performed.</p> <p>Resident #2 – Per care plan, effective 2/23/20, “monitor for safety Q2H”. However, safety checks were not being performed.</p>	<p>PART 1</p> <p>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>§11-90-8 <u>Range of services</u>. (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing;</p> <p><u>FINDINGS</u> Resident # 1 – Per care plans dated 5/24/20, 8/5/20, 9/23/20, and 9/26/20, “monitor for safety Q2H”. However, safety checks were not being performed.</p> <p>Resident #2 – Per care plan, effective 2/23/20, “monitor for safety Q2H”. However, safety checks were not being performed.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing;</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order on 10/27/20 states, “reposition resident 3 times daily and provide offloading cushion TID. However, no documentation offloading cushion was provided.</p>	<p style="text-align: center;">PART 1</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>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing;</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order on 10/27/20 states, “reposition resident 3 times daily and provide offloading cushion TID. However, no documentation offloading cushion was provided.</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 TO OTHER RESIDENTS IN A SIMILAR SITUATION?</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing;</p> <p><u>FINDINGS</u> Resident #1 – Per facility’s wound policy, weekly skin assessments of bilateral toe wounds were not performed and documented.</p>	<p style="text-align: center;">PART 1</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>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing;</p> <p><u>FINDINGS</u> Resident #1 – Per facility’s wound policy, weekly skin assessments of bilateral toe wounds were not performed and documented.</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 TO OTHER RESIDENTS IN A SIMILAR SITUATION?</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing;</p> <p><u>FINDINGS</u> Resident #1 – Monthly weights ordered on 6/12/20, were not obtained from 7/2020 through 12/2020.</p> <p>Resident #1 – Physician’s order on 9/16/20 states, “BP daily and keep log x 2 weeks same time of day at rest”. However, documentation of blood pressure log unavailable.</p>	<p style="text-align: center;">PART 1</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>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing;</p> <p><u>FINDINGS</u> Resident #1 – Monthly weights ordered on 6/12/20, were not obtained from 7/2020 through 12/2020.</p> <p>Resident #1 – Physician’s order on 9/16/20 states, “BP daily and keep log x 2 weeks same time of day at rest”. However, documentation of blood pressure log unavailable.</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 TO OTHER RESIDENTS IN A SIMILAR SITUATION?</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing;</p> <p><u>FINDINGS</u> Resident #1 – Physician ordered home health referral for wound care on 8/6/20 for bilateral toe wounds. However, no evidence or documentation that facility contacted home health agency or followed up with physician.</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 TO OTHER RESIDENTS IN A SIMILAR SITUATION?</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing;</p> <p><u>FINDINGS</u> Resident #2 - Physician's order on 2/18/20 states, "Avoid anti-inflammatory medication...", however, aspirin EC 81mg was prescribed. Clarification by facility nurse with physician was not performed or documented. Aspirin continues to be administered daily from 2/18/20 despite physician's order to avoid anti-inflammatory medications.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(2)(B) Services.</p> <p>The assisted living facility shall also have the capability to provide or arrange access to the following services:</p> <p>Ancillary services for medically related care (e.g. physician, pharmacist, therapy, podiatry, etc.), barber or beauty care services, social or recreational opportunities, and other services necessary to support the resident;</p> <p><u>FINDINGS</u> Resident #2 – Fax from physician on 7/28/20 states, “Pt overdue for f/u telemedicine appt w/ labs prior” and another fax from physician on 8/28/20 stating, “overdue for follow up”; however, evidence of attempts made to schedule a follow-up appointment was unavailable.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(2)(B) Services.</p> <p>The assisted living facility shall also have the capability to provide or arrange access to the following services:</p> <p>Ancillary services for medically related care (e.g. physician, pharmacist, therapy, podiatry, etc.), barber or beauty care services, social or recreational opportunities, and other services necessary to support the resident;</p> <p><u>FINDINGS</u> Resident #2 – Fax from physician on 7/28/20 states, “Pt overdue for f/u telemedicine appt w/ labs prior” and another fax from physician on 8/28/20 stating, “overdue for follow up”; however, evidence of attempts made to schedule a follow-up appointment was unavailable.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services</u>. (b)(3)(B)(i) Services.</p> <p>The assisted living facility shall have policies and procedures relating to medications to include but not be limited to:</p> <p>Administration of medication:</p> <p>Prescription and non-prescription medications which the facility has responsibility for administering to a resident must be identified in the resident's record and must be prescribed in writing for the resident by a physician or prescribing advanced practice registered nurse;</p> <p><u>FINDINGS</u></p> <p>Resident #1 – Physician order dated 4/28/20 for, “Lamisil 1% cream to toes QD”, was not identified on the resident’s MAR.</p> <p>Resident #1 – Physician order dated 10/27/20 for, “Doxycycline 100mg BID x 7 days”, was not entered into the resident’s MAR.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Resident expired on 1/3/21. 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>§11-90-8 <u>Range of services.</u> (b)(3)(B)(i) Services.</p> <p>The assisted living facility shall have policies and procedures relating to medications to include but not be limited to:</p> <p>Administration of medication:</p> <p>Prescription and non-prescription medications which the facility has responsibility for administering to a resident must be identified in the resident's record and must be prescribed in writing for the resident by a physician or prescribing advanced practice registered nurse;</p> <p><u>FINDINGS</u></p> <p>Resident #1 – Physician order dated 4/28/20 for, “Lamisil 1% cream to toes QD”, was not entered into the resident’s MAR.</p> <p>Resident #1 – Physician order dated 10/27/20 for, “Doxycycline 100mg BID x 7 days”, was not entered into the resident’s MAR.</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 TO OTHER RESIDENTS IN A SIMILAR SITUATION?</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-90-8 <u>Range of services.</u> (b)(3)(B)(i) Services.</p> <p>The assisted living facility shall have policies and procedures relating to medications to include but not be limited to:</p> <p>Administration of medication:</p> <p>Prescription and non-prescription medications which the facility has responsibility for administering to a resident must be identified in the resident's record and must be prescribed in writing for the resident by a physician or prescribing advanced practice registered nurse;</p> <p><u>FINDINGS</u></p> <p>Resident #2 – The following medication orders on the MAR from 2/18/20 through 12/31/20, were not valid orders provided by the resident’s physician on 2/18/20:</p> <ul style="list-style-type: none"> • Albuterol Sulfate HFA Aerosol Solution 108 (90 Base) MCG/ACT 2 puff inhale orally four times a day for COPD unsupervised self-administration • Benzonatate Capsule 200mg Give 1 capsule by mouth as needed for cough 3 times a day, do not crush or chew • Promethazine HCl Tab 25 MG Give 1 tablet by mouth every 8 hours as needed for nausea/vomiting • Refresh Plus Solution 0.5% (Carboxymethylcellulose Sod PF) Instill 1 drop in both eyes every 8 hours as needed for Dry eyes unsupervised self-administration • ZyrTEC Allergy Tablet 10 MG (Cetirizine HCl) Give 0.5 tablet by mouth every 12 hours as needed for Allergies 	<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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(3)(B)(i) Services.</p> <p>The assisted living facility shall have policies and procedures relating to medications to include but not be limited to:</p> <p>Administration of medication:</p> <p>Prescription and non-prescription medications which the facility has responsibility for administering to a resident must be identified in the resident's record and must be prescribed in writing for the resident by a physician or prescribing advanced practice registered nurse;</p> <p><u>FINDINGS</u></p> <p>Resident #2 – The following medication orders on the MAR from 2/18/20 through 12/31/20, were not valid orders provided by the resident’s physician on 2/18/20:</p> <ul style="list-style-type: none"> • Albuterol Sulfate HFA Aerosol Solution 108 (90 Base) MCG/ACT 2 puff inhale orally four times a day for COPD unsupervised self-administration • Benzonatate Capsule 200mg Give 1 capsule by mouth as needed for cough 3 times a day, do not crush or chew • Promethazine HCl Tab 25 MG Give 1 tablet by mouth every 8 hours as needed for nausea/vomiting • Refresh Plus Solution 0.5% (Carboxymethylcellulose Sod PF) Instill 1 drop in both eyes every 8 hours as needed for Dry eyes unsupervised self-administration • ZyrTEC Allergy Tablet 10 MG (Cetirizine HCl) Give 0.5 tablet by mouth every 12 hours as needed for Allergies 	<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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(3)(B)(i) Services.</p> <p>The assisted living facility shall have policies and procedures relating to medications to include but not be limited to:</p> <p>Administration of medication:</p> <p>Prescription and non-prescription medications which the facility has responsibility for administering to a resident must be identified in the resident's record and must be prescribed in writing for the resident by a physician or prescribing advanced practice registered nurse;</p> <p><u>FINDINGS</u> Resident #2 – Protonix being administered as a daily medication instead of as needed. Physician’s order on 2/18/20 states, “Protonix take 1 tab by mouth once per day as needed”. However, order on MAR states, “Protonix tablet delayed release 40mg give 1 tablet by mouth one time a day for GERD”.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(3)(B)(i) Services.</p> <p>The assisted living facility shall have policies and procedures relating to medications to include but not be limited to:</p> <p>Administration of medication:</p> <p>Prescription and non-prescription medications which the facility has responsibility for administering to a resident must be identified in the resident's record and must be prescribed in writing for the resident by a physician or prescribing advanced practice registered nurse;</p> <p><u>FINDINGS</u> Resident #2 – Protonix being administered as a daily medication instead of as needed. Physician’s order on 2/18/20 states, “Protonix take 1 tab by mouth once per day as needed”. However, order on MAR states, “Protonix tablet delayed release 40mg give 1 tablet by mouth one time a day for GERD”.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(3)(B)(ii) Services.</p> <p>The assisted living facility shall have policies and procedures relating to medications to include but not be limited to:</p> <p>Administration of medication:</p> <p>The facility shall provide and implement policies and procedures which assure that all medications administered by the facility are reviewed at least once every 90 days by a registered nurse or physician, and is in compliance with applicable state laws and administrative rules.</p> <p><u>FINDINGS</u></p> <p>Resident #1 – Medications not reviewed every 90 days. Records shows medications were reviewed on 4/20/20 and 12/2/20.</p> <p>Resident #2 – Medications not reviewed every 90 days. Records show medications were not reviewed between 2/18/20 and 10/18/20.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(3)(B)(ii) Services.</p> <p>The assisted living facility shall have policies and procedures relating to medications to include but not be limited to:</p> <p>Administration of medication:</p> <p>The facility shall provide and implement policies and procedures which assure that all medications administered by the facility are reviewed at least once every 90 days by a registered nurse or physician, and is in compliance with applicable state laws and administrative rules.</p> <p><u>FINDINGS</u></p> <p>Resident #1 – Medications not reviewed every 90 days. Records shows medications were reviewed on 4/20/20 and 12/2/20.</p> <p>Resident #2 – Medications not reviewed every 90 days. Records show medications were not reviewed between 2/18/20 and 10/18/20.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-9 <u>Record and reports system.</u> (a)(1) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following:</p> <p>Copy of a current physician or primary care provider's report of resident's physical examination which includes tuberculosis clearance and verification that the resident is free from other infectious or contagious diseases;</p> <p><u>FINDINGS</u> Residents #1,#3,#5,#6,#7 – Annual TB clearance unavailable. Submit a copy with plan of correction.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-9 <u>Record and reports system.</u> (a)(4) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following:</p> <p>Incident reports of any bodily injury or other unusual circumstances affecting a resident which occurs within the facility, on the premises, or elsewhere, shall be retained by the facility under separate cover, and be available to authorized personnel and the department. The resident's physician or primary care provider shall be called immediately if medical care is necessary or indicated.</p> <p><u>FINDINGS</u> Resident #1 – Resident expired on 1/3/21, however, no incident report generated. Submit a copy with plan of correction.</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>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-9 <u>Record and reports system.</u> (b) The facility records and reports shall be available for review at any time by authorized personnel and the department.</p> <p><u>FINDINGS</u> Resident #1 – Admission order document was requested by OHCA representative; however, document could not be provided.</p>	<p style="text-align: center;">PART 1</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>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-10 <u>Admission and discharge.</u> (a)(4) The facility shall develop admission policies and procedures which support the principles of dignity and choice. The admissions process shall include completion of or the providing of the following:</p> <p>A service contract which documents a completed agreement between the resident and the facility, describing services to be provided, rates charged, and conditions under which additional services or fees may be charged;</p> <p><u>FINDINGS</u> Resident #2 – Medications ordered by physician on 2/18/20 were missing from resident’s medication inventory:</p> <ul style="list-style-type: none"> • Colace 100mg capsule • Albuterol HFA Inhaler 	<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>	

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Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____