

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Anne-Drew's Gentle	CHAPTER 100.1
Address: 94-921 Kahuailani Street, Waipahu, Hawaii 96797	Inspection Date: September 6, 2022

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

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

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STATE LICENSING SECTION

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Response to daily and as needed medications in monthly progress notes unavailable for review.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p><i>Please see attached a sample copy of my plan for this deficiency.</i></p>	<p>9/7/22</p>

22 SEP 28 19:55

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Response to daily and as needed medications in monthly progress notes unavailable for review.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>My plan on how I will remember to document the resident's response to daily medications in the monthly progress notes, I will include into my daily TO DO LIST or TO DO Reminders that I created to remind myself with bold colored red writing "to document the resident's response to daily medication in the monthly progress notes". keep it on the front cover of the Medication Record Binder.</i></p> <ul style="list-style-type: none"> * Use a notepad on my cell phone or computer and type in my daily TO DO LIST / Reminders * Send myself reminders or alerts * App for remembering important things like: Tick Tick - app that has everything from calendar reminders to everyday reminders done with amazing alerts so that I won't forget. 	<p style="text-align: right;">10/12/22</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p>FINDINGS Resident #1 – Care plan dated 3/28/22, 4/12/22, 5/4/22, 6/13/22, 7/7/22, and 8/9/22 states, “Caregiver to check client’s diaper every 2 waking hours and as needed (for urine/bowels)”); however, no documented evidence this task was being performed timely, as indicated.</p> <p>22 SEP 28 19:33 STATE OF W. VA. DEPARTMENT OF STATE LICENSING</p>	<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> <p style="text-align: center;"><i>Please see attached a sample copy of my plan for this deficiency.</i></p>	<p style="text-align: center;"><i>9/7/22</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 Personal care services. (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p><u>FINDINGS</u> Resident #1 – Care plan dated 3/28/22, 4/12/22, 5/4/22, 6/13/22, 7/7/22, and 8/9/22 states, “Caregiver to check client’s diaper every 2 waking hours and as needed (for urine/bowels)”; however, no documented evidence this task was being performed timely, as indicated.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>To ensure that the Timed Toileting is documented and being performed timely, I will make a daily Timed Toileting Flow Sheet Record like other daily ADL's flow sheet, MAR, & V/S Record. I will make sure all care givers will initial every after client's diaper checks & Toileting as indicated.</i></p>	<p style="text-align: center;"><i>9/7/22</i></p>

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STATE OF CONNECTICUT
 DEPARTMENT OF
 SOCIAL SERVICES

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 Case management qualifications and services. (c)(2)</p> <p>Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty-eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p>FINDINGS</p> <p>Resident #1 – Current care plan dated 8/9/22 includes hypertension as an identified problem with goals and interventions; however, no documented evidence from physician that resident has hypertension.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>I read the resident's medical history again and medication history. After I reviewed the history, I called my Case Manager and informed about the findings. After about a hour my Case Manager called back and instructed care giver that she will correct the mistakes on her next visit monthly visit for this month.</i></p>	<p style="text-align: center;"><i>9/15/22</i></p>

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Licensee's/Administrator's Signature: Mary Jeanne G. Orato, RLC

Print Name: Mary Jeanne G. Orato

Date: 9/17/2022

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STATE OF CALIFORNIA
DEPARTMENT OF
STATE LICENSING

Licensee's/Administrator's Signature: Mary Jeanne Drats

Print Name: Mary Jeanne Drats

Date: 10/28/22
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STATE OF ILLINOIS
DEPT. OF STATE
STATE LICENSING
22 OCT 14 P4:00