

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: Zen Residences LLC | CHAPTER 100.1 |
| Address: 98-343 Puahoku Place, Aiea, Hawaii 96701 | Inspection Date: February 1, 2022 Initial |

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

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

STATE OF HAWAII
DOH-CHCA
STATE LICENSING

22 MAR 30 PM 2:44

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <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 – Initial 2-step tuberculosis clearance unavailable for review. Submit a copy with plan of correction.</p> | <p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>SCG provided a copy from the DOH of her initial 2-step PPD test taken last 07/26/1996.</p> | <p>02/02/22</p> |

STATE OF HAWAII
DOH-DECA
STATE LICENSING

22 MAR -4 P3:17

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| <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 – Initial 2-step tuberculosis clearance unavailable for review. Submit a copy with plan of correction.</p> | <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG will create a facesheet that will tabulate annual staff requirements and expiration. PCG to check monthly.</p> | <p>03/25/22</p> |

STATE OF HAWAII
DOH-CRCS
STATE HISTORICAL

22 MAR 30 PM 2:44

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-13 <u>Nutrition.</u> (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.</p> <p>FINDINGS Resident #1 – Physician diet order dated 9/17/21 states, “cubed solids, thing liquids”; however, special diet menu for cubed diet unavailable. Submit a copy with plan of correction.</p> | <p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Corrected and made a special diet menu for cubed diet.</p> <p>Note: Resident #1 expired and discharged on 02/18/22</p> | 02/15/22 |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-13 <u>Nutrition</u>. (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.</p> <p><u>FINDINGS</u> Resident #1 – Physician diet order dated 9/17/21 states, “cubed solids, thing liquids”; however, special diet menu for cubed diet unavailable. Submit a copy with plan of correction.</p> | <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this from recurring, on our Admission Assessment record, I added a check box [] for diet order and another check box [] for the special menu to be displayed in the kitchen if needed. PCG to check monthly.</p> | <p>03/25/22</p> |

STATE OF ILLINOIS
DH-CHCA
STATE LICENSE

22 MAR 30 PM 44

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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications</u>, (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.</p> <p><u>FINDINGS</u> Resident #1 - Medication bottles do not contain labels:</p> <ul style="list-style-type: none"> • Senna 8.6mg • Centrum Silver multivitamin | <p align="center">PART 1</p> <p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Used address stickers to label over-the-counter medications.</p> | <p align="center">02/10/22</p> <p align="right">22 MAR -4 P3:17 STATE OF HAWAII DCH-CHCA STATE LICENSING</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (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.</p> <p><u>FINDINGS</u> Resident #1 - Medication bottles do not contain labels:</p> <ul style="list-style-type: none"> • Senna 8.6mg • Centrum Silver multivitamin | <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>Memo placed on medicine storage to remind PCG to use address stickers to label over-the-counter pills.</p> | <p>02/10/22</p> <p>STATE OF HAWAII DOH-DROA STATE LICENSING</p> |

22 MAR -4 P3:18

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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Medication stored in unlocked and unsecured closet</p> | <p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Inservice given to staff to remind them to keep the door closed at all times.</p> | <p>02/05/22</p> <p>22 MAR -4 P 3:18</p> <p>STATE OF HAWAII DOH-PHCA STATE LICENSING</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Medication stored in unlocked and unsecured closet</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>Memo placed in front of the medicine closet to keep the door closed at all times. PCG looking for alternative device with autolock.</p> | <p>02/05/22</p> <p>22 MAR -4 P 3:18</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSE</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (j) Medication shall be offered only to the resident for whom it is ordered.</p> <p><u>FINDINGS</u> Resident #1 - A Ziploc containing Bisacodyl 10mg rectal suppositories found in resident's medication box, however, physician's order for medication unavailable.</p> | <p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Took out the Bisacodyl rectal suppositories from the medication box.</p> | 02/02/22 |

STATE OF MA
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SMILE LICENSING

22 MAR -4 3:18

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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications</u>, (j) Medication shall be offered only to the resident for whom it is ordered.</p> <p><u>FINDINGS</u> Resident #1 - A Ziploc containing Bisacodyl 10mg rectal suppositories found in resident's medication box, however, physician's order for medication unavailable.</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 recurring, we added a clipboard with a flow chart for the PCG or SCG to sign when checking medications weekly. Clipboard will be hang inside medication closet.</p> | <p>03/25/22</p> <p>STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p>22 MAR 30 PM 2:44</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (a)(8) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A current inventory of money and valuables.</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence an inventory of possessions and valuables were performed upon admission. Submit a copy with plan of correction.</p> | <p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>SCG counted and recorded possessions and valuables of the resident.</p> | <p>02/02/22</p> <p>22 MAR -4 P 3:18</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (a)(8) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A current inventory of money and valuables.</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence an inventory of possessions and valuables were performed upon admission. Submit a copy with plan of correction.</p> | <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Inservice given to staff to remind of the recording of the possessions and valuables of residents upon admission. PCG added notes to the admission packet.</p> | <p>02/02/22</p> <p>22 MAR -4 P 3:18</p> <p>STATE OF HAWAII DOR-ORCA STATE LICENSING</p> |

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| <input checked="" type="checkbox"/> | <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 note entry on 9/19/21 states, “open area on abdomen & left heel, on admission” and case manager’s admission assessment on 9/19/21 states, “Multiple wounds: generalized wounds from facility. Stage 2 coccyx. Skin tears to bilat. arms & legs & feet. Home health ordered: OT, PT, Wound Care”; however, no evidence of documentation on treatment and progress of wounds.</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>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #1 – Progress note entry on 9/19/21 states, “open area on abdomen & left heel, on admission” and case manager’s admission assessment on 9/19/21 states, “Multiple wounds: generalized wounds from facility. Stage 2 coccyx. Skin tears to bilat. arms & legs & feet. Home health ordered: OT, PT, Wound Care”; however, no documented evidence PT, OT, and Wound care were provided by an outside agency.</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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STATE OF HAWAII
DOR-CHCA
STATE LICENSING

22 MAR 30 PM 12:44

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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> Resident #1 – Resident not documented on resident register</p> | <p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Resident added on the carehome register.</p> | <p>02/02/22</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSE #</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> Resident #1 – Resident not documented on resident register</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>Added notes to admission packet to remind PCG to document newly admitted resident on the register.</p> | <p>02/02/22</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p> |

22 MAR -4 P 3:18

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| <input checked="" type="checkbox"/> | <p>§11-100.1-83 <u>Personnel and staffing requirements, (5)</u> In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p>FINDINGS PCG & SCGs #1-3 – No documented evidence of 12 hours of continuing education per year</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> | |

STATE OF HAWAII
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| <input checked="" type="checkbox"/> | <p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p>FINDINGS PCG & SCGs #1-3 – No documented evidence of 12 hours of continuing education per year</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>PCG added to calendar future in-service for the year. Also requested CNA school for future availability.</p> | <p>02/15/22</p> <p>STATE OF HAWAII DOH/HOHA STATE LICENSING</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-87 <u>Personal care services.</u> (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.</p> <p>FINDINGS Resident #1 – Care plan dated 9/19/21 states, "Bring patient to the bathroom every 2 hours during the day and allow patient at least 10 minutes to sit on toilet"; however, no documented evidence toileting schedule is being provided.</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>22 MAR -4 P3:18</p> <p>STATE OF HAWAII DOH-DHCA STATE LICENSING</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-87 <u>Personal care services.</u> (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.</p> <p>FINDINGS Resident #1 – Care plan dated 9/19/21 states, "Bring patient to the bathroom every 2 hours during the day and allow patient at least 10 minutes to sit on toilet"; however, no documented evidence toileting schedule is being provided.</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>Item in question was removed. Resident #1 unable to use bathroom. Discussed citation with the RN Case Manager. RNCM added a chart for toileting schedule in the Case Management tab/folder for future resident.</p> <p>Note: Resident #1 expired and discharged on 02/18/22</p> | <p>02/15/22</p> <div style="text-align: right;"> <p>22 MAR -4 P 3:18</p> <p>STATE OF HAWAII DOH-DHCA STATE Licensure</p> </div> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-87 <u>Personal care services.</u> (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.</p> <p>FINDINGS Resident #1 – Care plan dated 9/19/21 states, "Take patient's blood pressure 2 time(s) daily (before food/meals or medications); however, no documented evidence blood pressure monitoring is being performed.</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>22 MAR -4 P3:18</p> <p>STATE OF HAWAII DOH-DHCA STATE LICENSING</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-87 <u>Personal care services.</u> (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.</p> <p>FINDINGS Resident #1 – Care plan dated 9/19/21 states, “Take patient's blood pressure 2 time(s) daily (before food/meals or medications); however, no documented evidence blood pressure monitoring is being performed.</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>A separate folder for blood pressure record is made available for easy recording.</p> <p>Note: Resident #1 expired and discharged on 02/18/22</p> | <p>02/02/22</p> <p style="text-align: right; transform: rotate(-90deg);">STATE OF HAWAII DOH-CHCA STATE LICENSING</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 – No documented evidence a comprehensive assessment was performed by the resident's case manager prior to admission into the care home</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>22 MAR 4 P3:19</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</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 – No documented evidence a comprehensive assessment was performed by the resident's case manager prior to admission into the care home</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>On the Level of Care form under Level of Care Assessment, I added a check box that RN Case Manager will be notified to do a pre-assesment for expanded residents. This way, PCG will be reminded to inform RN Case Manager to submit her documentation.</p> | <p>03/25/22</p> <p>STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p>22 MAR 30 PM 2:41</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 – Progress note entry on 9/19/21 states, "open area on abdomen & left heel, on admission" and case manager's admission assessment on 9/19/21 states, "Multiple wounds: generalized wounds from facility. Stage 2 coccyx. Skin tears to bilat. arms & legs & feet..."; however, wounds not addressed in care plan.</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>Arranged a meeting with RN Case Manager. RNCM added on care plan #4 ("Skin") and wrote follow MD orders.</p> <p>Note: Resident #1 expired and discharged on 02/18/22</p> | <p>02/15/22</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);"> STATE OF HAWAII DOH-ORCA STATE LICENSING </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 – Progress note entry on 9/19/21 states, “open area on abdomen & left heel, on admission” and case manager’s admission assessment on 9/19/21 states, “Multiple wounds: generalized wounds from facility. Stage 2 coccyx. Skin tears to bilat. arms & legs & feet...”; however, wounds not addressed in care plan.</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 ensure that the case manager's service plan reflects the resident's condition, we have added a check box [] on our monthly assessment, that we've collaborated in reviewing the care plan monthly. Adding this will remind PCG to review the care plan closely and as needed.</p> | <p>03/25/22</p> <p>STATE OF HAWAII DOR-ORCA STATE LICENSING</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>FINDINGS Resident #1 – No documented evidence the resident's care plan was reviewed monthly by the case manager since 9/19/21.</p> | <p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Arranged a meeting with RN Case Manager. RNCM added a check box of the assessment form that says, "All nursing care plans have been reviewed".</p> <p>Note: Resident #1 expired and discharged on 02/18/22</p> | <p>02/15/22</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p> |

22 MAR -4 P3:19

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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 – No documented evidence the resident's care plan was reviewed monthly by the case manager since 9/19/21.</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>RN Case Manager and PCG will add to "routine list" monthly review of the careplan.</p> | <p>02/15/22</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p> |

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| <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 – Progress note entry on 9/19/21 states, “open area on abdomen & left heel, on admission” and case manager’s admission assessment on 9/19/21 states, “Multiple wounds: generalized wounds from facility. Stage 2 coccyx. Skin tears to bilat. arms & legs & feet...”; however, no documented evidence training provided on wounds and pressure ulcers by case manager to caregivers.</p> | <p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Training completed with RN Case Manager and issued certificates to all staff.</p> | <p>02/15/22</p> <p>STATE OF HAWAII DHE-CHCA STATE LICENSING</p> |

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| <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 – Progress note entry on 9/19/21 states, “open area on abdomen & left heel, on admission” and case manager’s admission assessment on 9/19/21 states, “Multiple wounds: generalized wounds from facility. Stage 2 coccyx. Skin tears to bilat. arms & legs & feet...”; however, no documented evidence training provided on wounds and pressure ulcers by case manager to caregivers.</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 ensure that PCG and SCG are given a proper training when a resident is at risk for skin issues, the PCG will initiate a Skin Integrity Report. If ARCH, I will notify MD and family. If Expanded, I will notify RN Case Manager and add a check box for training provided and care plan started.</p> | <p>03/25/22</p> <p>22 MAR 30 PM 2:44</p> <p>STATE OF MARYLAND DCH-OMCA STATE LICENSING</p> |

Licensee's/Administrator's Signature: 

Print Name: Jarrah Jurani

Date: 02/28/22

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DOH-CHCA
STATE LICENSING

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Licensee's/Administrator's Signature:  _____

Print Name: Jarrah Jurani

Date: 03/25/22

STATE OF HAWAII
DOH-ORCA
STATE LICENSING

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