

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: AJS Care Home	CHAPTER 100.1
Address: 16-1566 Keaau-Pahoa Road, Keaau, Hawaii 96749	Inspection Date: May 4, 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.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p>FINDINGS Substitute care giver (SCG) #1 - one (1) step tuberculosis (TB) skin test completed 04-28-22. No second TB skin test.</p>	<p>PART I</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Obtained a 2 step TB test for SCG #1. Placed copy of 2 step TB test in Care Home Binder.</p>	05/19/2022

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Substitute care giver (SCG) #1 – one (1) step tuberculosis (TB) skin test completed 04-28-22. No second TB skin test.</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>I will make a list for all the requirements needed for the SCG to work in the ARCH. The list will be kept in the ARCH binder to refer to when hiring a new SCG. I will provide the SCG of a list of requirements to have. The requirements will be checked & added to ARCH binder prior to the SCG being hired.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> SCG #1 - no care giver training to administer medications provided by the primary care giver (PCG).</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>Caregiver training provided to SCG. Documented training on SCG training log and added to Care Home binder.</p>	05/06/2022

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> SCG #1 – no care giver training to administer medications provided by the primary care giver (PCG).</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>I will make a list for all the requirements needed for the SCG to work in the ARCH. The list will be kept in the ARCH binder to refer to when hiring a new SCG. I will provide the SCG of a list of requirements to have. The training will be conducted & checked off prior to the SCG was working alone at the ARCH.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>, (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> No documented menu substitutions.</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>Menu substitutions documented on "Menu Substitution Calendar" and placed near weekly menus.</p>	<p>05/05/22</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u> (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> No documented menu substitutions.</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>Moving forward, will keep a separate "Menu Substitutions Calendar" next to weekly menus to promptly document menu substitutions as needed.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§ 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.</p> <p>FINDINGS Resident #1 - prescription label "Carvedilol 12.5 mg tab" contained handwritten blood pressure parameters and sharpie markings written by the PCG.</p>	<p>PART I</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>§11-100.1-15 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.</p> <p>FINDINGS Resident #1 - prescription label "Carvedilol 12.5 mg tab" contained handwritten blood pressure parameters and sharpie markings written by the PCG.</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>Will not write on medication labels. If reminders need to be written, will write on a separate post-it note or tab and tape to cap of medication bottle or anywhere that will not tamper with medication prescription label.</p>	05/05/2022

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§ 11-100.1-15 <u>Medications</u>, (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS Resident #1 – April and May 2022 medication record and prescription label read:</p> <ul style="list-style-type: none"> ▪ "Farxiga 10 mg tab Take 1 tablet by mouth every morning." <p>However, no APRN/physician order.</p>	<p>PART I</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Received written APRN order for Farxiga 10 mg tab - take 1 tablet by mouth every morning and signed by APRN. Placed new order in resident's binder.</p>	<p>05/12/2022</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-103.1-15 <u>Medications</u>. (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – April and May 2022 medication record and prescription label read:</p> <ul style="list-style-type: none"> "Farxiga 10 mg tab Take 1 tablet by mouth every morning." <p>However, no APRN/physician order.</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>Will update MAR and physician's orders during every doctor's visit and have APRN sign new orders. Will place these orders in resident's binder.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – March – May 2022 medication record and prescription bottle label read, "Losartan 50 1 tablet by mouth daily." However, no APRN/physician order.</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>Received APRN's order for Losartan 50 mg 1 tablet by mouth daily. Placed new order in resident's binder.</p>	05/12/2022

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – March – May 2022 medication record and prescription bottle label read, "Losartan 50 1 tablet by mouth daily." However, no APRN/physician order.</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>Will ensure to update MAR and physician's orders during every doctor's visit and have APRN sign new orders. Will place these new orders in resident's binder.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 - APRN order dated 04-29-22 read: "Decrease Carvedilol 12.5 mg PO BID." However, medication order was not updated on the April 2022 medication record.</p>	<p>PART I</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>§11-100.1-15 Medications. (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS Resident #1 – APRN order dated 04-29-22 read, "Decrease Carvedilol 12.5 mg PO BID;" However, medication order was not updated on the April 2022 medication record.</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>Will update MAR immediately at time of medication changes. Will request APRN to discontinue current order and request a new order that will reflect the changes. Will make sure APRN signs new orders and place it in the MAR and resident's binder.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS Resident #1 – APRN order dated 03-10-22 read, "Start Allegra 60 mg daily for allergic rhinitis." However, medication was not listed on the March 2022 medication record. Per PCG, medication was not available; however, no documentation of correspondence with APRN regarding actions taken to obtain medication.</p>	<p>PART I</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>§11-100.1-15 <u>Medications</u>, (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – APRN order dated 03-10-22 read, "Start Allegra 60 mg daily for allergic rhinitis." However, medication was not listed on the March 2022 medication record. Per PCC, medication was not available; however, no documentation of correspondence with APRN regarding actions taken to obtain medication.</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>Will add new medication orders to MAR regardless if medication is not available through pharmacy. Will contact pharmacy and PCP to see other options available in receiving medications, will document updates regarding medication in progress notes.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS Resident #1 - APRN order dated 03-10-22 read, "D/C Amlodipine." However, March 2022 medication record read, "Amlodipine Besylate 5 mg take 1 tab daily" discontinued on 03-10-22, then initialed as administered 03-18-22 - 03-31-22."</p>	<p>PART I</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>§11-100.1-15 <u>Medications</u>, (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – APRN order dated 03-10-22 read, "D/C Amlodipine." However, March 2022 medication record read, "Amlodipine Besylate 5 mg take 1 tab daily" discontinued on 03-10-22, then initialed as administered 03-18-22 – 03-31-22."</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>Will update MAR immediately if medication changes occur. Should a medication be discontinued, will write "discontinued" on D/C date and cross out the medication from the MAR to prevent from accidentally initialing as administered.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 – APRN order dated 04-29-22 read:</p> <ul style="list-style-type: none"> ▪ “Start Eliquis 2.5 mg po BID” ▪ “Levothyroxine increase to 137 mcg po before breakfast daily.” <p>However, medication orders were not listed on the April 2022 medication record.</p>	<p>PART I</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>§11-100.1-15 <u>Medications</u>, (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 - APRN order dated 04-29-22 read:</p> <ul style="list-style-type: none"> • "Start Eliquis 2.5 mg po BID" • "Levothyroxine increase to 137 mcg po before breakfast daily." <p>However, medication orders were not listed on the April 2022 medication record.</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>After receiving a new order from the PCP, will request that the new order is signed. Will place the new orders in the resident's binder under the Physician's/APRN's Orders. Will add new order to designated blank space in MAR with the start date and complete order. If new order is received in the middle of the month, will cross out the days prior to receiving new order to avoid confusion.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 - APRN order dated 03-10-22 read: <ul style="list-style-type: none"> • "Start Robitussin DM 10 ml PO Q6H PRN for cough." However, medication was not listed on the March 2022 medication record.</p>	<p>PART I</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.J-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 – APRN order dated 03-10-22 read: <ul style="list-style-type: none"> • “Start Robitussin DM 10 ml PO Q6H PRN for cough.” However, medication was not listed on the March 2022 medication record.</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>After receiving a new order from the PCP, will request that the new order is signed. Will place the new orders in the resident's binder under the Physician's/APRN's Orders. Will add new order to designated blank space in MAR with the start date and complete order. If new order is received in the middle of the month, will cross out the days prior to receiving new order to avoid confusion.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initiated by the care giver.</p> <p><u>FINDINGS</u> Resident #1 - APRN order dated 03-01-22 read: • "Start Lisinopril 25 mg PO daily." However, March 2022 medication record was not initiated as administered 03-01-22 - 03-10-22 as administered.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 - APRN order dated 03-01-22 read: <ul style="list-style-type: none"> "Start Losartan 25 mg PO daily." However, March 2022 medication record was not initialed as administered 03-01-22 - 03-10-22 as administered.</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>Resident's MAR will be kept in the resident's medication drawer as a reference while preparing medications. Will initial each medication as they are dispensed from the container and prior to administering to resident.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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;</p> <p>Physician or APRN signed orders for diet, medications, and treatments;</p> <p><u>FINDINGS</u> Resident #1 -- admitted on 02-25-22, medication orders were not signed by a physician/APRN.</p>	<p>PART I</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 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:</p> <p>Physician or APRN signed orders for diet, medications, and treatments;</p> <p>FINDINGS Resident #1 - admitted on 02-25-22, medication orders were not signed by a physician/APRN.</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>Prior to resident being discharged from institution (hospital or long term care, rehab) will provide discharge planning team a list of documents that need to be signed and completed by physician. When receiving resident, will double check documents to ensure they are signed before leaving institution. Documents will be added into resident's binder.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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>FINDINGS Resident #1 – APRN order dated 04-01-22 read: <ul style="list-style-type: none"> ▪ “Freestyle Libre 14 day sensor monitor glucose twice a day.” However, May 2022 medication record reflected monitoring device was not available since May 1, 2022. No blood sugar monitoring documented since.</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>Reordered and picked up prescription from pharmacy. Administered to resident upon receiving prescription. Documented blood sugars in MAR.</p>	<p>05/05/2022</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports, (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered:</p> <p>FINDINGS Resident #1: APRN order dated 04-01-22 read: <ul style="list-style-type: none"> "Freestyle Libre 14 day sensor monitor glucose twice a day." However, May 2022 medication record reflected monitoring device was not available since May 1, 2022. No blood sugar monitoring documented since.</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>Will reorder prescriptions ahead of time to ensure they are available for pickup prior to running out. If prescription is unavailable or out of stock at pharmacy, will contact pharmacy and APRN to find other alternative (e.g. pick up from another pharmacy). Will document these occurrences in progress notes.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry:</p> <p><u>FINDINGS</u> Resident #1 - March - May 2022 medication record documented in red pen.</p>	<p>PART I</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. (FRT)</u> General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry:</p> <p><u>FINDINGS</u> Resident #1 - March - May 2022 medication record documented in red pen.</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>Will not use colored pen to document in MAR. Moving forward, will only document in black ink.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (a)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p>FINDINGS Resident #1 - March - May 2022 medication record - correction tape used.</p>	<p>PART I</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><u>§ 11-100.1-17 Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u> Resident #1 March – May 2022 medication record – correction tape used.</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>Will not use correction tape in MAR. If mistakes in documentation occur, will strike out and initial mistake and write correction near the mistake.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§ 11-100.1-23 <u>Physical environment</u>, (g)(3)(C) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system;</p> <p><u>FINDINGS</u> No monthly smoke detector checks for January, February and April 2022.</p>	<p>PART I</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u>, (g)(3)(G) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system.</p> <p>FINDINGS No monthly smoke detector checks for January, February and April 2022.</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>Will set reminder on calendar to perform monthly smoke detector checks on the first day of each month to ensure that the smoke detectors are check regularly and functioning appropriately.</p>	

Licensee's/Administrator's Signature: Angelica Salom
Print Name: Angelica Salom
Date: 05/22/22

RECEIVED

JUN 14 2022

Licensee's/Administrator's Signature: Angelica Salom
Print Name: Angelica Salom
Date: 06/22/2022

Licensee's/Administrator's Signature: Angelica Salom

Print Name: Angelica Salom

Date: 08/01/22