

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Grace Adult Residential Care Home	CHAPTER 100.1
Address: 94-1134 Kahuamo Street, Waipahu, Hawaii 96797	Inspection Date: September 15, 2021 Initial

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

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

STATE OF HAWAII

21 OCT -6 P 3:19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p><u>FINDINGS</u> First aid kit contained Cortaid 12 hour anti-itch cream (1 packet) and Imodium AD tabs (1 packet containing 2 tablets). Removed during the inspection.</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> <p>PCG will check the First aid kit every Monday.</p>	<p style="text-align: center;">9/15/21</p> <p style="text-align: right;">STATE OF HAWAII 21 OCT -6 PM 19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p><u>FINDINGS</u> First aid kit contained Cortaid 12 hour anti-itch cream (1 packet) and Imodium AD tabs (1 packet containing 2 tablets). Removed during the inspection.</p>	<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>PCG arranged the First Aid kit, maintained appropriate items ie: bandage etc. and removed any OTC medicine ie: anti itch cream. To prevent this from happening again, PCG created a checklist of items in the First Aid kit. PCG will check the first aid kit monthly. PCG also educated SCG that no medicine is placed in the First Aid kit.</p>	<p style="text-align: right;">3/27/22</p> <p style="text-align: right;">22 MAR 29 10:54</p> <p style="text-align: right; font-size: small;">STATE OF ILLINOIS JOB: 101 10 STATE LICENSES</p>

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	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> No substitution list when the menu is not followed.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>9/15/21</p> <p>STATE OF HAWAII 21 OCT -6 P3:19</p>

	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> No substitution list when the menu is not followed.</p>	<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>PCG created a substitution list and placed it beside the four week menu. PCG educated SCG and meal preparers to use the substitution list (including date, number of menu, original item, and substitute food) before bringing meals to residents.</p> <p>PCG will check substitution list daily if substitutions recorded.</p>	<p style="text-align: right;">3/27/22</p> <p style="text-align: right;">MAR 29 AM 5:41</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF STATE LICENSING</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><u>FINDINGS</u> Soft Scrub total Bath & Bowl Disinfecting Spray (2 bottles) were unsecured under the resident area bathroom sink. Removed during the inspection.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p style="text-align: right;">STATE OF HAWAII DOH-DMCA STATE LICENSING</p>	<p>9/15/21</p> <p>21 OCT -6 P 3:19</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><u>FINDINGS</u> Soft Scrub total Bath & Bowl Disinfecting Spray (2 bottles) were unsecured under the resident area bathroom sink. Removed during the inspection.</p>	<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>PCG will check the resident area bathroom sink for any disinfecting supplies every Monday.</p>	<p style="text-align: right;">9/29/21</p> <p style="text-align: right;">21 OCT -6 P3:19</p> <p style="text-align: center; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1 - One of two bottles of "Bystolic 5 mg tabs" did not have a pharmacy label.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">This bottle of "Bystolic 5mg tabs" was a sample from PCP, This bottle was removed.</p>	<p style="text-align: right;">9/29/21</p> <p style="text-align: right;">21 OCT -6 P 3:19</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1 - "Levothyroxine" tablets were removed from the original container and stored in a small unlabeled bottle.</p>	<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>To prevent this from happening again, PCG will inspect all residents medication and physician orders before getting admitted to this facility. If resident's medicine is placed in unlabeled bottle, PCG will return unlabeled bottles to resident's family. PCG educated SCG to briefly glance resident's room for any medication brought by visitors every day.</p>	<p style="text-align: right;">3/27/22</p> <p style="text-align: right;">'22 MAR 29 AM 5:55</p> <p style="text-align: right;">STATE OF ILLINOIS DEPARTMENT OF STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Resident #1 - "Ofloxacin 0.3% ophthalmic solution" was in the resident's possession. No physician order to self-administer.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I put all eye drops into residents' medicine boxes (secured).</p> <p>All eye drops were listed on "Medication Flowsheet"</p>	<p>9/15/21</p> <p style="text-align: right;">21 OCT -6 P 3:20</p> <p style="text-align: right;">STATE OF HAWAII DOH-OSCA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> One bottle of "Dakin's Solution" was unsecured in a resident's open closet.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Removed from resident's closet and threw away.</i></p> <p style="text-align: right;">STATE OF HAWAII DH-OSCA STATE LICENSING</p>	<p style="text-align: right;"><i>9/16/21</i></p> <p style="text-align: right;">21 OCT -6 P 3:20</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><u>FINDINGS</u> Resident #1 - "ECASA 81 mg daily" ordered 8/30/21; however, the medication has not been taken by the resident.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>"ECASA 81mg daily" was added "Medicine flowsheet" and started given.</i></p>	<p style="text-align: center;"><i>9/16/21</i></p> <p style="text-align: center;">21 OCT -6 P 3:20</p> <p style="text-align: center;">STATE OF HAWAII DOR-211CA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 - "ECASA 81 mg daily" ordered 8/30/21; however, the medication has not been taken by the resident.</p>	<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>To prevent this from happening again, PCG will reconcile all residents medication following MD office visit and telehealth visit from AVS and MAR. PCG will request SCG to double^{double} check if medications from AVS and MAR are the same. PCG and SCG will document in MAR if a prescribed medicine^{ordered} has been administered to resident.</p>	<p style="text-align: right;">3/27/22</p> <p style="text-align: right;">22 MAR 29 410-55</p> <p style="text-align: right; font-size: small;">STATE OF ILLINOIS DOH-CIM/A STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 - "Meclizine 12.5 mg po i QD" ordered 8/30/21; however the medication label and medication record noted "as needed" and "prn" respectively. There was no physician order for "as needed" or "prn."</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Asked Dr. Chan to add "prn" on the order, initial, and date it.</i></p>	<p style="text-align: center;"><i>9/21/21</i></p> <p style="text-align: center;">21 OCT -6 P 3:20</p> <p style="text-align: center;">STATE OF HAWAII PHARMACY STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 - "Meclizine 12.5 mg po i QD" ordered 8/30/21; however the medication label and medication record noted "as needed" and "prn" respectively. There was no physician order for "as needed" or "prn."</p>	<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>To prevent this from happening again, PCG will review all resident's medications on AVS at the end of physician visit. PCG will check MD order, medication label, and MAR for consistency. PCG will request MD to clarify order if there was question about "as needed" or "prn"</p>	<p style="text-align: right;">3/27/22</p> <p style="text-align: right;">22 MAR 29 AM 0:55</p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN DIVISION OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 - "Levothyroxine 25 mcg" is taken at 7 a.m. with breakfast and all 7 a.m. medication which includes "multivitamins" with calcium and iron and "Calcium Plus D3 600/400."</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>Resident #1 took "Levothyroxine" at 6:30 AM. The time on the "Medication Flowsheet" was changed to 6:30 AM.</p>	<p>9/16/21</p> <p>21 OCT -6 P3:21</p> <p>STATE OF HAWAII DOH-981A STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 - "Levothyroxine 25 mcg" is taken at 7 a.m. with breakfast and all 7 a.m. medication which includes "multivitamins" with calcium and iron and "Calcium Plus D3 600/400."</p>	<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>PCG changed time for Levothyroxine administration to 6:30am and Calcium Plus D3 600/400 to lunch and dinner on MAR. To prevent this happening again, PCG will check medication inserts about drug interaction and the best schedule of medications at resident gets admitted. PCG will check for possible interaction with other medication.</p>	<p style="text-align: right;">3/27/22</p> <p style="text-align: right;">22 MAR 29 AM 9:55</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT 101-0105A STATE ARCHIVING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (j) Medication shall be offered only to the resident for whom it is ordered.</p> <p>FINDINGS Resident #1 - "Preservision i po BID" ordered 9/14/21; however, the resident did not have her own supply of medication when taken 9/15/21. The primary care giver (PCG) stated she did not purchase the over-the-counter medication yet. She used another resident's supply of "Preservision."</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PCG asked resident #1's Power of Attorney to buy bottles of "preservision" on the day of site visit. PCG labeled the medication with name and directions, To prevent this happening again, PCG will ask resident's family to provide the over-the-counter medication ordered by doctors at resident gets admitted.</p>	<p style="text-align: right;">3/27/22</p> <p style="text-align: right;">22 MAR 29 10:55</p> <p style="text-align: center;">STATE OF HAWAII DEPT. OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (j) Medication shall be offered only to the resident for whom it is ordered.</p> <p><u>FINDINGS</u> Resident #1 - "Preservision i po BID" ordered 9/14/21; however, the resident did not have her own supply of medication when taken 9/15/21. The primary care giver (PCG) stated she did not purchase the over-the-counter medication yet. She used another resident's supply of "Preservision."</p>	<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>PCG asked resident #1's Power of Attorney to buy bottles of "preservision" on the day of site visit. PCG labeled the medication with name and directions. To prevent this happening again, PCG will ask resident's family to provide the over-the-counter medication ordered by doctors at resident gets admitted. PCG will not use another resident's medication.</p>	<p style="text-align: right;">3/27/22</p> <p style="text-align: right;">22 MAR 29 AM 5:55</p>

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DEPARTMENT OF HEALTH
STATE LICENSING

	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>FINDINGS Resident #1 - "ECASA 81 mg daily" ordered 8/30/21; however, the medication was not recorded on the medication record. The medication has not been taken by the resident.</p> <p>Resident #1 - "Blink i drop OU BID (per self)" ordered 8/30/21 is not recorded on the medication record.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>"ECASA 81" was added to "medicine Flowsheet" and dispensed.</p> <p>"Blink i drop OU BID" was added to August medication flowsheet.</p>	<p style="text-align: right;">9/15/21</p> <p style="text-align: right;">21 OCT -6 P3:21</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 - "ECASA 81 mg daily" ordered 8/30/21; however, the medication was not recorded on the medication record. The medication has not been taken by the resident.</p> <p>Resident #1 - "Blink i drop OU BID (per self)" ordered 8/30/21 is not recorded on the medication record.</p>	<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>PCG picked up ECASA 81 mg from pharmacy and recorded ECASA 81 mg daily on medication record. To prevent this happening again PCG will review all resident's medications on the AVS at the end of visit. PCG will make sure that medications are available in resident's medication box. PCG will make sure the prescriptions are properly transcribed on MAR and started promptly.</p>	<p style="text-align: right;">3/27/22</p> <p style="text-align: right;">22 MAR 29 AM 55</p> <p style="text-align: right; font-size: small;">STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (n) Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN. Written procedures shall be available for storage, monitoring and documentation.</p> <p><u>FINDINGS</u> Resident #1 - No physician order to self-administer "Ofloxacin 0.3% ophthalmic solution.</p> <p>No written procedures for storage, monitoring and documentation. Submit a copy of the procedure with the POC.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PCG administered "Ofloxacin" as prescribed. To prevent this happening again, PCG will check AVS, medication labels, and MAR for consistency. PCG and SCG will administer eye drops unless specified by MD for resident's self administration. Written procedure submitted.</p>	<p style="text-align: right;">3/27/22</p> <p style="text-align: right;">22 MAR 29 AIO 55</p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (n) Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN. Written procedures shall be available for storage, monitoring and documentation.</p> <p>FINDINGS Resident #1 - No physician order to self-administer "Ofloxacin 0.3% ophthalmic solution.</p> <p>No written procedures for storage, monitoring and documentation. Submit a copy of the procedure with the POC.</p>	<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>PCG administered "Ofloxacin" as prescribed. To prevent this happening again, PCG will check AVS medication labels, and MAR for consistency. PCG and SCG will administer eye drops unless specified by MD for resident's self administration, and follow the written procedure.</p>	<p style="text-align: right;">3/27/22</p> <p style="text-align: right;">22 MAR 29 AM 5:55</p> <p style="text-align: right; font-size: small;">STATE OF MARYLAND DEPARTMENT OF HEALTH & HUMAN SERVICES STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><u>FINDINGS</u> Resident #1 - Incomplete schedule of activities. The schedule did not include personal services to be provided, activities.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">PCG completed the schedule of activities in the evening of 9/15/21.</p>	<p style="text-align: right; vertical-align: top;">9/15/21</p> <p style="text-align: center; vertical-align: bottom;">21 OCT -6 P 3:21</p> <p style="text-align: center; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><u>FINDINGS</u> Resident #1 - Incomplete schedule of activities. The schedule did not include personal services to be provided, activities.</p>	<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>PCG revised schedule of activities including personal services to be provided activities. To prevent this happening again, PCG will develop schedule of activities including personal services to be provided based on resident's needs at resident gets admitted. Double check that the schedule is complete before filing.</p>	<p style="text-align: right;">3/27/22</p> <p style="text-align: right;">'22 MAR 29 110:55</p> <p style="text-align: right; font-size: small;">STATE OF IOWA JOB-ORICA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 - No observations of the resident self-administering eye drops.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>PCG documented self-administering eye drops in resident's progress note.</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p>	<p style="text-align: center;"><i>10/3/21</i></p> <p style="text-align: center;">21 OCT -6 P 3:22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 - No observations of the resident self-administering eye drops.</p>	<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>PCG and SCG document resident self-administering eye drops at progress notes at observation. To prevent this happening again, PCG developed procedures for storage, monitoring, and documentation of eye drop. The procedures were placed in general operation binders. PCG will check if progress notes are complete at the end of the month.</p>	<p style="text-align: right;">3/27/22</p> <p style="text-align: right;">"22 MAR 29 AM 5:55</p> <p style="text-align: right; font-size: small;">STATE OF NEW JERSEY DEPARTMENT OF HUMAN SERVICES</p>

	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>FINDINGS Resident #1 - "Blink i gtt OU QID" ordered 9/14/21; however, no entries detailing the medication is administered.</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>	<p style="text-align: center;">21 OCT -6 P 3:22</p> <p style="text-align: center;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	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 - "Blink i gtt OU QID" ordered 9/14/21; however, no entries detailing the medication is administered.</p>	<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>PCG documented detailing procedure of the medication administered on resident's progress notes. To prevent this happening again, PCG developed procedures for storage, monitoring, and documentation of eye drops. PCG will check that all medication ordered are recorded on on the MAR.</p>	<p style="text-align: right;">3/27/22</p> <p style="text-align: right;">22 MAR 29 AM 5:55</p> <p style="text-align: right; font-size: small;">STATE OF NEW JERSEY DEPARTMENT OF STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><u>FINDINGS</u> No legend for initials used on the fire drill record.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>PCG added legend for initials used on the fire drill record</i></p> <p style="text-align: right;"> <small>STATE OF HAWAII DOH-OHC A STATE LICENSING</small> </p>	<p style="text-align: right;"><i>9/15/21</i></p> <p style="text-align: right;">21 OCT -6 P 3:22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><u>FINDINGS</u> No legend for initials used on the fire drill record.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG added legend for initials used on the fire drill record, To prevent this happening again, PCG will add legend for initials used on all documents.</p>	<p>3/27/22</p> <p>22 MAR 29 10:55</p> <p>STATE OF HAWAII 001-CHCA STATE LICENSING</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><u>FINDINGS</u> Substitute care giver improperly sanitized breakfast dishes. The dishes were not submerged in the sanitizing solution.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">PCG educated SCG to submerge dishes in the sanitizing solution as submarines;</p>	<p style="text-align: center;">9/15/21</p> <p style="text-align: center;">21 OCT -6 P 3:22</p> <p style="text-align: center;">STATE OF HAWAII DPT-HEALTH STATE LICENSING</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><u>FINDINGS</u> Substitute care giver improperly sanitized breakfast dishes. The dishes were not submerged in the sanitizing solution.</p>	<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>PCG prepared 2 containers with 2/3 full of sanitizing solution. PCG will observe and make correction as needed weekly.</p>	<p style="text-align: right;">9/16/21</p> <p style="text-align: right;">*21 OCT -6 P 3:22</p> <p style="text-align: right; font-size: small;">STATE OF IOWA DON-ANITA STATE LICENSING</p>

Licensee's/Administrator's Signature: Chen-Yen Wang

Print Name: Chen-Yen Wang

Date: 10/3/2021

Licensee's/Administrator's Signature: Chen-Yen Wang

Print Name: Chen-Yen Wang

Date: 10/30/2021

Licensee's/Administrator's Signature: Chen-Yen Wang

Print Name: Chen-Yen Wang

Date: 3/27/2022

2