

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Lunalilo Home	CHAPTER 100.1
Address: 501 Kekauloahi Street, Honolulu, Hawaii 96825	Inspection Date: February 7 – 9, 2023 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> No documented evidence of training for the substitute care givers (SCGs) by the primary care giver to make prescribed medications available to residents and properly record such action. Please submit copy of training for all SCGs with plan of correction (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>Deficiency corrected.</p> <p>Checklist created to document training provided by primary care giver to substitute care givers, including training on how to make prescribed medications available to residents and properly record such action.</p> <p>Training provided on 2/16/2023 by Director of Nursing (DON), who is the Primary Care Giver (PCG), to nurses, who are the Substitute Care Givers (SCGs), on how to make prescribed medications available to residents and properly record such action - and documented with the checklist described above. Copy of training has been provided.</p> <p>Training will be provided in orientation for all new hires.</p>	<p>02/16/23</p>

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<input checked="" type="checkbox"/>	<p>§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:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> No documented evidence of training for the substitute care givers by the primary care giver to make prescribed medications available to residents and properly record such action. Please submit copy of training for all SCGs with plan of correction (POC).</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>Checklist created to document training provided by Primary Care Giver (PCG), who is the DON, to Substitute Care Givers (SCGs), who are other nurses, including training on how to make prescribed medications available to residents and properly record such action.</p> <p>Training provided on 2/16/2023 by DON to nurses on how to make prescribed medications available to residents. DON will provide this training to all new nurses during orientation. Copy of training has been provided.</p> <p>Only nurses may give and document medications.</p> <p>The DON will review the checklist every month and follow-up until the required training on the checklist is completed and documented.</p>	<p>02/16/23</p> <p>Ongoing</p>

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<input checked="" type="checkbox"/>	<p>The licensee shall provide personal care, shelter, protection, supervision, assistance, guidance or training, planned activities, food service, laundering of personal clothing, recognition of and provision for changes in health status, and arrangement for transportation to medical and dental offices.</p> <p><u>FINDINGS</u> During lunch meal, two residents were finishing their meal, but no staff were present to provide supervision.</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>	

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<input checked="" type="checkbox"/>	<p>The licensee shall provide personal care, shelter, protection, supervision, assistance, guidance or training, planned activities, food service, laundering of personal clothing, recognition of and provision for changes in health status, and arrangement for transportation to medical and dental offices.</p> <p><u>FINDINGS</u> During lunch meal, two residents were finishing their meal, but no staff were present to provide supervision.</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>Daily Nurse Aide Assignment form was revised to include staff assignment to attend to residents during meal times.</p> <p>Training provided on 2/16/2023 by DON to all staff on the importance of having at least one nurse aide present to provide supervision in both the dining room and the veranda while any residents are finishing their meals. DON will provide this training to all new staff as well.</p> <p>The charge nurse will do periodic checks each day during meals to ensure the nurse aides assigned to attend to residents during meal times are physically in the dining room and the veranda while residents are finishing their meals. Failure to attend to residents as assigned will be reported to the DON, who will follow-up with staff for training/counseling.</p> <p>DON will spot check for staff attendance 2 times a week for 4 weeks and reassess for ongoing monitoring. DON will add to audit checklist.</p>	<p style="text-align: center;">02/16/23</p> <p style="text-align: center;">Ongoing</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 – Per 6/21/2022 fax with resident’s MD, “Acetaminophen is prescribed as a prn medication. It should only be given prn any way and not at midnight.” Facility did not follow physician’s prn order status and continued giving Acetaminophen routinely three times daily. Please submit copy of clarified order from physician with POC.</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>All residents records were reviewed for compliance with PCP orders, and duplicate orders. No other variances were identified.</p>	<p style="text-align: center;">02/16/23</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 – Per 6/21/2022 fax with resident’s MD, “Acetaminophen is prescribed as a prn medication. It should only be given prn any way and not at midnight.” Facility did not follow physician’s prn order status and continued giving Acetaminophen routinely three times daily. Please submit copy of clarified order from physician with POC.</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>Order clarification received from resident's physician on 03/06/2023; a copy of the clarified order has been provided.</p> <p>Training provided on 2/16/2023 by DON to nurses on importance of making available all medications and supplements as ordered by a physician or ARNP (a Primary Care Provider or PCP). DON will provide this training to all new nurses as well.</p> <p>Every shift, the oncoming and off-going nurses will verify any new and renewed medication and supplement PCP orders.</p> <p>DON will review nurses documentation of new and renewed medications orders every week for 4 weeks, then every 2 weeks for 4 weeks. All errors will lead to staff training/counseling.</p>	<p>03/06/23</p> <p>02/16/23</p> <p>Daily</p> <p>Ongoing</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 – Faxed order from physician for Nystatin on 5/12/2022 stated, “Nystatin 100,000 unit/gm cream – Apply to affected area daily as need for rash.” On 6/2/2022 a list of medications signed by resident’s physician stated, “Nystatin – apply by topical route to affected area twice daily.” No documented evidence of clarification from physician regarding second, routine Nystatin order. July 2022 medication administration record (MAR) includes two (2) orders for Nystatin – one routine order and one as needed order. Please submit copy of clarified order from physician with 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>Deficiency corrected.</p> <p>Order clarification received from resident's PCP on 02/16/2023; a copy of the clarified order has been provided.</p>	<p>02/16/23</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 – Faxed order from physician for Nystatin on 5/12/2022 stated, “Nystatin 100,000 unit/gm cream – Apply to affected area daily as need for rash.” On 6/2/2022 a list of medications signed by resident’s physician stated, “Nystatin – apply by topical route to affected area twice daily.” No documented evidence of clarification from physician regarding second, routine Nystatin order. July 2022 medication administration record (MAR) includes two (2) orders for Nystatin – one routine order and one as needed order. Please submit copy of clarified order from physician with 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>Training provided on 2/16/2023 by DON to nurses on importance of having clear PCP medication orders. DON will provide this training to all new nurses as well.</p> <p>When signed PCP orders are received, two nurses will review the orders together, complete a medication reconciliation to ensure the orders are complete and without conflict, and review the medication labels and the MAR to ensure they are accurate.</p>	<p>02/16/23</p> <p>Ongoing</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 #2 – Based on hold parameters ordered by resident’s physician, Metoprolol was given multiple times in February and March 2022, when it should’ve been held.</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>A review of all residents MARs with hold parameters was conducted to identify any other variances.</p> <p>DON followed-up with nurses who administered the medications in error.</p> <p>Residents were assessed for any negative outcomes.</p>	03/15/23

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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 #2 – Based on hold parameters ordered by resident’s physician, Metoprolol was given multiple times in February and March 2022, when it should’ve been held.</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>Monthly Medication Administration (MAR) Audit form created to document audit of medications and supplements administered in accordance with PCP orders.</p> <p>Training provided on 03/15/2023 by DON to nurses on importance of reviewing medication parameters in PCP order prior to giving or holding medications. DON will provide this training to all new nurses as well.</p> <p>Every month, nurses will use Monthly MAR Audit form to document audits of medications and supplements administered.</p> <p>DON will review MAR documentation every weeks for 4 weeks, then every 2 weeks for 4 weeks. All errors will lead to staff training/counseling.</p>	<p>02/16/23</p> <p>03/15/23</p> <p>Monthly</p> <p>Ongoing</p>

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☒	<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 – Medication order for Carvedilol = “3.125 mg – give ½ tab orally twice daily with food. Hold for systolic blood pressure <90 or heart rate <50.” Medication given on 9/12/2022 at 0730 when heart rate was 49 and on 12/26/2022 at 1630 when heart rate was 46.</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>DON followed-up with LPNs who administered the medication in error. Resident #1 was assessed for any negative outcome.</p> <p>All resident records were reviewed for medications with hold parameters.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u></p> <ul style="list-style-type: none"> • Resident #1 – No initials for Carvedilol administration on 9/7/2022 at 1630. • Resident #2 – On 3/11/2022, there were no initials or blood pressure on MAR for Furosemide and Metoprolol administration at 0600. 	<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>LPNs were identified and counseled</p>	<p style="text-align: center;">02/16/23</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #2 – Calmoseptine ordered 1/14/2022. Calmoseptine included on 2/15/2022 physician order sheet (POS) and February MAR; however, it was not included on January MAR when it was ordered, nor any subsequent MAR or POS after February. No documented evidence of order to discontinue either. Please submit copy of clarified order from physician with 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>Deficiency corrected</p> <p>All residents MARs were reviewed to ensure MARs match MD orders</p>	<p>03/15/23</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #2 – Calmoseptine ordered 1/14/2022. Calmoseptine included on 2/15/2022 physician order sheet (POS) and February MAR; however, it was not included on January MAR when it was ordered, nor any subsequent MAR or POS after February. No documented evidence of order to discontinue either. Please submit copy of clarified order from physician with POC.</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>Training provided on 2/16/2023 by DON to nurses on importance of having an accurate MAR that includes current PCP medication orders. DON will provide this training to all new nurses as well.</p> <p>When signed PCP orders are received, two nurses will review the orders together, complete a medication reconciliation to ensure the orders are complete, and review the medication labels and the MAR to ensure they are accurate. If an unsigned PCP order is received, a nurse will flag the order with a post-it note stating that we are still waiting for the PCP-signed order.</p> <p>By the end of every month nurses will use the Monthly MAR Audit form to document audits of medications and supplements administered.</p> <p>DON will conduct random audits for accuracy. All errors will lead to staff training/counseling.</p>	<p>03/15/23 Ongoing</p> <p>Monthly</p> <p>Ongoing</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1, #2, and #3 – No documented evidence medications were reevaluated and signed every four (4) months by a physician or APRN.</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>All resident orders were reviewed to identify compliance with the reevaluation every 4 months or otherwise identified.</p> <p>10 records were identified. All PCP's were updated.</p> <p>DON checks every 2 days for completeness</p>	<p style="text-align: center;">03/15/23</p> <p style="text-align: center;">Ongoing</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p><u>FINDINGS</u> Resident #2 – Calmoseptine written on January POS as ordered on 1/14/2022. No written confirmation or signature from the physician within four (4) months. Please submit copy of signed order from physician with POC.</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>Unable to correct this order; resident expired before order could be corrected.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p><u>FINDINGS</u> Resident #2 – Calmoseptine written on January POS as ordered on 1/14/2022. No written confirmation or signature from the physician within four (4) months. Please submit copy of signed order from physician with POC.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>A list has been created with due dates for every resident's Physician Order Sheet (POS) to be reviewed by the PCP. PCP order fax form created for requests to clarify PCP orders, with section to track communications and final receipt of clarification. Monthly Medication Administration (MAR) Audit form created to document audit of medications and supplements administered in accordance with PCP orders.</p> <p>Training provided on 2/16/2023 by DON to nurses on importance of having physician medication orders reevaluated and signed every four months by a PCP. DON will provide this training to all new nurses as well.</p> <p>A nurse will flag all orders based on telephone/verbal communication with a post-it note stating that we are still waiting for a PCP-signed order. A nurse will use the fax form to fax to PCP the request for a POS with signature (with the telephone/verbal order confirmed). A nurses will use the fax form to track communications with PCP until the POS with PCP signature is received.</p> <p>DON will do audits every two weeks.</p>	<p>03/15/23</p> <p>02/16/23</p> <p>Ongoing</p> <p>Every 2 weeks</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – Per MAR/POS order for Acetaminophen = “500 mg 1 tab orally every 6 hours, not to exceed 3 gm from all sources in 24 hours.” February to May 2022, included missing initials for various administration times and slashes where initials should have been, but no legend explanation.</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>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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 – Per MAR/POS order for Acetaminophen = “500 mg 1 tab orally every 6 hours, not to exceed 3 gm from all sources in 24 hours.” February to May 2022, included missing initials for various administration times and slashes where initials should have been, but no legend explanation.</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>Training provided on 2/16/2023 by DON to nurses on importance of accurate and complete documentation of medications made available to residents, including clear initials on the MAR to indicate by whom and vitals to confirm medication parameters were followed. DON will provide this training to all new nurses as well.</p> <p>Nurses will check each other's documentation for accuracy at every shift change.</p> <p>At the end of every month, nurses will use the Monthly MAR Audit form to document audits of medications and supplements administered.</p> <p>DON will do random audits. Any errors will lead to staff training/counseling.</p>	<p>02/16/23</p> <p>Ongoing</p> <p>Monthly</p> <p>Ongoing</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> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #1 – Annual tuberculosis clearance not signed by a physician or APRN. Please submit copy with 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>Deficiency corrected</p> <p>Copy submitted.</p> <p>All residents tuberculosis records were reviewed for provider signature.</p>	<p style="text-align: center;">03/06/23</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> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #1 – Annual tuberculosis clearance not signed by a physician or APRN. Please submit copy with 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>A list has been created with due dates for every resident's due dates for TB clearance and immunizations. A PCP order fax form has also been created for requests to clarify PCP orders, with section to track communications and final receipt of clarification.</p> <p>Training provided on 02/16/2023 by DON to medical assistants and nurses on importance of annual tuberculosis (TB) clearance. DON will provide this training to all new nurses as well.</p> <p>At the beginning of each month, the medical assistant will create a new sheet for resident immunizations and TB tests that are due by the end of the month. The medical assistant will schedule resident TB tests and ensure residents are tested.</p> <p>Upon receipt of test results, a nurse will use the fax form to request a PCP-signed TB clearance and track communications with PCP until the TB clearance form with PCP signature is received. A post-it note will be attached with reminders to follow-up with PCP until TB clearance form is returned with the PCP signature.</p> <p>An MA will be assigned the responsibility to ensure TB clearances are received and signed.</p> <p>DON will do random audits to ensure TB clearance forms have appropriate signature.</p>	<p style="text-align: center;">03/15/23</p> <p style="text-align: center;">02/16/23</p> <p style="text-align: center;">Monthly</p> <p style="text-align: center;">Ongoing</p> <p style="text-align: center;">Ongoing</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Monthly progress notes do not include observations of the resident's response to medications.</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>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Monthly progress notes do not include observations of the resident’s response to medications.</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>A Nurse Audit Checklist has been created with criteria for nursing staff to confirm various requirements are met, including adequacy of progress notes using the focus charting approach of data-action-response (D-A-R).</p> <p>Training provided on 2/16/2023 by DON to nurses on importance of accurate and complete progress notes that include resident's response to medication, how to document resident responses to medication, and when to notify PCP of resident responses. DON will provide this training to all new nurses as well.</p> <p>Each nurse is responsible for completed documentation on 6-10 residents each month. Each nurse will review another nurse's progress notes for accuracy, completeness, and a D-A-R note in connection with their signing of the Nurse Audit Checklist.</p> <p>Every month, DON will review the Nurse Audit Checklist for completion. DON will also do random audits of progress notes 2 times for 4 weeks, then 1 time for 2 weeks and will assess for further monitoring.</p> <p>Any errors will lead to staff training/counseling.</p>	<p>03/15/23</p> <p>02/16/23</p> <p>Monthly</p> <p>Ongoing</p> <p>As needed</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #2 – On April monthly summary, “Smiles,” is listed under response to medication. May response to medications was blank.</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>Follow-up was completed with the nurse</p>	<p>02/16/23</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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 #2 – On April monthly summary, “Smiles,” is listed under response to medication. May response to medications was blank.</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>A Nurse Audit Checklist has been created with criteria for nursing staff to confirm various requirements are met, including adequacy of progress notes using the focus charting approach of data-action-response (D-A-R).</p> <p>Training provided on 2/16/2023 by DON to nurses on importance of accurate and complete progress notes that include resident's response to medication, how to document resident responses to medication, and when to notify PCP of resident responses. DON will provide this training to all new nurses as well.</p> <p>Each nurse is responsible for completed documentation on 6-10 residents each month. Each nurse will review another nurse's progress notes for accuracy, completeness, and a D-A-R note in connection with their signing of the Nurse Audit Checklist.</p> <p>Every month, DON will review the Nurse Audit Checklist for completion. DON will also do random audits of progress notes 2 times for 4 weeks, then 1 time for 2 weeks and will assess for further monitoring.</p> <p>Any errors will lead to staff training/counseling.</p>	<p>03/15/23</p> <p>02/16/23</p> <p>Monthly</p> <p>On going</p> <p>As needed</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-17 <u>Records and reports.</u> (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> No incident reports available for any residents from March 2022 to June 2022.</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>DON located missing Incident Reports (IRs).</p>	<p>03/01/23</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> (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> No incident reports available for any residents from March 2022 to June 2022.</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>A labeled IR binder has been created with monthly indexes. It will be maintained by the DON and located in the DON office.</p> <p>Training provided on 2/16/2023 by DON to all staff on importance of keeping IRs filed and available for review. DON will provide this training to all new staff.</p> <p>Every week, the DON will review the IR binder to ensure that all IRs are filed and are available for review. If an IR is found to be missing, the DON will initiate an investigation and conduct staff training/counseling.</p>	 <p>03/01/23</p> <p>02/16/23</p> <p>Weekly</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><u>FINDINGS</u> Resident #1 – Blue ink used on MAR for July 1 and 2, 2022.</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>	

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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)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><u>FINDINGS</u> Resident #1 – Blue ink used on MAR for July 1 and 2, 2022.</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>Training provided on 2/16/2023 by DON to nurses on requirement to use black ink. DON will provide this training to all new nurses as well.</p> <p>Every quarter, DON will audit medical record entries to ensure entries are compliant with required documentation and correct ink color.</p>	<p>02/16/23</p> <p>Ongoing</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 – Per 6/21/2022 physician order, Tylenol should only be given PRN and midnight administration discontinued. Medication directions never changed on MAR from 6/21/2022 to present (February 2023), however, midnight administration has been crossed off monthly and states “discontinued.” MAR still states, “Acetaminophen 500 mg 1 tab orally every 6 hours, not to exceed 3 gms max in 24 hours from all sources.”</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>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 – On case manager’s monthly nursing assessments, from 5/16/2022 to 10/10/2022, Dr. Christopher Lee was mentioned; however, the resident’s physician is Dr. Christina Lee. Some months, both names were listed.</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>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 – On case manager’s monthly nursing assessments, from 5/16/2022 to 10/10/2022, Dr. Christopher Lee was mentioned; however, the resident’s physician is Dr. Christina Lee. Some months, both names were listed.</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>DON reviewed this deficiency with the responsible Case Manager (CM). CM corrected the physician's name for all entries.</p> <p>During every monthly CM visit to Lunalilo Home, the nurse on duty will meet with the CM to review the CM binder (with the Care Plan) and resident medical records and co-sign the CM's notes with the CM. DON will conduct quarterly random audits of CM notes for CM's and nurse's signatures.</p>	<p>03/01/23</p> <p>Ongoing</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)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #2 – On 3/3/2022 at 0600, blood pressure for Furosemide and Metoprolol were the same; however, the heart rates were 55 and 69 respectively. If heart rate was in fact 55, medication should have been held. No documentation as to why two different heart rates were recorded.</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>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #2 – On 3/3/2022 at 0600, blood pressure for Furosemide and Metoprolol were the same; however, the heart rates were 55 and 69 respectively. If heart rate was in fact 55, medication should have been held. No documentation as to why two different heart rates were recorded.</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>Monthly Medication Administration (MAR) Audit form created to document audit of medications and supplements administered in accordance with PCP orders.</p> <p>Training provided on 2/16/2023 by DON to nurses on importance of accurately recording vitals and reviewing medication parameters in PCP order prior to giving or holding medications. DON will provide this training to all new nurses as well.</p> <p>Every month, nurses will use Monthly MAR Audit form to document audits of medications and supplements administered. DON will do random audits every quarter. Any errors will lead to staff training/counseling.</p>	<p style="text-align: center;">03/15/23</p> <p style="text-align: center;">02/16/23</p> <p style="text-align: center;">Ongoing</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p>FINDINGS Resident #3 – April 2022 progress note signed and dated 10/27/2021.</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>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #3 – April 2022 progress note signed and dated 10/27/2021.</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>A Nurse Audit Checklist has been created with criteria for nursing staff to confirm various requirements are met, including adequacy of progress notes using the focus charting approach of data-action-response (D-A-R).</p> <p>Training provided on 2/16/2023 by DON to nurses on importance of accurate and complete progress notes that include resident's response to medication, how to document resident responses to medication, and when to notify PCP of resident responses. DON will provide this training to all new nurses as well.</p> <p>Every month, a nurse will review another nurse's progress notes for accuracy, completeness, and D-A-R, in connection with their signing of the Nurse Audit Checklist. Every month, DON will review the Nurse Audit Checklist for completion. DON will also do random audits of progress notes every quarter. Any errors will lead to staff training/counseling.</p>	<p>03/15/23</p> <p>02/16/23</p> <p>Ongoing</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #3 – Inventory of possession last updated in 2020. Please submit a copy with your 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>Deficiency corrected</p> <p>On 03/15/23, DON located the missing inventory list, which had been mislabeled with the year 2023 instead of 2022. Copy submitted.</p>	<p style="text-align: center;">03/15/23</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #3 – Inventory of possession last updated in 2020. Please submit a copy with your 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>Training provided on 2/16/2023 by DON to medical assistants and nurse aides on importance of maintaining a current inventory of possessions for every resident and conducting an inventory at least once each year. DON will provide this training to all new medical assistants and nurse aides as well.</p> <p>Every December, the medical assistants will review the residents' files and create of list of residents whose inventory lists were not updated during the year. The DON will monitor this list to ensure that the medical assistants complete an updated inventory for all residents on the list before December 31.</p>	<p>02/16/23</p> <p>Annually and as needed</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-20 <u>Resident health care standards.</u> (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.</p> <p>FINDINGS Resident #2 – No documented evidence that the physician was notified of significant weight changes that occurred during the months of April 2022 (168.5), May (163.9), June (172.5), July (159.4), November (151), and December (165.7, 167.5).</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>All resident weight records were reviewed for weight loss/gain, providers and RD updated.</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-20 <u>Resident health care standards.</u> (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.</p> <p><u>FINDINGS</u> Resident #2 – No documented evidence that the physician was notified of significant weight changes that occurred during the months of April 2022 (168.5), May (163.9), June (172.5), July (159.4), November (151), and December (165.7, 167.5).</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>A Nurse Audit Checklist has been created to ensure nurses complete critical tasks, including reporting of significant weight changes to the PCP.</p> <p>Training provided on 02/26/23 by DON to nurses on when to notify the PCP, the Registered Dietitian (RD), and the Case Manager (CM, if the resident is an expanded ARCH resident) of resident weight changes, review of care plans for residents with a CM, documentation of correspondence, and what to do when recommendations are received from the PCP or RD (or CM). RD provided a weight calculation tool with general guidelines was shared with staff for determining significant changes in weight.</p> <p>DON will provide this training for new staff.</p> <p>Nurses will review resident weights at the beginning of every month when weighs are obtained (unless orders for other times are received) to ensure significant weight changes are identified. DON will conduct quarterly random audits of resident weights, whether the PCP and RD (and CM) were notified, and whether any recommendations from the PCP or RD (or CM) were implemented. Any errors will lead to staff training/counseling.</p>	<p>03/15/23</p> <p>02/26/23</p> <p>Ongoing</p> <p>Monthly & Ongoing</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-54 <u>General operational policies.</u> (7) In addition to the requirements in section 11-100.1-7, the Type II ARCH shall have general operational policies on the following topics:</p> <p>Meal planning, food purchase, meal preparation and service, and referral and use of consultant registered dietitian;</p> <p><u>FINDINGS</u> Policies and procedures related to dietary services did not reflect the facility's day-to-day operations regarding meal times, specifically lunch meal service. Please submit a copy of updated P&P related to meal times with 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>Deficiency corrected.</p> <p>Copy of updated Policy & Procedure submitted.</p>	<p style="text-align: center;">02/13/23</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-54 <u>General operational policies.</u> (7) In addition to the requirements in section 11-100.1-7, the Type II ARCH shall have general operational policies on the following topics:</p> <p>Meal planning, food purchase, meal preparation and service, and referral and use of consultant registered dietitian;</p> <p><u>FINDINGS</u> Policies and procedures related to dietary services did not reflect the facility's day-to-day operations regarding meal times, specifically lunch meal service. Please submit a copy of updated P&P related to meal times with 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>Training provided on 02/11/23 by DON to nurses, nurse aides, and kitchen staff on the importance of serving meals according to the meal times in the Policies & Procedures. DON will provide this training to all new nursing and kitchen staff as well.</p> <p>DON and charge nurses check daily to ensure that meals are served at the times outlined in the Policies & Procedures.</p>	<p>02/11/23</p> <p>Ongoing</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-87 <u>Personal care services.</u> (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.</p> <p><u>FINDINGS</u> Resident #2 – No documented evidence that the facility notified the case manager for weight loss >3 lbs., as indicated in the “risk of fluid overload” care plan, and weight loss >5 lbs., as indicated in the “risk of nutritional deficit” care plan.</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>CM notified of expanded resident #2. All other ARCH expanded resident records were reviewed for loss/gain of weight. CM updated as outlined in CP</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (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.</p> <p><u>FINDINGS</u> Resident #2 – No documented evidence that the facility notified the case manager for weight loss >3 lbs., as indicated in the “risk of fluid overload” care plan, and weight loss >5 lbs., as indicated in the “risk of nutritional deficit” care plan.</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>A Nurse Audit Checklist has been created to ensure nurses complete critical tasks, including reporting of significant weight changes to the PCP.</p> <p>Training provided on 02/26/23 by DON to nurses on when to notify the PCP, the Registered Dietitian (RD), and the Case Manager (CM, if the resident is an expanded ARCH resident) of resident weight changes, review of care plans for residents with a CM, documentation of correspondence, and what to do when recommendations are received from the PCP or RD (or CM). RD provided a weight calculation tool with general guidelines was shared with staff for determining significant changes in weight. DON will provide this training for new staff.</p> <p>Nurses will review resident weights at the beginning of every month when weighs are obtained (unless orders for other times are received) to ensure significant weight changes are identified. DON will conduct quarterly random audits of resident weights, whether the PCP and RD (and CM) were notified, and whether any recommendations from the PCP or RD (or CM) were implemented. Any errors will lead to staff training/ counseling.</p>	<p>03/15/23</p> <p>02/16/23</p> <p>Ongoing</p> <p>Monthly & ongoing</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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 and #2 – "Risk of aspiration" care plan did not include specific procedures for choking/obstruction. Please submit a copy of updated care plan with POC.</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>Deficiency corrected.</p> <p>Care Plan updated by Case Manager on Risk of Aspiration for Resident #1 was submitted.</p>	<p>03/01/23</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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 and #2 – "Risk of aspiration" care plan did not include specific procedures for choking/obstruction. Please submit a copy of updated care plan with 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>DON reviewed this deficiency with the responsible Case Manager (CM). CM included specific procedures for choking/obstruction for Resident #2 (Resident #1 had expired).</p> <p>During every monthly CM visit to Lunalilo Home, the nurse on duty will meet with the CM to review the CM binder (with the Care Plan), request inclusion of specific procedures for intervention or services required to meet the expanded ARCH resident's needs, and co-sign the CM's notes with the CM. DON will conduct quarterly random audits of CM notes for CM's and nurse's signatures.</p>	<p>03/01/23</p> <p>Ongoing</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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><u>FINDINGS</u> Resident #1 – “At risk for nutritional deficit” care plan was not updated to include weekly weights ordered by the physician on 1/5/2023. Plan of care was written as a conditional basis and did not reflect actual swallowing difficulties and total feeding assistance. Please submit a copy of updated care plan with POC.</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>Deficiency corrected.</p> <p>Care Plan updated by Case Manager for Resident #1 was submitted.</p>	<p>02/20/23</p>

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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)(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><u>FINDINGS</u> Resident #1 – “At risk for nutritional deficit” care plan was not updated to include weekly weights ordered by the physician on 1/5/2023. Plan of care was written as a conditional basis and did not reflect actual swallowing difficulties and total feeding assistance. Please submit a copy of updated care plan with POC.</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>DON reviewed this deficiency with the responsible Case Manager (CM). DON also reviewed this deficiency with the nurses.</p> <p>Training provided on 02/26/23 by DON to nurses on the importance of ensuring care plans for expanded ARCH residents are complete and accurate. DON will provide this training to all new nurses as well.</p> <p>During every monthly CM visit to Lunalilo Home, the nurse on duty will meet with the CM to review the CM binder (with the Care Plan) to ensure the Care Plan reflects the expanded ARCH resident's needs and the PCP's orders. The nurse on duty will co-sign the CM's notes with the CM. DON will conduct quarterly random audits of CM notes for CM's and nurse's signatures.</p>	<p>03/15/23</p> <p>02/26/23</p> <p>Ongoing</p>

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☒	<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><u>FINDINGS</u> Resident #2 – “At risk of nutritional deficit” care plan was not updated to include weekly weights ordered by the physician on 10/26/2022. Plan of care was written as a conditional basis and did not reflect actual swallowing difficulties. Please submit a copy of updated care plan with POC.</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>All expanded ARCH residents records at risk for nutritional deficit were reviewed for compliance with the CP</p> <p style="text-align: center;">-</p>	<p>03/01/23</p>

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☒	<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><u>FINDINGS</u> Resident #2 – “At risk of nutritional deficit” care plan was not updated to include weekly weights ordered by the physician on 10/26/2022. Plan of care was written as a conditional basis and did not reflect actual swallowing difficulties. Please submit a copy of updated care plan with POC.</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>DON reviewed this deficiency with the responsible Case Manager (CM). DON also reviewed this deficiency with the nurses.</p> <p>Training provided on 02/26/23 by DON to nurses on the importance of ensuring care plans for expanded ARCH residents are complete and accurate. DON will provide this training to all new nurses as well.</p> <p>During monthly CM visit to Lunalilo Home, the nurse will meet with the CM to review the CM binder (with the Care Plan) to ensure the Care Plan reflects the expanded ARCH resident's needs and the PCP's orders. The nurse on duty will co-sign the CM's notes with the CM.</p> <p>DON will conduct quarterly random audits of CM notes for CM's and nurse's signatures.</p>	<p>03/15/23</p> <p>02/26/23</p> <p>Monthly & ongoing</p> <p>Ongoing</p>

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<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><u>FINDINGS</u> Resident #1 and #2 – Per multiple care givers, residents are bed bound. No care plan available for residents at risk for impaired skin integrity due to immobility. Please submit a copy of updated care plan with 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>Deficiency corrected.</p> <p>Care Plan updated by Case Manager on Risk of Impaired Skin Integrity due to Immobility for Resident #1 was submitted.</p> <p>Identified all expanded ARCH residents that are immobile and reviewed CP to ensure skin integrity included in CP.</p>	02/20/23

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<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><u>FINDINGS</u> Resident #1 and #2 – Per multiple care givers, residents are bed bound. No care plan available for residents at risk for impaired skin integrity due to immobility. Please submit a copy of updated care plan with POC.</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>DON reviewed this deficiency with the responsible Case Manager (CM). DON also reviewed this deficiency with the nurses.</p> <p>Training provided on 02/26/23 by DON to nurses on the importance of ensuring care plans for expanded ARCH residents are complete and accurate. DON will provide this training to all new nurses as well.</p> <p>During every monthly CM visit to Lunalilo Home, the nurse on duty will meet with the CM to review the CM binder (with the Care Plan) to ensure the Care Plan reflects the expanded ARCH resident's needs and the PCP's orders. The nurse on duty will co-sign the CM's notes with the CM. DON will conduct quarterly random audits of CM notes for CM's and nurse's signatures.</p>	<p>02/20/23</p> <p>02/26/23</p> <p>Ongoing</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(6) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 and #2 – Care plans state to call RN case manager to report if SBP <100 or >160, DBP <50 or >100, or pulse is <60 or >100. No documented evidence CM was called regarding blood pressure and heart rates out of parameters.</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>CM notified of BP's.</p> <p>Reviewed ARCH residents care plans for blood pressure parameters. No other residents B/P were outside parameters.</p>	

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☒	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(6) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 and #2 – Care plans state to call RN case manager to report if SBP <100 or >160, DBP <50 or >100, or pulse is <60 or >100. No documented evidence CM was called regarding blood pressure and heart rates out of parameters.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>A Nurse Audit Checklist has been created to ensure nurses complete critical tasks, including reporting to CM when Care Plans indicate.</p> <p>Training provided on 02/16/23 by DON to nurses on reviewing Care Plans for instructions on when to report information to the CM. DON will provide this training to all new nurses as well.</p> <p>During monthly CM visit to Lunalilo Home, the nurse on duty will meet with the CM to review the CM binder (with the Care Plan) and co-sign the CM's notes with the CM. DON will conduct quarterly random audits of CM notes for CM's and nurse's signatures. Any errors will lead to staff training/counseling.</p> <p>Every month, every nurse will review every expanded ARCH resident Care Plan and sign to acknowledge they have read and understood the Care Plan. DON will conduct quarterly random audits to confirm nurse signatures. Any errors will lead to staff training/counseling.</p> <p>DON will conduct quarterly random audits of resident information that could trigger reporting to the CM and whether the CM received a required report. Any errors will lead to staff training/counseling.</p>	<p>02/16/23</p> <p>02/16/23</p> <p>Monthly & ongoing</p> <p>Monthly</p> <p>Quarterly</p>

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<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> No documented evidence staff was trained by case manager on how to use Hoyer Lift. Please submit copy of training with POC.</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>Deficiency corrected.</p> <p>Copy submitted.</p>	<p>03/15/23</p>

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<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> No documented evidence staff was trained by case manager on how to use Hoyer Lift. Please submit copy of training with 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>DON reviewed this deficiency with the responsible Case Manager (CM).</p> <p>Hoyer Lift instructions was placed in CM binder.</p> <p>Training provided on 03/15/23 by DON to nurse aides on how to use a Hoyer Lift. Nurse aides will provide this training to all new staff during orientation.</p> <p>During monthly CM visit to Lunalilo Home, the nurse on duty will meet with the CM to review the CM binder (with the Care Plan) to ensure the Care Plan includes specific instructions on how to use equipment to address needs of expanded ARCH residents. The nurse on duty will co-sign the CM's notes with the CM. DON will conduct quarterly random audits of CM notes for CM's and nurse's signatures.</p> <p>DON will review new hire orientation checklist to confirm Hoyer lift education is provided during orientation</p>	<p style="text-align: center;">02/20/23</p> <p style="text-align: center;">03/15/23</p> <p style="text-align: center;">Monthly & ongoing</p> <p style="text-align: center;">Ongoing</p>

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Licensee's/Administrator's Signature: J-K-D

Print Name: Jessie Keolamaikalani Dean, CEO

Date: 3/29/2023

Sheri Richards, RN, DON

Sheri Richards, RN

3/29/2023

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