

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: J & R EARCH	CHAPTER 100.1
Address: 2317 Awapuhi Street, Hilo, Hawaii 96720	Inspection Date: March 2, 2022 – 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.

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MAY 06 2022

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-10 Admission policies. (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it. FINDINGS Resident #1 – re-admitted 11-09-21, no level of care (LOC) assessment. <u>This is a repeat deficiency from your 2021 initial inspection.</u>	<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>EVALUATION Level of care assessment was carried from The resident's PCP.</i></p>	<p style="text-align: center;">3/7/22</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-10 Admission policies. (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it. FINDINGS Resident #1 – re-admitted 11-09-21, no level of care (LOC) assessment. <u>This is a repeat deficiency from your 2021 initial inspection.</u>	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>TO PREVENT THIS DEFICIENCY OF FUTURE OCCURRING FROM RE-CURRING, I WILL MAKE A FOLDER THAT CONTAINS ALL THE FORMS THAT WILL NEED TO BE COMPLETED BY THE COUNTY TO BE RE-ADMITTED TO THE RESIDENT'S PCP. BEFORE ADMISSION, I WILL USE THESE COMPLETED FORMS WHICH I WILL REVIEW TO MAKE SURE THAT IT'S BEING FILLED OUT. TO HELP ME TO REMEMBER ALL THESE, I WILL ^{MAKE} A REMINDER WITH A CONTOUR A LIST OF ALL FORMS NEEDED BEFORE ADMISSION. I WILL KEEP THIS REMINDER ON THE FRONT WITH PAGES OF MY BINDER FOR ME TO USE ANYTIME I WILL DO ANOTHER ADMISSION. RE-ADMIT.</p>	

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MAY 06 2022

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 – diet order read, “regular pureed honey thick.” No four (4) week menu.</p>	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I HAVE PREPARED 4 FOUR WEEKLY MENUS FOR RESIDENT PUREED DIET.</i></p>	<p style="text-align: center;"><i>3/6/22</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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 Resident #1 – diet order read, “regular pureed honey thick.” No four (4) week menu.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>IN THE FUTURE WHEN I HAVE A CONSULTATION WITH SPECIAL DIET ORDER, FIRST I WILL USE WHATEVER RESOURCES I HAVE AVAILABLE TO ME, ASK AS DEPT. OF HEALTH NUTRITIONIST FOR SOME ADVICE IN PLANNING & CARRYING MY SPECIAL DIET MENU FOR MY RESIDENTS. I COULD ALSO ASK THE RESIDENTS PCP FOR REFERRAL TO A DIET SPECIALIST FOR PLANNING THE RESIDENT'S DIET. THIS SPECIAL DIET MENU WILL BE MADE AS SOON AS THE RESIDENT'S PCP ORDERS THE DIET.</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies. FINDINGS Toxic chemicals placed in an unlocked plastic bin. <u>This is a repeat deficiency from your 2021 initial inspection.</u>	<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>PUTTED THE PRODUCT ON THE PLASTIC BURNING NEW, THAT HOUR WE THE TOXIC CHEMICALS.</i></p>	<p style="text-align: center;">2/2/22</p>

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 MAR 22 2022

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-14 <u>Food sanitation.</u> (F) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies. FINDINGS Toxic chemicals placed in an unlocked plastic bin. <u>This is a repeat deficiency from your 2021 initial inspection.</u>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>TO PREVENT THIS DEFICIENCY FROM RE-OCCURRING, I HAVE PLACED A NOTE ON THE COVER OF THE CONTAINER, TO REMIND ME TO SECURE THE CONTAINER WITH A PADLOCK IMMEDIATELY AFTER REPACKING ALL CHEMICALS BACK IN THE CONTAINER. ALL TOXIC CHEMICALS WILL BE PLACED BACK IN THE CONTAINER IMMEDIATELY AFTER EACH USE.</i></p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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. <u>FINDINGS</u> Unlocked kitchen drawer contained an oral inhaler. <u>This is a repeat deficiency from your 2021 initial inspection.</u>	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY <i>DISASSEMBLED THE MEDICINABLE THAT WAS IN THE DRAWER</i>	3/2/22

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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 Unlocked kitchen drawer contained an oral inhaler. <u>This is a repeat deficiency from your 2021 initial inspection.</u>	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>TO PREVENT THIS DEFICIENCY FROM RE-CURRING AGAIN, I WILL MAKE SURE TO TAKE ALL PRESCRIBED MEDICATIONS, AND OTHER MEDICATIONS IN A LOCK CONTAINER, & CABINET, AND IT WILL BE LOCKED AT ALL TIMES AFTER ACCESS TO HELP ME REMEMBER, I MADE A NOTE TO HAVE ALL MEDICATIONS LOCKED AWAY, FOOTSTOCK THIS LISTED DEFICIENCY AFTER USE. THIS DEFICIENCY ALONG WITH MY OTHER DEFICIENCIES, WILL BE LISTED & DONE, AND I WILL KEEP IT IN MY BINDER WHICH I WILL REVIEW EVERY 60 MONTHS, TO MAKE SURE THAT THEY ARE BEING FOLLOWED.</i></p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. FINDINGS Resident #1 – physician order and November 2021 medication record read, “Hydralazine HCL 50 mg ½ tab (25 mg) three times a day Hold if SBP <150” However, medication administered as follows: <ul style="list-style-type: none"> • 11/13/21 0800 BP 170/96 – medication Held • 11/13/21 1500 BP & HR <u>crossed out</u> – medication initiated as administered. • 11/14/21 2300 BP <u>108/82</u> – medication initiated as administered. 	PART 1 Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>TO PREVENT THIS DEFICIENCY FROM RE-CURRING, GOING FORWARD, I WILL TAKE BETTER PRECAUTIONS WHENEVER I AM CHARGING THE RESIDENTS' CARE. I WILL MAKE SURE TO CHECK & ADMINISTER MEDS PROPERLY, IN THIS CASE, PAY MORE ATTENTION TO THE BP READINGS AND ADMINISTER OR HOLD MEDS ACCORDINGLY. TO HELP ME REMEMBER, I MADE A NOTE TO REMIND ME TO PAY MORE ATTENTION TO BP READINGS OF THE RESIDENTS, AND ADMINISTER MEDS ACCORDINGLY. THIS NOTE I WILL KEEP WITH CURRENT MR FOLDER FOR THE RESIDENTS.</i></p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications: (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. FINDINGS Resident #1 – physician order dated 12-13-21 and 12-28-21 read, “Nifedipine 30 mg take 1 tablet by mouth daily.” However, medication was not listed on the December 2021 – March 2022 medication record.	<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><i>Called the residents PCP to check their record, regarding this medication. According to their record, this medication was not been re-prescribed since it was held by the hospital from use because. The med was not prescribed by Dr. Davidson. The reason the Nifedipine 30mg tablet was showing on the above visit summary with Dr. Davidson, is because the medication was listed in the med list they received when they first started seeing her. Currently, the case manager contacted Dr. Davidson's office regarding this med before, to have them update their record to show that this med has been held, which they said they have, but for some reason, it still shows as active otherwise they edit the summary</i></p>	<p style="text-align: center;"><i>3/8/22</i></p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. FINDINGS Resident #1 – “Quetiapine 50 mg 1 tab by mouth daily” and “Quetiapine 50 mg 2 tabs by mouth at bedtime” November 2021 medication record initiated as administered beginning 11-10-21. However, no physician order obtained until 11-17-21.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <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. FINDINGS Resident #1 – “Quetiapine 50 mg 1 tab by mouth daily” and “Quetiapine 50 mg 2 tabs by mouth at bedtime” November 2021 medication record initialed as administered beginning 11-10-21. However, no physician order obtained until 11-17-21.	<p style="text-align: center;">PLAN OF CORRECTION PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>TO PREVENT THIS DEFICIENCY FROM RE-OCCURRING IN THE FUTURE, I WILL MAKE SURE TO OBTAIN A DR'S ORDER FOR ANY MEDICATION CHANGES, (DOSAGE CHANGES) IN THIS CASE. I WILL HAVE THE ORDER NOTED ON THE DR'S ORDER FORM, MARK IT AS TO. FOR TELEPHONE ORDER, ^{DATE} DATE MARK IT AS TO. FOR TELEPHONE ORDER, ^{DATE} DATE IT, AND HAVE THE PHYSICIAN SIGN IT, OR HAVE THE DR SIGN IT ON THE ABOVE VISIT SUMMARY. FOR REMINDER PURPOSES, I WILL LIST THIS PARTICULAR DEFICIENCY USED ALONG WITH THE OTHER LIST OF DEFICIENCIES, WHICH I WILL KEEP IN MY BUDDER FOR REVIEW AT LEAST ONCE A MONTH.</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (f) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications. FINDINGS Resident #1 – medication bin contained expired “Tylenol Liquid gel caps 02/22” <u>This is a repeat deficiency from your 2021 initial inspection.</u>	<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>DISCARDED THE EXPIRED MEDICATIONS.</i></p>	<p style="text-align: center;"><i>3/2/22</i></p>

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<input checked="" type="checkbox"/> §11-100.1-15 Medications. (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications. FINDINGS Resident #1 – medication bin contained expired “Tylenol Liquid gel caps 02/22” <u>This is a repeat deficiency from your 2021 initial inspection.</u>	<p style="text-align: center;">PART 2 FUTURE PLAN</p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>TO PREVENT THIS FROM RECURRING, I TRAP & HOLD ON ALL THE RESIDENTS' CONTAINERS & MEDS CONTAINERS, TO REMIND ME TO CHECK MEDS FOR EXPIRATION DTS, AND TO DISCARD ANY MEDS THAT'S EXPIRED. I WILL CHECK FOR EXPIRATION DTS ONCE A MONTH, AND TAKE ACTIONS ACCORDINGLY.</i></p>	

RULES (CRITERIA)	PLAN OF CORRECTION PART 1	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: Documentation of primary care giver's assessment of resident upon admission; FINDINGS Resident #1 – re-admitted on 11-09-21, no admission assessment. <u>This is a repeat deficiency from your 2021 initial inspection.</u>	<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>Filed out a admission/re-admission form # ASSESSMENT FORM FOR THE RESIDENT.</i></p>	<p style="text-align: center;"><i>3/10/22</i></p>

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<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: Documentation of primary care giver's assessment of resident upon admission; <u>FINDINGS</u> Resident #1 -- re-admitted on 11-09-21, no admission assessment. <u>This is a repeat deficiency from your 2021 initial inspection.</u>	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In order to prevent this deficiency from re-occurring, I will make sure to fill out ALL ADMISSION / RE-ADMISSION ASSESSMENT FORM, ANY TIME I AM ADMITTING AND RE-ADMITTING & ENSURE. AND TO HELP ME TO REEVALUATE TO FILL OUT THE FORM, I WILL MAKE A NOTE TO ATTACH TO MY ADMISSION / RE-ADMISSION CHECK LIST.</i></p>	

RULES (CRITERIA)	PLAN OF CORRECTION PART 1	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (a)(3) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: Documentation of date of referral and admission, referral agency with address and telephone number, place or source from which admitted, physician, APRN, dentist, ophthalmologist, optometrist, psychiatrist, and all other medical or social service professionals who are currently treating the resident, next of kin, legal guardian, surrogate or other legally responsible agency; FINDINGS Resident #1 – admitted on 11-09-21, resident emergency information sheet – incomplete as current medications not listed. <u>This is a repeat deficiency from your 2021 initial inspection.</u>	<p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Also on the back page of the resident emergency information sheet.</i></p>	<p style="text-align: center;"><i>3/10/22</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (a)(3) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: Documentation of date of referral and admission, referral agency with address and telephone number, place or source from which admitted, physician, APRN, dentist, ophthalmologist, optometrist, psychiatrist, and all other medical or social service professionals who are currently treating the resident, next of kin, legal guardian, surrogate or other legally responsible agency; FINDINGS Resident #1 – admitted on 11-09-21, resident emergency information sheet – incomplete as current medications not listed. <u>This is a repeat deficiency from your 2021 initial inspection.</u>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>IN ORDER TO PREVENT THIS DEFICIENCY FROM RE- OCCURRING, I WILL MAKE A COPY OF ALL THE FORMS NEEDED TO BE FILED BEFORE AND ON THE DAY OF ADMISSION. I WILL MAKE SURE THAT THE SECOND PAGE OF THE THESE CONSIDER THE AGENCY INFORMATION SHEET AS INCLUDED WITH ALL THE FORMS. I WILL KEEP THESE FORMS IN A FOLDER, ALONG WITH MY ADMISSION/ RE-ADMISSION CHECKLIST, WHICH I WILL USE FOR REFERENCE, DURING MY NEXT ADMISSION/ RE-ADMISSION.</i></p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (a)(6) 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: Physician or APRN signed orders for diet, medications, and treatments; <u>FINDINGS</u> Resident #1 – re-admitted on 11-09-21 with a diet order – regular pureed honey thickened, no order for thickening agent.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY <i>OBTAINED A THICK-IT (THICKENING AGENT) ORDER FROM THE RESIDENT'S REP.</i>	3/9/22

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<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (a)(6) 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: Physician or APRN signed orders for diet, medications, and treatments; <u>FINDINGS</u> Resident #1 – re-admitted on 11-09-21 with a diet order – regular pureed honey thickened, no order for thickening agent.	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>TO PREVENT THIS DEFICIENCY FROM RE-CURRING, I WILL MAKE A NOTE TO REMIND ME THAT WHENEVER THERE IS ANY CHANGE IN THE RESIDENT'S DIET AND MEDICATIONS, AN ORDER MUST BE OBTAINED FROM THE RESIDENT'S PCP. AS A REMINDER, I WILL ADD THIS DEFICIENCY IN MY LIST OF DEFICIENCIES, WHICH I WILL USE AS AID & POINT TO GO OVER THE RESIDENT'S BUDDERS, TO MAKE SURE THAT EVERYTHING HAS IN RECORDANCE OF WITH CHARTER FOR LOGS AND REGULATIONS</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; FINDINGS Resident #1 – monthly progress notes for November 2021 – February 2022 did not indicate a response to diet and was not signed/dated by caregiver.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/> §11-100.1-17 Records and reports: (b)(3) During residence, records shall include: 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; FINDINGS Resident #1 – December 2021 monthly progress note did not indicate reason for administering/response to medication – “Bisacodyl 10 mg 1 suppository rectally as needed for constipation.”	<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>Filled out the progress monthly progress notes, updated notes to indicate the reason, and the outcome for administering the Bisacodyl 10mg suppository.</i></p>	<p style="text-align: center;"><i>3/10/22</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> \$11-100.1-17 Records and reports, (b)(3) During residence, records shall include: 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; FINDINGS Resident #1 – December 2021 monthly progress note did not indicate reason for administering/response to medication – “Bisacodyl 10 mg 1 suppository rectally as needed for constipation.”	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>TO PREVENT THIS DEFICIENCY FROM RE-CURRING, I HAVE CREATED A FORM TO LOG BE RECORD THE REASON, & THE OUTCOME FOR AD- MINISTERING ANY PILL MEDICATIONS. I WILL HAVE ^{A COPY OF} THIS FORM WITH ME ATTACHED TO THE CURRENT PROGRESS NOTE, SO THAT I WILL BE ABLE TO FILL OUT THE REASON & OUTCOME OF PILL MEDS AFTER GIVING IT TO THE RESIDENT. AT THE END OF THE, I WILL FILE THIS FORM WITH THE MONTHS FILE, IN THE RESIDENT'S BINDER.</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary. FINDINGS Resident #1 – no incident report for hospitalization of 11-04-21 – 11-09-21.	<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><i>AN INCIDENT REPORT WAS ACTUALLY PREPARED OR FILED OUT FOR THIS DATE, BUT IT WAS FILED UNDER THE WRONG TAB OF THE RESIDENTS BINDER, TO CORRECT THIS DEFICIENCY, I REMOVED THE INCIDENT REPORT FROM THE RESIDENTS BINDER, AND FILED IT IN MY CARE - HOME OPERATOR BINDER, UNDER THE RESIDENTS BINDER TAB.</i></p>	<p style="text-align: center;"><i>3/4/22</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary. FINDINGS Resident #1 – no incident report for hospitalization of 11-04-21 – 11-09-21.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>TO PREVENT THIS DEFICIENCY FROM RE-CURRING, I WILL MAKE SURE TO FILL OUT THE INCIDENT REPORT FOR ANY ABUOCHAN INCIDENT HAPPENING WITH THE RESIDENT, ON THE SAME DAY. AND TO HELP ME TO REMEMBER, JUST IN CASE I AM NOT ABLE TO FILL THE INCIDENT REPORT RIGHT AWAY, I WILL WRITE A NOTE ON A STICKY NOTE, TO REMIND ME TO FILL OUT THIS INCIDENT REPORT. I WILL PLACE THE STICKY NOTE REMINDER ON THE FOLDER WHICH CONTAINS THE CAREPLAN ^{NOTE} FOR THE RESIDENT, SO THAT I WILL EASILY SEE IT WHEN I PREPARE THE RESIDENTS NEEDS.</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment</u> (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; <u>FINDINGS</u> Resident #1 – re-admitted on 11-09-21, no self-preservation statement.	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>PT A NEW SELF - PRESERVATION STATEMENT WAS OBTAINED FROM THE RESIDENT'S PEP.</i></p>	<p style="text-align: center;">3/10/22</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (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; <u>FINDINGS</u> Resident #1 – re-admitted on 11-09-21, no self-preservation statement.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? TO PREVENT THIS DEFICIENCY FROM RE-CURRING, I WILL MAKE SURE THAT A SELF-PRESERVATION STATEMENT IS FILLED OUT BY THE RESIDENT'S POP, OR THE HOSPITAL DR. HE SHOULD RE-EVALUATE EVERY TIME HE'S IN A HOSPITAL, BEFORE ADMITTING / RE-ADMITTING THE RESIDENT TO MY CARE. HOME. AND TO HELP ME REMEMBER, I HAVE A CHECKLIST OF THE FORMS, AND COPIES OF EACH FORMS WHICH I KEEP IN A BINDER, TO USE EVERY TIME I DO AN ADMIT & RES. ADMIT.	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-83 Personnel and staffing requirements: (1) In addition to the requirements in subchapter 2 and 3: A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan; FINDINGS Resident #1 – diet order upon re-admission – “regular pureed honey thick.” However, no care giver training provided by the case manager to provide pureed diet and thickened liquids. <u>This is a repeat deficiency from your 2021 initial inspection.</u>	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>TRAINING ON HOW TO PREPARE THICKEN FLUID, & HOW TO PREPARE PUREED FOOD WAS OBTAINED FROM THE CASE MANAGER.</i></p>	<p style="text-align: center;"><i>3/3/22</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-83 Personnel and staffing requirements. (1) In addition to the requirements in subchapter 2 and 3: A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan; <u>FINDINGS</u> Resident #1 – diet order upon re-admission – “regular pureed honey thick.” However, no care giver training provided by the case manager to provide pureed diet and thickened liquids. <u>This is a repeat deficiency from your 2021 initial inspection.</u>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>TO PREVENT THIS DEFICIENCY FROM OCCURRING, I WILL MAKE SURE TO OBTAIN TRAINING FROM THE CASE MANAGER ON HOW TO PREPARE PUREED DIET, AND HOW TO PREPARE THICKENED LIQUID FOR MY RESIDENTS THAT PREVENTS THIS TYPE OF DIET ORDER. THE TRAINING WILL BE DOCUMENTED AND FILED IN THE RESIDENT'S BUDDIE. AND TO HELP ME REMEMBER, I WILL HAVE A COPY OF THIS DEFICIENCY FILED WITH MY STATE DEFICIENCIES, WHICH I WILL USE TO GO OVER PERIODICALLY, UNTIL TO HELP ME MAKE SURE THAT I AM DOING THINGS CORRECTLY.</i></p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-84 Admission requirements: (b)(3) Upon admission of a resident, the expanded ARCH licensee shall have the following information: Evidence of compliance with the department's uniform tuberculosis policy; FINDINGS Resident #1 – re-admitted on 11-09-21, two (2) step tuberculosis (TB) skin test administered on 04-08-20 and 04-15-20 did not indicate the date of reading. No current TB skin test.	<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> <i>WHEN I CONTACTED THE RESIDENT'S PCP FOR A TB CLEARANCE FOR THE RESIDENT, SHE CONFIRMED THAT THE RESIDENT HAD A HISTORY OF POSITIVE SKIN TEST. SO SHE GENERALLY A CHEST X-RAY FOR TB CLEARANCE FOR THE RESIDENT, WHICH WAS COMPLETED ON MARCH 17, 2022.</i> </p>	<i>3/17/22</i>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-84 Admission requirements. (b)(3) Upon admission of a resident, the expanded ARCH licensee shall have the following information: Evidence of compliance with the department's uniform tuberculosis policy; <u>FINDINGS</u> Resident #1 – re-admitted on 11-09-21, two (2) step tuberculosis (TB) skin test administered on 04-08-20 and 04-15-20 did not indicate the date of reading. No current TB skin test.	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? <i>IN THE FUTURE, TO PREVENT THIS FROM HAPPENING AGAIN, I WILL MAKE SURE THAT A TB CLEARANCE FOR THE RESIDENT IS OBTAINED BEFORE ADMISSION/RE-ADMISSION. I WILL MAKE SURE THAT THE TB CLEARANCE SHOWS THE DATE THAT THE TESTING WAS ADMINISTERED, AND THE DATE THAT TWO AS TESTS, AND THE RESULT OF THE TEST. TO HELP ME REMEMBER, I WILL MAKE A NOTE THAT I WILL CHECK TO MAKE SURE MY CALENDAR OF THE THINGS THAT I NEED BEFORE ADMISSION. THIS DATE WILL BE THE DATE THAT I WILL RE-EVALUATE ON THE FEELINGS AND MAKE SURE THEY ARE ALL FIXED.</i></p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 Case management qualifications and services. (c)(4) 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: Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions; FINDINGS Resident #1 – no care plan for aspiration precautions for resident on pureed diet with honey thickened liquids.	<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>Aspiration precautions has been added to the resident's care plan, by the case manager.</i></p>	<p style="text-align: center;"><i>3/5/22</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 Case management qualifications and services. (c)(4) 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: Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions; FINDINGS Resident #1 – no care plan for aspiration precautions for resident on pureed diet with honey thickened liquids.	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>TO PREVENT THIS DEFICIENCY FROM RE-occurring, I WILL MAKE SURE TO GO OVER WITH THE CASE MANAGER TO MAKE SURE ^{THAT} ANY NEW CHANGES IN THE RESIDENT'S ^{HEALTH} ENVIRONMENT ^{CONDITIONS} AND DIET, IS ORDERED BY THE RESIDENT'S REP, WILL BE COVERED IN THE RESIDENT'S CARE PLAN, PREPARED BY THE CASE MANAGER. AND I WILL REMINDER TO MYSELF, I WILL LIST THIS DEFICIENCY IN MY LIST OF PREVIOUS DEFICIENCIES, FOR MY REFERENCE & REVIEW.</i></p>	

Licensee's/Administrator's Signature:

Sergio Carr

Print Name:

Sergio Carr

Date: *3/12/2022*

Licensee's/Administrator's Signature:

[Handwritten Signature]

Print Name: Sergio ABR

Date: 4/12/22

RECEIVED

APR 9 0 2022

Licensee's/Administrator's Signature:

Rebel

Print Name:

SERGIO ABRA

Date:

5/6/22