

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Angel Home for Seniors</b>	<b>CHAPTER 100.1</b>
<b>Address: 1315 Kupau Street, Kailua, Hawaii 96734</b>	<b>Inspection Date: February 3, 2023 Annual</b>

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

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

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MAR 10 2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p><b><u>FINDINGS</u></b> No metal stem thermometer to check cold food temperature. The digital thermometer was not working. The dial-type thermometer started at 50° F.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>see attached</i></p>	

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MAR 10 2023

**Angel Home for Seniors  
1315 Kupau St. Kailua HI 96734  
808-536-9594**

**STATEMENT OF DEFICIENCIES/LINCESING/PLAN OF CORRECTION**

Facility's Name: Angel Home for Seniors	CHAPTER 100.1
Address: 1315 Kupau Street, Kailua, HI 96734	Inspection Date: February 3, 2023

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>11-100.1-14 <u>Food sanitation. (e)</u> A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p><b><u>FINDINGS</u></b> No metal stem thermometer to check cold food temperature. The digital thermometer was not working. The daily-type thermometer started at 50 degrees Fahrenheit.</p>	<p>Part 1: As of 3/3/23, Angel Home for Seniors corrected the deficiency and purchased new/replacement metal stem thermometer to ensure compliance.</p> <p>Part 2: Angel Home for Seniors will implement annual training to ensure compliance.</p>	3/3/23

*Page - 2 of 3*

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MAR 10 2023

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p><b><u>FINDINGS</u></b> No metal stem thermometer to check cold food temperature. The digital thermometer was not working. The dial-type thermometer started at 50° F.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>See attached</i></p>	<p style="text-align: right; vertical-align: bottom;"><i>02 Jun 20 11:46</i></p>

**Angel Home for Seniors  
1315 Kupau St. Kailua HI 96734  
808-536-9594**

**STATEMENT OF DEFICIENCIES/LINCESING/PLAN OF CORRECTION**

Facility's Name: Angel Home for Seniors	CHAPTER 100.1
Address: 1315 Kupau Street, Kailua, HI 96734	Inspection Date: February 3, 2023
<b>Revised Plan of Correction for UPOC</b>	<b>March 13, 2023</b>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>11-100.1-14 <u>Food sanitation. (e)</u> A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p><b><u>FINDINGS</u></b> No metal stem thermometer to check cold food temperature. The digital thermometer was not working. The daily-type thermometer started at 50 degrees Fahrenheit.</p>	<p>Part 1: As of 3/3/23, Angel Home for Seniors corrected the deficiency and purchased new/replacement metal stem thermometer to ensure compliance.</p> <p>Part 2: Angel Home for Seniors will implement annual training to ensure compliance.</p> <p><b>Revision:</b> PCG will retrain all current and new caregivers on how to correctly use, where to locate, and how to operate a metal stem thermometer. PCG will spot check on a weekly basis to ensure compliance.</p>	<p>3/3/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><b><u>FINDINGS</u></b> The primary care giver (PCG) reported that Clorox solution was transferred to a Purex container. The Purex container containing Clorox was not properly labeled.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>see attached</i></p>	

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<p>11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><b><u>FINDINGS</u></b> The primary care giver (PCG) reported that Clorox solution was transferred to a Purex container. The Purex container containing Clorox was not properly labeled.</p>	<p>Part 1: On 2/4/23, Angel Home for Seniors replaced all unlabeled/transferred containers and is now utilizing the original container for chemicals.</p> <p>Part 2: Angel Home for Seniors will no longer be utilizing secondary containers for toxic chemicals and cleaning agents. As of 3/3/23, Angel Home for Seniors provided training on the SDS for Clorox Regular Bleach to for safety prevention.</p>	<p>2/4/23</p>

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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><b><u>FINDINGS</u></b> Resident #1 – “Amlodipine 5 mg po daily Hold SBP &lt; 100” ordered 11/21/22; however, the label read “10 mg Take 1 tablet by mouth daily.” The January 2023 medication record read “10 mg Take 1 tab po daily.”</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>see attached</i></p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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23 APR 29 11:45

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11-100.1-15 Medications. (e)

**Part 2**

To prevent this from happening – PCG will ensure Resident with medication parameter, all SCG are instructed and trained to take BP before administering any medication and to follow procedures, log BP, check the order/parameter to either administer or not and be more aware of the individual medication orders then document all medication given or not with in the parameter order. PCG will re-train and follow up on a regular basis as well as spot check.



23 APR 26 2023  
8:10:14 AM  
PCG

SCG = sub-care giver/PCG =primary care giver/PCP = primary care physician/CM = case manager

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b>FINDINGS</b> Resident #1 – “Metoprolol twice daily” order read “Hold for SBP &lt; 110 or HR &lt; 55;” however, the following is a sample of what was noted:</p> <ul style="list-style-type: none"> <li>• 11/3/22 – 7:30 p.m. BP = 107/65, HR = 64; the medication record was initialed as taken.</li> <li>• 11/7/22 – 7:30 a.m. BP = 109/66, HR = 52; the medication record was initialed as taken.</li> <li>• 11/9/22 – 7:30 p.m. BP = 109/64, HR = 59; the medication record was initialed as taken.</li> <li>• 11/12/22 – 7:30 p.m. BP = 108/64, HR = 64; the medication record was initialed as taken.</li> <li>• 11/15/22 – 7:30 p.m. BP = 106/64, HR = 60; the medication record was initialed as taken.</li> <li>• 11/17/22 – 7:30 a.m. BP = 112/69, HR = 50; the medication record was initialed as taken.</li> <li>• 11/19/22 – 7:30 p.m. BP = 107/66, HR = 61; the medication record was initialed as taken.</li> </ul>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p style="text-align: center;"><i>see attached</i></p>	

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11-100.1-15 Medications (e)

**Part 2**

To prevent this from happening – PCG will ensure Resident with medication parameter, all SCG are instructed and trained to take BP before administering any medication and to follow procedures, log BP, check the order/parameter to either administer or not and be more aware of the individual medication orders. PCG will follow up/spot check on a regular basis, PCG will train and assign a SCG to follow up/spot check on other SCG to ensure all SCG are following instruction on all medication orders according to the MAR. Re-train all SCG to follow order and document as they administer medications.



6/23/2016 9:27 AM  
APR 26 2016 9:27 AM

SCG = sub-care giver/PCG =primary care giver/PCP =primary care physician/CM = case manager

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m)  All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – No February 2023 medication record.</p> <p>The January 2023 medication record was not initialed by the care giver except for Centrum Silver and Amlodipine.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>See attached</i></p>	<p style="text-align: right;"><i>BA by SCWH 06</i></p>

11-100.1-15 Medications. (m)

*now printed 2/4/23 on  
printed 2/4/23*

**Part 1**

This deficiency is corrected – Completed and printed the MAR right away to ensure it is available for all caregivers to use and follow.

*g*

23 APR 26 11:08 AM  
5/17/23

SCG = sub-care giver/PCG =primary care giver/PCP =primary care physician/CM = case manager

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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11-100.1-15 Medications (m)

**Part 2**

To prevent this from happening: PCG will hire additional staff to help with resident care to ensure that all paperwork is completed in a timely manner. PCG will train an SCG to help with paperwork and hire help to have a full staff to ensure PCG will have time to complete all documents and to prevent this from happening again.

*In addition reminder notes posted on care home binders to prepare more the month prior so its ready to use when the months come around. A*

73. Apr 26 11:58 AM  
2018

SCG = sub-care giver/PCG =primary care giver/PCP =primary care physician/CM case manager



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(B) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge:</p> <p><b>FINDINGS</b> The back exit screen door could not be opened due to a rolling shade that prevented the screen door from opening.</p> <p>Corrected during the inspection.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p><i>See attached</i></p>	

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*pages 16 & 17*

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MAR 10 2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3)  The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety:</p> <p><b>FINDINGS</b>  No single use hand drying towels in the bathrooms and toilet.</p> <p>Corrected during the inspection.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p style="text-align: center;"><i>see attached</i></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3)  The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><b><u>FINDINGS</u></b>  No single use hand drying towels in the bathrooms and toilet.</p> <p>Corrected during the inspection.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>see attached</i></p>	<p style="text-align: center;"><i>8/25/23</i></p>

11-100.1-23 Physical environment. (h)(3)

**Part 2**

To prevent this from happening again: PCG will walk through every morning to check all bathrooms have paper towels. PCG will assign an SCG to be responsible for all bathrooms to check and refill at the end of each shift and initial logs that they are completed the task.

*SCG is been in service on this plan & /a*

23 APR 26 AM 3:8  
STATE POLICE

SCG = sub-care giver/PCG =primary care giver/PCP =primary care physician/Cm = case manager

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (j)(1) Waste disposal:</p> <p>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:</p> <p><b><u>FINDINGS</u></b> Trash receptacles in the bathrooms, toilet and bedrooms did not have covers.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>see attached</i></p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>11-100.1-23 <u>Physical environment.</u> (j)(1) Waste disposal:</p> <p>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;</p> <p><b><u>FINDINGS</u></b> Trash receptacles in the bathrooms, toilet and bedrooms did not have covers.</p>	<p>Part 1: As of 3/3/23, Angel Home for Seniors replaced all bedroom and bathroom/toilet trash receptacles to ensure all have covers.</p> <p>Part 2: Angel Home for Seniors will include ensuring there are covers on all bathroom/toilet and bedroom trash receptacles training to all new hires.</p>	<p>3/23/23</p>

*page 20 & 21*

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MAR 10 2023



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (j)(1) Waste disposal:</p> <p>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;</p> <p><b><u>FINDINGS</u></b> Trash receptacles in the bathrooms, toilet and bedrooms did not have covers.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>see attached</i></p>	

11-100.1-23 Physical environment. (j)(1)  
Waste disposal:

**Part 2**

To prevent this from happening again: PCG and a trained SCG will check daily that all trash cans have covers and if any trash cans are broken PCG will buy a replacement right away. PCG/SCG will write on the supply order sheet that a trash can is needed.

*SCG have been in service on this plan.*

23 APR 26 PM 5:38  
STATE POLICE

SCG = sub-care giver/PCG =primary care giver/PCP =primary care physician/CM=Case Mnager

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4)            Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions:</p> <p><b><u>FINDINGS</u></b>            Resident #1 – “Risk for Imbalance Nutrition and Fluid Intake” care plan last updated on 1/29/23; however, the following was noted:</p> <ul style="list-style-type: none"> <li>• Intervention – Regular, soft bite sized diet nectar consistency liquids.</li> </ul> <p>Diet orders of 11/21/22, 6/29/22 were regular diet.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>see attached</i></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)(4)            Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions:</p> <p><b>FINDINGS</b>            Resident #1 – “Risk for Imbalance Nutrition and Fluid Intake” care plan last updated on 1/29/23; however, the following was noted:</p> <ul style="list-style-type: none"> <li>• Intervention – Regular, soft bite sized diet nectar consistency liquids.</li> </ul> <p>Diet orders of 11/21/22, 6/29/22 were regular diet.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>see attached</i></p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>11-100.1.88 <u>Case management qualifications and services. (c)(4)</u></p> <p>Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><b><u>FINDINGS</u></b></p> <p>Resident #1 – “Risk for Imbalance Nutrition and Fluid Intake” care plan last updated on 1/29/23; however, the following was noted:</p> <ul style="list-style-type: none"> <li>• Intervention – Regular, soft bite sized diet nectar consistency liquids.</li> </ul> <p>Diet orders of 11/21/22, 6/29/22 were regular diet.</p>	<p>Part 1: As of 2/24/23, Diet corrected on care plan by case manager.</p> <p>Part 2: Angel Home for Seniors has implemented a checklist (completed at least quarterly) to ensure both the PCG and CM/RN are aware of any/all medically related changes to the resident's diet(s) to ensure resident safety and compliance. (See checklist)</p>	<p>2/24/23</p>

*page 22 & 23*

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MAR 10 2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><b><u>FINDINGS</u></b> Resident #1 – “Altered or At Risk for Altered Skin Integrity” care plan updated 1/29/23 did not include “Nystop powder” ordered 11/21/22.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>su affadup</i></p>	<p style="text-align: center;"><i>4/27/23</i></p>

11-100.1-88 Case management qualifications and services. (C) (4)

**Part 1**

This deficiency is corrected: Called CM discuss about Nystop powder that it is not included in the resident care plan. CM to update and add medication on her next visit.



23 APR 26 AM 07  
3077 N. 11th St  
Phoenix, AZ 85018

SCG = sub-care giver/PCG =primary care giver/PCP =primary care physician/CM = case manager

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4)            Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – “Altered or At Risk for Altered Skin Integrity” care plan updated 1/29/23 did not include “Nystop powder” ordered 11/21/22.</p>	<p style="text-align: center;">72 APR 26 03:07</p> <p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>SM</i> <i>A. Hadler</i></p>	<p style="text-align: center;"><i>2/21/23</i></p>



11-100.88 Case Management qualifications and services. (c)(4)

**Part 2**

To prevent this from happening: I will update and discuss/review all orders with the CM and will ensure that care plans are updated appropriately and on a timely basis. If changes occur prior to the case manager's visit, I will verbally notify the CM of any changes and /or any verbal instructions are given. It will be documented in the resident progress notes.

I will post a reminder on all residents binder to do this. *[Signature]*

23 APR 26 2017  
10:41 AM  
STATE OF OHIO

SCG = sub-care giver/PCG =primary care giver/PCP =primary care physician/CM = case manager

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4)            Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – “Altered or At Risk for Altered Comfort Not a Current Problem but will be monitored” care plan updated 1/29/23 did not include the Baclofen order for muscle spasm on 11/21/22, 6/29/22, 3/23/22.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>see attached</i></p>	<p style="text-align: center;"><i>4/25/23</i></p>

1-100.1-88 Case management qualifications and services. (C) (4)

**Part 1**

This deficiency is corrected: Called CM discuss about Baclofen did not include order for muscle spasm in the resident care plan. CM to update and add medication order on her next visit.



23 Apr 26 10:17

SCG = sub-care giver/PCG =primary care giver/PCP =primary care physician/CM = case manager

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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11-100.88 Case Management qualifications and services. (c)(4)

**Part 2**

To prevent this from happening: I will update and discuss/review all orders with the CM and will ensure that care plans are updated appropriately and on a timely basis. If changes occur prior to the case manager's visit, I will verbally notify the CM of any changes and /or any verbal instructions are given. It will be documented in the resident progress notes.

I will post a reminder on all residents binder to do this. *[Signature]*

23 Apr 26 11:57  
[Faint vertical text]

SCG = sub-care giver/PCG =primary care giver/PCP =primary care physician/CM = case manager

Licensee's/Administrator's Signature: ACA

Print Name: Anselie Cabal

Date: 4/25/23

APR 26 2023  
10:11 AM  
42.00