

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> STS Adult Foster Service LLC II	<b>CHAPTER 100.1</b>
<b>Address:</b> 744 22nd Avenue, Honolulu, Hawaii 96816	<b>Inspection Date:</b> March 21, 2022 Initial

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

**YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

22 JUN -3 P2:33  
STATE OF HAWAII  
HHS-CDL  
STATE OF HAWAII

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><b><u>FINDINGS</u></b> Substitute care giver (SCG) #2 - No documented evidence of a physical examination prior to contact with residents. No longer a SCG.</p> <p>ORIGINALS NOTED STATE OF NEW YORK MAY 10 2022</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>	<p>3/21/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><b><u>FINDINGS</u></b> Substitute care giver (SCG) #2 - No documented evidence of a physical examination prior to contact with residents. No longer a SCG.</p> <p>STATE OF ARIZONA DEPARTMENT OF HEALTH DIVISION OF LICENSING MAY 10 2022</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this from happening again in the future, before my new SCG has contact with my residents, I will collect all required documents that allows them contact w/ residents. I will use the SCG checklist, to ensure that I've obtained all documents before contact w/ my residents</p>	3/21/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><b><u>FINDINGS</u></b> SCG #1 - No screening for symptoms consistent with pulmonary tuberculosis (TB). <b>Submit a copy with the plan of correction (POC).</b></p> <p>SCG #2 - No documented evidence of TB clearance. No longer a SCG.</p> <div style="text-align: right; margin-top: 100px;">       STATE OF NEW YORK        DEPARTMENT OF HEALTH        DIVISION OF HEALTH SERVICES        22 MAY 10 10:03     </div>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">I have obtained a copy of SCG'S #1 TB clearance update and provided a copy along w/ this deficiency and placed a copy of it inside my care home binder</p>	<p style="text-align: center;">3/21/22</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><b><u>FINDINGS</u></b> SCG #3 - No first aid certification. <b>Submit a copy with the POC.</b></p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I have obtain a copy of SCG #3 first Aid certification and attached a copy of it with the POC</i></p>	<p><i>3/21/22</i></p> <p>22 JUN -3 P2:33</p> <p>STATE OF CONNECTICUT DEPT. OF CHILDREN &amp; YOUTH SERVICES</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><b><u>FINDINGS</u></b> SCG #3 - No first aid certification. Submit a copy with the POC.</p> <p>STATE OF HAWAII DOH-1003 STATE OF HAWAII</p> <p>22 MAY 10 AM 03</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>To prevent this from happening again in the future, before I placed <del>at</del> my SCG's documents inside the care home binder, I will check the SCG required documents for checklist form that was provided by the DOH. If I don't have the required documents I will double-check to see if I misplaced the documents or ask them for a copy of it and place it in the care home binder</p>	<p>3/21/22</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 requiring such diets.</p> <p><u>FINDINGS</u> Resident #1 - "NCS" diet order of 1/25/22 was not clarified 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>The diet order was updated and clarified and has been placed into the Resident #1's charts.</p> <p><del>The Dr. orders stated ss</del></p> <p>The updater orders stated that Resident #1 is now on a regular diet</p>	<p>3/28/22</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><b><u>FINDINGS</u></b> Resident #1 - "NCS" diet order of 1/25/22 was not clarified with the physician.</p> <p>STATE OF TENNESSEE DEPARTMENT OF REVENUE STATE LICENSING MAY 10 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>To prevent this from happening again in the future. Before an admission of a resident, if the special diet isn't quite clarified, I will call the Dr or Dietitian, to accurately clarify the diet order and have them fax it to me the same day.</p>	<p>3/28/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><b><u>FINDINGS</u></b> Laundry detergent (two bottles) were unsecured in the laundry space under the staircase. Secured during the inspection.</p> <p>STANDARD 100-15 STANDARD 100-15 STANDARD 100-15</p> <p>22 MAY 10 AM 03</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>	<p>3/21/22</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b)            Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><b><u>FINDINGS</u></b>            Medication were unsecured on the dining table upon arrival. Secured during the inspection.</p> <p>STATE OF NEW YORK            DEPARTMENT OF HEALTH            DIVISION OF INSPECTION            MAY 10 2022</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>	<p>3-21-22</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b)            Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u>            Triamcinolone 0.1% and clotrimazol cream 1% were unsecured in the resident bathroom.</p> <p style="text-align: right;">STATE OF MICHIGAN            DEPT. OF HEALTH            DIVISION OF LICENSURE            22 MAY 10 AM 03</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I did remove the Triamcinolone 0.1% and clotrimazol cream 1% outside the bathroom and place it in a secured cabinet during the unannounced visit.</p>	<p>3/21/22</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (c) Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><b><u>FINDINGS</u></b> Resident #1 - Internal and external medication (Funginail liquid, Nystop powder, dorzolamide) were not segregated. Segregated during the 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>	3/21/22



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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (c)            Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><u>FINDINGS</u>            Resident #1 - Internal and external medication (Funginail liquid, Nystop powder, dorzolamide) were not segregated. Segregated during the inspection.</p> <p>STATE OF CONNECTICUT            DEPARTMENT OF            HEALTH SERVICES            DIVISION OF            LONG TERM CARE            22 MAY 10 10:03 AM</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>To prevent this from happening again in the future, during the admission of a resident, I will carefully check the physician orders. Once I noticed that the resident has internal and external <del>medication</del><sup>medications</sup> I will immediately separate the medications and place them in separate storage inside a secured cabinet. I will check the residents medication storage weekly to ensure that the internal and external medications remain separated.</p>	3/21/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b>FINDINGS</b> Resident #1 - "Prednisone 5 mg tab Take 1 tab orally every other day" ordered 2/20/22; however, the March 2022 medication record was initialed as taken every day. The medication record noted "every other day."</p> <p>STATE OF MARYLAND DOH-0000000000 STATE LICENSING 22 MAY 10 PM 03</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>	<p>3/21/22</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 - "Prednisone 5 mg tab Take 1 tab orally every other day" ordered 2/20/22; however, the March 2022 medication record was initialed as taken every day. The medication record noted "every other day."</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>To prevent this from happening again in the future, I will carefully look at the medication log <del>it is</del> every morning and initial the medication provided, accurately document it on the medication log. On the medication record I will highlight the every other days that the medication needs to be administered. I will also keep the medication that needs to be given every other day separated in a basket from the other medications inside a secured medicine cabinet.</p>	<p>3/21/22</p> <p>22 JUN -3 P2:33</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 - "Lisinopril 10 mg oral tab take 1 tab by mouth daily Hold if SBP &lt; 100" ordered 2/20/22; however, the medication record for March 2022 was not initialed as taken 3/1/22 to 3/21/22. The March 2022 medication record noted "hold if SBP &gt; 100".</p> <p>STATE OF MICHIGAN DOH-0324 STATE LICENSE 22 MAY 10 AM 07</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>	<p>3/21/22</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>FINDINGS</b> Resident #1 - "Lisinopril 10 mg oral tab take 1 tab by mouth daily Hold if SBP &lt; 100" ordered 2/20/22; however, the medication record for March 2022 was not initialed as taken 3/1/22 to 3/21/22. The March 2022 medication record noted "hold if SBP &gt; 100".</p> <p>STATE OF CONNECTICUT DEPARTMENT OF HUMAN SERVICES</p> <p>22 MAY 10 AM 10:04</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this from happening again in the future, I will retrain my SCG and myself to carefully look at the medication log before administering the medication and accurately and immediately initial the medication log after medication is administered.</p>	3/21/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 - "Furosemide 20 mg oral tab Take 1 tab every other day" ordered 2/20/22; however, the March 2022 medication record was not initialed as taken.</p> <p>STATE OF MICHIGAN SCOTT J. LEE STATE LICENSING MAY 10 AM 10:07 22</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>	<p>3/21/22</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><u>FINDINGS</u> Resident #1 - "Furosemide 20 mg oral tab Take 1 tab every other day" ordered 2/20/22; however, the March 2022 medication record was not initialed as taken.</p> <p>STATE OF HAWAII DOH-DOH STATE LICENSING</p> <p>22 MAY 10 10:04</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>To prevent this from happening again in the future, I will retrain my SSC's and myself to carefully look at the medication log before administering the medication and accurately and immediately initial the medication log after medication is administered</p>	<p>3/21/22</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><b>FINDINGS</b> Resident #1 - "Mycophenolate 250 mg Take 1 cap daily on an empty stomach 1 hour before meals or 2 hours after meals" ordered 2/20/22. The label read "mycophenolate 500 mg tablet Take 1 tab by mouth two times per day." The medication is recorded as taken at 8 a.m. Breakfast is at 8 a.m.</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>The medication order for Mycophenolate was clarified with the physician and the most current physician order that was recieved on <u>3/21/22</u> states "<u>mycophenolate Mofetil 500 mg oral tab. Take 1 tab by mouth 2 times a day</u>"</p> <p>This medication is given at 7am and then at 4pm.</p> <div style="position: absolute; bottom: 10px; right: 10px; transform: rotate(-90deg); font-size: small;">             STATE OF HAWAII              ECH OFFICE              STATE LICENSING           </div>	<p>3/21/22</p> <p style="text-align: right;">22 JUN -3 P2:33</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><u>FINDINGS</u> Resident #1 - "Mycophenolate 250 mg Take 1 cap daily on an empty stomach 1 hour before meals or 2 hours after meals" ordered 2/20/22. The label read "mycophenolate 500 mg tablet Take 1 tab by mouth two times per day." The medication is recorded as taken at 8 a.m. Breakfast is at 8 a.m.</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>To prevent this from happening again in the future I will place an alarm on my phone every morning at 6:30am <sup>and at</sup> <del>with</del> 4pm with a reminder to Administer medication. I will then verbally remind my SCG's before 7am, to give the Mycophenolate at 7am and then verbally remind them at 4pm to administer medication at 4pm, 1 hour before dinner. I will also keep a reminder note near the residents medicine cabinet. Also when I receive a physician order I, PCG, will check to see if the medicine bottle label matches with the physician order.</p>	<p>3/21/22</p> <p>22 JUN -3 P2:33</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 - Two bottles of "Vitamin D3 50 mcg tablet Take 1 tablet by mouth every day" found with current medication; however, no physician order.</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 have removed the Vit. D3 from the current medications, and there was a d/c of Vit. D3 within the residents charts on 3/21/22</p>	3/21/22

STATE OF MARYLAND  
DEPARTMENT OF HEALTH  
DIVISION OF LICENSING  
MAY 10 2022

	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 - Two bottles of "Vitamin D3 50 mcg tablet Take 1 tablet by mouth every day" found with current medication; however, no physician order.</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>To prevent this from happening again in the future, <del>to</del> ss on the day that I receive the physician order to discontinue a medication, I will immediately remove the medications from the current medications taken to ensure that I don't administer the medication that was <del>discontinued</del> by mistake. I will then write in my progress notes of the discontinuation of the medication. I, PCG, will check the physician order everytime I receive an updated physician order after a Dr visit. The medication <del>will</del> ss label on the bottle will be checked everytime <del>with</del> I receive</p>	<p>3/21/12</p> <p>22 JIM-3 P2:33</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 - Two bottles of "Vitamin D3 50 mcg tablet Take 1 tablet by mouth every day" found with current medication; however, no physician order.</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>a new or refill from the pharmacy to ensure it matches with the current physician order.</p>	<p>3/21/22</p> <p>22 JUN -3 P2:33</p> <p>STATE OF ARIZONA JUN 01 2022 STATE LICENSE HQ</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 - "Senna S 8.6/50 mg oral tab Take 1 tab by mouth daily Hold for loose BM" ordered 2/20/22; however, the February 2022 and March 2022 medication records were not initialed by the care giver. No documentation of loose BM.</p> <p>STATS 10 10 22 STATS 10 10 22 STATS 10 10 22</p> <p>22 MAR 10 01 AM</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>	<p>3/21/22</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 - "Senna S 8.6/50 mg oral tab Take 1 tab by mouth daily Hold for loose BM" ordered 2/20/22; however, the February 2022 and March 2022 medication records were not initialed by the care giver. No documentation of loose BM.</p> <p>STATE OF FLORIDA DEPARTMENT OF STATE LICENSING MAY 10 2022</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this from happening again in the future, I will retrain the SCG's and myself that every start of the morning to carefully check the medication log and administer and initial the medication records immediately after its been administered. Once I notice loose stool, I will immediately document it on my caregivers notes</p>	3/21/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 - "Levothyroxine &amp; mycophenolate" are to be taken on an empty stomach; however, the medication record noted the medication are taken at 8 a.m. Breakfast is served at 8 a.m.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Resident #1 is now taken the Levothyroxine &amp; mycophenolate at 7am and is documented &amp; initialed on the medication records correctly at 7am,</p>	3/22/22



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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 - "Levothyroxine &amp; mycophenolate" are to be taken on an empty stomach; however, the medication record noted the medication are taken at 8 a.m. Breakfast is served at 8 a.m.</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this from happening again in the future, I will, at the beginning of the month, carefully look at the medication log and after given medications to the resident, immediately initial accurately and provide medicine correctly as it shows on the physician orders and medication records</p>	3/22/22

	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 - "Vitamin D3 50 mcg tablet Take 1 tablet by mouth every day" found with current medication is not recorded on the medication record.</p> <p>STATE OF NEW YORK  DEPARTMENT OF HEALTH  STATE LICENSING  22 MAY 10 AM 01 GW PO</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>Resident #1 Vitamin D3 <sup>was</sup> discontinued therefore it was not placed and recorded on the current medication log. The Vitamin D3 has been removed from the current medications too.</p>	<p>3/21/22</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 - "Vitamin D3 50 mcg tablet Take 1 tablet by mouth every day" found with current medication is not recorded on the medication record.</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>To prevent this from happening again in the future; on the day that I receive the physician order to discontinue a medication, I will immediately remove the medications taken to ensure that there is no confusion regarding current medications recorded on the medication records. I will then write in my progress notes of the <del>removal</del><sup>is</sup> discontinuation of the medication. I, PCG, will immediately update the medication records on the same day of the D/C medication. I will keep a reminder note near the medication records that reminds me that I should update the MAR when receiving new physician orders and D/C of medications.</p>	<p>3/21/22</p> <p>22 JUN -3 P2:33</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b> Resident #1 - "Pantoprazole, B-12, Robitussin DM, Kerasal solution, Calmoseptine and Dorzolamide" were ordered 2/20/22; however, not recorded on the medication record.</p> <p style="text-align: right;">STATE OF FLORIDA DOH-1002 STATE LICENSING</p> <p style="text-align: right;">22 MAY 10 AM 10:04</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 previously misplaced the medication record log that included Pantoprazole, B-12, Robitussin DM, Kerasal solution, Calmoseptine and Dorzolamide but I now have a copy of the medication record log page connected with the other medication record log</p>	<p>3/21/22</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><b><u>FINDINGS</u></b> Resident #1 - "Pantoprazole, B-12, Robitussin DM, Kerasal solution, Calmoseptine and Dorzolamide" were ordered 2/20/22; however, not recorded on the medication record.</p> <p>STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES MAY 10 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>To prevent this from happening again in the future at the beginning of each month, when printing out the residents medication record log from my computer, I will carefully make sure all pages are placed together inside their charts. I will also look at the physicians order to ensure I have all medications on the medical records.</i></p>	<p><i>3/21/22</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><b><u>FINDINGS</u></b> Resident #1 - No schedule of activities. Corrected during the inspection.</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH MAY 10 2022</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>	<p>3/21/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h)  A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><b><u>FINDINGS</u></b>  Resident #1 - No schedule of activities. Corrected during the inspection.</p> <p>STATE OF MICHIGAN  COMMUNITY CARE LICENSING DIVISION  LANSING, MICHIGAN 48201</p> <p>22 MAY 10 AM 10</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>To prevent this from happening again in the future, During the admission, I will look at the admission/re-admission checklist provided by the DCH. I will then go through the residents chart to make sure I have all documents I must have inside the chart. Any required documents that are missing, I will immediately obtain <del>one</del> them.</p>	<p>3/21/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(7)  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Height and weight measurements taken;</p> <p><b><u>FINDINGS</u></b>  Resident #1 - No admission height and weight taken and recorded.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>The admission height and weight was taken but placed and recorded somewhere else than <del>the</del> <sup>ss</sup> in the <del>resident's</del> <sup>ss</sup> care home binder. It is now placed and recorded inside the <del>resident</del> <sup>ss</sup> care home binder</p>	<p>3/21/22</p>



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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1 - Progress notes did not include observations of the resident's tolerance to special diet, need for assistance with feeding, and behavior which includes calling for help frequently.</p> <p>STATE OF HAWAII DOH-CHS STATE LICENSES MAY 10 10:07 AM '22</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>	<p>3/21/22</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 - Progress notes did not include observations of the resident's tolerance to special diet, need for assistance with feeding, and behavior which includes calling for help frequently.</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>To prevent this from happening again in the future, during the day of admission, I will carefully observe the resident's tolerance to special diets, need for assistance w/ feeding and behaviors; I will then immediately document it inside the resident's progress notes. Also, I will immediately write inside the resident's progress notes a change in the tolerance of the special diets and behaviors every month and/or as needed when there is a change in the special diet order. I will also observe how the resident responds by seeing the way they chew and swallow, checking the skin for allergic reaction and moods while on special diet and document it.</p>	<p>3/21/22</p> <p>22 JUN -3 P2:33</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1 - Progress notes did not include observations of the resident's tolerance to special diet, need for assistance with feeding, and behavior which includes calling for help frequently.</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>my progress notes</i></p>	<p>3/21/22</p> <p>22 JUN -3 P2:33</p> <p>STATE OF HAWAII JUL 08/2022 STATE LICA, INC</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><b><u>FINDINGS</u></b> Resident #1 - No legend for initials on the medication record. One care giver uses two (2) different initials.</p> <p>STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES MAY 10 AM 10:04</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 have created a legend for SCG's initials on the medication records and asked the SCG's to use one initial to record on the medication records, they now only use one initial on the medication records</p>	<p>3/22/22</p>



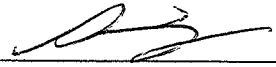
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2)</p> <p>Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><b><u>FINDINGS</u></b></p> <p>Resident #1 - The care plan for "Risk for High or Low Blood Glucose" noted test patient's blood sugar twice daily; however, the physician order of 2/20/22 was "once daily."</p> <p>STATE LICENSING DOH-0000 STATE OF CONNECTICUT MAY 10 2022</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>The care plan has been fixed and now state "test patient's blood sugar once daily."</p>	3/22/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2)  Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><b><u>FINDINGS</u></b>  Resident #1 - The care plan for "Risk for High or Low Blood Glucose" noted test patient's blood sugar twice daily; however, the physician order of 2/20/22 was "once daily."</p> <p>ORIGINAL FILED  FILED  STATE OF TEXAS  HARRIS COUNTY</p> <p>22 MAY 10 AM 10:00</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>To prevent this from happening again in the future, I (PCA) will carefully review the case managers care plan, MD orders and changing care plan as MD orders are changed; to ensure the care plan is accurate and up to date.</i></p>	<p>3/22/22</p>



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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2)</p> <p>Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><b><u>FINDINGS</u></b>  Resident #1 - The "Incontinence" care plan did not include the "calmoseptine" order of 2/20/22.</p> <p>GRANDVIEW SENIORS  NURSING HOME  WYOMING STATE</p> <p>PO: 00 01 JAN 22.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>The care plan has been updated by the case mtg and now has the Calmoseptine in the Incontinence section of the care plan</p>	<p>3/22/22</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)(2)            Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><b><u>FINDINGS</u></b>            Resident #1 - The "Incontinence" care plan did not include the "calmoseptine" order of 2/20/22.</p> <p>STATE OF CONNECTICUT            DEPARTMENT OF SOCIAL SERVICES            DIVISION OF LONG TERM CARE            22 MAY 10 01 AM</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>To prevent this from happening again in the future, at the day of an admission of a resident, I will first carefully read the entire care plan to ensure all medications interventions and services are all included in the care plan. Anything that I noticed is missing, I will contact the physician or case manager for corrections</i></p>	<p>3/22/22</p>

Licensee's/Administrator's Signature: 

Print Name: Steven T. Scott

Date: 5/6/22

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Licensee's/Administrator's Signature: 

Print Name: Steven T. Scott II

Date: 6/5/22

22 MAY 10 AM 04  
STATE OF HAWAII  
DOH-CA  
STATE LICENSING