STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Address: 94-407 Kahualena Street, Waipahu, Hawaii 96797	Facility's Name: Ronidel Care Home CHAPT
Inspection Date: May 4, 2021 Initial	CHAPTER 100.1

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

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

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								,	#1 and HM #2 - No current physical examination. Submit a copy for each with the plan of correction (POC).	FINDINGS Substitute care giver (SCG) #2, household member (HM)	to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.	to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior	§11-100.1-9 Personnel, staffing and family requirements. (a)	RULES (CRITERIA)
2	IVIE FICEKSIHE			give her yet a physical exem	she said her doctor cannot	submit hur physical tran but	tor & CG + 7, ill asked her to	in the binder.	for HM # 1 and HM # 2 and plouded	I obtained the Physical Examination	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	DID YOU CORRECT THE DEFICIENCY?	PART 1	PLAN OF CORRECTION
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	FINDINGS Substitute care giver (SCG) #2, household member (HM) #1 and HM #2 - No current physical examination. Submit a copy for each with the plan of correction (POC).	evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.	(a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented	RULES (CRITERIA)
	substitute # 2 10 no larger working for me:	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	PART I DID YOU CORRECT THE DEFICIENCY?	PLAN OF CORRECTION
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	\$11-100.1-9 (a) All individu to residents: evidence that to their first and thereaft certify that t FINDINGS Substitute cand HM #2. copy for each	
	\$11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. FINDINGS Substitute care giver (SCG) #2, household member (HM) #1 and HM #2 - No current physical examination. Submit a copy for each with the plan of correction (POC).	RULES (CRITERIA)
review the spread sheet for expiration dates two martine be- fore expiration. I will expirate be- scot or lange had number to update the PE, TE clearance. I will get a copy of for my title.	EUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I will he a spread sheet to keep trade of expiration dates for PE, the clearance. Fleron month I will to clearance.	PLAN OF CORRECTION
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		§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 #2 - No current screening for symptoms consistent with pulmonary tuberculosis (TB). Submit a copy with the POC.	RULES (CRITERIA)
จะ ราช เล่น เล่น เล่น เล่น เล่น เล่น เล่น เล่น	STATE LIC	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY T OBTAINED MY SCATT WHEN TELL THE DEFICIENCY TEST And planed in the binder.	PLAN OF CORRECTION
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	FINDINGS SCG #2 - No current screening for symptoms consistent with pulmonary tuberculosis (TB). Submit a copy with the POC.	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.	\ \ \ \ \ \ \ \ \ \ \ \ \	RULES (CRITERIA)
truck of expiration dates for the theory would enember to used for expiration the school for expiration the decrease. I will get a copy for my tite. The decrease I will get a copy for my tite. The decrease I will get a copy to the the the the the the the school was a copy to my tite.	PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	FUTURE PLAN FUTURE PLAN	PART 2	PLAN OF CORRECTION
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\boxtimes	§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b)	PART 1
	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.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU
	FINDINGS HM#1 and HM #2 - No current TB clearance. Submit a	.,,,,,,,,,
	copy for each with the POC.	I obtained the TB cleanance for my 8120121
		HM # 2 and placed in the binder.
		but HM #1 cannot get a TD clear
		rance yet because this taking the
		covid vaccine. He aid the 1st
		NOSC [ASt 7/7/21 - and dose on
		View the nation put they marked
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		to the take all loc complete the
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						FINDINGS HM#1 and HM #2 - No current TB clearance. Submit a copy for each with the POC.	evidence of an initial and annual tuberculosis clearance.	All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented	\$11-100.1-9 Personnel, staffing and family requirements.	RULES (CRITERIA)
A TRATE OF HEWEN A CHO-HOO A CHO-HOO BHICH SOIL STATE	get a copy to to my binder.	soch or horsefuld member to up-	sheet for expiration dates two months	of expiration dates for PE, TB clearance	I will use a spread sheet to beep truck		USE THIS SPACE TO EXPLAIN YOUR FUTURE	FUTURE PLAN	PART 2	PLAN OF CORRECTION
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		FINDINGS SCG #1, SCG #2 and SCG #3 - No documentation that the primary care giver (PCG) trained SCGs to make prescribed medication available to residents and properly record such action. Submit a copy for each with the POC.	Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.	§11-100.1-9 <u>Personnel. staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:	RULES (CRITERIA)
F HAWAII OHCA GENSING	J HATE	t obtained the training to SCG#1, SCG#2, and SCG#3 regarding the prescribed medication to resi-	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	PART 1 DID YOU CORRECT THE DEFICIENCY?	PLAN OF CORRECTION
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	FINDINGS SCG #1, SCG #2 and SCG #3 - No documentation that the primary care giver (PCG) trained SCGs to make prescribed medication available to residents and properly record such action. Submit a copy for each with the POC.	less than four hours shall: Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.	§11-100.1-9 Personnel, staffing and family requirements. (e)(4) The substitute care giver who provides coverage for a period	RULES (CRITERIA)
14 H	I will use a SCG training dud- list to keep track of all the training documents needed for SCG.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	FUTURE PLAN	PLAN OF CORRECTION
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							No regular pureed consistency menus.	FINDINGS	periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.	\[\setminus \square\] \\ \text{Menus shall be written at least one week in advance, revised} \]	RULES (CRITERIA)
OI O	I JEATS			diviny area for residents:	and placed to latemen and	t obtained the pured news	CORRECTED THE DEFICIENCY		DID YOU CORRECT THE DEFICIENCY?	PART 1	PLAN OF CORRECTION
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		\$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 No regular pureed consistency menus. FINDINGS No regular pureed consistency menus.	RULES (CRITERIA)
	114244 50 37478 A OHO-HQU SHIGH 301 37A78	EUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? Prior to or at the time of admission timil water is special aircl need to make a special aircl name. I will wontact the OHCA Nutritionist it need help.	PLAN OF CORRECTION
(A STATE OF HAMAII	\(\frac{\times}{\times}\)	Completion Date

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			Raid Ant & Roach spray was unsecured under the wet bar sink.	FINDINGS Pine-Sol was unsecured under the bathroom sink.	§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.	RULES (CRITERIA)
II AWAII JOHCA JUGE STING	STATE	of Raid and i known stray,	I removed right away the inspectan	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	PART 1 DID YOU CORRECT THE DEFICIENCY?	PLAN OF CORRECTION
	JUL IS"		5/3/21			Completion Date

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	\$11-100.1-14 Food sanitation. (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 Pine-Sol was unsecured under the bathroom sink. Raid Ant & Roach spray was unsecured under the wet bar sink.	RULES (CRITERIA)
STATE DE HAWAII BOH-BHCA STATE LICEHBING	EUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? Treined my SCG to check the carbinat witho the poison it its braked. It abinat is braked in the poison pass the carbinat is braked when pass the carbinat.	PLAN OF CORRECTION
St. E.G. ES BUS 15.	<u>∞</u> 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Completion Date

	\$11-100.1-15 Medications (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. FINDINGS The medication cabinet was unlocked during the inspection.	RULES (CRITERIA)
14 0m/s	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY T put a incheed to medication carbon after inspection.	PLAN OF CORRECTION
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		\$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. FINDINGS The medication cabinet was unlocked during the inspection.	RULES (CRITERIA)
	STATE OF HEWALL A OHO-OD STATE LICENSING	EUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? Transl my SCG to dreck the cabinet with the medication if its borbed. The PCG will check if cabinet is borbed when pass the cabinet. Totherd when pass the cabinet.	PLAN OF CORRECTION
91		\$\frac{\pi}{2}	Completion Date

	was not consistent with observations in the progress notes for April 2021.		Documentation of primary care giver's assessment of resident upon admission;	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:	RULES (CRITERIA)
17	Complete in admission assessment. It changes occur i will goon the progress in the progress in the disconstitution of aumission assessment.		USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	FUTURE PLAN	PLAN OF CORRECTION
91: 8		8 23 21			Completion Date

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		§11-100.1-17 Records and reports. (a)(4) 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: A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies; FINDINGS Resident #1 - No report of recent hospitalization prior to readmission on 4/19/21.	RULES (CRITERIA)
BHISH	1 40 31AT 2 HQ-HQO 301 J 3TAT 2	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY T obtained - the hospitalization Fre cord of kesident #1 and placed to resident binder.	PLAN OF CORRECTION
	ZI JUL IS.	7/12/2	Completion Date

	\$11-100.1-17 Records and reports. (a)(4) 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: A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies; FINDINGS Resident #1 - No report of recent hospitalization prior to readmission on 4/19/21.	RULES (CRITERIA)
HAWAH TO FIATS A SHO-HOO BHISHESIL STATS	EUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? Frior to admission or realmission I will use two admission that which all the admission of the chief to make sure I with all the admission documents.	PLAN OF CORRECTION
31: E 9 ES JUA IS'	<u>8</u> 23 21	Completion Date

			 					\boxtimes	
					FINDINGS Resident #1 - No physician order to crush medication.	Physician or APRN signed orders for diet, medications, and treatments;	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:	§11-100.1-17 <u>Records and reports.</u> (a)(6) The licensee or primary care giver shall maintain individual	RULES (CRITERIA)
34184 44.4 11.44.4	H 10 JIAT2 190-406 STATE STATE	,	# 1 and placed to resident binder.	to crowsh medication for Regident	t obtained the physician order	CORRECTED THE DEFICIENCY	DID YOU CORRECT THE DEFICIENCY?	PART 1	PLAN OF CORRECTION
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		FINDINGS Resident #1 - No physician order to crush medication.	Physician or APRN signed orders for diet, medications, and treatments;	§11-100.1-17 Records and reports. (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.	RULES (CRITERIA)
21 0k	STATE OF HAM STATE LICENS A STATE LI	I will make sure to home a ply- sician order to crush medication	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	PART 2 <u>FUTURE PLAN</u>	PLAN OF CORRECTION
e e	d 21 JUL 1S'	4/21/3			Completion Date

	§11-100.1-17 Records and reports. (a)(7) 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: Height and weight measurements taken; FINDINGS Resident #1 - No admission weight taken and recorded.	RULES (CRITERIA)
114%/11 37.8 8 4 3 4 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY I received training from the RN CM to measure arm cir cumperence as an alternative to monthly whight.	PLAN OF CORRECTION
31: E.9 ES JUA IS.	8 23 2	Completion Date

		FINDINGS No smoke detector check for April 2021.	§11-100.1-23 Physical environment. (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.	RULES (CRITERIA)
24 24	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.		PART 1	PLAN OF CORRECTION
£2:19	RIJUL IS.			Completion Date

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		FINDINGS No smoke detector check for April 2021.	§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.	RULES (CRITERIA)
の特別がは 子内で	t will use a monthly checklist for remind myself to do the monthly smale detectors check i fire drills.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	PART 2 <u>FUTURE PLAN</u>	PLAN OF CORRECTION
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	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 - No PCG and SCG training for aspiration precautions.	RULES (CRITERIA)
SHICHEN STATE OF HAWAII SHIPS AND STATE LIKERSHIPS STATE	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY RN de legation was done for PCG and SCG for aspiration precautions.	PLAN OF CORRECTION
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	\$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 - No PCG and SCG training for aspiration precautions.	RULES (CRITERIA)
AIAI E ELECTRICA	EUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I will read the care plan if there's quial care or services to do then for the PCG SCG. I will have her for the PCG SCG. I will have her clothernal the training.	PLAN OF CORRECTION
31: E.G. ES DUA IS. IAWAH TO TATE OCH HAWAII ACHO-HOU STATE SHRENSBLJ STATE	8 23 2	Completion Date

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			FINDINGS Resident #1 - No documentation of pneumococcal immunization.	Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.	§11-100.1-84 <u>Admission requirements</u> . (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:	RULES (CRITERIA)
A STATE LICERSING	to decrease immune system me his under horrice services.	tun and she said it's not re-	I asked the RN of Islands Hos-	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	PART 1 DID YOU CORRECT THE DEFICIENCY?	PLAN OF CORRECTION
I 9 21 JUL IS. HAWAH 70 3TAT? A3HO-HDQ			12/14/17			Completion Date

	\$11-100.1-84 Upon admissic shall have the Evidence of cuinfluenza as replan addressin FINDINGS Resident #1 - immunization.	
	Admission requirements. (b)(4) on of a resident, the expanded ARCH licensee following information: Irrent immunizations for pneumococcal and commended by the ACIP; and a written care g resident problems and needs. No documentation of pneumococcal	RULES (CRITERIA)
STATE OF HAWAII BOH-OHCA STATE LICENSING	EUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	PLAN OF CORRECTION
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	§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 Fire drill was not conducted for April 2021.	RULES (CRITERIA)
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STATE OF HAWAII		Completion Date

	§11-100.1-86 <u>Fire safety.</u> (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 Fire drill was not conducted for April 2021.	RULES (CRITERIA)
HAWAN TO STATE ACHO-HDO SHIRNSOLL STATE	EUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I Will USE a monthly due diest for fire du juself for du flu monthly fire du'ills, souble detcfors che de. Che de.	PLAN OF CORRECTION
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		(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: 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; FINDINGS Resident #1 - No comprehensive assessment by the RN case manager of the resident prior to readmission on 4/19/21.	RULES (CRITERIA)
))	1AWAH ግዐ	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY To be tained the comprehensive assessment to PN case invariger for resident readmission.	PLAN OF CORRECTION
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			FINDINGS Resident #1 - No comprehensive assessment by the RN case manager of the resident prior to readmission on 4/19/21.	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;	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:	§11-100.1-88 Case management qualifications and services. (c)(1)	RULES (CRITERIA)
#### 10 3TAT & A 3H0-H00 & A 3H0-H00 & BH18H331J 3FAT & BH18H3J & BH18H	manager it she donesn't give their the comprehensive assess-	is necessary " permit the case	will use a case namely strength of the all-	TI DOESN'T HAPPEN AGAIN?	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE THAT WILL YOU DO TO ENSURE THAT	PART 2	PLAN OF CORRECTION
	17.			8[23[2]			Completion Date

		FINDINGS Resident #1 - No interim care plan developed within forty eight hours of readmission on 4/19/21.	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 outcomes for the expanded ARCH resident, measurable goals and outcomes 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;	(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:	§11-100.1-88 Case management qualifications and services.	RULES (CRITERIA)
34 34	STATE LICE! Boh-ohd Boh-ohd		Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.		PART 1	PLAN OF CORRECTION
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	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 - No interim care plan developed within forty eight hours of readmission on 4/19/21.	\$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 spirithal rehabilitative needs of the	RULES (CRITERIA)
STATE OF MENTALLIS STATE BOH-GHCA STATE LICENSHIG	the rate sure I have all the ad- mission documents and if trai- miny is necessary. I will remind the case manager to give me a interior care plan within forty eight hours.	PART 2 EUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? PYIOF TO EXAMISSION OF PERSONNELL TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? PYIOF TO EXAMISSION OF CRUME TO A CASE MANAGER OF CRUME TO A CASE	PLAN OF CORRECTION
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Resident #1 - No care plan within seven days of readmission on 4/19/21.	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 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;	RULES (CRITERIA)
этате	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY **Exer days of realmissions of realmissions* of resident # 1.	PLAN OF CORRECTION
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	the care plan within seven	FINDINGS
	the citi mininger to give me	required to perform interventions or services required by the expanded ARCH resident;
	runy is recessory. I will romed	procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons
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\$\frac{1}{2}	IT DOESN'T HAPPEN AGAIN?	Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the
	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT	physician or APRN. The case manager shall:
	FUTURE PLAN	Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or
	PART 2	§11-100.1-88 Case management qualifications and services. (c)(2)
Completion Date	PLAN OF CORRECTION	RULES (CRITERIA)

Licensee's/Administrator's Signature:_ Print Name: MILAGIOUS

MARRIANIES

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Licensee's/Administrator's Signature:

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