

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Olivia Lewin's EARCH</b>	<b>CHAPTER 100.1</b>
<b>Address: 92-1336 Pueonani Street, Kapolei, Hawaii 96707</b>	<b>Inspection Date: September 1, 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a)            Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p><b><u>FINDINGS</u></b>            Resident #1 – No Level of Care on file. Please submit a copy with you plan of correction (POC).</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><i>I had obtained a Level of care form that was signed by her PCP.            (see attached)</i></p> <p><i>Kim J. Givoni</i></p>	<p><i>9/7/22</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a)            Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p><u>FINDINGS</u>            Resident #1 – No Level of Care on file. Please submit a copy with your plan of correction (POC).</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></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><i>In order for this not to happen again I will make sure to request a level of care assessment on her yearly physical exam, or whenever there had been significant changes, ex. hospital stay, that affect her care.</i></p> <p><i>(see attached)</i></p> <p><i>I will use the ARCH Admission-Re-admission check into...</i></p> <p><i>Devin J. Spurr</i></p>	<p>9/7/22</p>

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<input checked="" type="checkbox"/>	<p>§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.</p> <p><u>FINDINGS</u> Resident #1 – No physician's order for thickening agent.</p>	<p>PART 1</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><i>I had obtained a physician's order for the use of "Thick-it" to thicken her food and drink to proper consistency. (see attached)</i></p> <p><i>Alvin S. Spivey</i></p>	<p>9/7/22</p>

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<input checked="" type="checkbox"/>	<p>§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.</p> <p><u>FINDINGS</u> Resident #1 – No physician's order for thickening agent.</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>In order for this not to happen again, I will request a new dietary guide line on her yearly physical exam, or whenever there had been significant changes to her care, or hospital stay, that might affect her dietary needs.</i></p> <p><i>(See attached)</i></p> <p><i>I will review client's MAR. BEFORE and after P.P visit. Maria J. Spina</i></p>	<p>9/7/22</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><b><u>FINDINGS</u></b> Resident #1 – No menu for “Diabetic Diet Pureed Consistency with nectar thickened” ordered on 8/22/22.</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><i>I had since put together a DIABETIC DIET PUREED consistency with nectar thickened and posted it by the kitchen and by the dining area.</i></p> <p><i>Devin S. Spivey</i></p>	<p><i>9/7/22</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><b><u>FINDINGS</u></b> Clorox bottle was stored unlocked under sink cabinet in residents' bathroom. Primary Care Giver (PCG) removed and secured it during inspection.</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>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (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><u>FINDINGS</u> Resident #1 – No labels for bottles of Niacinamide 500mg and Melatonin 3mg.</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;"> <i>I had corrected this deficiency by hand writing a label for the MELATONIN 3mg and the NIA CINAMIDE 500mg. and had wrapped the label around the appropriate bottles and secured them around the bottles with a rubber band.</i> </p> <p style="text-align: right;"> <i>deiv / Opuno</i> </p>	<p style="text-align: right;">9/1/22</p>

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<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>  Medication left unsecured:  -Bengay Pain Relieving cream, Cortisone 10 cream, and Vaporizing Rub in resident bedroom #1.  -Fluticasone Propionate spray and Hydrocortisone 1% Acetic Acid 2% Otic solution in resident's bedroom #3  -Swim-EAR drops on residents' living room table.</p> <p>PCG removed and secured medication during inspection.</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>	

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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><b><u>FINDINGS</u></b> Resident #1 – “Melatonin 3mg Tablet, Take 3mg by mouth at bedtime as needed” was ordered after hospitalization 8/22/22. No indication for as needed use was noted. Physician’s order not clarified.</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><i>I had obtained an updated order that addresses the PRN order from the Raspi In- ligation order was signed by client's (R#1) PCT and is enclosed w/ this POC. (see attached)</i></p> <p><i>Alina J. Jimenez</i></p>	<p>9/9/2022</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><u>FINDINGS</u> Resident #1 – Medication order dated 8/22/22 is "Furosemide 40mg Tablet, Take 1 tablet by mouth daily as needed for Edema." In medication administration record (MAR), indication for as needed use was not listed.</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><i>I had reconciled the MAR and all the medications, including this FUROSEMIDE had been reconciled and the "as needed" indications had been noted and signed on by the PCP.</i></p> <p><i>Alin J. Spino</i></p>	<p><i>9/9/22</i></p>

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*5 days before the end of the month for next month's MAR.*

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) 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>Documentation of primary care giver's assessment of resident upon admission;</p> <p><b><u>FINDINGS</u></b> Resident #1 – No admission assessment on 8/22/22 readmission after hospitalization.</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>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) 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>Documentation of primary care giver's assessment of resident upon admission;</p> <p><b><u>FINDINGS</u></b> Resident #1 – No admission assessment on 8/22/22 readmission after hospitalization.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></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><i>In order for this not to happen again I will re-assess the resident upon admission after hospital stay in order to address what ever added needs and assistance they might need due to physical, and overall decline after hospitalization.</i></p> <p><i>Olivia J. Lewis</i> <i>I will use the PRECIS admission / readmission checklist.</i></p>	<p>9/10/22</p>

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<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><b><u>FINDINGS</u></b> Resident #1 – No progress notes regarding hospitalization from 8/16/22 to 8/22/22.</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>	

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	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 – No progress notes regarding hospitalization from 8/16/22 to 8/22/22.</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>In order for this not to happen again I will rotate any information regarding the client's hospitalization in the progress notes.</i></p> <p style="text-align: right;"><i>Kevin J. Spivey</i></p> <p><i>If there is a narrative note in regarding the client I will review it before I write the PROGRESS notes and update if needed at the end of the month.</i></p>	<p style="text-align: right;">9/3/22</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><b><u>FINDINGS</u></b> Resident #1 – Progress notes entries for 7/7/22 and 7/11/22 were written in light blue ink.</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>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><b><u>FINDINGS</u></b> Resident #1 – Progress notes entries for 7/7/22 and 7/11/22 were written in light blue ink.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></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><i>In order for this not to happen again I had since written a note labels "WRITE IN BLACK INK ONLY" and taped each label on each chart cover as a reminder to everyone that only black pens will be used when writing on the charts.</i></p> <p><i>Devin J. Devin</i></p>	<p>9/1/2022</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><b><u>FINDINGS</u></b> Two (2) discharged and readmitted residents not reflected in permanent resident register. PCG corrected during inspection.</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>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> Two (2) discharged and readmitted residents not reflected in permanent resident register. PCG corrected during inspection.</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>In order for this not to happen again I will relate any discharge and/or readmission immediately as soon as they occur.</i></p> <p><i>I will review the RESIDENT PERMANENT REGISTER every 2 (two) months just to make sure it's up to date and accurate.</i></p> <p><i>Dein J. Giv</i></p>	<p>9/1/22</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u>. (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p><b><u>FINDINGS</u></b> Resident #1 – No current self preservation statement at the time of readmission on 8/22/22. Most recent document with physician's signature was 3/13/18.</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><i>I have since obtained a "Self Preservation" document from client's (Resident #1) former PCP.</i></p> <p><i>See attached.</i></p> <p style="text-align: right;"><i>Alex J. Spina</i></p>	<p style="text-align: right;">9/6/22</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p><b>FINDINGS</b> Resident #1 – No current self preservation statement at the time of readmission on 8/22/22. Most recent document with physician's signature was 3/13/18.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></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><i>In order for this not to happen again I will ensure all readmissions from the hospital or rehabilitation center as a new admit and request all the pertinent admit documents before I admit the client back to my care home.</i></p> <p><i>Kevin J. Spina</i></p> <p><i>I will use the ARCH resident admission / re-admission checklist.</i></p>	<p>9/4/22</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I)(i) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident;</p> <p><b>FINDINGS</b> There are three (3) documented non self preserving resident (Resident #1, #2, and #3) residing at home. Resident #4 had a statement dated 6/14/22 as self preserving, however, this resident is unable to ambulate independently. Total of four (4) non self preserving residents.</p>	<p>PART 1</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>I had since discharged Res #4 on 9/2/2022. See attached RESIDENT REGISTER 9/2/22</p> <p>I had since had Res #2 removed + her PCP had updated her Self Preservation form. See attached. 9/8/22</p> <p>Res #4 had been readmitted from REHAB w/ an updated Self Preservation form. See attached 10/4/22</p> <p>Res. #1 d/c on 9/30/22 See attached RESIDENT REGISTER 9/30/22</p> <p>only Resident #3 is not self preserving as of 10/1/22. See attached REGISTER + Self Preserving form. 10/1/22</p>	

Ann J. Spivey

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I)(i) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident;</p> <p><b><u>FINDINGS</u></b> There are three (3) documented non self preserving resident (Resident #1, #2, and #3) residing at home. Resident #4 had a statement dated 6/14/22 as self preserving, however, this resident is unable to ambulate independently. Total of four (4) non self preserving residents.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></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><i>In order for this not to happen again I will ensure that the care home only have 2 clients that are not able to self preserve and/or ambulate.</i></p> <p><i>I will assess client before admission to see if she is appropriate for level of care admission.</i></p> <p><i>Alicia J. Spivey</i></p>	<p>9/8/22</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I)(i) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident;</p> <p><b><u>FINDINGS</u></b> There are two (2) care givers with four (4) non self preserving residents at home upon department arrival at 10am to completion of inspection at 4pm.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I had since discharged RES # 4 to ER. I had RES # 2 reassessed by PCP and an updated self preservation form was obtained.</i></p> <p><i>Resident # 1 was discharged on 9/30/2022.</i></p> <p><i>Resident # 4 was readmitted after REHAB and self preservation form had been updated and resident had been deemed self preserving.</i></p> <p><i>Kim S. Sun</i></p>	<p><i>9/8/22</i></p> <p><i>9/30/22</i></p> <p><i>10/4/22</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I)(i) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident;</p> <p><b><u>FINDINGS</u></b> There are two (2) care givers with four (4) non self preserving residents at home upon department arrival at 10am to completion of inspection at 4pm.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></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><i>In order for this not to happen again I will ensure that I have 2 caregivers available at all times to fulfill the one up one down if non self preserving at all times. all previous client that has to be admitted will need a self preserving document obtained from discharging facility.</i></p> <p><i>Dein J. Lann</i></p>	<p>9/8/22</p>

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	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> Substitute Care Giver (SCG) #2 – Eleven (11) hours of continuing education credits completed in past 12 months. One (1) hour short. Please submit a copy of one (1) hour additional credit with your POC.</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><i>SCG #2 had since completed the requisite one (1) hour additional continuing education to complete the 12 hours needed for the past 12 months. See attached.</i></p> <p style="text-align: right;"><i>Kim A. Lini</i></p>	

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<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> Substitute Care Giver (SCG) #2 – Eleven (11) hours of continuing education credits completed in past 12 months. One (1) hour short. Please submit a copy of one (1) hour additional credit with your POC.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></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><i>In order for this to not happen again I will mandate a monthly continuing education classes in order to fulfill the needed yearly 12 hours continuing education in the swiftest way possible, regardless of when the year is supposed to end.</i></p>	<p>9/2/22</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><b><u>FINDINGS</u></b> No documentation that fire drills were conducted in January, February, April, May, July, and August in 2022.</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>	



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<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><u>FINDINGS</u> No documentation that fire drills were conducted in January, February, April, May, July, and August in 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><i>In order for this not to happen again I will conduct a fire drill every time I perform the monthly fire alarms check.</i></p> <p><i>I have scheduled future monthly fire drill in the kitchen calendar.</i></p> <p><i>Amir L. Lio</i></p>	<p>9/3/22</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§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:</p> <p>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;</p> <p><b><u>FINDINGS</u></b> Resident #1 – RN case manager made a visit and documented in progress notes on 8/23/22. However, no documentation that comprehensive assessment was completed at readmission on 8/22/22 after discharge from the hospital.</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>	

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<input checked="" type="checkbox"/>	<p>§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:</p> <p>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;</p> <p><b>FINDINGS</b> Resident #1 – RN case manager made a visit and documented in progress notes on 8/23/22. However, no documentation that comprehensive assessment was completed at readmission on 8/22/22 after discharge from the hospital.</p>	<p><b>PART 2</b></p> <p><b>FUTURE PLAN</b></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><i>In order for this not to happen again I will ensure that the RN case manager perform and document a comprehensive assessment after the client had been discharged from the hospital.</i></p> <p><i>If the cas has not given a detailed completed assessment after discharge, at 2 working days I will request one from her.</i></p>	<p>9/3/22</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4)            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>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – Physician noted 3/7/22, “In June 2004 Cardiac catheterization showing 50% LAP narrowing.” The resident is also on Nitroglycerin 0.4mg prn for chest pain. No care plan for cardiac issues.</p>	<p><b>PART 1</b></p> <p><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I corrected this deficiency by requesting the RN case manager include in the service plan the care plan for cardiac issues. This care plan will include when the NITROGLYCERIN need to be given to PR which will also be included in the MEDICATION administration / side effects.</i></p> <p><i>Ann S. Spivey</i></p> <p><i>I will communicate with the case manager the need for a care plan monthly.</i></p>	<p><i>11/13/22</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) 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>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician noted 3/7/22, “In June 2004 Cardiac catheterization showing 50% LAP narrowing.” The resident is also on Nitroglycerin 0.4mg prn for chest pain. No care plan for cardiac issues.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN</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>In order for this not to happen again I will ensure that the care plan generated by the RN case management address all the reasons for why each and every PRN medication had been prescribed to the client and the instances/situations as well as that certain medications be given/administered to the client.</i></p> <p style="text-align: right;"><i>Kim S. Smith</i></p>	<p style="text-align: right;">9/30/22</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(6)  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>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – No documentation that RN case manager trained care givers for Hoyer lift use.</p>	<p><b>PART 1</b></p> <p><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I had since requested the RN case manager to write a document for HOYER lift use Training checklist.</i></p> <p><i>Devin J. Jones</i></p> <p><i>I was able to obtain Training up hoyer lift documentation from cas and filed in checklist chart.</i></p>	<p>11/10/22</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(6)            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>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – No documentation that RN case manager trained care givers for Hoyer lift use.</p>	<p><b>PART 2</b></p> <p><b>FUTURE PLAN</b></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><i>In order for this not to happen again I will ensure that the RN case manager generate documentation for training in the use of all in use DME, in this case the HOYER lift.</i></p> <p><i>Alvin P. Stein</i></p> <p><i>I will communicate w/ cas manager regarding needed training documentation if needed.</i></p>	<p>10/10/22</p>

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Licensee's/Administrator's Signature: Olivia S. Brown

Print Name: OLIVIA S. BROWN

Date: 11/13/22

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