

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Island Living II ARCH/EARCH</b>	<b>CHAPTER 100.1</b>
<b>Address: 92-1238 Umena Street, Kapolei, Hawaii 96707</b>	<b>Inspection Date: April 6, 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.**

22 JUL 19 P 3:11



	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><b><u>FINDINGS</u></b>            Substitute Care Giver (SCG) #1 – Annual tuberculosis clearance signed by an LPN, not a physician or APRN.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></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>Future Plan:</p> <p>Licensee/PCG will check the personal records ie PE, TB clearance, CPR, Inservice four months prior to annual inspection for compliance.</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII            DEPT. OF HEALTH            CIVIL ENGINEERING</p>	<p style="text-align: center; vertical-align: bottom;">22 MAY -2 P 3:42</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p><b><u>FINDINGS</u></b>            Injectable medications found unsecured in refrigerator.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></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 style="text-align: center;">Licensee/PCG will check every night that Insulin injectable meds will be restore in the lock box after each use.</p>	<p style="text-align: right;">22 MAY -2 P 3:42</p> <p style="text-align: right; font-size: small;">STATE OF IOWA            BOARD OF            STATE LICENSING</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><b><u>FINDINGS</u></b> Medication orders from physician on 7/29/2021 not followed. August 2021 medication administration record (MAR) only reflects medications ordered on 8/5/2021, but not medications ordered on 7/29/2021.</p>	<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> <p style="text-align: right;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>	<p style="text-align: center;">22 MAY -2 P 3:42</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><b><u>FINDINGS</u></b> Medication orders from physician on 7/29/2021 not followed. August 2021 medication administration record (MAR) only reflects medications ordered on 8/5/2021, but not medications ordered on 7/29/2021.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></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 style="text-align: center;">Anytime new medication orders are received for a resident, the PCG will add them to the MAR immediately and flag it until a SCG has also reviewed it for accuracy and completion. The PCG will do monthly reviews of each resident's record to ensure no medication orders have been missed. This task has been added to monthly checklist.</p>	<p style="text-align: center;">7/10/22</p> <p style="text-align: center;">22 JUL 18 P 3:11</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><b><u>FINDINGS</u></b> Resident #1 – Sertraline on April 2022 MAR lists, “Sertraline 50 mg orally once daily,” with an order date of 3/1/2022. However, there’s no documented evidence of medication order from that date.</p>	<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;">Licensee sent Physician order form for <b>verification/ signature</b> for verbal order dated March 1, 2022 for Sertraline 50mg PO daily given to Case Manager and was called to Food Land Pharmacy by Dr.Sherra Rasca</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF STATE LICENSING</p>	<p style="text-align: center;">4/21/22</p> <p style="text-align: center;">22 MAY -2 P 3:42</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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><b><u>FINDINGS</u></b> Resident #1 – Sertraline on April 2022 MAR lists, “Sertraline 50 mg orally once daily,” with an order date of 3/1/2022. However, there’s no documented evidence of medication order from that date.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></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 style="text-align: center;">All medication orders, including telephone/ verbal orders will be filed to each resident’s record immediately upon receipt. Each month, the PCG will review the MAR and ensure there’s a documentation in the resident’s record. This task has been added to a monthly checklist.</p>	<p style="text-align: center;">7/10/22</p> <p style="text-align: center;">22 JUL 18 P 3:11</p> <p style="text-align: center;">STATE 6517 500</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Medications not reevaluated and signed by a physician or APRN every four months. Last medication orders signed on 8/5/2021.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></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 style="text-align: center;">PCG made a list of the months that the resident's medications need to be reevaluated and signed. This list has been placed on the resident's binder for easy viewing. PCG will be responsible for obtaining signatures for medication reevaluation; however, the list on the front of resident's binder will serve as a reminder for all care givers to ensure the 4 month medication reevaluation is obtained in a timely manner.</p>	<p style="text-align: center;">7/10/22</p> <p style="text-align: center;">22 JUL 18 P 3:11</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><b>FINDINGS</b> Resident #1 – No initials on March 2022 MAR for Sertraline administration from 3/1/2022 to 3/9/2022.</p>	<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> <p style="text-align: right; font-size: small;">STATE OF ILLINOIS DEPARTMENT OF SOCIAL SERVICES</p>	<p style="text-align: center;">22 MAY -2 P 3:42</p>

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<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><b><u>FINDINGS</u></b>  Resident #1 – No initials on March 2022 MAR for Sertraline administration from 3/1/2022 to 3/9/2022.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></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><b>Future Plan:</b>  PCG/SCG must initial MAR every time she give medication and weekly clinical audit will be done by Licensee until outcome is 100% compliance,</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII  DEPARTMENT OF  HEALTH SERVICES</p>	<p style="text-align: center;">22 MAY -2 P 3:42</p>

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<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><b><u>FINDINGS</u></b>  Resident #1 – October 2021 MAR states, “Metformin HCl 500 mg orally twice daily,” was changed on 10/28/2021. A new order was re-typed, but the order date was not changed. In addition, the new order was initialed as being administered every day in October 2021, despite only being ordered on 10/28/2021.</p>	<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> <p style="text-align: right; font-size: small;">STATE OF HAWAII  DEPARTMENT OF HEALTH  STATE LIFE SUPPORT</p>	<p style="text-align: right;">22 MAY -2 P 3:42</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><b><u>FINDINGS</u></b>  Resident #1 – October 2021 MAR states, “Metformin HCl 500 mg orally twice daily,” was changed on 10/28/2021. A new order was re-typed, but the order date was not changed. In addition, the new order was initialed as being administered every day in October 2021, despite only being ordered on 10/28/2021.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></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 style="text-align: center;">In the future, whenever a medication order is changed, the old order will be highlighted on the MAR and “discontinued” will be written. The new order will then be written with the new order date. The new medication order will be flagged until a second care giver has reviewed it for accuracy. PCG will double checked all medication orders at the end of each month to ensure accuracy.</p>	<p style="text-align: center;">7/10/22</p> <p style="text-align: center;">22 JUL 18 P 3:11</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><b>FINDINGS</b>  Resident #1 – Admission medication orders incomplete as no route or frequency listed for any medications.</p>	<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> <p style="text-align: right; font-size: small;">STATE OF HAWAII  DOH-CRCA  STATE LICENSE 100</p>	<p style="text-align: center;">.22 MAY -2 P 3:42</p>



RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> <p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #2, #3, and #4 – No current annual physical exam.</p>	<p align="center"><b>PART 1</b></p> <p align="center"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p align="center"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Resident #1 had a physical exam on 6/27/2022 PE was given to PCG and filed in the care home binder. Resident# 2 had a physical exam on 5/4/2022 PE was given to PCG and filed in the care home binder. Resident #3 had a physical exam on 2/16/2022 .PE was given to PCG and filed in the care home binder</p>	<p align="center">7/10/22</p> <p align="center">22 JUL 18 P 3:11</p> <p align="center">STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES OFFICE OF LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><b><u>FINDINGS</u></b> Resident #2, #3, and #4 – No current annual physical exam.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></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><b>Future Plan:</b> <b>Resident #2, #3, #4</b> PCG/SCG will do clinical monitoring monthly for standard of care compliance such as PE .TB Clearance, Self Preservation as well as other residents.</p> <p style="text-align: right; font-size: small;">STATE OF HI MAIL DOWNTOWN STREET ADDRESS</p>	<p style="text-align: center;">22 MAY -2 P 3:43</p>



RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:  Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;  <u>FINDINGS</u> Resident #2 – No current annual tuberculosis clearance.	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></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 style="text-align: center;">A list of all my residents was created with the month /year their TB clearance expires. This list will be reviewed monthly by PCG to ensure TB clearances are always current and available. This task has been added to a monthly checklist,</p>	<p style="text-align: center;">7/10/22</p> <p style="text-align: center;">22 JUL 18 P 3:11</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> <p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b>FINDINGS</b> Resident #1 – Records not accurate. Admission date on general register is 8/2/2021. Admission date on admission assessment and inventory of possessions is 7/31/2021.</p>	<p align="center"><b>PART 1</b></p> <p align="center"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p align="center"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><b>Resident # 1</b> Licensee audit Care Home Policy Binder and update Admission date in the registered manual, change date from 8/2/2021 to 7/31/2021</p> <p align="right">STATE OF NEW YORK DEPARTMENT OF STATE LICENSING</p>	<p align="center">4/8/2022</p> <p align="center">22 MAY -2 P 3:43</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4)            General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b><u>FINDINGS</u></b>            Resident #1 – Records not accurate. Admission date on general register is 8/2/2021. Admission date on admission assessment and inventory of possessions is 7/31/2021.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></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>The PCG will utilize the admission/readmission checklist whenever a resident is admitted, as it includes updating the register. This list will be completed on the day of admission, and flagged until it has been reviewed by another care giver to ensure accuracy and completion.</p>	<p style="text-align: center;">7/10/22</p> <p style="text-align: center;">22 JUL 18 P 3:11</p> <p style="text-align: right; font-size: small;">STATE OF NEW YORK        DEPARTMENT OF        SOCIAL SERVICES</p>



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<input checked="" type="checkbox"/> <p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Medication list on emergency information sheet not accurate/up-to-date.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></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>Every four months, when a resident has medications reevaluated and signed, a copy of the medication list will be made and attached to the emergency information sheet. This sheet will be reviewed monthly to ensure all medication orders are up to date, and the latest medication orders are attached. This task has been added to a monthly checklist.</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF CORRECTIONS STATE OF CONNECTICUT</p>	<p style="text-align: center;">7/10/22</p> <p style="text-align: center;">'22 JUL 18 P 3:11</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4)            General rules regarding records:            All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b>FINDINGS</b>            Resident #1 – Medication list on emergency information sheet not accurate/up-to-date</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></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 style="text-align: center;">ERROR jc</p> <p style="text-align: center; font-size: 2em; opacity: 0.5;">COPY</p>	<p style="text-align: right; vertical-align: bottom;">             STATE OF HAWAII              DOI - OHC /              STATE LICENSING           </p> <p style="text-align: right; vertical-align: bottom;">             '22 MAY -2 P 3:43           </p>



RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:  All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.  <u>FINDINGS</u> Resident #1 – Weight on Case Manager’s monthly assessment from November 2021 to March 2022 = 130 lbs., and 8 oz for every month. Facility’s monthly weight record during that same time ranged from 138 to 136 lbs.	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></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>Each month, before the resident’s case manager leaves, the PCG or SCG will sit down and review the care plan for accuracy. All care givers have been instructed to review weight on the monthly assessment to ensure it’s correct. Any discrepancies will be flagged and the CM will be asked to fix it before leaving .</p>	<p style="text-align: center;">7/10/22</p> <p style="text-align: center;">22 JUL 18 P 3:11</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b>FINDINGS</b> Resident #1 – Weight on Case Manager’s monthly assessment from November 2021 to March 2022 = 130 lbs. and 8 oz for every month. Facility’s monthly weight record during that same time ranged from 138 to 136 lbs.</p>	<p><b>PART 1</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>	<p>22 MAY -2 P 3:43</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">STATE OF ILLINOIS DEPT. OF CHILDREN STATE LICENSING</p>

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☒	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><b><u>FINDINGS</u></b> SCG #1 and #2 – No documented evidence of 12 hours of continuing education. SCG #1 = 7.5 hours and SCG #2 = 7 hrs.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></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>I have put a reminder on my computer calendar for 3 months before my Annual Inspection ( January 2023 ) to review all care givers continuing education hours to ensure all have the 12 hours required, If not I will inform the care givers immediately and will keep reminding them weekly until all 12 hours are completed.</p>	<p style="text-align: center;">7/10/22</p> <p style="text-align: center;">22 JUL 18 P 3:11</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-87 <u>Personal care services.</u> (c)(2)            The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have:</p> <p>Pneumococcal and influenza vaccines and any necessary immunizations following the recommendations of the Advisory Committee of Immunization Practices (ACIP);</p> <p><b><u>FINDINGS</u></b>            Resident #1 – No documented evidence of annual flu vaccine.</p>	<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;">Documentation of the resident's flu vaccine was obtained from Minute Clinic On 4/8/2022, and filed in the resident's record.</p> <p style="text-align: center;">A list of all my residents was created with the month/year their flu clearance expires (if expanded ). This list will be reviewed monthly by the PCG to ensure flu vaccines have been obtained and documentation is available. This task has been added to a monthly checklist.</p>	<p style="text-align: center;">7/10/22</p> <p style="text-align: center;">22 JUL 18 P 3:11</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><b><u>FINDINGS</u></b> SCG #1 and #2 – No documented evidence of 12 hours of continuing education. SCG #1 = 7.5 hours and SCG #2 = 7 hrs.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></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 style="text-align: center;"><b>Future Plan:</b> Licensee/ PCG will monitor Inservice attended with certificate of compliance four months prior to State annual inspection.</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p>22 MAY -2 P 3:44</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (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:</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><b><u>FINDINGS</u></b> Resident #1 – Hypertension and Diabetes care plan states, "Check BP before giving anti-HTN drug and hold BP meds if SBP &lt;100 (or per MD orders)." No hold parameters ordered with hypertension medication.</p>	<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;">Case Manage removed, " Check BP before giving anti HTN drug and hold BP meds if SBP &lt; 100 (or per MD order),"from the resident's care plan.</p>	<p style="text-align: right;">22 JUL 10 2022 P 3:11</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (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:</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><b><u>FINDINGS</u></b> Resident #1 – Hypertension and Diabetes care plan states, "Check BP before giving anti-HTN drug and hold BP meds if SBP &lt;100 (or per MD orders)." No hold parameters ordered with hypertension medication.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></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>Each month, before the resident's case manager leaves the facility, the PCG or SCG will sit down and review the care plan for accuracy. All care givers have been instructed to review all medication orders listed on the care plan to ensure it's correct and reflects the physician's orders exactly. Any discrepancies will be flagged and the CM will be asked to fix it before leaving.</p>	<p style="text-align: right;">22 JUL 18 P 3:11</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (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:</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><b><u>FINDINGS</u></b> Resident #1 – Hypertension and Diabetes care plan states, "Caregiver to monitor blood sugar levels and medication as ordered." No orders to monitor blood sugar levels available from a physician or APRN.</p>	<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;">Case Manager removed, " Care giver blood sugar level monitoring" from the care plan. No order from the physician to monitor blood sugar.</p>	<p style="text-align: right;">7/10/22</p> <p style="text-align: right;">JUL 18 P 3:11</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (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:</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><b><u>FINDINGS</u></b> Resident #1 – Hypertension and Diabetes care plan states, "Caregiver to monitor blood sugar levels and medication as ordered." No orders to monitor blood sugar levels available from a physician or APRN.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></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>Each month, before the resident's case manager leaves the facility, the PCG or SCG will sit down and review the care plan for accuracy. All care givers have been instructed to review all medication orders listed on the care plan to ensure it's correct and reflects the physician's orders exactly. Any discrepancies will be flagged and the CM will be asked to fix it before leaving.</p> <p style="text-align: center;"><i>Duplicate</i></p>	<p style="text-align: right;">7/10/22 JUL 18 P3:11</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (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:</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><b><u>FINDINGS</u></b>            Resident #1 – Hypertension and Diabetes care plan states, "Caregiver to monitor blood sugar levels and medication as ordered." No orders to monitor blood sugar levels available from a physician or APRN.</p>	<p><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>PCG obtained order for Blood Sugar monitoring from APRN managing resident #1</p>	<p>4/27/22</p> <p>22 MAY - 2 P 3 :44</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">STATE OF HAWAII            OOH-ORCA            STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (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:</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><b>FINDINGS</b> Resident #1 – Hypertension and Diabetes care plan states, "Caregiver to monitor blood sugar levels and medication as ordered." No orders to monitor blood sugar levels available from a physician or APRN.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></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>Each month, before the resident's case manager leaves the facility, the PCG or a SCG will sit down and review the care plan for accuracy. All care givers have been instructed to review all orders listed on the care plan to ensure it's correct and reflects the physician's orders exactly. Any discrepancies will be flagged and the CM will be asked to fix it before leaving.</p>	<p style="text-align: right;">22 JUL 8 P 3:11</p> <p style="text-align: right;">7/10/22</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

Licensee's/Administrator's Signature: Teresita Oculto RV

Print Name: TERESITA OCULTO

Date: May 2, 2022

22 MAY -2 P 3:44  
STATE OF HAWAII  
DOI-HCSA  
STATE LICENSING

Licensee's/Administrator's Signature: Teresita Oculito

Print Name: TERESITA OCULTO

Date: 7/11/22

22 JUL 18 P3:11  
STATE ARCHIVES  
DON VILLALBA  
STATE LICENSING