

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: ACT Care Services LLC	CHAPTER 100.1
Address: 53 Uila Street, Honolulu, Hawaii 96818	Inspection Date: March 16, 2021 Initial <i>received. 04/25/2021</i>

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.

RECEIVED
MAY 06 2021

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. FINDINGS Primary care giver (PCG) - No documentation of positive tuberculin (TB) skin test. Submit a copy with the plan of correction (POC). Substitute care giver (SCG) #1 - No documentation of a chest x-ray following the 2/14/90 positive TB skin test. Submit a copy with the POC. SCG #2 - No documentation of an initial TB clearance. Submit a copy of a two-step TB clearance with the POC. SCG #3 - No documentation of positive TB skin test. Submit a copy with the POC. SCG #5 - No two-step TB clearance. Submit a copy of one additional TB skin test with the POC.	<p style="text-align: center;">PART I</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>YES DEFICIENCY WAS CORRECTED.</p> <p><u>SCG #1 and SCG #2</u> obtained a copy of their 2 step PPD from their PCP, while <u>SCG #1</u> obtained a copy of their positive PPD on 3/17/2021</p> <p><u>SCG #5</u> - DID another PPD TEST ON 04/21/2021 WITH LANGHILL HEALTH CENTER ACCORDING TO LANGHILL HEALTH CENTER THIS 04/21/21 PPD WILL SATISFY THE 2 STEP TB REQUIREMENT SINCE IT'S WITHIN THE 12 MONTHS PERIOD</p> <p><u>SCG #3 and PCG</u> - DOCUMENTATION OF POSITIVE SKIN TEST IN THE PAST WAS OBTAINED FROM THEIR PCP ON 3/17/21</p>	<p style="text-align: center;">-3/17/21</p> <p style="text-align: center;">-4/26/21</p> <p style="text-align: center;">-3/17/21</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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. <u>FINDINGS</u> Resident #1 - "Diltiazem capsule" pre-poured into a cup for the next day a.m. dose. "Mirtazapine tab" pre-poured into two (2) separate cups.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>YES!</p> <p>ON 3/17/2021 DURING ACT CARE WEEKLY MEETING THE DEFICIENCY NOTED WAS DISCUSSED AND WAYS ON HOW TO ADDRESS SUCH PROBLEM! DEFICIENCY WAS ALSO PRESENTED BY PCG. AND AGAIN ON 3/21/2021 PCG ENHANCES SUCH - 3/21/21</p> <p>RULE OF <u>NO</u> PRE - POURING OF MEDICATIONS ARE ALLOWED, ALL SUBSTITUTE CAREGIVERS ARE PRESENT AT THE MEETING.</p>	<p style="text-align: center;">- 3/17/21</p> <p style="text-align: center;">- 3/21/21</p>

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<input checked="" type="checkbox"/> §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 Resident #1 - "Diltiazem capsule" pre-poured into a cup for the next day a.m. dose. "Mirtazapine tab" pre-poured into two (2) separate cups.	<p style="text-align: center;">PART 2 <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> <ul style="list-style-type: none"> • Dispensing cups used for medication REVIEWED citation with scs during weekly meetings instructed scs about NOT pre-pouring medication for residents • EVERYBODY IS CHECKING IF THERE ARE ANY MEDICATIONS THAT ARE PRE-POURED IN THE MEDICINE CABINET • REMINDER NOTES: NO MEDICATION PRE-POURING IS IN PLACE IN THE MEDICATION CABINETS & BASKETS 	<p style="text-align: right;">09/02/21</p>

DISPENSING
STATE OF HAWAII
DOH-DHCA
STATE OF HAWAII

10:56 V 2-DES 12.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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 - "Memantine HCl ER 21 mg CP 24 Take 1 capsule by mouth every day" ordered 1/29/21; however, the medication was not recorded on the medication records and not made available to the resident. There was no physician order to discontinue the medication. No documentation of efforts made to clarify the order with the physician.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>YES, DEFICIENCY HAS BEEN CORRECTED.</p> <p>POG was contacted re. lawers office but no response. On April 05, 2021 an appointment (with family's permission) Queens Geriatric APON was set. APON evaluated and assesses Resident #1. APON discontinued memantine. APON order to d/c memantine is on file on the resident's chart.</p>	<p style="text-align: right;">- 4/05/21</p>

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 HAWAIIAN ISLANDS

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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 initiated by the care giver. FINDINGS Resident #1 - "Cephalexin 500 mg Take 1 cap po BID for 10 days" ordered 1/29/21; however, the medication record was not initiated by the care giver when taken 2/1-9/21 (15 doses).	<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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10:6V 2-DES 12.

STATE OF HAWAII
 DEPARTMENT OF HEALTH
 DIVISION OF LICENSING

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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 - The PCG admission assessment noted that the skin was intact; however, the RN case manager noted an open area to the right scapula weeping serous fluid.	<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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STATE OF HAWAII
DOH-DHCA
STATE LICENSING

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records: Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them; <u>FINDINGS</u> Resident #1 - No legend for initials on the medication records.	<p align="center">PART 1</p> <p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p align="center">Yes, Deficiency was corrected.</p> <p align="center">PCs updated medication Administration record form for each resident with the legend for initials for every caregivers.</p>	<p align="center">3/16/21</p>

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10:50 2-DES 12.

ONCE-ONLY
 VOICE-ONLY
 HUMAN-ONLY
 STATE-ONLY

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§ 11-100.1-23 Physical environment. (g)(3)(B) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p>FINDINGS</p> <p>Interior ramp to the second exit was partially obstructed by two (2) wheelchairs.</p> <p>Removed during the inspection.</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"/> §11-100.1-23 <u>Physical environment.</u> (g)(3)(B) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: There shall be a clear and unobstructed access to a safe area of refuge; FINDINGS Interior ramp to the second exit was partially obstructed by two (2) wheelchairs. Removed during the inspection.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>- PGs 1c1d will educate all SCG's in carehomes weekly meetings</p> <p>- PG1c1d will round daily at carehome making sure that nothing is in the second exit that will obstruct the exit</p> <p style="text-align: right;"> STATE OF HAWAII DOH-DHCA STATE LICENSING </p>	<p style="text-align: right;">7/16/21</p> <p style="text-align: right;">21 JUL 20 A7:28</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 Physical environment. (b)(4) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>Water supply. Hot and cold water shall be readily available to residents for personal washing purposes. Temperature of hot water at plumbing fixtures used by residents shall be regulated and maintained within the range of 100°-120°F.</p> <p><u>FINDINGS</u> Hot water temperature was 124.3° F.</p>	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>YES, PC6 CONTACTED PROPERTY MANAGER - 3/17/2021 ADJUST WATER TEMPERATURE adjustment. PROPERTY manager sent one of her PLUMBER / ELECTRICIAN ON SITE TO CORRECT / ADJUST THE WATER TEMPERATURE TO DO IT</p>	<p style="text-align: right;">- 3/17/2021</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (1)(4) The Type 1 ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers. Water supply. Hot and cold water shall be readily available to residents for personal washing purposes. Temperature of hot water at plumbing fixtures used by residents shall be regulated and maintained within the range of 100°-120°F. <u>FINDINGS</u> Hot water temperature was 124.3° F.	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG will do a monthly check of HOT WATER temperature to ensure that it is within the acceptable temperature required by OHA.</p>	<p style="text-align: right;">3/17/2021</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 Physical environment. (o)(3)(B) Bedrooms: Bedroom furnishings: Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident; FINDINGS Bedroom #2 - No pliable plastic pillow protectors on three (3) pillows. Corrected during the inspection.	<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>	<p style="text-align: right;">- 3/10/21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 Physical environment. (o)(3)(B)</p> <p>Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p>FINDINGS</p> <p>Bedroom #2 - No pliable plastic pillow protectors on three (3) pillows.</p> <p>Corrected during the inspection.</p>	<p>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> <p>PCs will make sure that all pillows being used by residents will have the required plastic cover. PCs will have a duty check on residents' bedding to make sure that this requirement is being met.</p>	<p>5/5/21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-80 Licensing. (d) Policies and procedures shall be developed by the licensee to meet the provisions of this chapter.</p> <p>FINDINGS Resident #1 - No general operational policy for expanded ARCH services.</p>	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>YES, CALLED SC4/PPDA AND THEY DROPPED OF THE SAME DAY IN THE AFTERNOON. - PC61640 FILED THE COPY IN THE RESIDENT'S CHART, A COPY WKS ALSO GIVEN TO THE SON</p>	<p style="text-align: right;">3/17/2009</p> <p style="text-align: right;">21 JUL 20 A7:28</p> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-80 <u>Licensing</u> . (d) Policies and procedures shall be developed by the licensee to meet the provisions of this chapter. FINDINGS Resident #1 - No general operational policy for expanded ARCH services.	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG will use <u>RESIDENT</u> admission checklist to make sure that all admission documentation and forms are completed during admission. If resident's family wants to take the policy to PCG, PCG will make a note on the checklist, follow-up with family per all communication will be reported in the providers notes and will also be noted on the admission checklist.</p>	9/2/2021

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HAWAII STATE

10:64 2-SEP 12.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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; <u>FINDINGS</u> SCG #3, SCG #4, SCG #5 - No training by the RN case manager in providing daily personal and specialized care for Resident #1.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>YES, DEFICIENCY WAS CORRECTED. PCG, CONTACTED RN/cn TO COME AND TRAIN SCG #3, SCG #4 AND SCG #5 ON 3/16/2021. RN/cn made an appointment to train SCG #3, SCG #4, SCG #5 on 3/25/2021. RN/cn trained SCG #3, SCG #4, SCG #5 on 3/25/2021.</p>	<p style="text-align: right;">3/25/2021</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-87 <u>Personal care services.</u> (c)(2) The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have: Pneumococcal and influenza vaccines and any necessary immunizations following the recommendations of the Advisory Committee of Immunization Practices (ACIP); FINDINGS Resident #1 - No pneumococcal and influenza vaccinations.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>YES, DEFICIENCY WAS CORRECTED. - 3/27/21 PCs CONTACTED DR. LAWLER'S OFFICE SEVERAL TIMES UNTIL THEIR OFFICE RESPONDED. MEDICAL ASSISTANT FINALLY CONTACTED PCs AND FAXED COPY OF VACCINATION RECORD OF RESIDENT #1. QUEENS GERIATRIC WILL GIVE PNEUMOCOCAL AND INFLUENZA VACCINE WHEN THEY ARE DUE.</p>	<p style="text-align: right;">- 3/27/21</p>

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<input checked="" type="checkbox"/> §11-100.1-87 Personal care services. (c)(2) The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have: Pneumococcal and influenza vaccines and any necessary immunizations following the recommendations of the Advisory Committee of Immunization Practices (ACIP); <u>FINDINGS</u> Resident #1 - No pneumococcal and influenza vaccinations.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>- CHECK LIST WILL BE PUT ON TOP OF EVERY NEW ADMISSION - IF FAMILY OR RESIDENT PCP CANNOT PROVIDE A RECORD OF IMMUNIZATION AND OR IMMUNIZATION HISTORY IS UNKNOWN MSF WILL BE NOTIFIED AND ASKED TO ADMINISTER PNEUMOCOCCAL AND INFLUENZA VACCINE TO RESIDENT FROM HERE FORWARD PCP/CICD AND RN/CHW WILL MEET AT CARE HOME ON DAY OF ADMISSION TO MAKE SURE THAT ALL REQUIREMENTS NEEDED ARE MET</p>	<p style="text-align: right;">7/16/21</p> <p style="text-align: right;">21 JUL 20 A 7:29</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§ 11-100.1-88 Case management qualifications and services. (c)(2)</p> <p>Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p>FINDINGS</p> <p>Resident #1 - The Nursing Care Plan did not address the 1" x .75" open area to the right scapula weeping serous fluid reflected on the RN case manager's admission assessment 1/29/21.</p>	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>YES, DEFICIENCY WAS CORRECTED.</i></p> <p><i>Nursing care plan is updated with collaboration with RN team on 3/17/21 indicating the open area on the right scapula noted during admission.</i></p>	<p style="text-align: center;"><i>3/17/2021</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> § 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 - The Nursing Care Plan did not address the 1" x .75" open area to the right scapula weeping serous fluid reflected on the RN case manager's admission assessment 1/29/21.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCs will collaborate with primary on each resident's care plan. PCs will note all abnormalities during admission assessment. A care plan that will address such abnormalities / problems will be noted, with the proper care intervention, all caregivers will be trained in handling such.</p>	<p style="text-align: right;">AK/m</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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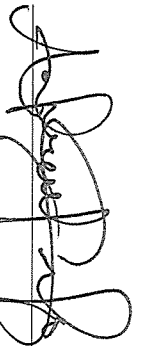
RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§ 11-100.1-88 Case management qualifications and services, (c)(4)</p> <p>Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p>FINDINGS</p> <p>Resident #1 - Care plan was not updated to reflect the wound to the coccyx observed 3/7/21. Progress notes indicated that RN case manager instructions were delegated to all care givers through texts on 3/7/21.</p>	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>YES, THE DEFICIENCY WAS CORRECTED ON 3/25/2021. PCG CALLED RN 1cm TO Come Down and Re-Dress WOUND. RESIDENT #1 CONDITION, UPDATE THE CARE PLAN AND ADD TRAINED CAREGIVERS ON COCCYX WOUND CARE</p>	<p>3/25/21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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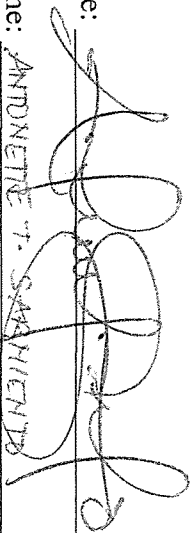
Licensee's/Administrator's Signature:



Print Name: ANTONETTE SARMIENTO

Date: 05th | 05 | 2021

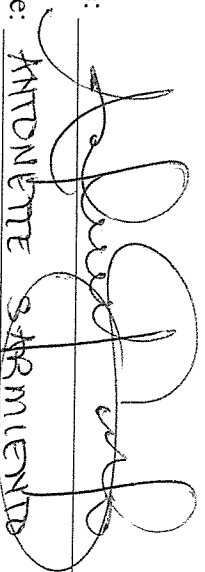
Licensee's/Administrator's Signature:



Print Name: ANTONETTE T. SARMIENTO

Date: 07/16/2021

Licensee's/Administrator's Signature:



Print Name: ANTONETTE SARMIENTO

Date: 09.02.2021