

Office of Health Care Assurance

State Licensing Section

23 JUL 25 PM 4:16

STATE OF HAWAII

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: R & A Care Home	CHAPTER 100.1
Address: 123 Uakanikoo Place, Wahiawa, Hawaii 96786	Inspection Date: March 22, 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	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> Substitute Caregiver (SCG) #1 – Current annual physical exam unavailable for review. Submit a copy with plan of correction.</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 deficiency was corrected on 4/1/23. SCG #1 had done the annual physical exam on 2/11/23 but the APRN accidentally wrote 2022 instead of 2023. Took the form back to the doctor's office to have the correct date written on the form.</p>	<p>'23 APR 17 P 1:20</p> <p>4/1/23</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> Substitute Caregiver (SCG) #1 – Current annual physical exam unavailable for review. Submit a copy with plan of correction.</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>PCCG will use a checklist as a reminder to double check all annual physical exam forms after each physical check-up, to ensure that the dates are correct prior to filing away the annual physical exam forms into the binder.</p>	<p>5/12/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p>FINDINGS Diet menu posted in facility did not contain portion sizes for food items listed.</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 deficiency was corrected on 3/23/23. PCG prints out the menu with the portion sizes & replaced the existing posted menu.</p>	<p>23 APR 2023 P1:19</p> <p>3/23/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>, (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u> Diet menu posted in facility did not contain portion sizes for food items listed.</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>I will post a reminder note on a refrigerator to check that the menu number reflects the week number correctly. check menu every Sunday</p>	<p>5/12/23</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>FINDINGS Special diet menus unavailable for the following:</p> <ul style="list-style-type: none"> • Resident #1 – Regular, nectar thickened liquids • Resident #2 – Cardiac diet <p>Submit special diet menus with plan of correction.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Resident #2 - called PCP to clarify diet orders.</p> <p>Working w/ consultant dietician to plan & develop a menu based on dietary guidelines of physicians orders along with its portion sizes. Will submit the menu to DHCA nutritionist for review.</p>	<p>23 APR 17 19 3/29/23</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> Special diet menus unavailable for the following:</p> <ul style="list-style-type: none"> • Resident #1 – Regular, nectar thickened liquids • Resident #2 – Cardiac diet <p>Submit special diet menus with plan of correction.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG will use a checklist as a weekly reminder to only post the correct menu, along with any special diet menus for residents with special diet needs, in the kitchen/dining area. PCG will also use a checklist as a reminder to pay close attention to physicians orders changer after each medical visit, and to work with a consultant dietitian to create a new special diet menu based on the dietary guidelines from the physicians orders. I will review my checklist once a month.</p>	<p>5/12/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p>FINDINGS Primary Caregiver (PCG) reports all residents are prescribed and following a regular diet; however, the following residents have been prescribed a special diet:</p> <ul style="list-style-type: none"> • Resident #1 – Regular, nectar thickened liquids • Resident #2 – Cardiac diet 	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Resident #2- Contacted PCP to clarify diet order.</p> <p>Contacted Consultant Dietician to create a menu based on dietary guidelines. Will submit menu to OHA Nutritionist for review.</p>	<p>23 3/20/23 PP 17 P1:19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Primary Caregiver (PCG) reports all residents are prescribed and following a regular diet; however, the following residents have been prescribed a special diet:</p> <ul style="list-style-type: none"> • Resident #1 – Regular, nectar thickened liquids • Resident #2 – Cardiac diet 	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG will use ^{office visit} a checklist as a reminder to double check all physicians orders for any diet order and/or if there are any changes to the diet order. Then post at the kitchen/dining area the correct menu if available or to work with a consultant dietician to create a new special diet menu based on the dietary guidelines from the physicians orders.</p> <p>I will review checklist at each office visit.</p>	<p>5/12/23</p> <p>23 MAY 25 PM 2:45</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p>FINDINGS Two (2) bottles of Clorox Cleaner & Bleach and a can of Lysol disinfectant spray were stored unsecured in hallway cubby unit.</p> <p>Bottle of Clorox bleach stored unsecured in cabinet under kitchen sink.</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 (2) bottles of Clorox cleaner & Bleach and a can of Lysol disinfectant spray were transferred to the locked cabinet under kitchen sink. The cabinet under the kitchen sink was locked on the same day after the inspection.</p>	<p>23 APR 17 1:19 PM</p> <p>3/22/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> Two (2) bottles of Clorox Cleaner & Bleach and a can of Lysol disinfectant spray were stored unsecured in hallway cubby unit.</p> <p>Bottle of Clorox bleach stored unsecured in cabinet under kitchen sink.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG will use an ^{environmental} checklist everyday as a reminder to ensure that all cleaning supplies, and disinfecting sprays are returned to the secured cabinet and that the secured cabinets and ensure that they are locked. and the house is in compliance.</p>	<p>5/12/23</p> <p>23 MAY 23 PM 2:46</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Tube of medication (Santyl ointment) stored unsecured in hallway cubby unit.</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 tube of medication (Santyl ointment) was discarded at day of inspection.</p>	<p>3/22/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Tube of medication (Santyl ointment) stored unsecured in hallway cubby unit.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG will use an ^{environmental} checklist everyday as a reminder to double check all areas to ensure that all medications are placed back into the secured cabinet. All PCG's will also be reminded daily to return all medications back to the secured cabinet after giving any medications.</p>	<p>5/12/23</p> <p>23 MAY 25 PM 2:46</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Resident's response to daily and as needed medications not documented in monthly progress notes.</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 APR 17 P1:19</p> <p>STATE OF NEW YORK DEPARTMENT OF CORRECTIONS STATE PRISONS</p>

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<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 – Resident's response to daily and as needed medications not documented in monthly progress notes.</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>7CG will use a ^{documentation} checklist as a reminder, monthly or more often if needed, to note resident's response to medications into the progress notes. The progress notes will be added to the clipboard to ensure that documentation is done immediately.</p> <p>I will review checklist monthly.</p>	<p>5/12/23</p> <p>23 MAY 25 PM 2:45</p>

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<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 – Trazodone PRN was administered on 12/6/22 and 12/7/22; however, no documented evidence medication response/effectiveness was noted in progress notes.</p> <p>Resident #1 – Risperidone PRN administered on 2/2/23, 2/4/23, 2/7/23, 2/8/23, 2/17/23, and 2/21/23; however, no documented evidence medication response/effectiveness was noted in progress notes.</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>STATE OF NEW HAMPSHIRE DEPARTMENT OF STATE LICENSING</p>	<p>23 APR 17 P 1:19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Trazodone PRN was administered on 12/6/22 and 12/7/22; however, no documented evidence medication response/effectiveness was noted in progress notes.</p> <p>Resident #1 – Risperidone PRN administered on 2/2/23, 2/4/23, 2/7/23, 2/8/23, 2/17/23, and 2/21/23; however, no documented evidence medication response/effectiveness was noted in progress notes.</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><i>I will put a reminder note on the residents MAR to document response to PRN medications shortly after administering.</i></p>	<p><i>5/12/23</i></p> <p>23 MAY 25 11:25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (b) The Type I ARCH shall be free of excessive noise, dust, or odors and shall have good drainage;</p> <p><u>FINDINGS</u> Resident #1 – Strong odor of urine emanating from bedroom</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 cleaned the room by mopping the floor where the urine was spilled and using a bleach cleaner to disinfect and remove the urine smell. The floor was then dried prior to allowing the resident back to her room.</p>	<p>5/12/23</p> <p>23 MAY 25 PM 2:45</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u>, (b) The Type I ARCH shall be free of excessive noise, dust, or odors and shall have good drainage;</p> <p><u>FINDINGS</u> Resident #1 – Strong odor of urine emanating from bedroom</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG will use an ^{environmental} checklist everyday as a reminder to double check and ensure that all the rooms are being cleaned thoroughly.</p>	<p>5/12/23</p> <p>23 MAY 23 PM 05</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (b) The Type I ARCH shall be free of excessive noise, dust, or odors and shall have good drainage;</p> <p>FINDINGS Bedroom #1 – Excess dust, cobwebs, and insect droppings lined window ledge</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 window ledge was cleaned out immediately after inspection (3/22), by wiping down the exterior side of the window.</p> <p>STATE OF NEW YORK DEPT. OF STATEMENTING</p>	<p>3/22/23</p> <p>23 APR 17 P 1:18</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (b) The Type I ARCH shall be free of excessive noise, dust, or odors and shall have good drainage;</p> <p><u>FINDINGS</u> Bedroom #1 – Excess dust, cobwebs, and insect droppings lined window ledge</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>General cleaning of the property which includes the exterior of the property will be increased to every month & windows shall be wiped down once a week.</p>	<p>3/22/23</p> <p>23 APR 17 P1:18</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence the case manager provided caregiver training to the substitute caregivers. Training only provided to primary caregiver.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PCG notified case management of the training requirements for SCG. Case Manager trained all SCGs of the care home.</p>	<p>3/23/23</p> <p>APR 17 P1:17</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence the case manager provided caregiver training to the substitute caregivers. Training only provided to primary caregiver.</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>I will post a reminder note on the residents binder to check if any training needed by the CM at each monthly CM visit.</p>	<p>5/12/23</p> <p>23 MAY 25 5:21 PM</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence the case manager provided training to caregivers on how to prepare nectar thickened liquids when diet order changed on 12/28/22.</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>PCG notified case management for the Expanded ARCH resident that the PCG and SCC's of the care home require training to prepare the nectar thickened liquids. The case management nurse trained the PCG and the SCC's of the care home on how to prepare nectar thickened liquids. 5/12/23</p>	<p>23 MAY 25 PM 2:45</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence the case manager provided training to caregivers on how to prepare nectar thickened liquids when diet order changed on 12/28/22.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG will use a ^{case management} checklist as a reminder to ensure that the case management for the expanded ARCA resident will train the PCG and SCG's of the care home. The PCG will follow-up with the case management of any current and new orders from the physician, to ensure that if these are requirements for training, the case management is notified immediately. I will have CM sign off on monthly checklist.</p>	<p>5/12/23</p> <p>23 MAY 25 PM 2:5</p>

	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 #1 – Care plan states, "Caregiver will give mom time to chew and swallow food, avoid rushing her, and document % of meals that she ate in the assignment care flow sheet; however, there is no documentation of percentage of meals consumed available for review.</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>STATE OF MARYLAND JOSHUA A STATE LICENSING</p>	23 APR 17 P 1:17

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<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 #1 – Care plan states, "Caregiver will give mom time to chew and swallow food, avoid rushing her, and document % of meals that she ate in the assignment care flow sheet; however, there is no documentation of percentage of meals consumed available for review.</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><i>I will post a reminder note on the resident's binder to document percentage of food consumed at each meal.</i></p>	<p><i>5/12/23</i></p> <p>23 MAY 23 12:45</p>

	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>FINDINGS Resident #1 – Care plan states, "Brief/diaper change and check site and skin daily and every 2-3 hrs and as needed"; however, no documented evidence this task is being performed timely.</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 APR 17 P 1:17</p> <p>STATE LICENSING</p>

	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 #1 – Care plan states, "Brief/diaper change and check site and skin daily and every 2-3 hrs and as needed"; however, no documented evidence this task is being performed timely.</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>I will post a reminder note to document diaper changes/ site site check every 2-3 hrs on flow sheet. The reminder will be posted on resident's binder.</p>	<p>5/12/23</p> <p>23 MAY 25 11:15</p>

	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 #1 – Care plan states, "Turning and repositioning every 2 hours and as needed"; however, no documented evidence that this task is being performed timely.</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>STATE OF HAWAII DOM. SEC. STATE LICENSING</p>	<p>23 APR 17 P 1:16</p>

	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 #1 – Care plan states, "Turning and repositioning every 2 hours and as needed"; however, no documented evidence that this task is being performed timely.</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>I will post a reminder note to document turning & repositioning every 2 hrs and as needed on the flow sheet. Reminder note will be posted on the resident's binder.</p>	<p>5/12/23</p> <p>23 MAY 25 PM 12:45</p>

	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>FINDINGS Resident #1 – Care plan states, "Caregiver will visually check her every 3-4 hrs or as needed when she is asleep"; however, no documented evidence that this task is being performed timely.</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>STATE OF TENNESSEE DEPARTMENT OF REVENUE STATE LICENSING</p>	<p>23 APR 17 P 1:16</p>

	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 #1 – Care plan states, "Caregiver will visually check her every 3-4 hrs or as needed when she is asleep"; however, no documented evidence that this task is being performed timely.</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>I will post a reminder note on the resident's binder to document visual checks of the resident every 3-4 hours and as needed when resident is sleeping.</p>	<p>5/12/23</p> <p>23 MAY 25 PM 2:15</p>

	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 #1 – Care plan states, "Caregiver will develop a daily routine to include her ambulation 2-3x/day"; however, no documented evidence that this task is being performed timely or a daily routine was developed.</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>PCG notified Case Management of the documentation requirements as per the care plan. Case management sends out a new #lowsheet for documentation and PCG starts documenting the routine.</p>	<p>3/20/23</p> <p>23 APR 17 P1:15</p> <p>STATE OF IOWA DEFINITION STATE LICENSING</p>

	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 #1 – Care plan states, "Caregiver will develop a daily routine to include her ambulation 2-3x/day"; however, no documented evidence that this task is being performed timely or a daily routine was developed.</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>I will post a reminder note on the resident's binder to document resident ambulation 2-3 times a day and to create a daily routine if needed.</p>	<p>5/12/23</p> <p>23 MAY 25 PM 2:45</p>

	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 #1 – Care plan states, "Mom's caregiver will use a monitoring device for her safety: video camera"; however, video camera and signed consent for camera use were unavailable.</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><i>Case plan updated use of video camera removed.</i></p>	<p><i>5/12/23</i></p> <p>23 MAY 25 PM 2:45</p>

	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 #1 – Care plan states, "Mom's caregiver will use a monitoring device for her safety: video camera"; however, video camera and signed consent for camera use were unavailable.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG will use a ^{video surveillance} checklist as a reminder to have a consent form signed prior to or on the day of accepting a resident. If a consent form has been signed a camera will be available and in use in the resident's room.</p>	5/12/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(1) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence a comprehensive assessment was completed prior to placement into the facility on 12/5/22.</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><i>The Case Management provided PCG w/ Level of Care Evaluation for Adult Residential Care Home Residents form which was also present in the resident's binder.</i></p> <p>STATE OF MICHIGAN DEPARTMENT OF STATE LIVERING</p>	<p>4/6/23</p> <p>23 APR 17 P 1:13</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(1) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence a comprehensive assessment was completed prior to placement into the facility on 12/5/22.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG will use an ^{expanded admission} checklist or a reminder to check the assessment form and ensure that the document is completed prior to the resident being placed into the Care Home and a copy of the document will be filed away in the resident's binder. I will ^{refer} to checklist when admitting expanded resident.</p>	<p>5/12/23</p> <p>23 MAY 25 PM 2:45</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(3) 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>Review the care plan monthly, or sooner as appropriate;</p> <p>FINDINGS Resident #1 – No documented evidence the resident's care plan was reviewed by the case manager in 1/2023 and 2/2023.</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 APR 17 P1:13</p> <p>STATE OF TEXAS DAH-SERIAL STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(3) 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>Review the care plan monthly, or sooner as appropriate;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence the resident's care plan was reviewed by the case manager in 1/2023 and 2/2023.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG will use a ^{case manager's} checklist as a reminder to request for a copy of the monthly nurse visit from the case management at the end of each monthly visit. PCG will ensure that a copy of the document will be filed away in the resident's binder. I will refer to the checklist monthly.</p>	<p>5/12/23</p> <p>23 MAY 25 PM 2:45</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4)</p> <p>Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p>FINDINGS Resident #1 – Care plan does not follow resident's diet order. Care plan states, "Diet: Regular, Liquids: Regular"; however, physician's order dated 12/28/22 states, "Regular, nectar thick liquids".</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>PCG notified case management of the care plan not reflecting the thickened liquids. Case Management updated the care plan to reflect the changes.</p> <p>STATE OF MICHIGAN DEPARTMENT OF STATE EMPLOYMENT</p>	<p>4/11/23</p> <p>23 APR 17 P 1:13</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p><u>§11-100.1-88 Case management qualifications and services. (c)(4)</u> Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</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 – Care plan does not follow resident's diet order. Care plan states, "Diet: Regular, Liquids: Regular"; however, physician's order dated 12/28/22 states, "Regular, nectar thick liquids".</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG will use a ^{care management} checklist as a reminder to check the physician order to ensure that the resident's diet order match the resident's care plan. If there are changes, then PCG will notify the case management at the time of visit and request for an updated care plan, a copy of the document will be filed away in the resident's binder.</p>	<p>5/12/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4)</p> <p>Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p>FINDINGS Resident #1 – Care plan does not follow resident's diet order. Care plan states, "mom will eat meals low in fat and salt content"; however, resident does not have any dietary restrictions. Diet order dated 12/28/22 states, "Regular, nectar thick liquids".</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>PCP notified Case Management of the care plan not matching w/ the diet orders from PCP. Case management updated the care plan to show correct diet orders.</p>	<p>4/11/23</p> <p>23 APR 17 P 1:13</p> <p>STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> Resident #1 – Care plan does not follow resident's diet order. Care plan states, "mom will eat meals low in fat and salt content"; however, resident does not have any dietary restrictions. Diet order dated 12/28/22 states, "Regular, nectar thick liquids".</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><i>PCG will use a ^{care management} checklist as a reminder to check the physician orders against the resident's care plan to ensure that the resident's diet orders match. If there are any changes or if the diet order does not match, then PCG will notify the case management ^{at the time it is right} and request for an updated care plan, a copy of the document will be filed away in the resident's binder.</i></p>	<p>5/12/23</p> <p>NOV 25 12:45</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services</u>. (c)(8) 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>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;</p> <p>FINDINGS Resident #1 – No documented evidence the case manager performed a face-to-face visit with resident in 2/2023.</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>STATE OF NEW YORK DOH STATE LICENSING</p>	<p>23 APR 17 P 1:12</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services. (c)(8)</u> Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence the case manager performed a face-to-face visit with resident in 2/2023.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG will use a ^{case management} checklist as a reminder to request for a copy of the monthly nursing visit from the case management at the end of each monthly visit. PCG will ensure that a copy of the document will be filed away in the resident's binder. I will refer to checklist during my visit.</p>	<p>5/12/23</p> <p>NOV 25 PM 2:44</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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>FINDINGS Resident #1 – Case manager not providing monitoring and evaluation of the quality of services being provided indicated in the care plan as evidenced by no documentation by the facility, of performing the following time-sensitive tasks, in addition to no case manager training at all for substitute caregivers:</p> <ul style="list-style-type: none"> • Care plan states, "Mom's caregiver will use a monitoring device for her safety: video camera"; • Care plan states, "Caregiver will develop a daily routine to include her ambulation 2-3x/day"; • Care plan states, "Caregiver will visually check her every 3-4 hrs or as needed when she is asleep"; • Care plan states, "Turning and repositioning every 2 hours and as needed"; • Care plan states, "Brief/diaper change and check site and skin daily and every 2-3 hrs and as needed"; • Care plan states, "Caregiver will give mom time to chew and swallow food, avoid rushing her, and document % of meals that she ate in the assignment care flow sheet; 	<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>STATE OF MARIANA DONOR STATE LICENSING</p>	<p>23 APR 17 P1:12</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 Case management qualifications and services. (c)(9)</p> <p>Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>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>FINDINGS</p> <p>Resident #1 – Case manager not providing monitoring and evaluation of the quality of services being provided indicated in the care plan as evidenced by no documentation by the facility, of performing the following time-sensitive tasks, in addition to no case manager training at all for substitute caregivers:</p> <ul style="list-style-type: none"> Care plan states, "Mom's caregiver will use a monitoring device for her safety: video camera"; Care plan states, "Caregiver will develop a daily routine to include her ambulation 2-3x/day"; Care plan states, "Caregiver will visually check her every 3-4 hrs or as needed when she is asleep"; Care plan states, "Turning and repositioning every 2 hours and as needed"; Care plan states, "Brief/diaper change and check site and skin daily and every 2-3 hrs and as needed"; Care plan states, "Caregiver will give mom time to chew and swallow food, avoid rushing her, and document % of meals that she ate in the assignment care flow sheet; 	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG will use a ^{care plan} checklist as a reminder tool to ensure that the care home is providing quality of service to the resident.</p> <p>PCG will double check with the case management that the care home is in compliance with all the requirements to provide quality of service by documenting and/or filling out the flowsheet for each service that is stated in the care plan.</p> <ul style="list-style-type: none"> - Consent for camera use form signed prior to or on the day of accepting a resident - the ambulation routine every 2-3x day 	23 MAY 25 PM 2:44

checklist will include daily task from care plan. I will review checklist daily to ensure tasks are performed.

Licensee's/Administrator's Signature: _____



Print Name: _____

Amalia Garcia-Lindermuth

Date: _____

5/12/23

STATE OF CALIFORNIA
BOULEVARD
STATE LICENSING

23 MAY 25 PM 2:44

Licensee's/Administrator's Signature: 

Print Name: Amalia Garcia-Lindenmuth

Date: 4/11/23

'23 APR 17 P1:12
STATE OF HAWAII
DOH-OSCA
STATE LICENSING