

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b>  Raza Adult Residential Care Home – Expanded Care	<b>CHAPTER 100.1</b>
<b>Address:</b>  61 Kehaulani Street, Hilo, Hawaii 96720	<b>Inspection Date: June 22, 2022 – Annual</b>

**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.**

**RECEIVED**  
SEP 26 2022

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> \$11-100.1-3 Licensing. (b)(1)(I) Application. In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:  Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;  <b>FINDINGS</b> Primary care giver (PCG), substitute caregiver (SCG) #1, #2, #3, #4, #5, #6, #7 and housekeeper (HK) – no fieldprint determination. <u>Please submit documentation with your plan of correction.</u>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">- Housekeeper no longer working in their care home. PCG &amp; SCG 1-7. completed Fingerprint &amp; submitted.</p>	<p style="text-align: center;">9/26/22</p>

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<input checked="" type="checkbox"/> §11-100.1-3 Licensing (b)(1)(1) Application. In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application: Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law; <b>FINDINGS</b> Primary care giver (PCG), substitute caregiver (SCG) #1, #2, #3, #4, #5, #6, #7 and housekeeper (HK) – no fieldprint determination. <u>Please submit documentation with your plan of correction.</u>	<p style="text-align: center;"><b>PLAN OF CORRECTION</b></p> <p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>At the end of every year, I will check the PCG &amp; SCG requirements checklist, then schedule the fieldprint for myself and all my SCG &amp; admH working living in my carehome 2 wks after schedule appy. I will check the fieldprint result, print them over in the carehome binder</p>	<p style="text-align: right;">9/24/22</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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.  <b>FINDINGS</b> SCG #4, #5 and #6 who provided resident care while PCCG was on vacation 07/11/21 – 07/26/21 – no current physical examination.	<p style="text-align: center;"><b>PART I</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.  <b>FINDINGS</b> SCG #4, #5 and #6 who provided resident care while PCG was on vacation 07/11/21 – 07/26/21 – no current physical examination.	<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, I will keep all SCG/PCG clearances form for each year by creating/ making a binder for caregivers requirements &amp; clearances</p>	<p style="text-align: right;">7/15/22</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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. <b>FINDINGS</b> SCG #2 – no current tuberculosis (TB) skin test. <u>Please submit documentation with your plan of correction.</u>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>SCG #2 was taken off the schedule until TB test is completed.            SCG #2 did his blood test. For Quantiferon - TB gold on 7/13/22. Awaiting for result.</p>	<p style="text-align: center;">7/13/22</p>

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<input checked="" type="checkbox"/> §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.  <b>FINDINGS</b> SCG #4, #5 and #6 who provided resident care while PCCG was on vacation 07/11/21 – 07/26/21 – no TB clearance.	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><u><b>FUTURE PLAN</b></u></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future, I will not discard PCCG / SCG requirements / clearance. I will make a file binder for SCG / PCCG for each year.</p>	7/19/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (e)(3)  The substitute care giver who provides coverage for a period less than four hours shall:   Be currently certified in first aid;</p> <p><b>FINDINGS</b>  SCG #4, #5 and #6 who provided resident care while PCCG was on vacation 07/11/21 – 07/26/21 – no first aid certification.</p>	<p><b>PART I</b></p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements. (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:  Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.  <b>FINDINGS</b> SCG #4, #5 and #6 who provided resident care while PCCG was on vacation 07/11/21 – 07/26/21 – no care giver training to administer prescribed medications provided by the primary care giver.	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (h)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:  Be currently certified in cardiopulmonary resuscitation;	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	



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<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements. (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:  Be currently certified in cardiopulmonary resuscitation;  <b>FINDINGS</b> SCG #4, #5 and #6 who provided resident care while PCCG was on vacation 07/11/21 – 07/26/21 – no cardiopulmonary resuscitation (CPR) certification.	<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, I will not discard REG/SCG. dearrances. I will make a file/binder. for each year</p>	<p style="text-align: center;">7/15/20</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 <u>Nutrition</u> . (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.  <b>FINDINGS</b> Resident #1 – physician order dated 12/1/21 read, “Thick- it”; however, no consistency listed on physician order. And December medication administration record (MAR) was not initialed as administered.	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>In the future, I will review physician order after MD signs the order. I will check Medication Administration Record @ the end of the day for complete initial. If staff miss to initial, re-train staff as needed.</p> <p>- MD sign new Physician order on 7/15/22</p>	<p style="text-align: center;">7/15/22</p>

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<input checked="" type="checkbox"/> §11-100.1-13 Nutrition. (K) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.  <b>FINDINGS</b> Resident #1 – physician order dated 12/1/21 read, “Thick- it”; however, no consistency listed on physician order. And December medication administration record (MAR) was not initialed as administered.	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><u><b>FUTURE PLAN</b></u></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>- In the future, I will review physician order after my signs the order form. If physician order is not complete I will clarify the same day.</p> <p>- In the future, I will check MAR @ the <del>end</del> end of the day for complete initials.</p> <p>If staff miss fi initials, obtain staff as needed.</p>	<p style="text-align: center;">7/15/22</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.  <b>FINDINGS</b> Resident #1 -- telephone order dated 4/20/22 and signed by physician on 4/25/22 read, "Clindamycin HCL 300 mg 1 cap QID for cellulitis x10 days." Medication was not transcribed on to April MAR.	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></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.  <b>FINDINGS</b> Resident #1 – telephone order dated 4/20/22 and signed by physician on 4/25/22 read: “Clindamycin HCL 300 mg 1 cap QID for cellulitis x10 days.” Medication was not transcribed on to April MAR.	<p style="text-align: center;"><b>PART 2</b></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 will add to the checklist on physician order sheet to remind me to document on the Medication Administration record &amp; Progress notes.</p>	<p style="text-align: right;">9/13/22</p>

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<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><b>FINDINGS</b></p> Resident #1 -- physician order dated for <u>3/29/22</u> read: <ul style="list-style-type: none"> <li>• "Duloxetine HCL capsule DR 30 mg 1 cap <u>daily</u>"</li> <li>• "Eliquis 5 mg 1 tab PO BID"</li> </ul> A second physician order dated <u>3/29/22</u> read: <ul style="list-style-type: none"> <li>• "DC Duloxetine 30 mg daily"</li> <li>• "Duloxetine HCl capsules DR 30 mg 1 cap <u>BID</u>"</li> <li>• "DC Eliquis"</li> </ul> Clarification order obtained on 04/08/22.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<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;"><b>PART 2</b></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, I will check physician order after signing the order for duplication or <del>discrepancy</del> <sup>in</sup> medication discrepancy. I will make clarification of order the same day if duplication or discrepancy of medication order found.</p>	<p style="text-align: right;">7/19/22</p>

**FINDINGS**  
 Resident #1 - physician order dated for 3/29/22 read:  
 • "Duloxetine HCL capsule DR 30 mg 1 cap daily"  
 • "Eliquis 5 mg 1 tab PO BID"  
 A second physician order dated 3/29/22 read:  
 • "DC Duloxetine 30 mg daily"  
 • "Duloxetine HCL capsules DR 30 mg 1 cap BID"  
 • "DC Eliquis"  
 Clarification order obtained on 04/08/22.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (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;  <b>FINDINGS</b> Resident #1 – December medication record reflected the following PRN medications administered; however, no response to medications documented in the December progress notes. <ul style="list-style-type: none"> <li>• “Oxycodone HCL 10 mg every 4 hours PRN for increased pain”</li> <li>• “Oxycodone HCL (IR) 5 mg 1 tab every 8 hours PRN for severe breakthrough pain”</li> </ul> <u>This is a repeat deficiency from your 2021 annual inspection.</u>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	



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<input checked="" type="checkbox"/> <p>\$11-100.1-17 Records and reports. (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><b>FINDINGS</b> Resident #1 - December medication record reflected the following PRN medications administered; however, no response to medications documented in the December progress notes.</p> <ul style="list-style-type: none"> <li>• "Oxycodone HCL 10 mg every 4 hours PRN for increased pain"</li> <li>• "Oxycodone HCL (IR) 5 mg 1 tab every 8 hours PRN for severe breakthrough pain"</li> </ul> <p><u>This is a repeat deficiency from your 2021 annual inspection.</u></p>	<p style="text-align: center;"><b>PART 2</b></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, I will document the response of Oxycodone in my progress notes. As a reminder to myself, I will put sticky note on the MAR.</p>	<p style="text-align: center;">7/15/22</p>

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<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (h)(1) Miscellaneous records: A permanent general register shall be maintained to record all admissions and discharges of residents; <b>FINDINGS</b> Resident #2 – re-admitted on 08/19/21 was not listed on the permanent general register.	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">RCG listed Res # 2 in the permanent general register</p>	<p>6/22/22</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(2)(E) Residents' rights and responsibilities:  Each resident shall:  Be treated with understanding, respect, and full consideration of the resident's dignity and individuality, including privacy in treatment and in care of the resident's personal needs;  <u>FINDINGS</u> Resident #1 - video surveillance consent form signed by resident. However, the form did not indicate the type of surveillance cameras utilized (whether there is recording and/or audio capability), location of the surveillance cameras, location of the surveillance camera monitors and who will have access to the monitors, duration of surveillance cameras or how privacy will be ensured during personal care and/or treatment.	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>-Video surveillance consent was updated &amp; signed by person 7/15/22. Indicating the location, how many video surveillance cameras are used, duration of surveillance monitor, and who can access.</p>	<p style="text-align: center;">8/17/22</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-21 Residents' and primary care givers' rights and responsibilities: (a)(2)(E) Residents' rights and responsibilities:  Each resident shall:  Be treated with understanding, respect, and full consideration of the resident's dignity and individuality, including privacy in treatment and in care of the resident's personal needs;  <b>FINDINGS</b> Resident #1 - video surveillance consent form signed by resident. However, the form did not indicate the type of surveillance cameras utilized (whether there is recording and/or audio capability), location of the surveillance cameras, location of the surveillance camera monitors and who will have access to the monitors, duration of surveillance cameras or how privacy will be ensured during personal care and/or treatment.	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?  I will make a new surveillance camera consent form specific to my facility & add as part of admission packet	9/15/22

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> <p>\$11-100.1-83 <u>Personnel and staffing requirements.</u> (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;</p> <p><b>FINDINGS</b> SCG #7 – no training provided by the case manager to provide thickened liquids.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">Training on "thickened liquid" was provided to SCG #7. by case manager.</p>	<p style="text-align: center;">7/15/22</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; <b>FINDINGS</b> SCG #7 - no training provided by the case manager to provide thickened liquids.	<p style="text-align: center;"><b>PART 2</b></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, PCAs will check/ Case Manager provided delegation, training to all caregivers before case manager leaves the facility during admission. If not all caregivers did not received training ask the case manager to do the same thing.</p>	<p style="text-align: right;">7/18/22</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;  <b>FINDINGS</b> Resident #1, admitted 12/1/21 – no two (2) step tuberculosis (TB) skin test.	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Resident refused skin test prior to admission. Now resident is a hospice. Had one skin test done on 9/9/22, read 9/11/22 with negative result.</p>	<p style="text-align: right;">9/13/22</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;  <u>FINDINGS</u> Resident #1, admitted 12/1/21 – no two (2) step tuberculosis (TB) skin test.	<p style="text-align: center;"><b>PART 2</b></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>IF resident 1 refused TB test.            Ask to do blood test -            Quantiferon - TB Gold. and            verify the result before            admitting resident.</p>	<p style="text-align: right;">9/13/22</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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><b>FINDINGS</b>  Resident #1 – care plan dated 4/10/22 entitled “Skin Integrity” listed the following intervention:  • “Change positions every 2 hours”  However no documented evidence of repositioning.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b>  <b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Turning schedule made by PCG (turning clock).  Trained SCS to follow document Form #100 @ the shower below the turning clock was posted.</p>	<p>9/13/22</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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 style="text-align: center;"><b>PART 2</b></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>Turning schedule / turning clock was made. Trained staff to follow &amp; document.            I will check the turning schedule @ the end of the day. to make sure task is completed.</p>	<p style="text-align: right;">9/26/22</p>

**FINDINGS**  
 Resident #1 – care plan dated 4/10/22 entitled “Skin Integrity” listed the following intervention:  
 • “Change positions every 2 hours”  
 However no documented evidence of repositioning.

RULES (CRITERIA)	PLAN OF CORRECTION PART 1	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 <u>Case management qualifications and services.</u> (c)(1) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:  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;  <b>FINDINGS</b> Resident #1 – level of care updated on <u>4/8/22</u> indicated resident is expanded level of care. However, case manager assessed resident on <u>4/10/22</u> .	<p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Case manager earliest available was 4/10/22</i></p>	<p style="text-align: center;"><i>7/15/22</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 <u>Case management qualifications and services.</u> (c)(1) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: 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; <b>FINDINGS</b> Resident #1 – level of care updated on 4/8/22 indicated resident is expanded level of care. However, case manager assessed resident on 4/10/22.	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? In the future. I will notify (CM) case manager chosen by resident's family to come assess resident before. Prior to placing   converting to expanded level of care.	7/15/22

Licensee's/Administrator's Signature:

[Handwritten Signature]

Print Name:

[Handwritten Name]

Date:

7/19/22

RECEIVED

JUL 22 2022

Licensee's/Administrator's Signature:

*Justin Jones*

Print Name:

Justin Jones

Date:

9/14/22

RECEIVED

SEP 15 2022

Licensee's/Administrator's Signature:

*Robert S. Ga.*

Print Name:

ROBERT GA.

Date:

9/26/22



Licensee's/Administrator's Signature:

*Anthony J. ...*

Print Name:

Anthony J. ...

Date:

8/17/22

RECEIVED

AUG 25 2022

Licensee's/Administrator's Signature:

*Antony Smith*

Print Name:

ANTHONY SMITH

Date:

11/22/22

RECEIVED

OCT 12 2022