

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Eden Lei's	CHAPTER 100.1
Address: 94-1095 Lumiaina Street, Waipahu, Hawaii 96797	Inspection Date: April 27, 2021 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

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

21 JUL -6 P12:36
STATE OF HAWAII
DOH-SDC
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p>FINDINGS Substitute Care Giver (SCG) #1 – No documented evidence of annual physical exam.</p> <p>Please provide copy of annual physical exam along with your plan of correction.</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 style="text-align: center;"><i>if completed if contagious binder</i></p>	<p style="text-align: center;">21 JUL 26 P 3:18</p> <p style="text-align: center;">STATE OF HAWAII DCH-DHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> Substitute Care Giver (SCG) #1 – No documented evidence of annual physical exam.</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 style="text-align: center;">I will have obtain a caregiver certification tracking sheet that I will use help me remember. I will check this sheet monthly</p> <p style="text-align: right;">STATE OF HAWAII DOH-DHC STATE LICENSING</p>	<p style="text-align: center;">21 JUL 26 P 3:18</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p><u>FINDINGS</u> SCG#3 – No documented evidence of annual tuberculosis clearance.</p> <p>Please provide copy of annual tuberculosis clearance along with your plan of correction.</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 style="text-align: center;">TB completed + its in caregivers binder</p>	<p style="text-align: center;">21 JUL 26 P 3:18</p> <p style="text-align: center;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p><u>FINDINGS</u> SCG#3 – No documented evidence of annual tuberculosis clearance.</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 style="text-align: center;">I obtain a caregiver cert. tracking sheet and I will use check this sheet monthly</p> <p style="text-align: right;">STATE OF HAWAII DOH-OSHCA STATE LICENSING</p>	<p style="text-align: center;">21 JUL 26 P 3:18</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(3) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Have sufficient knowledge and experience in nursing techniques to care for the residents, including taking vital signs, observing for medication efficacy and any untoward reactions;</p> <p>FINDINGS SCG #1 & SCG #2 - No documented evidence of Primary Care Giver (PCG) training available for review.</p> <p>Please provide copy of PCG training along with your plan of correction.</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 style="text-align: center;"><i>Training sheet was completed was completed 2012 & 2010 copies located in caregivers binder</i></p>	<p style="text-align: right;">21 JUL 26 PM 3:18</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(3) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Have sufficient knowledge and experience in nursing techniques to care for the residents, including taking vital signs, observing for medication efficacy and any untoward reactions;</p> <p>FINDINGS SCG #1 & SCG #2 - No documented evidence of PCG training available for review.</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 style="text-align: center;">I have obtain a caregiver cert tracking sheet that I will use help me remember I will check this sheet monthly</p>	<p style="text-align: right;">21 JUL 26 P 3:18</p> <p style="text-align: right;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE OFFICE</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS Resident #1 – Resident admitted 4/24/20. The April 2020 medication administration record (MAR) contains the following medications which are not listed on the admission physician’s orders dated 4/23/20:</p> <ol style="list-style-type: none"> 1. “Multivitamin w/minerals take 1 tab by mouth daily” 2. “Ascorbic Acid Vit C 500mg oral tablet by mouth daily” 3. “Vit B12 1000mcg 1 cap.PO QD” 4. “Calcitonin 200 units SP 1 spray into each nostril daily alternate nostril” 5. “Fluocinonide cream 0.05% apply to affected area 1-2 times daily as needed for irritation” 6. “Docusate Sodium 100mg 1 cap PO BID” 7. “Acetaminophen-Codeine #3 1 T q 4 hours as needed for pain” 8. “Oxycodone-Acetaminophen 5-325mg 1 T PO BID prior to PT/OT and 1 T q 6 hours PRN moderate/severe pain” <p>No physician’s orders are available for review.</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>	<p style="text-align: right;">21 JUL 26 P 3:18</p> <p style="text-align: right;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE ENGINEER</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS Resident #1 – Resident admitted 4/24/20. The April 2020 medication administration record (MAR) contains the following medications which are not listed on the admission physician's orders dated 4/23/20:</p> <ol style="list-style-type: none"> 9. "Multivitamin w/minerals take 1 tab by mouth daily" 10. "Ascorbic Acid Vit C 500mg oral tablet by mouth daily" 11. "Vit B12 1000mcg 1 cap PO QD" 12. "Calcitonin 200 units SP 1 spray into each nostril daily alternate nostril" 13. "Fluocinonide cream 0.05% apply to affected area 1-2 times daily as needed for irritation" 14. "Docusate Sodium 100mg 1 cap PO BID" 15. "Acetaminophen-Codeine #3 1 T q 4 hours as needed for pain" 16. "Oxycodone-Acetaminophen 5-325mg 1 T PO BID prior to PT/OT and 1 T q 6 hours PRN moderate/severe pain" <p>No physician's orders are available for review.</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 style="font-size: 1.2em; font-family: cursive;">Should call POP to double check list of meds for the previous admission. I have added to double check medication with POP upon admission to my address (or) (checklist)</p>	<p style="text-align: right;">21 JUL 26 P3:18</p> <p style="text-align: right; font-size: 0.8em;">STATE OF HAWAII GOVERNMENT STATE DEPARTMENT</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS Resident #1 – “Celecoxib 200mg C 1 C PO daily as needed for knee pain” was transcribed to the 2/2021 MAR and initialed as given 2/2/21 & 2/3/21, however, no physician’s order is available for review until 4/9/21.</p> <p>“Simethicone 125mg 1 tab PO (chewable once a day PRN for bloating)” was transcribed to the 3/2021 MAR, however, no physician’s order available for review.</p> <p>“Cephalexin 250mg cap 1 C PO TID” was transcribed 9/2020 MAR and initialed as given from 9/11/20 to 9/18/20. No physician’s order available for review.</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>	<p style="text-align: right;">21 JUL 26 P 3:18</p> <p style="text-align: right; transform: rotate(-90deg);">STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS Resident #1 – Amlodipine Besylate 5mg 1 tab daily hold if SBP < 120 HR < 60. No blood pressure (BP) readings were documented from May 11-26, 2020, medication initialed as given.</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>	<p style="text-align: right;">21 JUL 26 P 3:18</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII TCH-CHCA STATE LICENSES</p>

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	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS Resident #1 – MAR for Spironolactone from 4/26/20 to 4/30/30 is not initialed as given. No rationale indicated on MAR.</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 style="text-align: center;"> <i>moving forward to prevent this from happening again I will when going sweet, double check if you sign/initialed, have address sticker note outside of each record as a reminder, I will check the MAR copy morning for completion</i> </p> <p style="text-align: right;"> <small>STATE OF HAWAII DCH-CHCA STATE LICENSING</small> </p>	<p>21 JUL 26 P 3:18</p>

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	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS Resident #1 – “Calcitonin 200 units SP 1 spray into each nostril daily alternate nostril” ceases to be included on the MAR from 6/1/2020 to current. No discontinue order available for review.</p> <p>“Fluocinonide cream 0.05% apply to affected area 1-2 times daily as needed for irritation” ceases to be included on the MAR from 6/1/2020 to current. No discontinue order available for review.</p> <p>“Oxycodone-Acetaminophen 5-325mg 1 T PO BID prior to PT/OT and 1 T q 6 hours PRN moderate/severe pain” ceases to be included on the MAR from 7/1/2020 to current. No discontinue order available for review.</p> <p>“Acetaminophen-Codeine #3 1 T q 4 hours as needed for pain” ceases to be included on the MAR from 8/1/2020 to current. No discontinue order available for review.</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>	<p>21 JUL 26 P 3:18</p> <p>STATE OF HAWAII DOH-OLCA STATE LICENSING</p>

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	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS Resident #1 - "Furosemide 20mg 1 T PO daily PRN (edema)" transcribed to 1/2021 MAR, however, physician's order is dated 4/9/21.</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>	<p>21 JUL 26 P3:18</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

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STATE OF HAWAII
DEPARTMENT OF HEALTH
STATE LIBRARY

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	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 - "Aspirin 81mg 1 tab orally daily" is discontinued on the MAR on 4/3/21, however, physician's order to discontinue is signed and dated 4/9/21.</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>	<p style="text-align: center;">21 JUL 26 P 3:18</p> <p style="text-align: center;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

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	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 – “Vit D3 cap 50mcg 1 cap orally daily” is listed on Admission orders dated 4/23/20. However, medication was not transcribed to MAR, not made available to resident.</p> <p>“Ascorbic Acid Vit C 500mg oral tablet by mouth daily” is included on the MAR for the months of 4/2020 to 12/2020, then from 2/2021 to current. No physician’s order available to justify medication absence from MAR for the month of 1/2021.</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> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p style="text-align: center;">21 JUL 26 P 3:19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 – “Vit D3 cap 50mcg 1 cap orally daily” is listed on Admission orders dated 4/23/20. However, medication was not transcribed to MAR, not made available to resident.</p> <p>“Ascorbic Acid Vit C 500mg oral tablet by mouth daily” is included on the MAR for the months of 4/2020 to 12/2020, then from 2/2021 to current. No physician’s order available to justify medication absence from MAR for the month of 1/2021.</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 style="text-align: center;">should called PCP to double check list of meds for the previous care-giver I have asked to double check "medications with" PCP upon admission to my check list</p>	<p style="text-align: right;">21 JUL 26 P 3:19</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 – Physician's order dated 4/9/21 for "Ensure 1-2 bottles a day & PRN" is not transcribed to MAR.</p> <p>Please provide copy of current MAR along with your plan of correction.</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 style="text-align: center; font-size: 2em;"><i>Ensure transcribed to MAR</i></p> <p style="text-align: right; font-size: 0.8em;">STATE OF HAWAII DCH-DRUG STATE LICENSING</p>	<p style="text-align: center; font-size: 1.5em;">21 JUL 26 P 3:19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 – Physician's order dated 4/9/21 for "Ensure 1-2 bottles a day & PRN" is not transcribed to MAR.</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 style="text-align: center;">I have obtain a medical appt checklist, this list includes what steps to take following a Dr. visit it also includes remember to add dietary supplements to MAR. I will check this check this following MD appt</p>	<p style="text-align: right;">21 JUL 26 P3:19</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p>FINDINGS Resident #1 – No record of physician medication renewal orders every 4 months.</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>	<p>21 JUL 26 P 3:19</p> <p>STATE OF HAWAII DGH-DHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-15 <u>Medications</u>. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 -- No record of physician medication renewal orders every 4 months.</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 style="text-align: center;">My new procedure going forward I have added an "expired date" to my MAR. I will update everytime the MD renew medications. I will see this daily and if will serve as a reminder to renew every 4 months.</p>	<p style="text-align: center;">21 JUL 26 P 3:19</p>

STATE OF HAWAII
 BOH-DHCA
 STATE LICENSING

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – “Cephalexin 250mg cap 1 C PO TID” included on 9/2020 MAR and initialed as given TID from 9/11 to 9/18, however, the hour is scratched out for second dose. Time when second dose was administered was not recorded.</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
	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – “Cephalexin 250mg cap 1 C PO TID” included on 9/2020 MAR and initialed as given TID from 9/11 to 9/18, however, the hour is scratched out for second dose. Time when second dose was administered was not recorded.</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 style="text-align: center;">My "medication appointment checklist" also includes a "MAR completion reminder. This will help me to remember all items that shld be transcribed to MAR</p>	<p style="text-align: center;">21 JUL 26 P3:19</p> <p style="text-align: center;">STATE OF HAWAII BOH-ONCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-15 <u>Medications</u>. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p>FINDINGS Resident #1 - Order for "Ensure 1-2 bottles a day & PRN" is not being initialed when given to resident.</p> <p>Please send copy of current MAR along with your plan of correction.</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 style="text-align: center;"><i>I have added Ensure to the MAR</i></p>	<p style="text-align: center;">21 JUL 26 P3:19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p>FINDINGS Resident #1 - Order for "Ensure 1-2 bottles a day & PRN" is not being initialed when given to resident.</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 style="text-align: center;"> <i>My medication appointment checklist also includes a "MAR completion reminder this will help me to remember all item that should be transcribe to MAR including initiating all medications when given</i> </p>	<p style="text-align: center;">21 JUL 26 P 3:19</p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 - Progress notes include little more than a list of physician's appointments and often do not contain the basic elements required in the Chapter rule. They do not include any appreciable description of resident's condition on the day or time of the note or caregiver's efforts to report changes.</p> <ul style="list-style-type: none"> • No notes describing who discontinued or why various medications were eliminated from the MAR or the context surrounding the changes. • No notes describing resident's response to the various medication changes. • No notes describing rationale for not giving Spironolactone from 4/26/20 to 4/30/20. • Per 8/24/20 phone note from Dr. Dang, he will "change furosemide from qd to prn". Phone note includes order, electronically signed by physician, to "D/C Lasix 20mg Tab 1 tablet orally daily". No PRN order included. No notes of care giver follow up with physician regarding order for PRN Furosemide. • No notes describing any action taken by care giver when residents Oxygen saturation was reading in the low 90's in 1/2021. <p>Continue on next page...</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
<p>Continue from previous page...</p> <ul style="list-style-type: none"> • No notes describing Amlodipine 5mg being held for low BP or any actions taken by care giver. • Resident's level of care was assessed to be Expanded on 3/20/21, however RN Case Management (CM) initial care plan is dated 4/3/21. Expanded Residents should have an interim care plan within 72 hours of assessment of Expanded level of care and a full care plan within 7 days. No notes describing circumstances causing delay in start of RN Case Management services. • RN CM assessment on 4/3/21 notes bruising and petechiae on resident's arm consistent with someone who is on a blood thinner, however, no care giver notes describing bruising or any action taken by care giver. • RN CM assessment dated 4/3/21 describes that resident is no longer able to bear weight ambulate or transfer without assistance, however, no care giver notes describing resident's decline or any actions taken by care giver throughout the process. • Insufficient information provided describing resident's decline in condition from ARCH level of care on 4/23/20 to Hospice on 2/10/21 followed by Expanded level of care on 3/20/21. • No notes describing why Hospice comfort kit is not currently being made available to resident. 	<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
	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p>FINDINGS Resident #1 - Progress notes include little more than a list of physician's appointments and often do not contain the basic elements required in the Chapter rule. They do not include any appreciable description of resident's condition on the day or time of the note or caregiver's efforts to report changes.</p> <ul style="list-style-type: none"> • No notes describing who discontinued or why various medications were eliminated from the MAR or the context surrounding the changes. • No notes describing resident's response to the various medication changes. • No notes describing rationale for not giving Spironolactone from 4/26/20 to 4/30/20. • Per 8/24/20 phone note from Dr. Dang, he will "change furosemide from qd to prn". Phone note includes order, electronically signed by physician, to "D/C Lasix 20mg Tab 1 tablet orally daily". No PRN order included. No notes of care giver follow up with physician regarding order for PRN Furosemide. • No notes describing any action taken by care giver when residents Oxygen saturation was reading in the low 90's in 1/2021. <p>Continue on next page...</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 style="text-align: center;"><i>I have obtained instructions for progress notes check, I will prefer for this list when drafting progress notes</i></p> <p style="text-align: right;">STATE OF HAWAII DOH-ODCA STATE LICENSING</p>	<p style="text-align: center;">21 JUL 26 P 3:19</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>Continue from previous page...</p> <ul style="list-style-type: none"> • No notes describing Amlodipine 5mg being held for low BP or any actions taken by care giver. • Resident's level of care was assessed to be Expanded on 3/20/21, however RN Case Management (CM) initial care plan is dated 4/3/21. Expanded Residents should have an interim care plan within 72 hours of assessment of Expanded level of care and a full care plan within 7 days. No notes describing circumstances causing delay in start of RN Case Management services. • RN CM assessment on 4/3/21 notes bruising and petechiae on resident's arm consistent with someone who is on a blood thinner, however, no care giver notes describing bruising or any action taken by care giver. • RN CM assessment dated 4/3/21 describes that resident is no longer able to bear weight ambulate or transfer without assistance, however, no care giver notes describing resident's decline or any actions taken by care giver throughout the process. • Insufficient information provided describing resident's decline in condition from ARCH level of care on 4/23/20 to Hospice on 2/10/21 followed by Expanded level of care on 3/20/21. • No notes describing why Hospice comfort kit is not currently being made available to resident. 		<p style="text-align: right;">21 JUL 26 P 3:19</p> <p style="text-align: right;">STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><u>FINDINGS</u> Resident #1 – Incomplete documentation of visits made by Physical Therapist and Bristol Hospice staff to resident.</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>	<p>21 JUL 26 P 3:19</p> <p>STATE OF HAWAII DOH - LIC STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><u>FINDINGS</u> Resident #1 – Incomplete documentation of visits made by Physical Therapist and Bristol Hospice staff to resident.</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 style="text-align: center;"><i>I have obtained instructions to create progress notes list I will refer to this list when writing progress notes.</i></p>	<p style="text-align: center;">21 JUL 26 P 3:19</p> <p style="text-align: center;">STATE OF RHODE ISLAND DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 - No Bristol Hospice care plan available for review. Admitted to hospice on 2/10/21.</p> <p>Please submit copy of care plan along with your plan of correction.</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 style="text-align: center; font-size: 1.5em;"><i>Careplan is obtain and its included in Patient binder</i></p>	<p style="text-align: center; font-size: 1.5em;">21 JUL 26 P 3:19</p> <p style="text-align: center; font-size: 0.8em;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 - No Bristol Hospice care plan available for review. Admitted to hospice on 2/10/21.</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 style="text-align: center;"><i>I have added hospice care plan for my admission check list. I will refer to this when a resident needs hospice services.</i></p>	<p style="text-align: right;">21 JUL 26 P 3:19</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF CORRECTIONS STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 - Emergency information incomplete and outdated.</p> <p>Please send copy of current Emergency information form along with your plan of correction.</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 style="text-align: center;"><i>completed in caregivers binder</i></p>	<p style="text-align: center;">21 JUL 26 P 3:19</p> <p style="text-align: center;"><small>STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES STATE OFFICE</small></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 - Emergency information incomplete and outdated.</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 style="text-align: center;"><i>I have obtain medical appl check list. This list includes updating emergency check list</i></p>	<p style="text-align: right;">21 JUL 26 P 3:19</p> <p style="text-align: right;">STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-23 <u>Physical environment.</u> (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><u>FINDINGS</u> Wire that requires untwisting in order to open gate being used to hold gate leading to area of refuge closed.</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 style="text-align: center;"><i>replaced the wire with a hook that's more easy to open</i></p>	<p style="text-align: center;">21 JUL 26 P3:19</p> <p style="text-align: center;">STATE OF HAWAII BOH-DHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-23 <u>Physical environment.</u> (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 Wire that requires untwisting in order to open gate being used to hold gate leading to area of refuge closed.</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 style="text-align: center;">My procedure going forward is to check the latch on the gate monthly during fire drills to ensure it is easy to open</p> <p style="text-align: right;">STATE OF HAWAII DOM-ORCA STATE LICENSING</p>	<p style="text-align: center;">21 JUL 26 P3:19</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) 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>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u> No single use paper towels (or something of similar infection control prevention) available in resident bathroom.</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 style="text-align: center;">Each person has their own hand towels with their names</p> <p style="text-align: right;">STATE OF HAWAII DOH-DHQA STATE LICENSING</p>	<p style="text-align: center;">21 JUL 26 P 3 20</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) 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>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u> No single use paper towels (or something of similar infection control prevention) available in resident bathroom.</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 style="text-align: center;">My new procedure is to change hand towels daily, my sign will remind me if hand towels need changing</p>	<p style="text-align: center;">21 JUL 26 P 3:20</p> <p style="text-align: center;">STATE OF HAWAII DCH-ONCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-87 <u>Personal care services.</u> (e) The primary care giver with the assistance of the case manager shall provide training to all substitute care givers and ensure that all services and interventions indicated in the expanded ARCH resident's care plan are provided to expanded ARCH residents by the substitute care giver.</p> <p>FINDINGS SCG#3 – No documented evidence of RN CM Delegation training.</p> <p>Please send copy of completed RN Delegation training for SCG#3 along with your plan of correction.</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 style="text-align: center;">RN CM delegation completed with SCG number 3</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>	<p style="text-align: center;">21 JUL 26 P 3:20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-87 <u>Personal care services.</u> (e) The primary care giver with the assistance of the case manager shall provide training to all substitute care givers and ensure that all services and interventions indicated in the expanded ARCH resident's care plan are provided to expanded ARCH residents by the substitute care giver.</p> <p><u>FINDINGS</u> SCG#3 – No documented evidence of RN CM Delegation training.</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 style="text-align: center;">I have obtain a caregiver certification tracking sheet that I will use help remember this list includes RN CM training as well all other included caregiver clearances I will use this sheet monthly</p>	<p style="text-align: center;">21 JUL 26 P 3 20</p>

STATE OF HAWAII
 DEPARTMENT OF HEALTH
 STATE ENGINEER

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<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 – Resident's level of care was assessed to be Expanded on 3/20/21, however RN CM initial care plan is dated 4/3/21. Expanded Residents should have an interim care plan within 72 hours of assessment of Expanded level of care and a full care plan within 7 days.</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> <p style="text-align: right;">STATE OF HAWAII DCH-DECA STATE LICENSING</p>	<p style="text-align: center;">21 JUL 26 P 3:20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<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 - Resident's level of care was assessed to be Expanded on 3/20/21, however RN CM initial care plan is dated 4/3/21. Expanded Residents should have an interim care plan within 72 hours of assessment of Expanded level of care and a full care plan within 7 days.</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 style="text-align: center;">I will obtain care checklist which includes all relevant time limits and CM duties, such as interim care plan 48 hrs full care plan within 7 days. I will refer to this when admitting an expanded Res or ARN resident because expanded</p>	<p style="text-align: right;">21 JUL 26 PM 20</p>

STATE OF HAWAII
 DEPARTMENT OF HEALTH
 STATE LICENSING

Licensee's/Administrator's Signature: *Editha L. Galacgac*
Print Name: Editha L. Galacgac
Date: 7/01/2021

Licensee's/Administrator's Signature: *Editha L. Galacgac*
Print Name: Editha L. Galacgac
Date: 7/26/21

21 JUL -6 P12:39
STATE OF MISSISSIPPI
OCT-09-2021
STATE LICENSING