STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: J & R EARCH	CHAPTER 100.1
Address: 2317 Awapuhi Street, Hilo, Hawaii 96720	Inspection Date: June 17, 2021 – Initial

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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-10 Admission policies. (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it. **FINDINGS** Resident #1 – admitted 06-02-21, physical examination form dated 05-26-21 indicated "ARCH" level of care (LOC). However, resident receiving case management services.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I had the ~~ret~~ resident's PCP update the Level of Care evaluation form to reflect ICF Level of care for the resident	7/8/2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-10 Admission policies. (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it. **FINDINGS** Resident #1 – admitted 06-02-21, physical examination form dated 05-26-21 indicated "ARCH" level of care (LOC). However, resident receiving case management services.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future when I will be admitting a new resident, I will review all forms that are needed before admission, to be certain that all informations are correct, such as level of care as determined by the resident's PCP will be what the resident ~~will be~~ LOC, ~~when~~ upon admission. ARCH resident does not need case management services, while an EARCH, requires the services of a case management agency.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented. **FINDINGS** No documented menu substitutions.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I created a menu substitution log arranged like a calendar, where I log in the menu number, the date, which meal I ~~to~~ am substituting, and which food I ~~to~~ am substituting and what food I am substituting with.	6/20/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented. **FINDINGS** No documented menu substitutions.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future whenever I will substitute a menu, I will have a menu substitution log ~~in which~~ where I will log all of my menu substitutions, after I prepare the meal. On the log, I will document the date that the menu was substituted, the menu number, which meal, the food that was substituted and what was substituted with. All of my food substitution will have similar nutritive value as stated on the ~~m~~ menu.	

AUG 1 3 2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies. **FINDINGS** "Clorox" & "Purex" laundry detergent unsecured on laundry machine.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Removed clorox & Purex from the top of the laundry machine, and placed them in a covered & secured container box	6/17/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies. **FINDINGS** "Clorox" & "Purex" laundry detergent unsecured on laundry machine.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent this from happening again in the future, I made a sign to remind to put all cleaning & laundry detergent away after each use, and hang it by the laundry area.	6/17/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1 – primary care giver (PCG) wrote time of administration "reminders" on all prescription labels.	**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. (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. **FINDINGS** Resident #1 – primary care giver (PCG) wrote time of administration "reminders" on all prescription labels.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, I will strictly use the MAR as a guide to ready ~~the~~ the ~~resa~~ ~~se~~ resident's medications. I will go through the medication list in the MAR and initial it as soon as I have finished administering the medications. This way there is no need for me to add markings on the medication label as to remind me when to administer the medication.	

AUG 1 9 2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Medication cabinet – unsecured.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Locked the medicine cabinet.	6/17/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Medication cabinet – unsecured.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** As a reminder to myself, I put a sticker on the medicine cabinet door, to lock it after administering the residents medications.	6/17/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (d) Appropriate liquid medicine measuring devices shall be available and in use when liquid medicine is made available. **FINDINGS** No appropriate measuring device to administer liquid medications.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Purchased measuring caps to be use when administering liquid medications. These caps have the appropriate measuring system mark on them.	6/20/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (d) Appropriate liquid medicine measuring devices shall be available and in use when liquid medicine is made available. **FINDINGS** No appropriate measuring device to administer liquid medications.	**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'll have the measuring devices with the rest of my medication measuring devices. They are kept in the drawer below the medicine cabinet	6/20/21

	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 – June 2021 medication record read, "Metoprolol Tartrate 25 mg 1 tablet by mouth twice a day Hold if SBP <110, HR<60." However, no blood pressure documented on 06-11-21 2000 dose.	**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. (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 – June 2021 medication record read, "Metoprolol Tartrate 25 mg 1 tablet by mouth twice a day Hold if SBP <110, HR<60." However, no blood pressure documented on 06-11-21 2000 dose.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, any medications that require BP reading before administering medication ~~co~~ will be documented on the MAR, as soon as I finish taking the resident's vitals. Medication will then be administered per requirement of the vital reading.	

AUG 1 3 2021

	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 – physician order dated 06-02-21 read, "Finasteride Tablet 5 mg 1 tablet PO daily." However, no medication on hand.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** The medication was ordered from the client's PCP two days prior to this inspection, but the Dr. did not call in prescription to the Pharmacy. I contacted the client's or resident's PCP again on 6/17/21, and I was able to have the prescription filled on 6/17/21. On a side note, the resident was to take this medication on this same day.	6/17/21

	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 – physician order dated 06-02-21 read, "Finasteride Tablet 5 mg 1 tablet PO daily." However, no medication on hand.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To ensure that this will not happen again, I will take inventory of the residents medications once a week, make a note which medications will be eligible for refill (5-6 days before it runs out) and order the refill. I will then follow up with the pharmacy if prescriptions has been filled a few hours after ordering the refill.	

AUG 1 9 2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications. **FINDINGS** Resident #1 – physician order dated 06-07-21 read "D/C Melatonin 3 mg 1 tablet PO daily." However, medication in resident medication bin.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Removed melatonin 3 mg from the resident's medication box and placed it in a ~~separ~~ separate & Secured medication box to be use in case it is needed by the resident, by physician's order. I will discard of the medication when it reaches its expiration date.	6/17/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications. **FINDINGS** Resident #1 – physician order dated 06-07-21 read "D/C Melatonin 3 mg 1 tablet PO daily." However, medication in resident medication bin.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent similar deficiency from recurring, I will first mark or ~~on~~ or document the DC'd medications on the residents MAR - I will then use the MAR to verify the medications, and remove ~~all~~. and dispose any medications that has been ordered to be discontinued.	

AUG 1 0 2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications. **FINDINGS** Resident #1 – the following expired medications/ointments unsecured in living area cabinet: • "Triple Antibiotic Ointment" • "Gas-X" • "Antibiotic ointment" • "Ibuprofen"	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I discarded all listed expired medication/ointments.	6/17/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications. **FINDINGS** Resident #1 – the following expired medications/ointments unsecured in living area cabinet: • "Triple Antibiotic Ointment" • "Gas-X" • "Antibiotic ointment" • "Ibuprofen"	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent this or similar deficiency from recurring, first of all, there will no more OTC medications/ointment that will be kept in the unsecured cabinet. All OTC/ointments will be check for expiration date once a month, and any expired OTC/ointments will be disposed of accordingly. All OTC/ointments will be kept in a secured cabinet.	

AUG 1 0 2007

	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 – June 2021 medication record: all medications not initialed 06-13-21 (pm meds) – 06-17-21 (am meds)	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Medications administered on 6/17/21 were initialed on the MAR. The days ~~prior~~ that were not initialed prior to 6/17/21 were left blank, although all medications were administered to the resident, except the charting was not done right away.	6/17/21

	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 – June 2021 medication record: all medications not initialed 06-13-21 (pm meds) – 06-17-21 (am meds)	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent similar deficiency, I will have a folder that consist of the current month's ~~for each~~ MAR for each resident. This will make it more ~~convin~~ convenient or easier for me to access the resident's MAR, rather than flipping through the many pages of the resident binder, thus making it easier for me to fill in the MAR, after each medication administration. At the end of the month, I will pik the filled MAR in the resident's binder. Repeat process.	

AUG 1 3 2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-16 Personal care services. (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. **FINDINGS** Resident #1 – admitted 06-02-21, no schedule of activities.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** A plan of care and activities was developed & being implemented for the resident.	6/20/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-16 Personal care services. (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. **FINDINGS** Resident #1 – admitted 06-02-21, no schedule of activities.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** This deficiency is mainly due to me not being familiar with the ~~of~~ admission process of ARCH /~~ARCH~~. Since the deficiency, I've been able to gain more experience & knowledge about ~~and~~ the process of admitting a new resident. I am ~~now~~ using forms, ARCH IR4, and ARCH N ~~#1A~~ as a guide & reference on what ~~to keep in~~ forms ~~to~~ complete & file in the resident's binder, each time I will get a new admission. I also made sure that I have a copy of all the forms listed in ARCH IR 4, so I would have it readily available whenever I will do a new admission.	

AUG 1 9 2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(1) 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: Documentation of primary care giver's assessment of resident upon admission; **FINDINGS** Resident #1 – admitted on 06-02-21, no admission assessment.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** An Admission Assessment / Plan of Care, was completed and filed in the resident's binder.	6/18/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(1) 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: Documentation of primary care giver's assessment of resident upon admission; **FINDINGS** Resident #1 – admitted on 06-02-21, no admission assessment.	**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 made a binder that will have all the forms that will need to be filled and completed before admission. Upon admission I will have all the forms completed and I will use my reference sheet (admission checklist) to go over the forms, make sure that all are completed, ~~then~~ I will file all the forms in the residents binder upon admission.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(3) 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: Documentation of date of referral and admission, referral agency with address and telephone number, place or source from which admitted, physician, APRN, dentist, ophthalmologist, optometrist, psychiatrist, and all other medical or social service professionals who are currently treating the resident, next of kin, legal guardian, surrogate or other legally responsible agency; **FINDINGS** Resident #1 – admitted on 06-02-21, resident emergency information sheet – incomplete.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Resident emergency information sheet has been completed.	6/17/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(3) 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: Documentation of date of referral and admission, referral agency with address and telephone number, place or source from which admitted, physician, APRN, dentist, ophthalmologist, optometrist, psychiatrist, and all other medical or social service professionals who are currently treating the resident, next of kin, legal guardian, surrogate or other legally responsible agency; **FINDINGS** Resident #1 – admitted on 06-02-21, resident emergency information sheet – incomplete.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future I will make sure to completely fill all the information in the resident emergency information sheet upon admission. I will make sure to keep the information on the emergency form by updating ~~it~~ if anytime the resident visits his/her PCP. Any changes in medication of the resident will be noted on the form by noting, see attached MAR, and I will make a copy of the MAR ~~and~~ attached it to the form.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(7) 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: Height and weight measurements taken; **FINDINGS** Resident #1 – admitted 06-02-21, no height measurement documented.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** A height measurement of the resident has been taken & logged in the admission, readmission, or transfer of resident form.	6/18/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(7) 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: Height and weight measurements taken; **FINDINGS** Resident #1 – admitted 06-02-21, no height measurement documented.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** For any future ~~admit~~ admission, I will document the ~~p~~ residents height & weight on the "Residents Monthly Height and Weight Record" form. And just for reference, I will keep a copy of my ~~deficiency~~ deficiencies to go over it when I will have a new admission, to make sure I will not have the same or similar deficiency.	

AUG 1 0 2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (f)(1) General rules regarding records: All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry; **FINDINGS** Resident #1 record – "white out" used on June 2021 medication record.	**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. (f)(1) General rules regarding records: All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry; **FINDINGS** Resident #1 record – "white out" used on June 2021 medication record.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future whenever I will make a mistake writing information ~~Dai~~ in the MAR, I will draw a line across it, then initial it.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-19 Resident accounts. (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative. **FINDINGS** Resident #1 – admitted 06-02-21, no financial statement.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** a resident financial statement has been completed, ~~and~~ and filed in the resident binder.	6/17/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-19 Resident accounts. (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative. **FINDINGS** Resident #1 – admitted 06-02-21, no financial statement.	**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 made a binder that will have all the forms that will need to be filled and completed before admission. Upon admission, I will have all the forms completed and I will use my admission checklist to go over the forms, make sure that all are completed, then I will file all the forms in the resident's binder upon admission	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1)(A) Residents' rights and responsibilities: Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall: Be fully informed orally or in writing, prior to or at the time of admission, of these rights and of all rules governing resident conduct. There shall be documentation signed by the resident that this procedure has been carried out; **FINDINGS** Resident #1 – admitted 06-02-21, general operational policy not signed by the licensee.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** The policy general operational policy has been signed by the licensee.	6/17/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1)(A) Residents' rights and responsibilities: Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall: Be fully informed orally or in writing, prior to or at the time of admission, of these rights and of all rules governing resident conduct. There shall be documentation signed by the resident that this procedure has been carried out; **FINDINGS** Resident #1 – admitted 06-02-21, general operational policy not signed by the licensee.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, I will have a binder that contains all forms that will need to be completed upon admission, including a blank copy of the general operation policy. During admission I will go over the policy with the resident & authorized representative, have both parties sign the policy, give a copy to the resident and representative. I will then go over my admission checklist mark it as completed, then I will file a copy of the policy out in the resident's binder, upon admission.	

	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** Resident #1 – no care giver training for rectal suppository administration	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** A care giver training for rectal suppository administration has been given to the care giver by the case ~~mang~~ management nurse, on 7/2/21.	7/2/21

	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** Resident #1 – no care giver training for rectal suppository administration.	**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 go through the residents medications, and how they are administered, and if administration of the medications requires training, I will have the Case manager provide or give us training on how to administer the medication. In addition, I will have a list of my previous ~~deficiencies~~ deficiencies available for me to review, to make sure that I will not make the same mistake again.	7/2/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-86 Fire safety. (a)(3) 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: Fire drills shall be conducted and documented at least monthly under varied conditions and times of day; **FINDINGS** No monthly fire drill – 05-2021.	**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
☒	§11-100.1-86 Fire safety. (a)(3) 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: Fire drills shall be conducted and documented at least monthly under varied conditions and times of day; **FINDINGS** No monthly fire drill – 05-2021.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future I will review all the forms that will need to be completed every month, at the beginning of the ~~mont~~ month I will then conduct all the needed ~~drill~~ fire drills & smoke detector test, and document results on the form, and have ~~folled~~ ~~folled~~ filed in my computer, I will have the fire drill form printed upon request during my inspection.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-86 Fire safety. (a)(4) 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: Hard wired smoke detectors shall be approved by a nationally recognized testing laboratory and all shall be tested at least monthly to assure working order; **FINDINGS** No monthly smoke detector check – 05-2021.	**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
☒	§11-100.1-86 Fire safety. (a)(4) 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: Hard wired smoke detectors shall be approved by a nationally recognized testing laboratory and all shall be tested at least monthly to assure working order; **FINDINGS** No monthly smoke detector check – 05-2021.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future I will review all the forms that will need to be filled or completed every month, at the beginning of the month. I will then conduct the smoke detector test and ~~done~~ document the results on the form and have it filed in my Care giver binder.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(1) 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 a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects; **FINDINGS** Resident #1 – admitted 06-02-21, no comprehensive assessment.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** The case management nurse prepared the comprehensive ~~analysis~~ assessment ~~for~~ of the resident, and has been filed in the resident's binder.	7/2/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(1) 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 a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects; **FINDINGS** Resident #1 – admitted 06-02-21, no comprehensive assessment.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent similar deficiency from recurring, I will ask the case management agency, chosen by the resident or the resident's authorized representative, to do a comprehensive assessment of the resident, before admitting the resident into my ~~ARCH~~/EARCH. I will ask the case management agency, to have their comprehensive assessment ready & filed in the resident's binder, on the day of admission.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident; **FINDINGS** Resident #1 – care plan did not list prescribed medication interventions or address the mental, dental, nutritional, rehabilitative or spiritual needs of the resident.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Case management has revised the care Plan to include a list prescribed medication interventions, address the mental, dental, ~~nutritional~~ nutritional, rehabilitative or spiritual needs of the resident.	7/2/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident; **FINDINGS** Resident #1 – care plan did not list prescribed medication interventions or address the mental, dental, nutritional, rehabilitative or spiritual needs of 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?** To prevent similar deficiency from recurring, I will review the care plan prepared by the case manager, within 24 hrs after I receive it from the case manager. I will review the care plan to make sure that it meets the chapter 11-100.1 requirements. If not, I will ask the case manager to revise the care plan for the expanded ARCH resident, so that it meets the requirements outline in chapter 11-100.1-88(c)(2). The revised care plan shall be completed no later that 7 days of admission.	

AUG 1 8

Licensee's/Administrator's Signature: _____

Print Name: Sergio Cobar

Date: 7/10/21

Licensee's/Administrator's Signature: _____

Print Name: SERGIO CABOC

Date: 8/13/21

AUG 19 2021

Licensee's/Administrator's Signature: _____

Print Name: SERGIO CABAL

Date: 9/2/2021