

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Laniolu Hale at Hawaii Kai	CHAPTER 100.1
Address: 1261 Lunalilo Home Road, Honolulu, Hawaii 96825	Inspection Date: August 3, 2020 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.

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-4 <u>Waiver</u>. (e)(1) Waiver renewal. No waiver renewal shall be granted except on request therefor. Any such request shall be submitted to the department at least sixty days prior to the expiration of the waiver. The department shall act on a request for renewal within sixty days of the receipt of such request. Any waiver granted pursuant to this section may be renewed on terms and conditions which would be appropriate on initial granting of a waiver, for periods not exceeding one year; provided that:</p> <p>The request for renewal has met all of the conditions specified in the immediately preceding waiver;</p> <p><u>FINDINGS</u> Resident #1, no evidence of a request for renewal of an "ARCH to Hospice" waiver approved on July 24, 2019.</p>	<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>Waiver renewal was not necessary. Resident's family chose a case management agency for expanded ARCH services.</p>	<p>8/11/20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-4 <u>Waiver</u>. (e)(1) Waiver renewal. No waiver renewal shall be granted except on request therefor. Any such request shall be submitted to the department at least sixty days prior to the expiration of the waiver. The department shall act on a request for renewal within sixty days of the receipt of such request. Any waiver granted pursuant to this section may be renewed on terms and conditions which would be appropriate on initial granting of a waiver, for periods not exceeding one year; provided that:</p> <p>The request for renewal has met all of the conditions specified in the immediately preceding waiver;</p> <p><u>FINDINGS</u> Resident #1, no evidence of a request for renewal of an "ARCH to Hospice" waiver approved on July 24, 2019.</p>	<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>To prevent this from happening again in the future: When the family decide to use primarily the hospice agency to provide case management for the resident, PCG shall notify OHCA in advance within 3 months prior to the expiration date to renew the waiver. Full chart review shall be conducted every 90 days. Any missing or lack of documentation will be flagged and fixed within 10-15 business days.</p>	<p>8/11/20 On-going</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-7 <u>General operational policies.</u> (c) A written agreement shall be completed at the time of admission between the licensee or primary care giver of the ARCH or expanded ARCH and the ARCH or expanded ARCH resident and the ARCH or expanded ARCH resident's family, legal guardian, surrogate or responsible agency that sets forth that resident's rights, the licensee or primary care giver of the ARCH or expanded ARCH responsibilities to that resident, the services which will be provided by the licensee or primary care giver of the ARCH or expanded ARCH according to that resident's schedule of activities or care plan, and that resident's responsibilities to the licensee or primary care giver of the ARCH or expanded ARCH.</p> <p><u>FINDINGS</u> Resident #1, level of care ICF upon readmission May 3, 2019; however, general operational policy and agreement (GOP) dated May 3, 2019 is only for ARCH services.</p>	<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, GOP was revised to reflect the changes to be more specific to Exp-ARCH. Resident's DPOA have reviewed, signed and received copy of the new GOP for Exp-ARCH. Placed the signed copy in resident's chart on August 11, 2020</p>	<p>8/11/20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-7 <u>General operational policies.</u> (c) A written agreement shall be completed at the time of admission between the licensee or primary care giver of the ARCH or expanded ARCH and the ARCH or expanded ARCH resident and the ARCH or expanded ARCH resident's family, legal guardian, surrogate or responsible agency that sets forth that resident's rights, the licensee or primary care giver of the ARCH or expanded ARCH responsibilities to that resident, the services which will be provided by the licensee or primary care giver of the ARCH or expanded ARCH according to that resident's schedule of activities or care plan, and that resident's responsibilities to the licensee or primary care giver of the ARCH or expanded ARCH.</p> <p>FINDINGS Resident #1, level of care ICF upon readmission May 3, 2019; however, general operational policy and agreement (GOP) dated May 3, 2019 is only for ARCH services.</p>	<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>PCG shall verify the LOC before admitting by checking the appropriate LOC is the same in the assessment form. When an ARCH resident returns to the facility as an Exp-Arch resident, PCG shall utilize the Exp-Arch GOP form and will ensure a copy is placed in chart upon admission. Full chart review shall be conducted every 90 days. Any missing or lack of documentation will be flagged and fixed within 10-15 business days.</p>	<p>8/11/20</p> <p>On-going</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.</p> <p><u>FINDINGS</u> Resident #1, no evidence of an order for a thickening agent. However, "Thicket" used to prepare honey nectar liquids.</p>	<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, Diet order for beverage and food thickening powder (Thick-it©) received from his Primary Care Physician on August 8, 2020</p>	<p style="text-align: center;">8/8/20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.</p> <p><u>FINDINGS</u> Resident #1, no evidence of an order for a thickening agent. However, "Thicket" used to prepare honey nectar liquids.</p>	<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>To prevent this from happening in the future: On admission, readmission and annual renewal, whenever the resident's physician/APRN prescribes a special diet with thickend liquids, the PCG shall obtain an order for using an instant beverage and food thickening powder (Thick-it©) for the nectar/honey/pudding thickend liquids. Case manager provided in-service to staff on how to thicken liquids as prescribed by resident's physician/ APRN. Each resident shall have documented diet order signed by the resident's physician/APRN upon admission, readmission, and annually. A checklist of items was added to prevent this from happening again. Documentation of thickening agent used shall be signed off in MAR.</p>	<p>8/15/2020</p> <p>ongoing</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #1, special diet order (6/15/20) reads, "pureed consistency"; however, no menu for the special diet order.</p>	<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, Menu was created using the dietary guidelines provided by a Registered Dietitian to provide the special diet requirements for the resident.</p>	8/15/2020

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident # 1, special diet order (6/15/20) reads, "pureed consistency"; however, no menu for the special diet order.</p>	<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>If needed, a consultation with Registered Dietitian shall be obtained to provide nutritional assessment to meet daily needs of resident. To prevent this in the future, PCG shall post the menu for specialized diets, next to the regular diet menu in the dining area.</p>	<p>8/3/20 On-going</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> Refrigerator thermometer is not working.</p>	<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, Bought and replaced broken thermometer with brand new digital thermometer, placed in the refrigerator. Also trained the SCG how to use it for checking the refrigerator temperatures. A log will be signed off daily when checked.</p>	<p>8/3/2020 On-going</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> Refrigerator thermometer is not working.</p>	<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>To prevent this from happening in the future, PCG shall delegate secondary caregiver this task. SCG shall monitor the temperature of the refrigerator on a daily basis. A log will be maintained and posted in the kitchen. A checklist of items to be reviewed daily basis was created to prevent this from happening again</p>	<p>8/3/2020 On-going</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> Permanent register is not maintained as follows:</p> <ol style="list-style-type: none"> 1. Entries not continuous. Two blank lines left open before the last readmission and discharge entry. 2. During the prior years, no evidence of "Condition on Discharge" as listed on OHCA ARCH IR 24. 3. Dates are not correct for discharged resident #1. Admission on <u>6/28/19</u>. Discharge on <u>2/28/19</u>. 	<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>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> Permanent register is not maintained as follows:</p> <ol style="list-style-type: none"> 1. Entries not continuous. Two blank lines left open before the last readmission and discharge entry. 2. During the prior years, no evidence of "Condition on Discharge" as listed on OHCA ARCH IR 24. 3. Dates are not correct for discharged resident #1. Admission on <u>6/28/19</u>. Discharge on <u>2/28/19</u>. 	<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>To prevent this from happening in the future, PCG have made a notation to the registry which shall explain the appropriate condition of discharge (Good, Fair, Serious, Guarded, Critical, Expired). PCG shall update this registry upon any resident being admitted, transferred, discharged or expired. PCG shall delegate secondary caregiver the task to check all documentation to prevent typographical errors and ensure there is continuity in the register with no blank spaces. A checklist was created to prevent this error. Full chart review shall be conducted every 90 days. Any missing or lack of documentation will be flagged and fixed within 10-15 business days.</p>	<p>8/3/2020 On-going</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>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:</p> <p><i>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</i></p> <p><u>FINDINGS</u> Resident #1, no evidence for the following in GOP:</p> <ol style="list-style-type: none"> 1. Expanded ARCH services. 2. Method and timeline to inform resident and the resident representative of rate increases. A <u>range of fees</u> follows one specific fee in GOP dated 5/3/19. 	<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, GOP was revised to reflect the changes to be more specific to Exp-ARCH.</p> <p>Corrected the deficiency by editing the prior GOP that now indicates the specific amount charged for services offered. Deletion of the statement of ranges was completed.</p> <p>New revised GOP was reviewed, signed by this resident's legal representative, and placed in chart on August 11, 2020</p>	<p style="text-align: center;">8/11/2020</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(1)(i) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either: For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident;</p> <p><u>FINDINGS</u> During inspection appears to exceed allowed two (2) non-self preserving residents among the four (4) residents.</p> <p>Records show:</p> <p style="padding-left: 40px;">Resident #1, certified as self preserving Resident #2, certified as non-self preserving Resident #3, certified as self preserving Resident #4, certified as non-self preserving</p> <p>However, when asked to walk, Residents #2 and #4 both needed verbal cuing and hands-on assistance to get out of bed. Please request recertification and submit with POC.</p>	<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, Brought resident #2 to PCP to evaluate LOC. Called #4 resident's physician for appointment, LOC evaluaton pending. Due to Covid epidemic, appointment by teleconferencing recommeded.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I)(i) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either: For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident;</p> <p><u>FINDINGS</u> During inspection appears to exceed allowed two (2) non-self preserving residents among the four (4) residents.</p> <p>Records show:</p> <p style="padding-left: 40px;">Resident #1, certified as self preserving Resident #2, certified as non-self preserving Resident #3, certified as self preserving Resident #4, certified as non-self preserving</p> <p>However, when asked to walk, Residents #2 and #4 both needed verbal cuing and hands-on assistance to get out of bed. Please request recertification and submit with POC.</p>	<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>To prevent this from happening again: A checklist of items to be reviewed to prevent this from happening again, LOC evaluation shall be evaluated on admission with physician. When the facility's capacity exceeds the 2 Exp-ARCH residents allowed, the Exp-ARCH resident shall be transferred to another facility.</p>	<p>8/11/20 On-Going</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (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:</p> <p>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;</p> <p><u>FINDINGS</u> Resident #1, readmitted as expanded ARCH (5/3/19). No evidence of a comprehensive assessment by a case manager.</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>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (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:</p> <p>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;</p> <p><u>FINDINGS</u> Resident #1, readmitted as expanded ARCH (5/3/19). No evidence of a comprehensive assessment by a case manager.</p>	<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>To prevent this from happening again: When an ARCH resident becomes an Exp-ARCH resident, PCG shall enlist the use of Case manager prior to admission. PCG shall delegate other care team members in review of the resident's chart, to ensure that the initial assessment and interim care plan by the CM is completed. Full chart review shall be conducted every 90 days. Any missing or lack of documentation will be flagged and fixed within 10-15 business days.</p>	<p>8/11/20 On-going</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (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:</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 Resident #1, readmitted as expanded ARCH (5/3/19). No evidence of a care plan developed by a case manager.</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>§11-100.1-88 <u>Case management qualifications and services.</u> (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:</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><u>FINDINGS</u> Resident #1, readmitted as expanded ARCH (5/3/19). No evidence of a care plan developed by a case manager.</p>	<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>To prevent this from happening again: PCG shall review the chart immediately after the case manager conducts her monthly resident's assessment and shall verify the visit notes are placed in the resident's chart. Case manager shall provide their monthly oversight to ensure resident's needs are being addressed and met per care plan. Shall collaborate with Case manager to review and update care plan as needed when changes occur. Full chart review shall be organized every 90 days. Any missing or lack of documentation will be flagged and fixed within 10-15 business days.</p>	<p>8/11/20 On-Going</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(3) 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>Review the care plan monthly, or sooner as appropriate;</p> <p><u>FINDINGS</u> Resident #1, readmitted as expanded ARCH (5/3/19). No evidence of a monthly care plan review by a case manager.</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>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(3) 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>Review the care plan monthly, or sooner as appropriate;</p> <p><u>FINDINGS</u> Resident #1, readmitted as expanded ARCH (5/3/19). No evidence of a monthly care plan review by a case manager.</p>	<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>To prevent this from happening again: PCG shall review the chart immediately after the case manager conducts her monthly resident's assessment and shall verify the visit notes are placed in the resident's chart. If it is not in chart, shall obtain as soon as possible the monthly care plan from case manager and place it in the chart. Full chart review shall be conducted every 90 days. Any missing or lack of documentation will be flagged and fixed within 10-15 business days.</p>	<p>8/11/20 On-Going</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(6) 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><i>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</i></p> <p><u>FINDINGS</u> Resident #1, readmitted as expanded ARCH (5/3/19). No evidence that the case manager trained the care givers.</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>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(6) 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>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1, readmitted as expanded ARCH (5/3/19). No evidence that the case manager trained the care givers.</p>	<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>To prevent this from happening again: the proper staff training/In-service by a case manager shall be documented, upon admitting a exp-Arch resident. The case manager shall provide adequate training to the care givers to meet the special needs of this resident. Full chart review shall be conducted on a quarterly basis to make sure the training/ in-service is documented and placed in the resident's chart. Any missing or lack of documentation will be flagged and fixed within 10-15 business days.</p>	<p>8/11/20 On-Going</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(8) 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>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;</p> <p>FINDINGS Resident #1, readmitted as expanded ARCH (5/3/19). No evidence for monthly face-to-face case manager visits.</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>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(8) 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>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;</p> <p><u>FINDINGS</u> Resident #1, readmitted as expanded ARCH (5/3/19). No evidence for monthly face-to-face case manager visits.</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>To prevent this from happening again: PCG will review the chart immediately after the case manager conducts her monthly resident's assessment and shall verify the visit notes are placed in the resident's chart. Full chart review shall be conducted every 90 days. Any missing or lack of documentation will be flagged and fixed within 10-15 business days.</p>	<p>8/15/20 On-Going</p>

Licensee's/Administrator's Signature: Anthony Defiesta

Print Name: Anthony Defiesta

Date: 8/16/2020

Licensee's/Administrator's Signature: Anthony Defiesta

Print Name: Anthony Defiesta

Date: 9/9/2020