



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
Address: 360 Hiliu Place, Kahului, Hawaii 96732	Inspection Date: June 3, 2022 Annual

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 current level of care.</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 called PCP to make appointment to complete Resident #1's level of care.</p> <p>Appointment : June 29, 2020, however resident was admitted to the hospital ( June 22,2022 )and later discharge from my care home.</p>	<p>6-6-22</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<div data-bbox="199 300 241 341"> <input checked="" type="checkbox"/> </div> <div data-bbox="273 284 924 633"> <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> </div> <div data-bbox="283 657 430 690"> <p><u>FINDINGS</u></p> </div> <div data-bbox="283 673 714 722"> <p>Resident #1 - No current level of care.</p> </div>	<div data-bbox="1239 267 1365 300"> <p>PART 2</p> </div> <div data-bbox="1186 332 1417 381"> <p><u>FUTURE PLAN</u></p> </div> <div data-bbox="945 397 1669 527"> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> </div> <div data-bbox="955 576 1648 673"> <p>I will use and follow the admission checklist to ensure all the requirements are done completely.</p> </div>	<div data-bbox="1711 576 1806 617"> <p>6-6-22</p> </div>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (1) 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 documented evidence that the diet order "regular food" was clarified with the physician. "Regular food" is not a standard diet order.</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 called PCP to make an appointment and to clarify diet. To make sure it is in a standard diet order.</p> <p>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.</p>	<p>6-6-22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (1) 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 requesting such diets.</p> <p><u>FINDINGS</u> Resident #1 - No documented evidence that the diet order "regular food" was clarified with the physician. "Regular food" is not a standard diet order.</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 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.</p> <p>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.</p>	<p>6-6-22</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><u>FINDINGS</u>            Mupirocin ointment and Antiseptic Skin Cleanser bottle left in residents' bathroom. PCG removed and secured the medications during inspection.</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>	

	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><u>FINDINGS</u>            Mupirocin ointment and Antiseptic Skin Cleanser bottle left in residents' bathroom. PCG removed and secured the medications during inspection.</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 will be more responsible to double check to make sure all medicines and skin cleanser are kept in an Ziplock and will be returned in a medication cabinet after each use. I will check bathroom every morning after breakfast.</p>	<p>6-6-22</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><u>FINDINGS</u> Resident #1 - "Sennosides (Senokot) 8.6mg oral tab, take by mouth at bedtime as needed" was ordered on 4/19/2022 and 5/5/2022. No dosage and no as needed indication noted.</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 called the PCP to clarify and made an appointment. Appointment : June 29, 2022 but resident was admitted to the hospital.</p>	<p>6-6-22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§14-100.1-15 <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><u>FINDINGS</u> Resident #1 - "Sennosides (Senokot) 8.6mg oral tab, take by mouth at bedtime as needed" was ordered on 4/19/2022 and 5/5/2022. No dosage and no as needed indication noted.</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 will double check the medication orders, medication labels and MAR to ensure that orders are the same and written the proper way.</p> <p>Review the documents once every end of the month. If clarification is needed, I will contact the doctor with in 24 hours.</p>	<p>6-6-22</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<div data-bbox="174 272 216 310" data-label="Image"><input checked="" type="checkbox"/></div> <p data-bbox="247 253 873 391">§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 data-bbox="254 415 390 448"><u>FINDINGS</u></p> <p data-bbox="254 415 898 602">Resident #1 - "Sennosides (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 "Senna-Plus 8.6mg-50mg, take 1-2 tablet as needed twice a day." Physician's order and medication bottle label do not match.</p>	<p data-bbox="1220 204 1335 237">PART 1</p> <p data-bbox="978 261 1577 334"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p data-bbox="978 334 1587 431"><u>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</u></p> <p data-bbox="936 480 1293 521">I called MD for clarification.</p>	<p data-bbox="1682 464 1776 488">6-6-22</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><u>FINDINGS</u> Resident #1 — "Sennosides (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 "Senna-Plus 8.6mg-50mg, take 1-2 tablet as needed twice a day." Physician's order and medication bottle label do not match.</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 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.</p> <p>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.</p>	<p>6-6-22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-106.1-15 <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><u>FINDINGS</u> Resident #1 - Vitamin D3 50mcg (2000IU) was listed in medication administration record (MAR). No current order on file.</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 called MD for clarification and made appointment on June 29, 2022 at 1pm.</p> <p>I was not able to obtain a new order because resident was admitted to the hospital on June 22, 2022.</p>	<p>6-6-22</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><u>FINDINGS</u> Resident #1 - Vitamin D3 50mcg (2000IU) was listed in medication administration record (MAR). No current order on file.</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 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.</p> <p>Review order every end of the month and contact Doctor with in 24 hours.</p>	6-6-22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b>FINDINGS</b> Resident #1 - Physician noted on 5/16/2022 "Recommended 1 tsp Sugar-Free Metamucil in 8oz H<sub>2</sub>O daily to keep stool soft and reg." Resident not taking Metamucil. Please clarify with physician.</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 called MD to clarify and made appointment. Resident #1 Got admitted to the hospital on June 22, 2022.</p> <p>Appointment on June 29, 2022. Unable to clarify because resident was discharged.</p>	<p>6-22-22</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 – Physician noted on 5/16/2022 “Recommended 1 tsp Sugar-Free Metamucil in 8oz H2O daily to keep stool soft and reg.” Resident not taking Metamucil. Please clarify with physician.</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 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).</p> <p>Review medication orders every end of the month. Contact MD to clarify with in 24 hours.</p>	6-6-22

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<input checked="" type="checkbox"/>	<p>§11-106.1-15 <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 - Most recent physician's order dated 5/5/2022 and 4/18/2022 for "Amlodipine (Norvasc) 5mg oral tab, Take by mouth daily." In MAR, previous order of "Amlodipine 2.5mg, 1 tab PO PRN for BP above 150/90" was listed. MAR not updated when a new order was received on 4/18/2022.</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 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.</p> <p>Review the documents every end of the month and will update all documents when the medications are changed.</p>	6-6-22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (c) 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 - Most recent physician's order dated 5/5/2022 and 4/18/2022 for "Amlodipine (Norvasc) 5mg oral tab, Take by mouth daily." in MAR, previous order of "Amlodipine 2.5mg, 1 tab PO PRN for BP above 150/90" was listed. MAR not updated when a new order was received on 4/18/2022.</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 will ensure to double check MD orders in a monthly basis to make sure new orders are updated in the MAR.</p>	6-6-22

	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 initiated by the care giver.</p> <p><u>FINDINGS</u> 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.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p><u>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</u></p> <p>I called the MD to clarify medications. Made an appointment to see MD, however resident got admitted to the hospital.</p> <p>Unable to update order because resident was admitted and later discharged.</p>	6-6-22

	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 – 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.</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 will ensure to double check with MD all medications before administering.</p> <p>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.</p>	6-6-22

	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 initiated by the care giver.</p> <p><b>FINDINGS</b> Resident #1 - Chlorthalidone wash BID was ordered on 5/24/2022. The medication not listed in MAR.</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 called RN case manager to update MAR regularly.</p> <p>Wrote down in MAR.</p>	<p>6-6-22</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 -- Chlorhexidine wash BID was ordered on 5/24/2022. The medication not listed in MAR.</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 will be more responsible to check MAR daily to clarify RN case manager to update MAR if there is new orders.</p> <p>I will review MAR once a month and update medication changes.</p>	<p>6-6-22</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications. (m)</u> 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.</p> <p><b>FINDINGS</b> Resident #1 – "Tylenol Extra Strength 500mg, 1 tab every 6 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; 1 tab PO PRN" was listed in MAR. Frequency was not listed.</p>	<p><b>PART I</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 called PCP to clarify medication orders. Updated MAR.</p>	<p>6-6-22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications. (m)</u> 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.</p> <p><u>FINDINGS</u> Resident #J - "Tylenol Extra Strength 500mg, 1 tab every 6 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, 1 tab PO PRN" was listed in MAR. Frequency was not listed.</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 will be responsible to double check the medication orders in a monthly basis to make sure MAR is updated by RN case manager.</p> <p>Review and update MAR once a month.</p>	<p>6-6-22</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 initiated by the care giver.</p> <p><u>FINDINGS</u> Resident #1 - "Vitamin D3; 1 cap PO Daily" was listed in MAR as current medication. There was no current physician's order.</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 called PCP for medication clarification.</p> <p>Made an appointment to see MD on June 29, 2022, but resident got admitted to the hospital on June 22, 2022.</p> <p>Unable to update medication order.</p>	<p>6-6-22</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 initiated by the care giver.</p> <p><b><u>FINDINGS</u></b> Resident #1 - "Vitamin D3; 1 cap PO Daily" was listed in MAR as current medication. There was no current physician's order.</p>	<p>PART 2</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 will be responsible to double check all medication orders before administering to the Residents.</p> <p>Review once a month. If needed clarification, I will contact MD with in 24 hours.</p>	<p>6-6-22</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 #1 - Current physical exam form was not filled completely. The reason for the visit was noted "Annual wellness visit" by an 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>I called PCP or APRN to make appointment to complete the Resident annual physical check.</p> <p>Appointment date: June 29, 2022</p>	<p>6-6-22</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 #1 - Current physical exam form was not filled completely. The reason for the visit was noted "Annual wellness visit" by an APRN.</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 will make sure to check annual physical exam are done completely by the MD or APRN.</p> <p>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.</p>	6-6-22

	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><b>FINDINGS</b> Resident #1.—Physician's noted stated "Please monitor for S/S of worsening infection" for toes. No progress notes made for PCG's observation.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<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 - Physician's noted stated "Please monitor for S/S of worsening infection" for toes. No progress notes made for PCG's observation.</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 will be responsible to check daily to ensure that charting in the progress notes are done completely.</p> <p>Review progress notes every 15th and every end of the month and will update it.</p>	6-6-22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-190.1-17 <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>FINDINGS</b> Resident #1 - Physician's noted "CBC+FOBT" on 5/16/2022. No documentation that FOBT was done.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-t00.1-17 <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 - Physician's noted "CBC+FOBT" on 5/16/2022. No documentation that FOBT was done.</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 will be responsible to check the progress notes daily to ensure that all documents are done completely.</p> <p>Review documentation every end of the month. Make a reminder in the calendar.</p>	<p>6-6-22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered:</p> <p><b>FINDINGS</b> Resident #1 – Physician ordered “Fluid restriction 1800ml/day” on 5/16/2022. No documentation that fluid restriction was maintained.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100,1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #1 - Physician ordered "Fluid restriction 1800ml/day" on 5/16/2022. No documentation that fluid restriction was maintained.</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 will be responsible to create a documentation for Fluid Restriction chart to ensure that fluid restriction is maintained daily.</p> <p>I will ensure that all Physician Orders will be documented in the Residents chart.</p> <p>Review and made a form for liquid in take and it is filled in the resident binder.</p> <p>If I will have a resident with Fluid Restriction I will have the form and will do a training to all the substitute caregivers.</p>	6-6-22

	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><b>FINDINGS</b> Permanent Resident Register does not reflect one discharged and one readmitted resident. PCG documented during inspection.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<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> Permanent Resident Register does not reflect one discharged and one readmitted resident PCG documented during inspection.</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 will be responsible to double check Resident Register in a monthly basis to ensure all admissions and discharges are recorded completely.</p> <p>I will use admission checklist and review it once a month.</p>	<p>6-6-22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards. (a)</u> 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.</p> <p><u>FINDINGS</u> Resident #1 - Physician's order dated 12/21/2021 "Blood-glucose meter kit for use to take blood sugar twice a day" was not updated more than four months.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b><u>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</u></b></p> <p>I called MD office to clarify orders and made an appointment.</p> <p>Unable to update order because resident was admitted to the hospital and was later discharged.</p>	<p>6-6-22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (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.</p> <p><u>FINDINGS</u> Resident #1 - Physician's order dated 12/21/2021 "Blood-glucose meter kit for use to take blood sugar twice a day" was not updated more than four months.</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 will be responsible to follow up and clarify MD' order to ensure Physicians orders are updated.</p> <p>Make the next appointment after the time of the visit. Write it in the calendar.</p>	<p>6-6-22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20. <u>Resident health care standards.</u> (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.</p> <p><u>FINDINGS</u> 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.</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 called MD office to clarify orders, made an appointment.</p> <p>Unable to obtain order because resident was discharged on June 22, 2022.</p> <p>Appointment on June 29, 2022</p>	6-6-22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-T00.1-20. <u>Resident health care standards. (a)</u> 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.</p> <p><b><u>FINDINGS</u></b> 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.</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 will be responsible to double check with the Physician and clarify order deficiencies.</p> <p>Review once a month and contact MD office if needed clarification with in 24 hours.</p>	<p>6-6-22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u> (p)(5). Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, 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 inadequate, there shall be an electronic signaling system.</p> <p><u>FINDINGS</u></p> <p>Signaling device in resident's bedroom #2 not working. The signaling device worked after PCG changed the battery during inspection.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, 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 inadequate, there shall be an electronic signaling system.</p> <p><b><u>FINDINGS</u></b> Signaling device in resident's bedroom #2 not working. The signaling device worked after PCG changed the battery during inspection.</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 will be responsible to check signaling device daily to ensure all call buttons are working for the residents safety.</p> <p>Check daily at night after dinner.</p>	<p>6-10-22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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>FINDINGS</b> Fire drills conducted monthly. But only locations of the fires were documented in "Description of Drill." No other information noted.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<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>FINDINGS</b>  Fire drills conducted monthly. But only locations of the fires were documented in "Description of Drill." No other information noted.</p>	<p>PART 2</p> <p>FUTURE PLAN</p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will be more responsible to be more specific on the the fire description when we perform the fire drills.</p> <p>Give caregiver training to document completely.</p>	<p>6-20-22</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)(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><u>FINDINGS</u> Resident #1 -- No comprehensive assessment at admission on 12/21/2021.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-160.1-88: <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 - No comprehensive assessment at admission on 12/21/2021.</p>	<p>PART 2</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>Followed up and will work with the case manager to provide comprehensive assessment prior admission.</p> <p>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.</p>	<p>6-20-22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p><b>FINDINGS</b>  Resident #1 - Care plan does not include "Fluid restriction 1800ml/day."</p>	<p>PART 1</p> <p><b>DID YOU CORRECT THE DEFICIENCY?</b>  <b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>I called and work with the RN case manager regarding Care plan specifically Fluid Restrictions.  RN case manager updated care plan.</p>	<p>6-20-22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services:</u> (e)(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:</p> <p>Review the care plan monthly, or sooner as appropriate;</p> <p><b>FINDINGS</b> Resident #1 - Care plan does not include "Fluid restriction 1800ml/day."</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>Followed up and will work with the case manager to review the care plan in a monthly basis.</p>	6-20-22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p><b>FINDINGS</b>  Resident #1 – Care plan does not include resident's self injurious behavior.</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 called and work with the RN case manager to review the care plan and to include Residents self injurious behavior.</p> <p>RN case manager updated the care plan.</p>	6-20-22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88: <u>Case management qualifications and services</u> (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:</p> <p>Review the care plan monthly, or sooner as appropriate;</p> <p><u>FINDINGS</u>  Resident #1 - Care plan does not include resident's self injurious behavior.</p>	<p>PART 2</p> <p>FUTURE PLAN</p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Followed up and will work with the case manager to review the Care Plan every month and to include Resident's self injurious behavior.</p>	<p>6-20-22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§17-100.1-88 <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, caregivers 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 case manager trained caregivers for blood glucose monitoring.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Called RN Case manager to train caregiver for blood glucose monitoring.</p> <p>RN case manager trained caregivers for the blood glucose monitoring.</p> <p>Training documents are on file in the residents binder.</p>	<p>6-20-22</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)(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 case manager trained caregivers for blood glucose monitoring.</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 will follow up with the case manager regarding training caregivers for blood glucose monitoring.</p> <p>Go over care plan and training at least once a month with RN case manager.</p>	<p>6-20-22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§41-100.1-88 <u>Case management qualifications and services.</u> (c)(8) 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>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;</p> <p><u>FINDINGS</u> Resident #1 -- No documentation that case manager conducted face to face contact for May 2022.</p>	<p>PART 1</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>Called RN case manager about the face to face documentation for May 2022 visit.</p> <p>I obtained the documentation for May 2022 visit and filed it at the resident binder.</p>	6-20-22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-190.1-88 <u>Case management qualifications and services.</u> (c)(8) 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>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;</p> <p><u>FINDINGS</u> Resident #1 - No documentation that case manager conducted face to face contact for May 2022.</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><del>I will make sure the all documentations are done and-</del> <del>available for the department to review</del></p> <p>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.</p> <p>I will print out copy the next day after the visit</p>	<p>6-20]-2 2</p>



Licensee's/Administrator's Signature: W. A. M.  
Print Name: ROSENNIC HOP  
Date: 9-22-22