

Office of Health Care Assurance

State Licensing Section.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

_	Facility's Name: Residential Care of Maui LLC	CHAPTER 100.1
	Pacifity s dange vesion	
		Inspection Date: June 3, 2022 Annual
	Address: 360 Hilu Place, Kahulul, Hawaii 96732	**************************************
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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:

08/16/16, Rev 09/09/16, 03/06/18, 04/16/18

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RULES (CRITERIA) \$11-160.1-10 Admission policies. (a) Type I ARCHs shall admit residents requiring care as sutted in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident shall be determined and documented by that resident prior to a resident's level of care shall be obtained prior to a resident's series 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 anthorized by the resident to review it. FINDINGS Resident #1 - No current level of care. PART 1 DID YOU CORRECT THE DEFICIENCY USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY I called PCP to make appointment to complete Resident #1's level of care. Appointment: June 29, 2020, however resident was admitted to the hospital (June 22,2022) and later discharge from my care home.

	RULES (CRITERIA)	PLAN OF CORRECTION PART 2	Completion Date
	STI-100.1-10 Admission policies. (a) Type I ARCHs shall admit residents requiring care as stated in section. II-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. FINDINGS.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I will use and follow the admission checklist to ensure all the requirements are done completely.	6-6-22
in the state of th	Resident#1 No current level of care	The state of the s	y mage de l'architecture de l'
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
No. of the state o	\$11-100.1-H Nutrition. (I) 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. FINDINGS Resident #1 - No documented evidence that the diet order "regular food" was clarified with the physician: "Regular food" is not a standard diet order.	PART 1 DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY I called PCP to make an appointment and to clarify diet. To make sure it is in a standard diet order. Made an appointment to see MD on June 29,2022, however resident was admitted to the hospital on June 22,2022 and discharged. I was not able to obtain the diet order.	6-6-22
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-	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	\$11-100.1-13 Nutrition (I) 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. FINDINGS Resident II — No documented evidence that the diet order "regular food" was clarified with the physician "Regular food" is not a standard diet order.	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT TO HOESN'T HAPPEN AGAIN? I will use and follow the standard diet form, I will call the Department Dietician to help me to make sure that the diet is written the right way.	6-6-22
		I will call the PCP for appointment to clarify the residents diet and to make sure it is clear and written in a standard diet.	
The state of the s			

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-100.1-15 Medications (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. INDINGS Mulpirocit cintment and Amiseptic Skin Cleanser bottle left in residents' bathroom PCG removed and secured the medications during inspection.	PART 1	
	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	and the state of t

		PLAN OF CORRECTION	Completion Date
, constant	RULES (CRITERIA)	PART 2	·
Drags tempe securi shall conta FINI Mupi	shall be stored under proper conditions of sanitation, rathure, light, moisture, ventilation, segregation, and ity. Medications that require storage in a refrigerator be properly labeled and kept in a separate locked iner. DINGS INVERSITY INVESTIGATION OF THE PROPERTY	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU'DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
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		PLAN OF CORRECTION	Completion
	RULES (CRITERIA)	PART 1	Date
1	All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. FINDINGS Resident #1 - "Sennosides (Senoket) 8.6mg oral tab, take by mouth at bedrine as needed" was ordered on 4/19/2022 and 5/5/2022. No dosage and no as needed indication noted.	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY I called the PCP to clarify and made an appointment. Appointment: June 29, 2022 but resident was admitted to the hospital.	6-6-22
a designation of the second of			

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
XII-100.T-15 Medications (e)	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I will double check the medication orders, medication labels and MAR to ensure that orders are the same and written the proper way. Review the documents once every end of the month. If clarification is needed, I will contact the doctor with in 24 hours.	6-6-22

		PLAN OF CORRECTION	Completion
	RULES (CRITERIA)	PART 1	- Date
	All medications and supplements, such as vitamins, and formulas, shall be made available as ordered by a physician or APRN. FINDINGS Resident #1 — "Sennosides (Senokol) 8 ting oral tab, take by mouth at bedtime as needed" was ordered on 4/19/2022 and 5/5/2022. Medication bottle label says "Sema-Plus 8.6mg-50mg, take 1-2 tablet as needed tivice a day." Physician's order and medication bottle label do not match.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY I called MD for clarification.	16
	50mg, take 1-2 tables as much south and medication bottle label do not match.		والمعادية والمستعمدة و
ومعاصفه فيهيد والمتاهمة والمتاهم والمتاهمة والمتاهم والمتاهمة والمتاهم والمتاهمة والمتاهم و			AMACCA AND THE STATE OF THE STA

<u></u>	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	\$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. FINDINGS Resident #1 — "Semosides (Senokot) 8.6mg oral tab, take by mouth at bedtime as needed" was ordered on 4/19/2022 and 5/5/2022. Medication bottle label says "Sema-Pies 8.6mg-50mg, take 1-2 tablet as needed twice a day." Physician's order and medication bottle label do not match.	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WHAT YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I will be responsible to double check all medication orders before administering the medicine to ensure the orders from MD, medication label and MAR is all the same. I will review medication label and medication order every end of the month, if clarification is needed, I will contact the doctor with in 24 hours.	6-6-22
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
- Company of the Comp	§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. FINDINGS Resident #1 - Vitamin D3 50mcg (2000IU) was listed in medication administration record (MAR). No current order on file.	PART 1 DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY I called MD for clarification and made appointment	6-6-22
and the second s		on June 29, 2022 at 1pm. I was not able to obtain a new order because resident was admitted to the hospital on June 22,2022.	
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[RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	\$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. FINDINGS Resident #1 - Vitamin D3 50meg. (2000HJ) was listed in medication administration record (MAR). No current order on file.	PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
المستند مين المستند ال		I will be responsible to double check all medications to ensure before administering to the resident to make sure that there is a written orders from the MD in file.	6-6-22
المريسة المعادد المستعدد		Review order every end of the month and contact Doctor with in 24 hours.	·1
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
Contraction of the Contraction o	All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. FINDINGS Resident #1 - Physician noted on 5/16/2022 "Recommended 1 tsp Sugar-Free Metamucil in 8cz H2O daily to keep stool soft and reg." Resident not taking Metamucil. Please clarify with physician.	PART 1 DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY I called MD to clarify and made appointment. Resident #1 Got admitted to the hospital on June 22, 2022. Appointment on June 29,2022. Unable to clarify because resident was discharged.	6-22-22
and the second s			

<u></u>	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	\$11-190.1-15 Medications. (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.	PART 2 <u>FUTURE PLAN</u>	
	FINDINGS Resident #1 - Physician noted on 5/16/2022 "Recommended 1 tsp Sugar-Free Metamuell in 80z H20 daily to keep stool soft and reg." Resident not taking Metamueit. Please clarify with physician.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	- Assertation
	Magaintiest, riegise clarity with pay-	I will ensure to check with MD regarding the Resident's Metamucil, ask for a PRN written orders instead of daily use because Resident has been moving his bowels (loose).	6-6-22
		Review medication orders every end of the month. Contact MD to clarify with in 24 hours.	
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
X	§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.	PART 1 DID YOU CORRECT THE DEFICIENCY?	
standardinarda — The — Angle	Resident #1 - Most recent physician's order dated \$/5/2022 and 4/18/2022 for "Amlodipine (Norvase) 5mg oral tab.	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
- And Brown	Take by mouth daily." In MAR, previous order of "Amlodipine 2.5mg; I tab PO PRN for BP above 150/90" was listed. MAR not updated when a new order was received on 4/18/2022.	I called RN case management to update and check MAR regularly to ensure that the new orders are the same as the one on the MAR.	6-6-22
		Review the documents every end of the month ans will update all documents when the medications are changed.	
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§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 of APRN.	PART 2 FUTURE PLAN	
:	FINDINGS Resident #1 - Most recent physician's order dated 5/5/2022 and 4/18/2022 for "Amilodipine (Norvase) Sing oral tab, Take by mouth daily." In MAR, previous order of	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
	"Amlodipine 2.5mg, 1 tab PO PRN for BP above 150/96" was listed. MAR not updated when a new order was received on 4/18/2022.	I will ensure to double check MD orders in a monthly basis to make sure new orders are updated in the MAR.	6-6-22
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مدمده العدام	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initiated by the care giver. FINDINGS. Resident #1 — Sennosides 8.6mg tab, take by mouth at bedtime as needed ordered on 4/19/2022 and 5/5/2022. But "Senna S 8.6mg-50mg 1-2 tabs PO BID PRN" was listed in MAR.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY I called the MD to clarify medications. Made an appointment to see MD, however resident got admitted to the hospital. Unable to update order because resident was admitted and later discharged.	
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	\$11-100.1-15 Medications. (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 gives. FINDINGS Resident #1 — Seamosides 8 fing tab, take by mouth at bedfine as needed ordered on 4/19/2022 and 5/5/2022. But "Seama S 8 fing-50mg 1-2 tabs PO BID PRN" was listed in MAR.	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I will ensure to double check with MD all medications before administering.	6-6-22
المساور المساور المساور المساور		I will clarify all the MD orders with the RN case manager to ensure to follow the right order and update MAR in a monthly basis.	
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<u></u>	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	\$11-100.1-15 Medications (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. FINDINGS Resident #1 - Chlumexidine wash BID was ordered on 5/24/2022. The medication not listed in MAR.	PART 1 DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY I called RN case manager to update MAR regularly. Wrote down in MAR.	6-6-22
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
(A)	\$11-100.1-15 Medications (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. FINDINGS Resident#1 - Chlorhexidine wash BID was ordered on 5/24/2022. The medication not listed in MAR.	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 second se		I will be more responsible to check MAR daily to clarify RN case manager to update MAR if there is new orders. I will review MAR once a month and update medication changes.	6-6-22
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	RULES (CRITERIA)	· PLAN OF CORRECTION	Completion Date
- Constitution of the cons	§11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initiated by the care gives. FINDINGS Resident #1.—"Tyleno! Extra Strength 500mg, 1 tab every 6	PART I DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
	hr PRN for pain. Do not exceed 4 per day" was ordered on 4/19/2022 and 5/5/2022. But "Acetaminophen (Tylenol ES) 500mg; I tab PO PRN" was listed in MAR. Frequency was	I called PCP to clarify medication oders. Updated MAR.	6-6-22
منهارات المسهم	not listed.		
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
No. of the control of	\$11-100 1-15 Medications. (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. PINDINGS Resident #1 — "Tylenol Extra Strength 500mg, I tab every 6 for PRN for pain. Do not exceed 4 per day" was ordered on 4/19/2022 and 5/5/2022. But "Acctaninophen (Tylenol ES) 500mg, I tab PO PRN" was listed in MAR. Frequency was not listed.	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I will be responsible to double check the medication orders in a monthly basis to make sure MAR is updated by RN case manager. Review and update MAR once a month.	6-6-22
The construction of the co			

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-100.1-15 Medications. (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. EINDINGS Resident #1 - "Vitamin D3; 1 cap PO Duily" was listed in MAR as current medication. There was no current physician's order.	PART I DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY I called PCP for medication clarification. Made an appointment to see MD on June 29, 2022, but resident got admitted to the hospital on June 22,2022. Unable to update medication order.	6-6-22
Accompanies of the contraction o			

ļ	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	\$11-100.1-15 Medications (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. FINDINGS Resident #1 - "Vitamin D3; 1 cap PO Daily" was listed in MAR as current medication. There was no current physician's order.	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I will be responsible to double check all medication orders before administering to the Residents. Review once a month. If needed clarification, I will contact MD with in 24 hours.	6-6-22
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-100.1-17 Records and reports. (b)(1) During residence, records shall include:	PART I	-
-	Annual physical examination and other periodic examinations, pertinent intuitive attentions, evaluations, progress notes, relevant laboratory reports, and a report of affilial re-evolution for tuberculosis;	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	-
	FINDINGS Resident #1 — Current physical exam form was not filled completely. The reason for the visit was noted "Annual wellness visit" by an APRN.	I called PCP or APRN to make appointment to complete the Resident annual physical check.	6-6-22
		Appointment date: June 29, 2022	- - -
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X.	§11-100 I-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic	PART 2 <u>FUTURE PLAN</u>	
	examinations, pertinent immonizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for suberculosis; FINDENCS	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
- جهرېښت سان نوست	Resident #1 - Current physical exam form was not filled completely. The reason for the visit was noted "Annual wellness visit" by an APRN.	I will make sure to check annual physical exam are done completely by the MD or APRN.	6-6-22
de la companya de la	The second secon	I will review before I leave the doctors office and will also review paperworks after I come home to ensure all papers are complete, If needed clarification, if needed clarification, I will contact MD with in 24 hours.	
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§ 11-100.1-17 Records and reports. (b)(3) During residence, records shall include:	PART 1	
Management	Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the residents response to medication, treatments, diet, care plan, any changes in condition, indications of illusist or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;		
American de la companya de la compa	EINDINGS Resident #1.—Physician's noted stated "Please monitor for S/5 of worsening infection" for toes. No progress notes made for PCG's observation.	Correcting the deficiency after-the-fact is not	account of the state of the sta
a de la descripción de la companya d		practical/appropriate. For this deficiency, only a future	
		plan is required.	
Francisco III			
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	B11-100.1-17 Records and reports. (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. Encumentation shall be completed immediately when any incident occurs:	PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
	EINDINGS Resident#1 - Physician's noted stated 'Please monitor for 5/S of worsening infection' for toes. No progress notes made for PCG's observation.	I will be responsible to check daily to ensure that charting in the progress notes are done completely. Review progress notes every 15th and every end of the month and will update it.	6-6-22
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- Administration			And and an

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
M	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include:	PART 1	
wasannya maraka mar	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:		
4	FINDINGS Resident #1 - Physician's noted "CBC+FOBF" on		-
the state of	5/16/2022. No documentation that FOBT was done.	Correcting the deficiency	
	See Andread See See See See See See See See See Se	after-the-fact is not	- Control of the Cont
		practical/appropriate. For	-
		this deficiency, only a future	-
		plan is required.	- - - -
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	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. FINDENCS Resident #1 — Physician's noted "CBC+FOBT" on 5/16/2022. No documentation that FOBT was done.	PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WHILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I will be responsible to check the progress notes daily to ensure that all documents are done completely. Review documentation every end of the month. Make a reminder in the calendar.	6-6-22
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
X	§11-100,1-17 Records and reports (b)(4) During residence, records shall include:	PART 1	· Carrier and Library
<u> -</u>	Entries describing treatments and services rendered;		
	FINDINGS Resident #1 - Physician ordered "Finid restriction 1800ml/day" on 5/16/2022. No documentation that fluid restriction was realistatined.		
Dividation and the control of the co	The state of the s	Correcting the deficiency after-the-fact is not	
		practical/appropriate. For this deficiency, only a future	
- the second sec		plan is required.	
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100,1-17 Records and reports. (b)(4) During residence, records shall include: Engines describing treatments and services rendered;	PART 2 <u>FUTURE PLAN</u>	
FINDINGS Resident #1 - Physician ordered "Fluid restriction 1800mil/day" on 5/16/2022. No documentation that fluid restriction was maintained.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
	I will be responsible to create a documentation for Fluid Restriction chart to ensure that fluid restriction is maintained daily. I will ensure that all Physician Orders will be documented in the Residents chart. Review and made a form for liquid in take and it is filled in the resident binder. If I will have a resident with Fluid Restriction I will have	
	the form and will do a training to all the substitute caregivers.	and the second s
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
X	§11-100,1-17 Records and reports. (h)(1) Miscellaneous records:	PART 1	S. propogramos designation of the state of t
· ·	A permanent general register shall be maintained to record all admissions and discharges of residents;		diproxycentes are a second
VAL	FINDINGS Permanent Resident Register does not reflect one discharged and one readmitted resident. PCG documented during inspection.	· · · · · · · · · · · · · · · · · · ·	
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ئىملۇر يېزان ادار ما جوان		Correcting the deficiency after-the-fact is not	enemorphism of the state of the
ميشية التراث التراثية		practical/appropriate. For this deficiency, only a future plan is required.	
			The design of the second secon
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§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; FINDINGS Permanent Resident Register does not reflect one discharged and one readmitted resident. PCG documented during inspection.	PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
		I will be responsible to double check Resident Register in a monthly basis to ensure all admissions and discharges are recorded completely.	6-6-22
		I will use admission checklist ans review it once a month.	
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	\$11-100.1-20 Resident health care standards. (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN. FINDINGS Resident #1 - Physician's order dated 12/21/2021 "Bloodglucose meter kit for use to take blood sugar twice a day" was not updated more than four months.	PART 1 DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY I called MD office to clarify orders and made an	6-6-22
		appointment. Unable to update order because resident was admitted to the hospital and was later discharged.	
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F	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
	S11-100.1-20 Resident health care standards. (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician of APRN. PINDINGS Resident #1 — Physician's order dated 12/21/2021 "Bloodgliuose meter kit for use to take blood sugar twice a day" was not updated more than four months.	PLAN OF CORRECTION PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I will be responsible to follow up and clarify MD' order to ensure Physicians orders are updated. Make the next appointment after the time of the visit, Write it in the calendar.	Date

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-100.1-20. Resident health care standards. (a). The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN. FINDINGS Resident #1 - There were daily blood glucose results (once a day) from February 2022. Physician's order dated 12/21/2021 was to check twice a day. No order to change blood glucose check from twice a day to once a day. Please clarify with the physician.	PART 1 DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY I called MD office to clarify orders, made an appointment. Unable to obtain order because resident was discharge on June 22,2022. Appointment on June 29,2022	6-6-22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	\$11-T00.1-20. Resident health care standards. (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN. FINDINGS Resident #I - There were daily blood glucose results (once a day) from February 2022. Physician's order dated 12/21/2021 was to check twice a day. No order to change blood glucose check from twice a day to once a day. Please clarify with the physician.	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I will be responsible to double check with the Physician and clarify order deficiencies.	6-6-22
Andrew Comment of the state of		Review once a month and contact MD office if needed clarification with in 24 hours.	The second secon
The second secon			

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
Miscellaneous: Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, tollet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system. EINDINGS Signaling device in resident's bedroom #2 not working. The signaling device worked after PCG changed the battery during inspection.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	
	. v.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	811-100.1-23 Physical environment. (p)(5) Miscellaneous: Signaling devices approved by the department shall be provided for residents use at the bedside, in bethrooms, toilet rooms, and other areas where residents may be left alone. In Type I-ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed madequate, there shall be an electronic signaling system.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU BO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
المراجعة الم	FINDINGS Signaling device in resident's bedroom #2 not working. The signaling device worked after PCG changed the battery during inspection.	I will be responsible to check signaling device daily to ensure all call buttons are working for the residents safety. Check daily at night after dinner.	6-10-22
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-	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-100,1-86 Fire safety. (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: Fire drills shall be conducted and documented at least monthly under varied conditions and times of day:	PART I	
	FINDINGS Fire drills conducted monthly. But only locations of the fires were documented in Description of Drill." No other information nated.		and the second of the second o
		Correcting the deficiency after-the-fact is not practical/appropriate. For	
		this deficiency, only a future plan is required.	The state of the s
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	\$11-100.1-86 Fire safety. (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: Fire drills shall be conducted and documented at least monthly under varied conditions and times of day; FINDINGS Fire drills conducted monthly. But only locations of the fires were documented in "Description of Drill." No other	1 will be more responsible to be more specific on the	6-20-22
المساطية الأدار	information notes.	the fire description when we perform the fire drills. Give caregiver training to document completely.	- description of the state of t
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-	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
II III III II II II II II II II II II I	\$11-100.1-88 Case management qualifications and services. (c)(1) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family of surrogate in collaboration with the prinsity 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. EINDENGS Resident #1 — No comprehensive assessment at admission on 12/21/2021.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	
The state of the s			

 RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
RULES (CRITERIA) § 11-100.1-88: Case management qualifications and services. (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. FINDINGS Resident #1—No comprehensive assessment at admission on 12/21/2021.	PLAN OF CORRECTION PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? Followed up and will work with the case manager to provide comprehensive assessment prior admission. I will use and follow the case management checklist to make sure the requirements for case management agency papers are done completely prior to admission.	1 ~

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
in photographic in the control of th	§11-100.1-88 Case management qualifications and services. (c)(3) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surregate in collaboration with the primary care giver and physician or APRN. The case manager shall: Review the care plan monthly, or sooner as appropriate;	PART I DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
المام المدسية في المام المدسية المام المدسية المام المدسية المام المام المام المام المام المام المام المام الم	FINDINGS Resident #1.—Care plan does not include "Fluid restriction 1800ml/day."	I called and work with the RN case manager regarding Care plan specifically Fluid Restrictions.	6-20-22
		RN case manager updated care plan.	
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·	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	\$11-100.1-88 Case management qualifications and services. (c)(3) 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: Review the care plan monthly, or sooner as appropriate; FINDINGS: Resident #1 — Care plan does not include "Fluid restriction 1800ml/day."	PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN; WHAT WHAL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAEN? Followed up and will work with the case manager to review the care plan in a monthly basis.	6-20-22
The state of the s			

:	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	\$11-100.1-88 Case management qualifications and services. (c)(3) 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: Review the care plan menthly, or scorer as appropriate; FINDINGS Resident #1 — Care plan does not include resident's self	PART I DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY I called and work with the RN case manager to review the care plan and to include Residents self injurious	6-20-22
:	injurious behavior.	behavior. RN case manager updated the care plan.	ما الما الما الما الما الما الما الما ا
			demanded of the following of the followi
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-100.1-88 Case management qualifications and services (c)(3). 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: Review the care plan monthly, or sooner as appropriate;	PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	and and an analysis of the control o
And the spiriture for a sharp spiriture spirit	FINDINGS. Resident#1 – Care plan does not include resident's self injurious behavior.	Followed up and will work with the case manager to review the Care Plan every month and to include Resident's self injurious behavior.	6-20-22
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the contraction of the contracti			

·	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§13-100.1-88 Case management qualifications and services. (c)(6) Case management services for each expanded ARCH	PART 1 DID YOU CORRECT THE DEFICIENCY?	and the second second
immerment of the state of the s	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:	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
and the second s	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	Called RN Case manager to train caregiver for blood glucose monitoring.	6-20-22
وفستانتها فسيد الماريان	EXPANDINGS Resident #1 - No documentation that case manager trained caregivers for blood glucose monitoring.	RN case manager trained caregivers for the blood glucose monitoring. Training documents are on file in the residents binder.	
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-100.1-88 Case management qualifications and services. (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: 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;	PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I will follow up with the case manager regarding training caregivers for blood glucose monitoring.	6-20-22
* Adecieves; militarist	FINDINGS Resident #1 - No documentation that case manager trained caregivers for blood glucose monitoring.	Go over care plan and training at least once a month with RN case manager.	
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volume oblimation of the second of the secon	And the state of t		

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§41-100.1-88 Case management qualifications and services. (c)(8) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surregate in collaboration with the primary care giver and physician or APRN. The case manager shall: Have face to face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities; FINDINGS Resident #1 - No documentation that case manager conducted face to face contact for May 2022.	PART 1 DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Called RN case manager about the face to face documentation for May 2022 visit. I obtained the documentation for May 2022 visit and filed it at the resident binder.	6-20-22

-	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\boxtimes	\$11-190.1-88 Case management qualifications and services.	PART 2	
	Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or	FUTURE PLAN	- Company of the Comp
<u>.</u>	surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:	USE THIS SPACE TO EXPLAIN YOUR FUTURE	
].	Have face to face contacts with the expanded ARCH resident at least once every thirty days, with more frequent	PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
	compots based on the resident's needs and the care giver's capabilities;	I will make sure thhe all-documentations are done	
	<u>FINDINGS</u>	and-	
:	Resident #1 - No documentation that case manager conducted face to face contact for May 2022.	available for the department to review	
		I will make sure that the RN case manager will have all papers on file after each monthly visits to make sure it will be available for the department to review.	6-20]-2 2
	-	I will print out copy the next day after the visit	-Simplesty
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Licensee's Administrator's Signature:

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