Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Alfe II	**CHAPTER 100.1**
Address: **1214 Kukila Street, Honoluu, Hawaii 96818**	**Inspection Date: November 23, 2021 Annual**

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

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

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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** SCG #1,2 – Initial 2-step TB clearances unavailable for review. Submit a copy with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** 2nd Pkg received for A.N. & S.D. & its in the caregivers binder. (see attached)	2/16/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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** SCG #1,2 – Initial 2-step TB clearances unavailable for review. Submit a copy with plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent similar deficiency in the future, I have added into my caregiver checklist the annual T.B. clearances to be check every month noting which ones expires. A substitute caregiver is assigned to check that is done on a monthly basis.	2/16/22

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING

'22 FEB 23 A9:34

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-12 Emergency care of residents and disaster preparedness. (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH. **FINDINGS** First-aid kit contained the following medications: Neosporin ointment and Benadryl itch cream	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Removed neosporin ointment & benadryl itch cream from the newly opened first aid kit	11/23/21

'22 FEB 23 A9:35
STATE OF HAWAII
DOH-HCPA
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-12 Emergency care of residents and disaster preparedness. (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH. **FINDINGS** First-aid kit contained the following medications: Neosporin ointment and Benadryl itch cream	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent similar deficiency in the future, I have added extra my checklist to remove medicines from newly opened 1st aid kit. A substitute caregiver is assigned to check that is done.	11/23/21

STATE OF HAWAII
DEPARTMENT OF
STATE LIBRARIES

'22 FEB 23 A9:35

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus. **FINDINGS** Diet menu for Tuesday lunch states, "Water Pack Tuna Salad, Green Peas, Rom. Lett/Tomato slices, Banana, WW Bread, Skim Milk, Mayonnaise, Ice Tea, Water"; however, residents observed eating fried noodles, pork guisantes, rice, beef broccoli, cake, and a cup of water to drink.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	'22 FEB 23 A9:35 STATE OF HAWAII DEPT OF HEALTH STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus. **FINDINGS** Diet menu for Tuesday lunch states, "Water Pack Tuna Salad, Green Peas, Rom. Lett/Tomato slices, Banana, WW Bread, Skim Milk, Mayonnaise, Ice Tea, Water"; however, residents observed eating fried noodles, pork guisantes, rice, beef broccoli, cake, and a cup of water to drink.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent similar deficiency in the future, I have added into my careplans checklist to check daily the menu posted each week. A substitute caregiver will double check that the menu is being followed.	11/24/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (g) There shall be on the premises a minimum of three days' food supply, adequate to serve the number of individuals who reside at the ARCH or expanded ARCH. **FINDINGS** No evidence of a three day supply of food available. SCG #1 states the primary caregiver was planning to go grocery shopping on the day of inspection.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Groceries were brought into AFE II cachome from AFE I cachome where abundance of groceries are kept.	11/24/21

STATE OF HAWAII
DOH
STATE FACILITIES BRANCH

'22 FEB 23 A9:35

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (g) There shall be on the premises a minimum of three days' food supply, adequate to serve the number of individuals who reside at the ARCH or expanded ARCH. **FINDINGS** No evidence of a three day supply of food available. SCG #1 states the primary caregiver was planning to go grocery shopping on the day of inspection.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent similar deficiency in the future, I have added into my cushion checklist that food supply available for 3 days @ all time. A substitute caregiver is assigned to check that it does on a daily basis.	2/24/21

'22 FEB 23 A9:35
STATE OF HAWAII
DEPARTMENT OF
HUMAN SERVICES

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit. **FINDINGS** Resident #2,3 – Physician prescribed diet order, "regular chopped", for both residents. However, special diet menu for "regular chopped" unavailable for review.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Called dietician T.L. to revise menu. (see attached)	2/7/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit. **FINDINGS** Resident #2,3 – Physician prescribed diet order, "regular chopped", for both residents. However, special diet menu for "regular chopped" unavailable for review.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent similar deficiency in the future, I have added into my resident's checklist the diet orders. A substitute caregiver will double check the diet order & making sure that special menu is available. STATE OF HAWAII DOH-RHCA STATE LICENSING '22 FEB 23 A9:36	2/7/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms. **FINDINGS** Medication cabinet in kitchen found unlocked and unsecured	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Medication cabinet is locked & secure. STATE OF HAWAII DEPT OF HEALTH STATE LICENSING	11/24/21

'22 FEB 23 A9:36

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms. **FINDINGS** Medication cabinet in kitchen found unlocked and unsecured	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent similar deficiency in the future, I have added to my care home checklist that medication cabinet will be locked & secured after taking out resident's medicines from it. Caregiver will double check that the medication cabinet is locked & secured. STATE OF HAWAII DEPARTMENT OF STATE LICENSING	11/24/21

'22 FEB 23 A9:36

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(I)(i) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: 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; **FINDINGS** Resident #1,4 – Two residents deemed non-self-preserving by physician; however, at the beginning of inspection, only one responsible adult available in the home.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** (see attached)	11/24/21

STATE OF HAWAII
DOH/HSQ
STATE LICENSING

'22 FEB 23 A9:36

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(I)(i) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: 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; **FINDINGS** Resident #1,4 – Two residents deemed non-self-preserving by physician; however, at the beginning of inspection, only one responsible adult available in the home.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** 11/24/21 There was 1 non-self preserving resident during inspection, resident #1. Resident #4 is self-preserving. (see attached)	

STATE OF HAWAII
DEPT. OF COMMERCE
STATE LICENSING

22 FEB 23 A9:36

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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 #B – Pliable plastic pillow covers or pillows labeled with residents initials unavailable	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Labelled pliable plastic pillow covers w/ resident's initials.	11/24/21

'22 FEB 23 A9:36

STATE OF HAWAII
DEPARTMENT
STATE

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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 #B – Pliable plastic pillow covers or pillows labeled with residents initials unavailable	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent similar deficiency in the future, I have added to my care home checklist that plastic pillow covers will be labelled to resident's initials. A substitute caregiver is assigned to check that it's done.	11/24/21

22 FEB 23 A9:36
STATE OF HAWAII
DEPT. OF HEALTH
STATE LIBRARY

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (p)(5) Miscellaneous: Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system. **FINDINGS** Bedroom #D – Signaling device (bell) not working	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Signaling device replaced to bedroom #1 '22 FEB 23 A9:36 STATE DEPARTMENT OF HAWAII DAH-CBRA STATE LICENSING	12/1/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (p)(5) Miscellaneous: Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system. **FINDINGS** Bedroom #D – Signaling device (bell) not working	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent similar deficiency in the future. I have added into my checklist list to check for signaling device (bell). Caregiver will check daily that signaling device (bell) is working/functioning properly. STATE OF HAWAII DCCA STATE LICENSING '22 FEB 23 A9:36	12/1/2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-86 Fire safety. (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following: Fire drills shall be conducted and documented at least monthly under varied conditions and times of day; **FINDINGS** No evidence fire drills were performed at night between 4:05pm to 9:00am, between 11/2020-11/2021	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	22 FEB 23 A9:36

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-86 Fire safety. (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following: Fire drills shall be conducted and documented at least monthly under varied conditions and times of day; **FINDINGS** No evidence fire drills were performed at night between 4:05pm to 9:00am, between 11/2020-11/2021	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent similar deficiency in the future, I have added into my caution check list fire drill to be conducted at night too. Caregiver will be assigned to do fire drill between 4:05PM-9AM '22 FEB 23 A9:36 STATE OF HAWAII DOH-AFM STATE LICENSING	12/1/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-87 Personal care services. (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions. **FINDINGS** Resident #1 – No evidence the following services provided in the care plan (dated 6/9/21) were being followed between 6/9/21 to present: • "My sister will be checked every 2-3 hours during the day and every 3-4 hours at night for safety" • "My sister will be turned every 2 hours to prevent any skin injury. If there is any redness or rashes, her PCP will be notified immediately" • "My sister will have bed alarm to inform her caregivers when she is getting out of bed"	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Wrote services on the treatment sheet. (see attached)	11/24/21

'22 FEB 23 A9:36

STATE OF HAWAII
DEPARTMENT OF
STATE LABORATORIES

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-87 Personal care services. (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions. **FINDINGS** Resident #1 – No evidence the following services provided in the care plan (dated 6/9/21) were being followed between 6/9/21 to present: • "My sister will be checked every 2-3 hours during the day and every 3-4 hours at night for safety" • "My sister will be turned every 2 hours to prevent any skin injury. If there is any redness or rashes, her PCP will be notified immediately" • "My sister will have bed alarm to inform her caregivers when she is getting out of bed"	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent similar deficiency in the future, I have added both my Care manager's checklist daily charting of services per NCP is written on the treatment sheet. A substitute caregiver is assigned to check that is done on a daily basis.	11/24/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Develop an interim care plan for the expanded ARCH resident within forty-eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident; **FINDINGS** Resident #1 – Care plan dated 6/9/21 states, "Her side rails will be raised for her safety"; however, no evidence of a physician's order for use of side rails	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Case manager took a copy of side rail order @ her office visit 6/9/21. Case manager provided a copy. (see attached)	3/16/24

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING

22 FEB 23 A9:37

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Develop an interim care plan for the expanded ARCH resident within forty-eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident; **FINDINGS** Resident #1 – Care plan dated 6/9/21 states, "Her side rails will be raised for her safety"; however, no evidence of a physician's order for use of side rails	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent similar deficiency in the future, I have added to my caremanager's checklist to check for orders that caremanager received. Substitute caregiver to check & read caremanagers notes & DR's order prior to caremanager leaving.	3/16/22

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING

'22 FEB 23 A9:37

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (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: Review the care plan monthly, or sooner as appropriate; **FINDINGS** Resident #1 – No evidence care plan is being reviewed monthly by case manager between 6/9/21 to present	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Case Manager Write the date when ~~that~~ the NOP were reviewed. DHHR/OIT LEWS STATE OF NEW MEXICO '22 FEB 23 A9:37	2/16/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (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: Review the care plan monthly, or sooner as appropriate; **FINDINGS** Resident #1 – No evidence care plan is being reviewed monthly by case manager between 6/9/21 to present	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent similar deficiency in the future, I have added into my case manager checklist that NSP reviewed & dated each month. A substitute caregiver to check that NSP reviewed & dated prior to case manager leaving from her monthly visit. (See attached)	2/16/22

STATE OF HAWAII
BOARD OF
PHARMACY
RECEIVED
22 FEB 23 A9:37

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (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: 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; **FINDINGS** Resident #1 – No evidence wound care and wound dressing training was provided by case manager following development of bullous lesion on right heel on 9/22/21.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Case manager's office had a copy of wound delegation. (see attached)	9/22/21

STATE OF HAWAII
DEPT OF HEALTH
STATE LICENSING

22 FEB 23 A9:37

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (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: 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; **FINDINGS** Resident #1 – No evidence wound care and wound dressing training was provided by case manager following development of bullous lesion on right heel on 9/22/21.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** to prevent similar deficiency in the future, I have added into my case manager checklist that training & delegation or treatments/ medication form is in the chart prior to case manager leaving. Substitute caregiver to check that the training & delegation form is in the chart.	2/16/22

STATE OF HAWAII
DOH-OHCQ
STATE LICENSING

'22 FEB 23 A9:38

Licensee's/Administrator's Signature: Virginia A. Baptista

Print Name: VIRGINIA A. BAPTISTA

Date: 2/17/2022

'22 FEB 23 A9:38

STATE OF HAWAII
DCR-BVCS
STATE LICENSING