

Office of Health Care Assurance
State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Zen Residences LLC	CHAPTER 100.1
Address: 98-343 Puahoku Place, Aiea, Hawaii 96701	Inspection Date: July 25, 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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HAWAII STATE

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> § 11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall: Be trained by the primary care giver to make prescribed medications available to residents and properly record such action. FINDINGS Substitute Caregiver (SCG) #1,2,3 – Primary caregiver training unavailable for review. Submit a copy with plan of correction.	<p style="text-align: center;">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>Training has been done. See attached. SCG#3 no longer at the CH. She has been removed from the list.</p>	7/25/22

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements. (e)(4) The substitute care giver who provides coverage for a period less than four hours shall: Be trained by the primary care giver to make prescribed medications available to residents and properly record such action. <u>FINDINGS</u> Substitute Caregiver (SCG) #1,2,3 – Primary caregiver training unavailable for review. Submit a copy with plan of correction.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>PCG purchased an accordion folder to organize forms and put together an admission packet to include SCG skills check. Upon hiring an SCG, PCG will fill-up the skills check (during SCG education) and place form inside the CH folder.</p>	07/28/22

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 <u>Nutrition. (a)</u> The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.	<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>Educated SCG's on special diet needs of resident #2. Showed and reviewed with SCGs the special diet menu. Also took an up dated diet order from PCP that states regular diet.</p>	07/28/22

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 Nutrition. (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family. FINDINGS Resident #2 – Resident prescribed a “regular, mechanical soft” diet; however, SCG states all residents being served the same regular diet. Regular, mechanical soft diet not being provided to resident as prescribed.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>PGG purchased an accordion folder to organize forms and put together an admission packet to include SCG skills check. In that skills check list, special diet education has been added. SCG will be educated on resident's diet upon admission and changes thereafter. Should a resident's diet change, a sticky note will be posted on the refrigerator to remind all staff of the change.</p>	<p style="text-align: center;">09/08/22</p>

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STATE OF HAWAII
DEPARTMENT OF HEALTH
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u> Lunch for 7/25/22 per menu states, "baked mahi-mahi, cassava, pumpkin, grapefruit, brown rice, 2% milk, olive oil, water, tea"; however, SCG stated and showed OHCA surveyor premade prepared meals of tofu with ground pork, rice, mixed veggies, and sliced oranges were being served for lunch. Menu was not followed for lunch on 7/25/2022.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 Nutrition. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus. FINDINGS Lunch for 7/25/22 per menu states, "baked mahi-mahi, cassava, pumpkin, grapefruit, brown rice, 2% milk, olive oil, water, tea", however, SCG stated and showed OHCA surveyor premade prepared meals of tofu with ground pork, rice, mixed veggies, and sliced oranges were being served for lunch. Menu was not followed for lunch on 7/25/2022.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Vendor and PCG had a meeting and agreed that if the vendor's menu for a particular day will change, vendor will give notice to PCG within 2-3 days. In which case, a substitute menu from the home will be used. PCG and SCG will fill-out the substitute menu form. The substitute menu will be posted on the refrigerator. PCG to check accuracy.</p>	<p style="text-align: right;">09/08/22</p> <p style="text-align: right;">STATE OF HAWAII DOH-SCG 22 SEP 15 PM 4:11</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 <u>Nutrition.</u> (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review. <u>FINDINGS</u> Resident #2 – Diet menu for resident's prescribed diet order, "regular, mechanical soft", unavailable for review. Submit a copy of special diet menu with plan of correction.	<p style="text-align: center;">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>A dietician has been consulted and a mechanical soft diet obtained from RD. Also took an updated diet order for resident #2 from PCP that states regular diet.</p>	08/12/22

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 Nutrition. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review. FINDINGS Resident #2 – Diet menu for resident's prescribed diet order, "regular, mechanical soft", unavailable for review. Submit a copy of special diet menu with plan of correction.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>RD's name and number on hall board for easy access. Will contact for all special diet orders within 2-3days upon receipt of order.</p>	08/12/22

08/12/22
 11:41 AM
 11/11/22

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> § 11-100.1-14 Food sanitation. (b) All foods shall be stored in covered containers. <u>FINDINGS</u> Food items (e.g., ½ cut watermelon, bowl of orange slices) stored uncovered in refrigerator.	<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 style="text-align: center;">Took out the food items and covered it with cling wrap.</p>	07/25/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 Food sanitation. (b) All foods shall be stored in covered containers.</p> <p><u>FINDINGS</u> Food items (e.g., ½ cut watermelon, bowl of orange slices) stored uncovered in refrigerator.</p>	<p><u>PART 2</u></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>Educated SCGs on food handling and stick a reminder on the refrigerator that all food items must be covered.</p>	<p>07/25/22</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications. (e)</u> All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. FINDINGS No documented evidence medications (daily and as needed) prescribed by physician are being administered as ordered since 5/20/2022.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. FINDINGS No documented evidence medications (daily and as needed) prescribed by physician are being administered as ordered since 5/20/2022.	<p style="text-align: center;">PART 2 <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>Going forward, our CH procedure has been updated (SCGs educated), that all current MARs will be on a clipboard for easy access. A blank MAR sheet is also created so that PCG and SCG can write change order or new orders easily even without access of the computer. Blank MAR form is in the accordion folder. Added on daily task list. Task list located in kitchen cabinet for easy reading. PCG to check with SCG at the end of the day that MAR is completely signed.</p>	08/12/22

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Nurse-NO
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. FINDINGS Resident #1 – Physician's order dated 5/15/22 states, "Carvedilol 3.125mg tab. Take 1 tab 2x/day with breakfast and dinner"; however, medication unavailable for administration. Primary caregiver (PCG) states medication was discontinued by physician, however, no physician's order to discontinue Carvedilol available.	<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 style="text-align: center;">D/C order was in carehome but not organized in patient's chart. Order placed in chart.</p>	08/12/22

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications. (c)</u> All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. <u>FINDINGS</u> Resident #1 – Physician's order dated 5/15/22 states, "Carvedilol 3.125mg tab. Take 1 tab 2x/day with breakfast and dinner"; however, medication unavailable for administration. Primary caregiver (PCG) states medication was discontinued by physician, however, no physician's order to discontinue Carvedilol available.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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 "To do" list that comprises of "daily" and "monthly" has been placed in the kitchen cabinet, a conspicuous place for PCG and SCG to read and review. On the list, there will be written tasks that needs to be done before leaving. (i.e - file all MD orders) PCG to check at the end of the day or at the end of the month or as needed.</p>	07/28/22

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. FINDINGS Resident #1 – Physician's order dated 5/15/22 states, "Carvedilol 3.125mg tab. Take 1 tab 2x/day with breakfast and dinner"; however, medication administration record (MAR) shows resident was administered the medication at 7:00pm, after dinner. SCG states dinner is served between 5:30pm-6:00pm daily. Medication was not administered with meal as directed between 5/6/22-5/20/22.	<p style="text-align: center;">PART I</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required</p>	

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications. (e)</u> All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. <u>FINDINGS</u> Resident #1 – Prescription on lactulose bottle that was filled on 5/26/22 states, "Take 30mL by mouth four times per day. Goal to have patient have 3 bowl movements/day. If not having 3 bowel movements per day call PCP", however, no documented evidence number of bowel movements per day were being monitored.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required</p>	

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<input checked="" type="checkbox"/> §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. FINDINGS Resident #1 – Prescription on lactulose bottle that was filled on 5/26/22 states, "Take 30mL by mouth four times per day. Goal to have patient have 3 bowel movements/day. If not having 3 bowel movements per day call PCP"; however, no documented evidence number of bowel movements per day were being monitored.	<p style="text-align: center;">PART 2 <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>On the ADL flowsheet, a section has been added: Order for Physician's Specific Criteria (i.e. BM record, Liquid restriction, BP, etc) for PCG and SCG to mark and remind that if applicable, in a separate sheet, it will be recorded. A "measurable flowsheet" packet has been created and is in the accordion folder. PCG to check at the end of the day.</p>	08/12/22

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JUL 27 2022
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	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>FINDINGS Resident #1 -- Physician's order dated 5/13/22 states, "furosemide (LASIX) 20mg tablet take 1 tab by mouth two times per day. Check blood pressure twice a day. Hold furosemide if systolic blood pressure is equal to or less than 95. May resume at next scheduled dose if systolic blood pressure is greater than 95" and physician's order dated 5/15/22 states, "Furosemide (Lasix) 20mg tab. Give by mouth 2x/day. Hold if systolic BP is equal or > 95"; however, no documented evidence clarification of contradicting blood pressure parameters was made with physician.</p>	<p style="text-align: center;">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>Attached order 5/27 re: change of how to take the medication. Resident discharged and unable to obtain further record.</p>	08/12/22

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. FINDINGS Resident #1 – Physician's order dated 5/13/22 states, "furosemide (LASIX) 20mg tablet take 1 tab by mouth two times per day. Check blood pressure twice a day. Hold furosemide if systolic blood pressure is equal to or less than 95. May resume at next scheduled dose if systolic blood pressure is greater than 95" and physician's order dated 5/15/22 states, "Furosemide (Lasix) 20mg tab. Give by mouth 2x/day. Hold if systolic BP is equal or > 95"; however, no documented evidence clarification of contradicting blood pressure parameters was made with physician.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>Double checking policy is in order. SCGs educated and in-serviced. Check all MD orders with 2 people (CHO and SCG member) and initialing front page of orders. Check for accuracy and errors.</p>	08/12/22

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (a) Each resident shall be given proper daily personal attention and care including but not limited to skin, nails, hair, teeth, and oral hygiene in addition to any therapeutic regimen ordered by the resident's physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Schedule of activities unavailable for review. Submit a copy with plan of correction.</p>	<p style="text-align: center;">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 style="text-align: center;">Schedule of Activities added to resident's chart.</p>	08/01/22

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: Documentation of primary care giver's assessment of resident upon admission; FINDINGS Resident #1 -- Primary caregiver assessment unavailable for the following readmission dates following hospitalization: <ul style="list-style-type: none"> • 5/11/22, 5/26/22, 7/2/22, 7/18/22 	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: Documentation of primary care giver's assessment of resident upon admission; <u>FINDINGS</u> Resident #1 – Primary caregiver assessment unavailable for the following readmission dates post hospitalization: <ul style="list-style-type: none"> 5/11/22, 5/26/22, 7/2/22, 7/18/22 	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>Made a check list of required paperwork needed for admission and place list in kitchen cabinet, a conspicuous place for PCG and SCG to review. Also placed list in front of carehome resident's chart. List to include PCG assessment/ reassessment. PCG to check that checklist is complete at the end admission.</p>	07/28/22

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41:11W 06 JUN 22.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (a)(6) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: Physician or APRN signed orders for diet, medications, and treatments; FINDINGS Resident #1 – Diet orders, medication orders, and treatment orders unavailable for the following readmission dates post hospitalization: <ul style="list-style-type: none"> • 5/11/22, 5/26/22, 7/2/22, 7/18/22 	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required</p>	

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<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (a)(6) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: Physician or APRN signed orders for diet, medications, and treatments; <u>FINDINGS</u> Resident #1 – Diet orders, medication orders, and treatment orders unavailable for the following readmission dates post hospitalization: • 5/11/22, 5/26/22, 7/2/22, 7/18/22	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>Made a check list of required paperwork needed for admis son and placed list in kitchen cabinet, a conspicuous place for PCG and SCG to re view. Also placed list in front of CH resident's chart. List to include diet, medication, and treatment. PCG to check that checklist is complete at the end admission. See attached.</p>	07/28/22

BINGHAM COUNTY
 2022-07-28
 11:47 AM JH STYLES

VT: 110 OC 50H 22.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (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: Height and weight measurements taken; FINDINGS Resident #1 – Height and weight measurements unavailable for the following readmission dates post hospitalization: <ul style="list-style-type: none"> • 5/11/22, 5/26/22, 7/2/22, 7/18/22 	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (a)(8) 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: A current inventory of money and valuables. <u>FINDINGS</u> Resident #1 – An inventory of resident's possessions and valuables unavailable for the following readmission dates post hospitalization. <ul style="list-style-type: none"> • 5/11/22, 5/26/22, 7/2/22, 7/18/22 	<div>PART 1</div> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (a)(8) 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: A current inventory of money and valuables. FINDINGS Resident #1 – An inventory of resident's possessions and valuables unavailable for the following readmission dates post hospitalization: <ul style="list-style-type: none"> • 5/11/22, 5/26/22, 7/12/22, 7/18/22 	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>Made a check list of required paperwork needed for re-admission and placed list in kitchen cabinet, a conspicuous place for PCG and SCG to review. Also placed list in front of care home resident's chart. List to include resident's possessions and valuables. PCG to check that checklist is complete at the end admission.</p>	07/28/22

GENERAL SERVICES
 DIVISION
 110-100-17
 11/11/22

7:11 PM 30 AUG 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><u>FINDINGS</u> Resident #1 – No documented evidence of monthly progress notes for 5/2022 and 6/2022.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (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>FINDINGS Resident #1 – No documented evidence of monthly progress notes for 5/2022 and 6/2022.</p>	<p align="center">PART 2</p> <p align="center"><u>FUTURE PLAN</u></p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I have created a "To do" list that has daily and monthly task reminder. List is placed in front of the kitchen cabinet, a conspicuous place for PCG and SCG to review. SCG#2 is in-serviced and assigned to place monthly progress form in resident's clip board every 3rd Thursday of the month. On our monthly "To do" list, her name is written after the task (c/o SCG#2) as a reminder. PCG to review that checklist is complete at the end of the month.</p>	<p align="center">09/08/22</p>

STATE OF HAWAII
DEPARTMENT OF HEALTH

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; FINDINGS Resident #1 – No documented evidence of observed changes in resident's condition and any indication of illness or injury, including the date and time and any and all actions taken leading up to emergency room visits and subsequent hospitalizations on the following dates: <ul style="list-style-type: none"> • 5/7/22, 5/17/22, 6/18/22, 7/13/22 	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; <u>FINDINGS</u> Resident #1 – No documented evidence of observed changes in resident's condition and any indication of illness or injury, including the date and time and any and all actions taken leading up to emergency room visits and subsequent hospitalizations on the following dates: • 5/7/22, 5/17/22, 6/18/22, 7/13/22	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I have created a "To do" list that has daily and monthly task reminder. List is placed in front of the kitchen cabinet, a conspicuous place for PCG and SCG to review. Daily task reminder to include, document any/all patient changes. SCG educated and in-serviced to give a phone report to PCG if PCG is away. SCG/PCG to fill up progress note and incident report. PCG to check at the end of the day.</p>	<p style="text-align: right;">09/08/22</p> <p style="text-align: right;">STATE OF HAWAII SEP 15 2022 P4:11</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 – Diet order dated 4/1/22 states, “Fluid restriction 1200ml./day”; however, no documented evidence fluid intake is being monitored.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports, (b)(4) During residence, records shall include: Entries describing treatments and services rendered; <u>FINDINGS</u> Resident #1 – Diet order dated 4/1/22 states, “Fluid restriction 1200ml/day”; however, no documented evidence fluid intake is being monitored.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>On the ADL flow sheet, a section has been added: Order for Physician's Specific Criteria (i.e. BM record, Liquid restriction, BP, etc) for PCG and SCG to mark and remind that if applicable, in a separate sheet, it will be recorded. A "measurable flow sheet" packet has been created and is in the accordion folder. SCG educated and in-serviced. PCG to check treatment orders at the end of the day.</p>	08/01/22

08/01/22
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08/01/22

	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>FINDINGS Resident #1 – Physician's order dated 5/15/22 states, "Furosemide (Lasix) 20mg tab. Give by mouth 2x/day. Check BP 2x/day. Hold if systolic BP is equal or > 95"; however, no documented evidence blood pressure is being monitored since 5/17/22.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports: (b)(4) During residence, records shall include: Entries describing treatments and services rendered; FINDINGS Resident #1 – Physician's order dated 5/15/22 states, "Furosemide (Lasix) 20mg tab. Give by mouth 2x/day. Check BP 2x/day. Hold if systolic BP is equal or > 95"; however, no documented evidence blood pressure is being monitored since 5/17/22.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>On the ADL flowsheet, a section has been added: Order for Physician's Specific Criteria (i.e. BM record, Liquid restriction, BP, etc) for PCG and SCG to mark and remind that if applicable, in a separate sheet, it will be recorded. Accordion file organizer purchased. A "measurable flow sheet" packet has been created and is inside the organizer. SCG educated and in-serviced. PCG to check flow sheet at the end of the day.</p>	08/01/22

HAWAII STATE
DEPARTMENT OF
HUMAN SERVICES
DIVISION OF
COMMUNITY CARE

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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)(5) During residence, records shall include:</p> <p>Entries detailing all medications administered or made available;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence medications were administered or made available as ordered by the physician since 5/20/2022.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (b)(5) During residence, records shall include: Entries detailing all medications administered or made available; FINDINGS Resident #1 – No documented evidence medications were administered or made available as ordered by the physician since 5/20/2022.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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 have created a "To do" list that has daily and monthly task reminder. List is placed in front of the kitchen cabinet, a conspicuous place for PCG and SCG to re view. Daily task reminder to include, medication record must be completed and signed daily. SCG educated and in-serviced. PCG to check MAR at the end of the day.</p>	08/07/12

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DATE 7/31/12

VOLUME 10
DATE 7/31/12

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(6) During residence, records shall include:</p> <p>All recordings of temperature, pulse, respiration as ordered by a physician, APRN or as may appear to be needed. Physician or APRN shall be advised of any changes in physical or mental status promptly;</p> <p><u>FINDINGS</u></p> <p>Resident #1 – No documented evidence physician was notified of the resident's change in physical condition requiring an emergency room visit and subsequent hospitalization on the following dates:</p> <ul style="list-style-type: none"> • 5/7/22, 5/17/22, 6/18/22, 7/13/22 	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>\$11-100.1-17 Records and reports. (b)(6) During residence, records shall include:</p> <p>All recordings of temperature, pulse, respiration as ordered by a physician, APRN or as may appear to be needed. Physician or APRN shall be advised of any changes in physical or mental status promptly;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence physician was notified of the resident's change in physical condition requiring an emergency room visit and subsequent hospitalization on the following dates:</p> <ul style="list-style-type: none"> 5/7/22, 5/17/22, 6/18/22, 7/13/22 	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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 have created a "To do" list that has daily and monthly task reminder. List is placed in front of the kitchen cabinet, a conspicuous place for PCG and SCG to review. Daily task reminder to include: (1) Call MD and family to report any/all changes to patient</p> <p>(2) Write progress note regarding change SCG educated and in-serviced. PCG to check at the end of the day.</p>	<p>08/07/22</p>

ON 08/07/2022
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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)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><u>FINDINGS</u> Resident #2,3,4 – No documented evidence monthly weights were obtained for 5/2022 and 6/2022.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include: Recording of residents weight at least once a month, and more often when requested by a physician, APRN or responsible agency; <u>FINDINGS</u> Resident #2,3,4 – No documented evidence monthly weights were obtained for 5/2022 and 6/2022.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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 have created a "To do" list that has daily and monthly task reminder. List is placed in front of the kitchen cabinet, a conspicuous place for PCG and SCG to review. Monthly task reminder to include: Record height and weight monthly. SCG educated and in-serviced. PCG to check at the end of the month.</p>	07/28/22

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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)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><u>FINDINGS</u> Resident #1 – PCG stated resident received a consult for supportive care by Bristol Hospice, however, no documented evidence a consult occurred or if services were initiated.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports, (b)(8) During residence, records shall include: Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN; FINDINGS Resident #1 – PCG stated resident received a consult for supportive care by Bristol Hospice, however, no documented evidence a consult occurred or if services were initiated.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>Made a reminder notice, "To do" list placed in front of kitchen cabinet Daily tasks to include: Supportive Care Services (1) Update Progress Note with each visit (2) Request admission document from agency. SCG educated and in-serviced. PCG to check at the end of the day.</p>	07/28/22

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> Resident #1 – Incident reports unavailable for the following emergency department visits:</p> <ul style="list-style-type: none"> • 5/7/22, 5/17/22, 6/18/22, 7/13/22 	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required</p>	

<input checked="" type="checkbox"/>	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-17 Records and reports. (c)</p> <p>Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u></p> <p>Resident #1 – Incident reports unavailable for the following emergency department visits: 5/7/22, 5/17/22, 6/18/22, 7/13/22</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>Made a remind & notice, "To do" list placed in front of kitchen cabinet. Daily tasks to include eforms to fill in and st ps case of emergency. SCG has been educated and in-serviced. PCG to check at the end of the day.</p> <p>(1) Incid entReport (use form) Inform family, MD, RNCM (2) Document in Progress Note(use form) (3) Resident Register (form to use)</p>	<p>08/12/22</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (f)(4) General rules regarding records: All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency. <u>FINDINGS</u> Resident #1 – The following documents were unavailable for review at the time of inspection: <ul style="list-style-type: none"> • Medication administration record from 5/20/22-present • Treatment log monitoring number or bowel movements per day • Treatment log monitoring blood pressure twice a day • Treatment log monitoring fluid intake restriction of 1,200mL/day • Monthly progress notes from 5/2022-present • Progress notes detailing resident's change in condition and subsequent ED visit on 5/7/22, 5/17/22, 6/18/22, and 7/13/22 • Incident reports for the follow ED visits: 5/7/22, 5/17/22, 6/18/22, and 7/13/22 • Primary caregiver assessment for readmissions on 5/11/22, 5/26/22, 7/2/22, and 7/18/22 • Physician signed diet orders, medication orders, and treatment orders for readmissions on 5/11/22, 5/26/22, 7/2/22, and 7/18/22 • Inventory of resident's possessions and valuables for readmission on 5/11/22, 5/26/22, 7/2/22, and 7/18/22 • Physician's order stating Carvedilol is was discontinued on 5/20/22 	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (f)(4) General rules regarding records: All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency. FINDINGS Resident #1 – The following documents were unavailable for review at the time of inspection: <ul style="list-style-type: none"> • Medication administration record from 5/20/22-present • Treatment log monitoring number or bowel movements per day • Treatment log monitoring blood pressure twice a day • Treatment log monitoring fluid intake restriction of 1,200ml/day • Monthly progress notes from 5/20/22-present • Progress notes detailing resident's change in condition and subsequent ED visit on 5/7/22, 5/17/22, 6/18/22, and 7/13/22 • Incident reports for the follow ED visits: 5/7/22, 5/17/22, 6/18/22, and 7/13/22 • Primary caregiver assessment for readmissions on 5/11/22, 5/26/22, 7/2/22, and 7/18/22 • Physician signed diet orders, medication orders, and treatment orders for readmissions on 5/11/22, 5/26/22, 7/2/22, and 7/18/22 • Inventory of resident's possessions and valuables for readmission on 5/11/22, 5/26/22, 7/2/22, and 7/18/22 • Physician's order stating Carvedilol is was discontinued on 5/20/22. 	<div style="text-align: center;"> PLAN OF CORRECTION PART 2 <u>FUTURE PLAN</u> </div> <div> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? All of these issues will be prevented in the future by using these tools I created. SCG educated and in-serviced. PCG to check at the end of the day. <ol style="list-style-type: none"> 1. Measurable Flowsheet 2. Readmission Document Reminder 3. Daily and Monthly "To do" list on the kitchen cabinet </div>	08/07/12

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (g) All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u> Resident #1 – Physician confirmed on 7/27/22 that a medication order list dated 4/6/22 containing her signature was not signed or approved by her. Document altered by unauthorized persons to appear as though medication orders were prescribed and approved by physician.</p> <p>Resident #1 – Physician confirmed on 7/27/22 that a medication order list dated 7/2/22 containing her signature was not signed or approved by her. Document altered by unauthorized persons to appear as though medication orders were prescribed and approved by physician.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (g) All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter. <p>FINDINGS</p> <p>Resident #1 – Physician confirmed on 7/27/22 that a medication order list dated 4/6/22 containing her signature was not signed or approved by her. Document altered by unauthorized persons to appear as though medication orders were prescribed and approved by physician.</p> <p>Resident #1 – Physician confirmed on 7/27/22 that a medication order list dated 7/2/22 containing her signature was not signed or approved by her. Document altered by unauthorized persons to appear as though medication orders were prescribed and approved by physician.</p>	<p align="center">PART 2</p> <p align="center"><u>FUTURE PLAN</u></p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>From here on forward, instead of writing medications on an old order sheet, I will make the update on a new medication sheet and emergency information sheet. For a multiple page Physician Order sheet, allow doctor to write their own name and date on each sheet. If signature is missing, the sheet will be refaxed to the office. Added on my monthly "To do" list:</p> <p>Physician Order/ Medication Update -write on new medication sheet and emergency information sheet. Refax sheet/s with missing signature.</p> <p>"To do" list is posted in front of kitchen cabinet, for PCG and staff to review. SCG has been educated and in-serviced. PCG to check at the end of the day.</p>	<p align="center">09/08/22</p> <p align="center">STATE OF HAWAII DOH-SCG STATE LICENSING</p> <p align="right">22 SEP 15 P4 11</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> Resident #1 – Resident register did not reflect resident's multiple discharges (5/7/22, 5/17/22, 6/18/22, 7/13/22) and readmissions (5/11/22, 5/26/22, 7/2/22, and 7/18/22) into the facility.</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>Added the dates of multiple discharges and readmissions into the resident register.</p>	07/28/22

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (b)(1) Miscellaneous records: A permanent general register shall be maintained to record all admissions and discharges of residents; FINDINGS Resident #1 -- Resident register did not reflect resident's multiple discharges (5/7/22, 5/17/22, 6/18/22, 7/13/22) and readmissions (5/11/22, 5/26/22, 7/2/22, and 7/18/22) into the facility.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Added a reminder note on the register for future discharges and readmissions. Also added a note in the readmission packet. Reminder note: "All admissions, discharges, and readmissions must be log on to the register."</p>	<p style="text-align: right;">09/08/22</p>

STATE OF MARYLAND
DEPARTMENT OF CORRECTIONS

22 SEP 15 P4:11

	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>FINDINGS Resident #1, PCG, SCG #1-3 – No documented evidence caregivers are providing the following care as ordered by the physician:</p> <ul style="list-style-type: none"> • Check blood pressure twice a day. Hold furosemide if systolic blood pressure equal to or > 95 • Monitor and follow fluid restriction of 1200mL/day • Monitor number of bowel movements per day. • Notify physician if less than 3 bowel movements per day. • Administering daily and as needed medications 	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-20 <u>Resident health care standards. (c)</u> The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain. FINDINGS Resident #1 – No documented evidence of resident's change in health status leading up to ED visits on 5/7/22, 5/17/22, 6/18/22, and 7/13/22.	<p style="text-align: center;"> PART 1 Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required </p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-20 Resident health care standards. (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain. FINDINGS Resident #1 – No documented evidence of resident's change in health status leading up to ED visits on 5/17/22, 5/17/22, 6/18/22, and 7/13/22.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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 have created a "To do" list that has daily and monthly task reminder. List is placed in front of the kitchen cabinet, a conspicuous place for PCG and SCG to review. SCG has been educated and in-serviced. PCG to check at the end of the day. Under daily reminder: Document any all patient changes. Use form (Progress Note)</p>	07/28/22

MISSOURI
 DEPARTMENT OF
 HEALTH
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 STATE OF MISSOURI

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-20 Resident health care standards. (d) When the resident has experienced a significant change in mental or physical well-being, a prompt report shall be made and provided to the resident's physician or APRN, by the primary or substitute caregiver. Any change in physician or APRN orders shall be promptly carried out. <u>FINDINGS</u> Resident #1 – No documented evidence physician was notified of resident's significant change in physical well-being that led to ED visits on 5/7/22, 5/17/22, 6/18/22, and 7/13/22.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-20 Resident health care standards, (d) When the resident has experienced a significant change in mental or physical well-being, a prompt report shall be made and provided to the resident's physician or APRN, by the primary or substitute caregiver. Any change in physician or APRN orders shall be promptly carried out. FINDINGS Resident #1 – No documented evidence physician was notified of resident's significant change in physical well-being that led to ED visits on 5/7/22, 5/17/22, 6/18/22, and 7/13/22.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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 have created a "To do" list that has daily and monthly task reminder. List is placed in front of the kitchen cabinet, a conspicuous place for PCG and SCG to review. SCG has been educated and in-serviced. PCG to check at the end of the day. Under daily reminder:</p> <p>Document any/all patient changes. Use form (Progress Note) In case of emergency, use form (Incident Report)</p> <p>On the incident report form, a checkbox is added, "physician is notified" to ensure that PCP is notified of any changes in resident's condition.</p>	<p style="text-align: center;">09/08/22</p>

22 SEP 15 P4:11

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (e)(3)(A) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Fire escapes, stairways and other exit equipment shall be maintained operational and in good repair and free of obstruction;</p> <p><u>FINDINGS</u></p> <p>Fire evacuation pathway obstructed by wheelchair placed in the middle of walkway at rear of home.</p>	<p style="text-align: center;">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>Removed the wheelchair from side walk and place on the grassy area.</p>	07/25/22

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (g)(3)(A) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: • Fire escapes, stairways and other exit equipment shall be maintained operational and in good repair and free of obstruction; <u>FINDINGS</u> Fire evacuation pathway obstructed by wheelchair placed in the middle of walkway at rear of home.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>Educated SCGs and added a sign to the outside area not to block the walkway.</p>	07/25/22

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51-114-06-004-22

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> § 11-100.1-23 <u>Physical environment. (j)(1)</u> Waste disposal: Every Type I ARCH shall provide a sufficient number of watertight receptacles, acceptable to the department for rubbish, garbage, refuse, and other matter. These receptacles shall be kept closed by tight fitting covers; FINDINGS Bathroom #1 – White receptacle does not contain a tight fitted cover	<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>Got rid of the receptacle without lid and moved the second receptacle with cover close to the toilet.</p>	07/25/22

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 Physical environment (j)(1) Waste disposal: Every Type I ARCH shall provide a sufficient number of watertight receptacles, acceptable to the department for rubbish, garbage, refuse, and other matter. These receptacles shall be kept closed by tight fitting covers; FINDINGS Bathroom #1 – White receptacle does not contain a tight fitted cover	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Put a reminder note in the bathroom that all trash cans must have tight fitting lids.</p>	07/25/22

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> § 11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous: <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> Resident #1 – Signaling device not within reach of bed bound resident.</p>	<p style="text-align: center;">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>Added cow bell to resident 1 bed rail.</p>	<p>07/2 82 2</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 Physical environment. (p)(5) Miscellaneous: 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. <u>FINDINGS</u> Resident #1 – Signaling device not within reach of bed bound resident.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>Ordered cow bells and attached to each expanded beds permanently. SCG educated and in-serviced. PCG and SCG to check bells every morning and every change of incontinent pads.</p>	07/28/22

STATE OF CALIFORNIA
 DEPARTMENT OF SOCIAL SERVICES
 DIVISION OF COMMUNITY CARE
 DIVISION OF COMMUNITY CARE
 DIVISION OF COMMUNITY CARE

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3: A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan; <u>FINDINGS</u> Resident #1 and SCGs #2,3 – No documented evidence the registered nurse (case manager) provided training to SCGs #2 and #3, although both caregivers have been providing direct care to the resident.	<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>Education was done but SCG's didn't sign their names. SCG's signed the education record. SCG #3 no longer in CH.</p>	09/08/22 <div style="text-align: right;"> 22 SEP 15 P4:11 STATE OF HAWAII STATE LICENSING </div>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3: A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan; <u>FINDINGS</u> Resident #1 and SCGs #2,3 – No documented evidence the registered nurse (case manager) provided training to SCGs #2 and #3, although both caregivers have been providing direct care to the resident.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>In the future, I will flag it with a sticky note, all the education material for SCGs to sign. Also added to created daily "To do" list, update education training log. "To do" list placed in front of kitchen cabinet door in a highly trafficked area where PCG and SCGs can see. SCG educated and in-serviced. PCG to check at the end of the day.</p>	07/28/22

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3: A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan; <u>FINDINGS</u> Resident #1 – Registered nurse (case manager) not monitoring caregivers in providing daily personal and specialized care to resident as evidence by: <ul style="list-style-type: none"> • no documentation of medications (daily and as needed) administered to resident since 5/20/22 • no documentation fluid intake is being monitored due to 1,200mL/day fluid restriction • no documentation blood pressure is being monitored twice a day since 5/17/22 • no documentation incontinence pads are checked every 2 hours and as needed 	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-83 Personnel and staffing requirements. (1) In addition to the requirements in subchapter 2 and 3: A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan; <u>FINDINGS</u> Resident #1 – Registered nurse (case manager) not monitoring caregivers in providing daily personal and specialized care to resident as evidence by: <ul style="list-style-type: none"> • no documentation of medications (daily and as needed) administered to resident since 5/20/22 • no documentation fluid intake is being monitored due to 1,200mL/day fluid restriction • no documentation blood pressure is being monitored twice a day since 5/17/22 • no documentation incontinence pads are checked every 2 hours and as needed 	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>Added a signature line on bottom of MAR and Measurable Flow Sheet for RNCM and CHO to sign monthly. RNCM in-serviced and agreed on new process to verify specialized care at each monthly visit.</p>	07/28/22

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> § 11-100.1-84 Admission requirements. (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information: Evidence of current immunizations for pneumococcal and influenza as recommended by the ACP, and a written care plan addressing resident problems and needs. FINDINGS Resident #1 – No documented evidence of current immunizations for pneumococcal and influenza at the time of admission.	<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 style="text-align: center;">Resident discharged on 08/08/22. Unable to obtain vaccinations.</p>	08/08/22

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-84 Admission requirements: (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information: Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP, and a written care plan addressing resident problems and needs. <u>FINDINGS</u> Resident #1 – No documented evidence of current immunizations for pneumococcal and influenza at the time of admission. <div style="text-align: center;">  HAWAII DEPARTMENT OF HEALTH DIVISION OF LICENSING </div> <div style="text-align: right;"> 51:11W 03 AUG 22. </div>	<div style="text-align: center;"> PART 2 <u>FUTURE PLAN</u> </div> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Added "Immunization Record" form into the admission checklist that I created. Admission checklist and packet is in the accordion folder. PCG to check pneumococcal and influenza vaccine record upon admission. Call MD within 2-3 days after admission if unavailable.</p>	08/08/22

	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><u>FINDINGS</u> No documented evidence fire drills were performed since 3/2022.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required</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>FINDINGS No documented evidence fire drills were performed since 3/2022.</p>	<p style="text-align: center;">PART 2 <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>Added to the "To Do" list in front of kitchen cabinet under monthly reminder. Also placed the monthly fire drill sheet in a separate red folder for easy access. SCG#2 is assigned to check sheet every 3rd thursday of the month to ensure that fire drill has been completed. SCG#2 educated on new task assigned.</p>	08/01/22

BRUNSON, J. S. 11/15/22
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-87 Personal care services. (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions. FINDINGS Resident #1 – Care plan dated 5/24/22, and 6/22/22 state, “Take patient’s blood pressure 2 time(s) daily (before food/meals or medications), document result in patient’s chart”, however, no documented evidence blood pressure readings are being obtained.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-87 <u>Personal care services. (a)</u> The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions. <u>FINDINGS</u> Resident #1 – Care plan dated 5/24/22, and 6/22/22 state, "Take patient's blood pressure 2 time(s) daily (before food/meals or medications), document result in patient's chart"; however, no documented evidence blood pressure readings are being obtained.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>Any/all orders received (whether MD or RN orders) will be put on the Measurable Flowsheet that I created. Flowsheet will be updated daily. Reminder has been put on the "To do" list under daily reminder. Also added a signature line for all the measurable flow sheet forms for RNCM and CHO to sign every RNCM visit. SCGs educated and in-serviced. PCG to check at the end of the day.</p>	08/09/22

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-87 Personal care services. (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2, and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions. <u>FINDINGS</u> Resident #1 – Care plan dated 4/6/22, 5/24/22, and 6/22/22 state, "Check incontinence pad every 2 hours and as needed"; however, no documented evidence this task is being performed.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-87 <u>Personal care services. (a)</u> The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions. FINDINGS Resident #1 – Care plan dated 4/6/22, 5/24/22, and 6/22/22 state, "Check incontinence pad every 2 hours and as needed"; however, no documented evidence this task is being performed.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>Any/all orders received (whether MD or RN orders) will be put on the Measurable Flowsheet that I created. Flowsheet will be updated daily. Reminder has been put on the "To do" list under daily reminder. Also added a signature line for all the measurable flow sheet forms for RNCM and CHO to sign every RNCM visit. SCG has been educated and in-serviced. PCG to check at the end of the day.</p>	08/09/22

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> § 11-100.1-88 Case management qualifications and services. (a) Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who: FINDINGS Resident #1 – Case manager has not been monitoring comprehensive services to meet the resident's needs as evidenced by: <ul style="list-style-type: none"> • no documentation of medications (daily and as needed) administered to resident since 5/20/22 • no documentation fluid intake is being monitored due to 1,200mL/day fluid restriction • no documentation blood pressure is being monitored twice a day since 5/17/22 • no documentation incontinence pads are checked every 2 hours and as needed 	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> \$11-100.1-88 <u>Case management qualifications and services.</u> (a) Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who: FINDINGS Resident #1 – Case manager has not been monitoring comprehensive services to meet the resident's needs as evidenced by: <ul style="list-style-type: none"> • no documentation of medications (daily and as needed) administered to resident since 5/20/22 • no documentation fluid intake is being monitored due to 1,200ml/day fluid restriction • no documentation blood pressure is being monitored twice a day since 5/17/22 no documentation incontinence pads are checked every 2 hours and as needed	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>Added a signature line on bottom of MAR and Measurable Flow Sheets for both RNCM and CHO to sign monthly, to ensure RNCM reviews and evaluates comprehensive services provided to the resident. RNCM in-serviced of the new process.</p>	07/28/22

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§ 11-100.1-88 <u>Case management qualifications and services.</u> (c)(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 documented evidence a comprehensive assessment was conducted prior to readmission into the facility on the following dates: 5/11/22, 5/26/22, 7/2/22, and 7/18/22</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required</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><u>FINDINGS</u> Resident #1 – No documented evidence a care plan was developed within 48 hours of readmission to the facility on the following dates: 5/11/22, 5/26/22, 7/2/22, and 7/18/22</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 Case management qualifications and services. (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: 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; <u>FINDINGS</u> Resident #1 – No documented evidence a care plan was developed within 48 hours of readmission to the facility on the following dates: 5/11/22, 5/26/22, 7/2/22, and 7/18/22	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>A reminder is added on the "Re-admission List" after hospitalization stating that, "any expanded residents need a pre-admission assessment from RNCM and careplans within 2 days of admission. Re-admission list reminder will be posted at a conspicuous area by the kitchen cabinet. PCG will review the readmission checklist and ensure that care plan is completed within 48hrs by RNCM. RNCM informed and in-serviced.</p>	<p style="text-align: right;">09/08/22</p> <p style="text-align: right;">22 SEP 15 P 4:11</p> <p style="text-align: right;">STATE OF HAWAII STATE LIBRARIAN</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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: 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; <u>FINDINGS</u> Resident #1 – Current care plan dated 6/22/22, does not address resident's diagnosis of liver cirrhosis, related medications and treatments, and goals and outcomes.	<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 style="text-align: center;">Care plan was created. See attached.</p>	0801/22

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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: 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 style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>RNCM and CHO will review care plans on admission and monthly to make sure all problems are addressed and information is accurate and reflects the resident's condition at that time and needs. A check box is added on top of RNCM assessment form to remind RNCM and CHO. Also added in to the monthly "To do list" placed in front of the kitchen cabinet.</p>	<p style="text-align: center;">0 801/2 2</p>

ONPARED 12/15/22
 11/14/22 10:10
 11/14/22 10:10

51:11 03 NOV 22.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 Case management qualifications and services. (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: 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, nutritional, 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 style="text-align: center;">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 style="text-align: center;">Care plan was created. See attached.</p>	<p style="text-align: center;">0 801/2 2</p>

FINDINGS

Resident #1 – Current care plan dated 6/22/22, does not reflect resident's fluid restriction order of 1,200mL/day.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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: 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; FINDINGS Resident #1 – Current care plan dated 6/22/22, does not reflect resident's fluid restriction order of 1,200mL/day. <div style="text-align: right;"> 51:11W 06 50W 22. 11WVW 30 31VLS 51:11W 06 50W 22. 11WVW 30 31VLS </div>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>RNCM and CHO will review careplans on admission and monthly to make sure all treatment orders are addressed. A check box is added on top of RNCM assessment form to remind RNCM and CHO. Also added in to the monthly "To do list" placed in front of the kitchen cabinet.</p>	0 801/2 2

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 <u>Case management qualifications and services, (c)(4)</u> 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: Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions; FINDINGS Resident #1 – Care plan was not updated after monthly visits by case manager on 5/24/22 and 6/22/22 to include the following despite the following information being in the record since admission: <ul style="list-style-type: none"> • Diagnosis of liver cirrhosis, related medications and treatments, and goals and outcomes • Resident's fluid restriction order of 1,200mL/day 	<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 style="text-align: center;">Care plan was created. See attached.</p>	08/01/2028

<div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div> <div>RULES (CRITERIA)</div>	PLAN OF CORRECTION	Completion Date
<div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div> <div> <div> <div>§11-100.1-88</div> <div>Case management qualifications and services.</div> </div> <div>(c)(4)</div> </div> <div> <div> <div>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:</div> <div>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</div> </div> <div> <div><u>FINDINGS</u></div> <div>Resident #1 -- Care plan was not updated after monthly visits by case manager on 5/24/22 and 6/22/22 to include the following despite the following information being in the record since admission:</div> <div> <ul style="list-style-type: none"> • Diagnosis of liver cirrhosis, related medications and treatments, and goals and outcomes • Resident's fluid restriction order of 1,200mL/day </div> </div> </div>	<div> <div> <div>PART 2</div> <div><u>FUTURE PLAN</u></div> </div> <div> <div>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</div> <div> <div>RNCM and CHO will review care plans on admission and monthly to make sure care plan reflects resident's condition, including diagnosis requiring care needs and treatment, medication orders, services and interventions. A check box is added on top of RNCM assessment form to remind RNCM and CHO. Also added in to the monthly "To do list" placed in front of the kitchen cabinet.</div> </div> </div> </div>	<div>08/01/22</div>

51:1W 03 JUN 22.

ENCLOSURE
11/11/22 10:10
11/11/22 10:10

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions; <u>FINDINGS</u> Resident #1 – Care plan was not updated after monthly visits by case manager on 5/24/22 and 6/22/22 to include any necessary notation/updates following hospitalization and readmission into the facility on 5/11/22, 5/26/22, 7/2/22, and 7/18/22. Per PCG, case manager was made aware of hospitalizations by PCG.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 Case management qualifications and services. (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions; <u>FINDINGS</u> Resident #1 – Care plan was not updated after monthly visits by case manager on 5/24/22 and 6/22/22 to include any necessary notation/updates following hospitalization and readmission into the facility on 5/11/22, 5/26/22, 7/2/22, and 7/18/22. Per PCG, case manager was made aware of hospitalizations by PCG.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>RNCM and CHO will review careplans on admission/readmission and monthly to make sure all problems such as change in condition, hospitalizations, etc. are addressed. A checkbox is added on top of RNCM assessment form to remind RNCM and CHO. Also added in to the monthly "To do list" placed in front of the kitchen cabinet.</p>	08/01/22

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ARCH-HQ
JUL 26 2022

51: LW 03 AUG 22.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 Case management qualifications and services. (c)(6) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident; <u>FINDINGS</u> Resident #1 and SCG #2,3 – No documented evidence caregiver training was coordinated by the case manager to train substitute caregivers #2,3 on daily and specialized care; however, caregivers providing direct care to resident.	<p style="text-align: center;">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>Education was done on daily and specialized care but SCGs didn't sign their names. SCG#3 no longer on CH. SCGs reviewed and signed the education record. See attached.</p>	07/2 82 2

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 Case management qualifications and services. (c)(6) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident; FINDINGS Resident #1 and SCG #2,3 - No documented evidence caregiver training was coordinated by the case manager to train substitute caregivers #2,3 on daily and specialized care; however, caregivers providing direct care to resident.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, I will flag with a sticky note all the education training material for SCGs to sign once completed. Also added to "To Do" list to update education training materials. "To do" list located in kitchen cabinet door in highly trafficked area where PCG and SCG can see. PCG to check education training monthly.</p>	07/28/22

5/11/2021 11:11 AM
 11/11/2021 11:11 AM
 11/11/2021 11:11 AM

5/11/2021 11:11 AM

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 Case management qualifications and services. (c)(6) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident; FINDINGS Resident #1 – No documented evidence case manager provided training to caregivers on the risks for hypotension and dehydration and their associated signs and symptoms, related to the use of lactulose and furosemide combined with a 1,200mL/day fluid restriction for management of liver failure.	<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 style="text-align: center;">Education has been done. See attached.</p>	0 801/2 2

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 Case management qualifications and services, (c)(6) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident; <u>FINDINGS</u> Resident #1 - No documented evidence case manager provided training to caregivers on the risks for hypotension and dehydration and their associated signs and symptoms, related to the use of lactulose and furosemide combined with a 1,200mL/day fluid restriction for management of liver failure.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>RNCM and CHO will review careplans on admission and monthly to make sure all complications from medical conditions are addressed. Added a reminder on my "Admission Packet" stating education materials -must be completed by RNCM regarding pertinent diagnosis and problems.</p>	08/01/22

CHENBOI TAYLOR
 07-19-100
 11/14/11 10:31 AM

51: 114 03 JUN

22.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 Case management qualifications and services. (c)(9) 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: Provide ongoing evaluation and monitoring of the expanded ARCH resident's status, care giver's skills, competency and quality of services being provided; <u>FINDINGS</u> Resident #1 – Case manager has not been evaluating or monitoring caregivers' competency and quality of services provided to resident as evidence by: <ul style="list-style-type: none"> • no documentation of medications (daily and as needed) administered to resident since 5/20/22 • no documentation fluid intake is being monitored due to 1,200mL/day fluid restriction • no documentation blood pressure is being monitored twice a day since 5/17/22 • no documentation incontinence pads are checked every 2 hours and as needed 	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 Case management qualifications and services. (c)(9) 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: Provide ongoing evaluation and monitoring of the expanded ARCH resident's status, care giver's skills, competency and quality of services being provided; <u>FINDINGS</u> Resident #1 – Case manager has not been evaluating or monitoring caregivers' competency and quality of services provided to resident as evidence by: <ul style="list-style-type: none"> • no documentation of medications (daily and as needed) administered to resident since 5/20/22 • no documentation fluid intake is being monitored due to 1,200mL/day fluid restriction • no documentation blood pressure is being monitored twice a day since 5/17/22 • no documentation incontinence pads are checked every 2 hours and as needed 	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>Added a signature line on bottom of MAR and Measurable Flow Sheet for both RNCM and CHO to sign monthly. RNCM notified of new process to ensure specialized care and physician orders are being provided in a competent and quality manner.</p>	07/28/22

07/28/22
 07/28/22
 07/28/22

51: 10 06 AUG 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)(9) 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>Provide ongoing evaluation and monitoring of the expanded ARCH resident's status, care giver's skills, competency and quality of services being provided;</p> <p><u>FINDINGS</u> Resident #1 – Case manager has not been monitoring or evaluating the expanded ARCH resident's status as there is no indication in the assessments, visit records, or care plan that addresses resident's health problems that lead to frequent hospitalizations.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 Case management qualifications and services. (c)(9) 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: Provide ongoing evaluation and monitoring of the expanded ARCH resident's status, care giver's skills, competency and quality of services being provided; <u>FINDINGS</u> Resident #1 – Case manager has not been monitoring or evaluating the expanded ARCH resident's status as there is no indication in the assessments, visit records, or care plan that addresses resident's health problems that lead to frequent hospitalizations.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>RNCM and CHO will review careplans on admission and monthly to make sure all care needs related to medical diagnosis and conditions are addressed. A check box is added on top of RNCM assessment form to remind RNCM and CHO. Also added in to my monthly "To do list" placed in front of the kitchen cabinet.</p>	<p style="text-align: right;">08/01/22</p>

2022 AUG 30 03:11 PM
 ARCH-100
 11/14/22 10:15 AM

51:11 PM 03 AUG 22.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> § 11-100.1-88 <u>Case management qualifications and services.</u> (c)(9) 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: Provide ongoing evaluation and monitoring of the expanded ARCH resident's status, care giver's skills, competency and quality of services being provided; <u>FINDINGS</u> Resident #1 and SCG #2,3 -- Case manager has not been monitoring or evaluating caregivers' skills as evidenced by no documented training on daily personal and specialized care by the case manager.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> \$11-100.1-88 <u>Case management qualifications and services.</u> (c)(9) 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: Provide ongoing evaluation and monitoring of the expanded ARCH resident's status, care giver's skills, competency and quality of services being provided; <u>FINDINGS</u> Resident #1 and SCG #2,3 – Case manager has not been monitoring or evaluating caregivers' skills as evidenced by no documented training on daily personal and specialized care by the case manager.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>In the future, I will flag with a sticky note all the education material for SCGs to sign after training is completed by CM. Also added to my "To do" list to update education materials. PCG to check education training materials monthly.</p>	08/01/22

511-100.1-88
 ARCH-HQ
 11/11/17 10:31 AM

51: 11V 03 AUG 22.

Licensee's/Administrator's Signature: _____

Amel

Print Name: _____

Jarrah Turani

Date: _____

8/10/22

Licensee's/Administrator's Signature: _____

[Signature]

Print Name: _____

THOMAS J. WELSH

Date: _____

09/08/22

STATE OF CALIFORNIA
DEPARTMENT OF
STATE LICENSING

22 SEP 15 P4:11