

Office of Health Care Assurance

23 MAY 15 P3:02

State Licensing Section

2023 MAY 15 11:01 AM
STATE LICENSING SECTION

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APR 18 2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Faithcare Senior Hale	CHAPTER 100.1
Address: 1108 Gulick Avenue, Honolulu, Hawaii 96819	Inspection Date: January 11, 2023 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) WORKING 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>§11-100.1-3 <u>Licensing</u>, (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law:</p> <p>FINDINGS Substitute Care Giver (SCG) #1, #2, #3, #4, #5, and #6 -- No Fieldprint results available.</p> <p>Please submit a copy with your plan of correction (POC).</p>	<p>22 MAY 15 P3 02 PART I</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>#1, SCG #5 and #6 Fieldprint result was filed in the ARCH binder. SCG #2, #3, and #4 are no longer CGs in the care home.</p> <p>Copy attached.</p>	<p>3-31-2023</p> <p>5/15/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(i) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law:</p> <p><u>FINDINGS</u> Substitute Care Giver (SCG) #1, #2, #3, #4, #5, and #6 – No Fieldprint results available.</p> <p>Please submit a copy with your 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>Fieldprint results should be filed in the ARCH binder, once it is available.</p> <p><i>I will use Google Calendar to remind me that Fieldprints are due for renewal. Caregivers will be reminded 2 months before expiration.</i></p>	<p>3-31-2023</p> <p><i>5/15/23</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> SCG #1 – No current annual physical exam. Please submit a copy with your POC.</p>	<p>PART I</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Annual physical exam was done and document was filed in the ARCH binder.</p> <p><i>Copy attached.</i></p>	<p>3-31-2023</p> <p><i>5/15/23</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> SCG #1 – No current annual physical exam. Please submit a copy with your 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>Annual physical exam should be done in a timely manner and should be filed in the ARCH binder.</p> <p><i>I will use Google Calendar to remind us that physical Exam are due for renewal. Caregivers will be reminded 2 months before expiration.</i></p>	<p>3-31-2023</p> <p><i>5/15/23</i></p> <p><i>23 MAY 15 P 3:07</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> SCG #1 No current annual tuberculosis clearance.</p> <p>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>TB clearance was done and was filed in the ARCH binder.</p> <p style="text-align: center;"><i>Copy attached.</i></p>	<p>3-31-2023</p> <p>5/15/23</p> <p style="text-align: center;">23 MAY 15 PM 3:07</p> <p style="text-align: center;">STATE OF NEW YORK DEPARTMENT OF HEALTH BUREAU OF HEALTH SERVICES</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> SCG #1 - No current annual tuberculosis clearance.</p> <p>Please submit a copy with your 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>TB clearance should be done in a timely manner, and should be filed in the ARCH binder.</p> <p><i>I will use Google Calendar to remind me that TB clearance are due for renewal. Caregivers will be reminded 2 months before expiration.</i></p>	<p>3-31-2023</p> <p><i>5/15/23</i></p> <p><i>23 MAY 15 P3:02</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> SCG #1 and #2 -- No initial 2 step tuberculosis clearance.</p> <p>Please submit a copy with your POC.</p>	<p align="center">PART 1</p> <p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>SCG#1 did 2-step and acquired TB clearance, and was filed at the ARCH Binder. SCG#2 was no longer a substitute caregiver for the ARCH.</p> <p><i>Unable to obtain clearance for SCG #2.</i></p> <p><i>Copy attached for SCG#1</i></p>	<p align="center">3-31-2023</p> <p align="center"><i>5/15/23</i></p> <p align="center">23 MAY 15 P 3:02</p> <p align="center">STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> SCG #1 and #2 - No initial 2 step tuberculosis clearance.</p> <p>Please submit a copy with your 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>2 step TB clearance should be acquired and must be filed in the ARCH binder.</p> <p><i>I will use the "New Substitute caregiver Checklist" to obtain required documents.</i></p>	<p>3-31-2023</p> <p><i>5/15/23</i></p> <p>23 MAY 15 P 3:02</p> <p>STATE OF CONNECTICUT DEPT. OF SOCIAL SERVICES STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> SCG #3 – Chest X-ray was done on 4/9/2021. No record of PPD skin test positive.</p> <p>Please submit a copy with your 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>SCG#3 was no longer a substitute caregiver for the ARCH.</p> <p><i>Unable to obtain chest-xray.</i></p>	<p>3-31-2023</p> <p><i>5/15/23</i></p> <p>23 MAY 15 P 3:02</p> <p>STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> SCG #3 - Chest X-ray was done on 4/9/2021. No record of PPD skin test positive.</p> <p>Please submit a copy with your 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>Xray and TB clearance should be filed in the ARCH binder accordingly.</p> <p><i>I will use the "New Caregiver checklist" to obtain required documents.</i></p>	<p>3-31-2023</p> <p><i>5/15/23</i></p> <p>23 MAY 15 P 3:02</p> <p>STATE OF CONNECTICUT DEPARTMENT OF HUMAN SERVICES STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u> (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> Weekly menu posted in residents' dining room was printed in a letter size sheet. Resident stated that it was too small to read.</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>Font size for the menu was adjusted to bigger size, printed in 2 separate letter size combined together.</p>	<p>3-31-2023</p> <p>23 MAY 15 P 3:07</p> <p>STATE OF NEW YORK DEPT. OF CORRECTIONS STATE PRISON</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> Weekly menu posted in residents' dining room was printed in a letter size sheet. Resident stated that it was too small to read.</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>Future menus should be printed with a bigger font size in a 2 separate letter size sheets cobined together.</p>	<p>3-31-2023</p> <p>23 MAY 15 P 3:03</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (b) All foods shall be stored in covered containers.</p> <p><u>FINDINGS</u> In the refrigerator in residents' dining room, uncovered cut papaya and orange wedge were stored.</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>Uncovered papaya was transferred in a sealed container while being stored in the refrigerator.</p>	<p>3-31-2023</p> <p>23 MAY 15 P 3:03</p> <p>STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (b) All foods shall be stored in covered containers.</p> <p><u>FINDINGS</u> In the refrigerator in residents' dining room, uncovered cut papaya and orange wedge were stored.</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>Cut fruits and vegetables should be stored in a covered and sealed container and store in the refrigerator.</p> <p>Training was provided to the Sub- stitute caregivers and household members to cover all cut fruits and vegetables in the refrigerator</p>	<p>3-31-2023</p> <p>5/15/23</p> <p>23 MAY 15 P 3:03</p> <p>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 – No labels for the following medication. - Vitamin D3 25mg (1000IU) - Biotin 5000mg</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>Labels were provided for the following medications; Vitamin D3 and Biotin 5000mg.</p>	<p>3-31-2023</p> <p style="text-align: right;">23 MAY 15 P 3:03 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 – No labels for the following medication. - Vitamin D3 25mg (1000IU) - Biotin 5000mg</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>Labels should be provided to medications acquired OTC.</p> <p>When OTC medications are obtained, 5/15/23 I will label it at the same day.</p>	<p>3-31-2023</p> <p>23 MAY 15 P 3:03</p> <p>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> In resident's bedroom #2, Gaviseon, Magnesium with Vitamin D E B-6, Alpha Lipoic Acid 1000mg were left unsecured.</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>Medications/supplements found in the resident's bedroom were stored in the medication locked cabinet.</p>	<p>3-31-2023</p> <p>23 MAY 15 P 3:03</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> In resident's bedroom #2, Gaviscon, Magnesium with Vitamin D E-B-6, Alpha Lipoic Acid 1000mg were left unsecured.</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>All medications/supplements should be stored in the medication locked cabinet.</p> <p><i>I will make rounds into the resident's room and bathroom after dinner to check for any left medications / supplements.</i></p>	<p>3-31-2023</p> <p><i>5/15/23</i></p> <p>23 MAY 15 P 3:03</p> <p>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 – Current physician's order dated 12/23/2022 included Sodium Chloride (Deep Sea nasal) 0.65% Nasal Aerosol spray, Calcium Citrate Vitamin D3 (CITRACAL) and Digestive Enzyme Oral Capsule. No medication available at home.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The following medications were discontinued by the resident's PCP during the post hospitalization discharge follow up.</p>	<p>3-31-2023</p> <p>23 MAY 15 P 3:03</p> <p>STATE ARCHIVING</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 - Current physician's order dated 12-23-2022 included Sodium Chloride (Deep Sea nasal) 0.65% Nasal Aerosol spray, Calcium Citrate/Vitamin D3 (CITRACAL) and Digestive Enzyme Oral Capsule. No medication available at home.</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>Unavailable medications should be requested for refill to make it available in the home.</p> <p>After receiving the medications, renew it and if some or any medication is missing, clarify with PCP if it is still current, within 24 hrs.</p>	<p>3-31-2023</p> <p>5/15/23</p> <p>STATE OF PA DEPARTMENT OF STATE LIBRARIANS</p> <p>23 MAY 15 P3:03</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (c) 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 – Physician’s order was “Biotin 2500mcg Cap. Take 1 cap by mouth daily.” The medication available was Biotin 5000mcg. Per SCG #1, one (1) tablet (5000mcg) was given to the resident.</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>Biotin 2500 mcg stock was acquired to comply with the MD order.</p>	<p>3-31-2023</p> <p>23 MAY 15 P 3:03</p> <p>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 - Physician's order was "Biotin 2500meg Cap. Take 1 cap by mouth daily." The medication available was Biotin 5000meg. Per SCG #1, one (1) tablet (5000meg) was given to the resident.</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>Medication order should be clarified with the MD and correct stock of OTC supplement should be acquired.</p> <p>If a resident comes in with a medication that doesn't match with the physician's order, renew it and clarify with the PCP, written by me.</p>	<p>3-31-2023</p> <p>5/15/23.</p> <p>23 MAY 15 P 3:03</p> <p>STATE LICENSING</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>FINDINGS Resident #1 - "Ciprofloxacin 500mg tablet, 1 tablet by mouth every 12 hrs for 3 days UTI" given from 1-1-2023 to 1-3-2023 was recorded in MAR. Per PCG, phone order was received for this medication. However, physician's order sheet was not 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>	<p>23 MAY 15 P3:03</p> <p>STATE OF CONNECTICUT DEPT. OF SOCIAL SERVICES</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 #1 – "Ciprofloxacin 500mg tablet, 1 tablet by mouth every 12 hrs for 3 days UTI" given from 1-1-2023 to 1-3-2023 was recorded in MAR. Per PCG, phone order was received for this medication. However, physician's order sheet was not recorded.</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>Telephone orders should be documented in the Physician order form.</p> <p><i>I will review physician's orders every 2 weeks -</i></p>	<p>3-31-2023</p> <p><i>5/15/23.</i></p> <p>23 MAY 15 P 3:03</p> <p>STATE LICENSING</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 – Physician's order was "Biotin 2500mcg Cap. Take 1 cap by mouth daily." It was listed as "Biotin 2500mg capsule, 1 capsule by mouth daily supplement" in medication administration record (MAR).</p>	<p>PART I</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Biotin 2500 mcg order was corrected in the MAR to reflect the correct medication stock.</p>	<p>3-31-2023</p> <p>23 MAY 15 P 3:03</p> <p>STATE OF ALA DIV OF A 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>. (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 – Physician's order was "Biotin 2500mcg Cap. Take 1 cap by mouth daily." It was listed as "Biotin 2500mg capsule, 1 capsule by mouth daily supplement" in medication administration record (MAR).</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>Correct medication information should be confirmed and inputted in the MAR.</p> <p>I will review medication orders and MAR every 2 weeks, to make sure MAR ^{is} documented correctly.</p>	<p>3-31-2023</p> <p>5/15/23</p> <p>23 MAY 15 P3:03</p>

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	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 – Current physician's order dated 12/23/2022 for Calcium Citrate/Vitamin D3 (CITRACAL) and Digestive Enzyme Oral Capsule were not listed in December 2022 and January 2023 MAR.</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>Medications ordered on 12/23/22 were added to Dec 2022 and Jan 2023 MAR.</p>	<p>3-31-2023</p> <p>23 MAY 15 P3:04</p>

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	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 – Current physician's order dated 12/23/2022 for Calcium Citrate/Vitamin D3 (CITRACAL) and Digestive Enzyme Oral Capsule were not listed in December 2022 and January 2023 MAR.</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>Medications should be properly inputted in the MAR from the day it was ordered.</p> <p><i>I will review medications orders and MAR every 2 weeks to make sure MAR is documented correctly.</i></p>	<p>3-31-2023</p> <p><i>5/15/23</i></p> <p style="text-align: right;">23 MAY 15 PM 04 STATE OF CONNECTICUT DEPARTMENT OF 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 - In MAR, dosing time did not indicate AM or PM.</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>AM and PM for dosing time was added in the MAR.</p>	<p>3-31-2023</p> <p>23 MAY 15 PM 3:04</p> <p>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 – In MAR, dosing time did not indicate AM or PM.</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>AM and PM should be added in the doing time.</p> <p>When preparing MAR, I will make sure to put AM / PM for the dosing time.</p>	<p>3-31-2023</p> <p>23 MAY 15 P3:04</p> <p>STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (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 No schedule of daily activities.</p>	<p>PART I</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 daily activities were added in Resident #1's binder.</p>	<p>3-31-2023</p> <p>23 MAY 15 P 3:04</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (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>FINDINGS Resident #1 - No schedule of daily activities.</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>Resident schedule of daily activities should be made accordingly and filed in the resident's binder.</p> <p>I will use the "ARLH Resident Admission/Re-admission check list" to obtain required documents for resident binder.</p>	<p>3-31-2023</p> <p>5/15/23</p> <p>23 MAY 15 P 3:04</p>

STATE OF MAINE
DEPT. OF
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission:</p> <p>FINDINGS Resident #1 – No documentation that admission assessment was completed.</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>23 MAY 15 P 3:04</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)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission:</p> <p>FINDINGS Resident #1 - No documentation that admission assessment was completed.</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>Admission assessment should be completed during the resident's admission date.</p> <p>I will use the "ARCA - Resident Admission / Re-admission checklist to obtain required documents for resident binder.</p>	<p>3-31-2023</p> <p>5/15/23</p> <p>23 MAY 15 P 3:04</p> <p>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> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered:</p> <p><u>FINDINGS</u> Resident #1 – Hospice discharge records included “Continue Straight Cath prn PVR>400cc.” No records that PVR>400cc was monitored.</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>23 MAY 15 P 3:04</p> <p>STATE OF OHIO DEPARTMENT OF STATE LITIGATING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered:</p> <p><u>FINDINGS</u> Resident #1 – Hospice discharge records included “Continue Straight Cath prn PVR>400cc.” No records that PVR>400cc was monitored.</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>Hospital discharge order to monitor PVR >400cc should be monitored accordingly and should be filed in the resident's binder.</p> <p><i>I will document PVR daily in MAR #1/15/23 Resident #1 was discharged.</i></p>	<p>3-31-2023</p> <p>23 MAY 15 P3:04</p> <p>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)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p>FINDINGS "HEIGHT AND MONTHLY WEIGHT RECORD" for December 2022 not 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>	<p>23 MAY 15 P 3:04</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)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency:</p> <p>FINDINGS "HEIGHT AND MONTHLY WEIGHT RECORD" for December 2022 not recorded.</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>Monthly height and weight should be recorded in the ARCH binder accordingly.</p> <p><i>I will check resident's height and weight every 1st of the month and document on the same day.</i></p>	<p>3-31-2023</p> <p><i>5/15/23</i></p> <p>23 MAY 15 P 3:04</p> <p>STATE OF OHIO 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)(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 -- Emergency Information Sheet did not include current medication list.</p>	<p>PART I</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 current medication list were added in the resident's emergency information sheet.</p>	<p>3-31-2023</p> <p>23 MAY 15 P 3:04</p> <p>STATE OF NEW YORK DEPARTMENT OF SOCIAL SERVICES</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 #1 – Emergency Information Sheet did not include current medication list.</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>Current medication list should be added in the resident's Emergency information sheet accordingly.</p> <p><i>I will update the "Resident Emergency Information Sheet" on every MD visit and during admission.</i></p>	<p>3-31-2023</p> <p><i>5/15/23</i></p> <p>23 MAY 15 P 3:04</p> <p>STATE OF MICHIGAN DEPT. OF HEALTH & HUMAN SERVICES 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)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents.</p> <p>FINDINGS Permanent Resident Register did not include the following:</p> <ul style="list-style-type: none"> - "Religion" for three (3) current residents - "Diagnoses" for two (2) current residents - "Admitted from" for three (3) current residents - "Date of Birth" for one (1) current resident - "Marital status" for one (1) current resident 	<p>PART 1</p> <p>DID YOU CORRECT THE DEFICIENCY?</p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Religion, diagnoses, admitted from, DOB and marital status information were added into the resident register for the specified residents.</p>	<p>3-31-2023</p> <p>23 MAY 15 P 3:04</p> <p>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> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> Permanent Resident Register did not include the following:</p> <ul style="list-style-type: none"> - "Religion" for three (3) current residents - "Diagnoses" for two (2) current residents - "Admitted from" for three (3) current residents - "Date of Birth" for one (1) current resident - "Marital status" for one (1) current resident 	<p>PART 2</p> <p>FUTURE PLAN</p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Religion, diagnoses, admitted from, DOB and marital status information should be added into the resident register for the specified residents.</p> <p><i>I will use the "APR# Resident Admission / Re-admission checklist" to obtain necessary documents / information for the resident folder.</i></p>	<p>3-31-2023</p> <p><i>5/15/23</i></p> <p>23 MAY 15 P 3:04</p> <p>STATE TRAINING</p>

	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 #1 – No signed financial agreement.</p>	<p>PART 1</p> <p>DID YOU CORRECT THE DEFICIENCY?</p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Financial agreement was completed and filed in the resident's binder.</p>	<p>3-31-2023</p> <p>23 MAY 15 P 3:05</p> <p>STATE LICENSING</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>FINDINGS Resident #1 - No signed financial agreement.</p>	<p align="center">PART 2</p> <p align="center">FUTURE PLAN</p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Financial agreement should be completed and filed in the resident's binder.</p> <p>I will use the "ARCH Resident Admission / Re-admission Checklist" to obtain information / documents for the Resident binder.</p>	<p>3-31-2023</p> <p>5/15/23</p> <p>23 MAY 15 P3:05</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p>FINDINGS Resident #1 - Hospice discharge records included "Continue Straight Cath prn PVR>400cc." No record that Primary Care Giver (PCG) was trained to perform straight catheterization. No record that PCG trained SCGs for straight catheterization.</p>	<p>PART 1</p> <p>DID YOU CORRECT THE DEFICIENCY?</p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PCG was trained in the hospital prior to resident discharge; no document was provided to show that PCG was trained.</p> <p><i>Resident #1 was already been discharged from XRC#; Couldn't obtain training documentation.</i></p>	<p>3-31-2023</p> <p><i>5/15/23</i></p> <p>23 MAY 15 P 3:05</p> <p>STATE OF CONNECTICUT Nursing Board Nursing Licensing</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Hospice discharge records included "Continue Straight Cath prn PVR>400cc." No record that Primary Care Giver (PCG) was trained to perform straight catheterization. No record that PCG trained SCGs for straight catheterization.</p>	<p align="center">PART 2</p> <p align="center">FUTURE PLAN</p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG training completion documentation should be acquired from the hospital and should be filed in the ARCH binder accordingly.</p> <p><i>I will obtain a document form for training from the training provider.</i></p>	<p align="center">3-31-2023</p> <p align="center"><i>5/15/23</i></p> <p align="center">23 MAY 15 P 3:05</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(G) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system;</p> <p>FINDINGS No record that smoke detectors were tested.</p>	<p>PART I</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>23 MAY 15 P 3:05</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u>, (g)(3)(G) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system;</p> <p>FINDINGS No record that smoke detectors were tested.</p>	<p>PART 2</p> <p>FUTURE PLAN</p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Smoke detectors should be tested monthly and documented in the ARCH binder accordingly.</p> <p>I will schedule to test smoke detectors monthly during the end of the month.</p> <p>Google calendar will be used to provide reminders.</p>	<p>3-31-2023</p> <p>5/15/23</p> <p>23 MAY 15 P 3:05</p> <p>STATE OF CONNECTICUT DEPT. OF SOCIAL SERVICES STATE RELATIONS</p>

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Licensee's/Administrator's Signature: 

Print Name: JUN LYNARD TUGAS, PCG

Date: 04/01/2023

23 MAY 15 P 3:05
SMA, P. 1, 2, 3, 4, 5
DOLLARS
STATE LICENSING