

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: STS Adult Foster Service LLC	CHAPTER 100.1
Address: 1604 Perry Street, Honolulu, Hawaii 96819	Inspection Date: April 25, 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.

23 JUN 13 11:20
STATE OF HAWAII
LICENSING DIVISION

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><u>FINDINGS</u> Resident #2 – Primary caregiver (PCG) reports all residents are consuming a regular diet; however, physician's order dated 11/4/22 states, "diabetic diet"</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Dr. for Resident #2 faxed over the diet order and it now reads "regular" diet and is no longer on a diabetes diet.</p>	<p style="text-align: right;">4/27/23</p> <p style="text-align: right;">23 MAY 10 AM 56</p> <p style="text-align: right; font-size: small;">STATE OF IOWA DEPARTMENT OF SOCIAL SERVICES STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><u>FINDINGS</u> Resident #2 – Primary caregiver (PCG) reports all residents are consuming a regular diet; however, physician's order dated 11/4/22 states, "diabetic diet"</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>To prevent this from happening again in the future I will immediately Post a menu ^{Post a note} near the meal plan of the resident's diet order, to ensure that I follow the correct Diet. I'll post a note inside the resident's binder to remind me.</p>	6/7/23

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
COMMUNITY SERVICES

23 JUN 13 AM 10:00

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>, (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p><u>FINDINGS</u> Resident #2 – Diabetic diet menu 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>Dr. for Resident #2 faxed over the diet order and it now reads "regular diet" and is no longer on a diabetes diet. I have attached a copy of the new updated diet order from the physician to this deficiency.</p>	<p>4/27/23</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH STATE LIAISON</p> <p>23 MAY 10 AM 56</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p><u>FINDINGS</u> Resident #2 – Diabetic diet menu 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>To prevent this from happening again in the future I will immediately post a menu for special diet near the meal plan or for the residents to ensure that I follow the correct diet. I'll post a note inside the resident's binder to remind me.</p>	<p>6/7/23</p> <p>23 JUN 13 10:19</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 – Bottle of Aller-Flo nasal spray found unlabeled in medication inventory</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Deficiency was corrected during the unannounced visit, I placed a label on the medication bottle</p>	<p>6/7/23</p> <p>23 JUN 13 AM 1:19</p> <p>STATE OF CONNECTICUT</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 – Bottle of Aller-Flo nasal spray found unlabeled in medication inventory</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>To prevent this from happening again in the future, once an over the counter medication is empty and is replaced, I will double-check to see if I have a label on the medication bottle, once I notice its missing, I will quickly get a label to the medication I'll post a reminder note on my calendar to remind to check all medication labels at the end of every month</i></p>	<p>4/24/23</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 – Physician’s order dated 10/28/22-3/23/23 states, “Calmoseptine: apply to affected area daily as needed for congestion”; however, no documented evidence medication order was clarified and revised to reflect correct indication for use.</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>7/24/23</p> <p>STATE OF ILLINOIS NATURAL STATE LICENSING</p> <p>23 MAY 10 AM 56</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 – Physician's order dated 10/28/22-3/23/23 states, "Calmoseptine: apply to affected area daily as needed for congestion"; however, no documented evidence medication order was clarified and revised to reflect correct indication for use.</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>To prevent this from happening again, once I notice an order doesn't make sense. I will immediately contact the physician. I will review my medication orders for accuracy at the beginning of every month. I will place a reminder note on a calendar to remind me to follow these steps</p>	<p>6/7/23</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 – Physician’s order dated 10/28/22 states, “Calmoseptine: apply to affected area daily as needed for congestion”; however, medication order not available on 10/2022 medication administration record (MAR)</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>11-1-22</p> <p>23 MAY 10 AM 55</p> <p>STATE OF HAWAII DOH-PH-1 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 – Physician’s order dated 10/28/22 states, “Calmoseptine: apply to affected area daily as needed for congestion”; however, medication order not available on 10/2022 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>To prevent this from happening again in the future, I will post a reminder note on a calendar to remind me to check the physician order and immediately write it down on the MAR as soon as I receive the order.</p>	<p>6/7/23</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>FINDINGS Resident #1 – Physician’s order dated 5/4/22-2/16/23 states, “Acetaminophen 500mg tab Take 2 tablets by mouth 3 times a day”; however, MAR states, “Acetaminophen 500mg Take two tabs orally 3x a day for pain. PRN”. Medication being administered as needed only during this time period.</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>5/22</p> <p>23 MAY 10 10:55 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 – Physician's order dated 5/4/22-2/16/23 states, "Acetaminophen 500mg tab Take 2 tablets by mouth 3 times a day"; however, MAR states, "Acetaminophen 500mg Take two tabs orally 3x a day for pain. PRN". Medication being administered as needed only during this time period.</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>To prevent this from happening again in the future I will carefully place the correct ^{SS} #</p> <p>At the beginning of every month I will double check the physician order against my MAR for accuracy, I will post a reminder note inside there ^{SS} binders the residents binder</p>	<p>6/7/23</p> <p>23 JUN 13 10:19</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>FINDINGS Resident #1 – Physician’s order dated 5/4/22 states, “Betamethasone Dipropionate Aug 0.05% Apply to affected areas 2 times a day sparingly”; however, medication not available on 5/2022 MAR.</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>6/22</p> <p>23 MAY 10 AM 55</p> <p>STATE OF MARYLAND 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 – Physician's order dated 5/4/22 states, "Betamethasone Dipropionate Aug 0.05% Apply to affected areas 2 times a day sparingly"; however, medication not available on 5/2022 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>To prevent this from happening again in the future, I will post a reminder note on a calendar to remind me to check the physician order and immediately write it down on the MAR as soon as I receive the order</p>	<p>6/7/23</p> <p>23 JUN 13 11:19 AM</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 – Physician’s order dated 5/4/22 states, “Betamethasone Dipropionate Aug 0.05% Apply to affected areas 2 times a day sparingly”; however, however, between 6/1/22-1/17/23, MAR states, “Betamethasone Dipropionate Aug 0.05% cream. Apply to affected areas 2 times a day sparingly. PRN”. Medication being administered as needed only during this time.</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>1/17/23</p> <p>6/22 35</p> <p>23 MAY 10 AM 55</p> <p>STATE OF HAWAII DEPT OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <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 dated 5/4/22 states, "Betamethasone Dipropionate Aug 0.05% Apply to affected areas 2 times a day sparingly"; however, however, between 6/1/22-1/17/23, MAR states, "Betamethasone Dipropionate Aug 0.05% cream. Apply to affected areas 2 times a day sparingly. PRN". Medication being administered as needed only during this time.</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>To prevent this from happening again in the future at the beginning of every month I will double check the physician order against my MAR for accuracy, I'll post a reminder note inside the residents binder</p>	<p>6/7/23</p> <p>STATE OF MICHIGAN DEPARTMENT OF SOCIAL SERVICES</p> <p>'23 JUN 13 MON 19</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 – Conflicting medication orders for Lamisil provided by physician on 3/30/23:</p> <ul style="list-style-type: none"> • “Start Terbinafine 250mg: Take 1 tablet by mouth daily #30” • “Start Terbinafine 250mg: Take 1 tablet by mouth daily as needed for fungal back rash. #30” <p>Discontinuation order for erroneous medication order unavailable.</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>on 3/30/23 I recieved a faxed Dr order the Lamisil to be taken daily but prior to sending the faxed order Dr. stated that lamisil to be taken as PRN for back rash. Dr^{ss} Dr. within 30 mins re-faxed the corrected physician order as a PRN. This deficiency was fixed on the same day 3/30/22 and I have a copy of the order.</p>	<p>3/30/23</p> <p style="text-align: right;">23 MAY 10 AM 55</p> <p style="text-align: right;">STATE OF ILLINOIS DOCTOR OF MEDICINE 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 – Conflicting medication orders for Lamisil provided by physician on 3/30/23:</p> <ul style="list-style-type: none"> • “Start Terbinafine 250mg: Take 1 tablet by mouth daily #30” • “Start Terbinafine 250mg: Take 1 tablet by mouth daily as needed for fungal back rash. #30” <p>Discontinuation order for erroneous medication order 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>To prevent this from happening again in the future, if I receive to two conflicting orders on the same day by the physician I will ask the physician to discontinue the incorrect physician order. I will place a reminder note on my calendar to remind me of these steps.</p>	<p>6/7/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 – Medications were not evaluated and signed by the physician timely between 7/13/22 and 1/17/23.</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>4/24/23</p> <p>23 MAY 10 AM 54</p> <p>STATE OF TENNESSEE DEPARTMENT OF REVENUE STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 – Medications were not evaluated and signed by the physician timely between 7/13/22 and 1/17/23.</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>To prevent this from happening again in the future, I placed a note inside the resident's binder that tells me when the medications need to be updated within 4 months,</p>	<p>6/7/23</p> <p>STATE OF MICHIGAN DEPARTMENT OF STATE POLICE</p> <p>23 JUN 13 10:19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p>FINDINGS Resident #1 – Schedule of activities from 11:30a-12:00p states, “Walk around house/exercise”; however, bedbound resident was observed lying in bed during this time not engaged in any form of exercise.</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>4-24-23</p> <p>23 MAY 10 AM 54</p> <p>STATE OF MA BOSTON STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><u>FINDINGS</u> Resident #1 – Schedule of activities from 11:30a-12:00p states, “Walk around house/exercise”; however, bedbound resident was observed lying in bed during this time not engaged in any form of exercise.</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 style="text-align: center;">To prevent this from happening again. Once the resident declines an activity at a particular time, my SCG's will immediately notify ⁵⁵ remind me, I have in-service my caregivers on this deficiency</p>	<p style="text-align: center;">6/7/23</p> <div style="text-align: right;"> 23 JUN 13 AM 1:19 STATE OF MAH JUL 1 2023 STATE OF MAH </div>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Monthly progress notes do not include resident's observed response to diet and daily medications.</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 posted a reminder note on my progress notes template to include response to diet and daily meds.</i></p>	<p>6/7/23</p> <p>23 JUN 13 11:19 STATE OF NEW YORK STATE RECORDS</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 – MAR states, “acetaminophen 500mg, 2 tabs administered on 3/8/23 and 1/13/23; however, response to PRN medication not documented 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>3/8/23 + 1/13/23</p> <p>23 MAY 10 AM -54</p> <p>STATE OF HAWAII DOH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – MAR states, “acetaminophen 500mg, 2 tabs administered on 3/8/23 and 1/13/23; however, response to PRN medication not documented 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>To prevent this from happening again in the future I will make sure that the the dates of my progress notes are carefully placed in order, and ^{response to meds can be located} replaced. I will make a note on my calendar to check my progress notes order at the end of every month.</p>	<p>6/7/23</p> <p>23</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>FINDINGS Resident #1 – No documented evidence specialized training on administering subcutaneous injections have been provided to caregivers by case manager for medication order initiated on 5/4/22, “Dupixent syringe 300mg/2mL Inject 300mg subcutaneously every other week”. Submit documentation of training provided to caregivers.</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 RW case manager ^{trained} delegated all SGG's and PCG's & I now have it documented and I have attached it to this deficiency</p>	<p>4/21/23</p> <p>SS</p> <p>STATE OF NEW YORK DEPARTMENT OF SOCIAL SERVICES STATE LICENSING</p> <p>23 JUN 13 AM 19</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 specialized training on administering subcutaneous injections have been provided to caregivers by case manager for medication order initiated on 5/4/22, "Dupixent syringe 300mg/2mL Inject 300mg subcutaneously every other week". Submit documentation of training provided to caregivers.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this from happening again in the future, I will double-check the Care Plan at the end of every month to ensure that myself and SCG's have been ^{trained} delegated for all specialized trainings and skills. If I notice a SCG or myself is missing a delegation by the RN case manager for a specialized training and skill I will notify her immediately and obtain a copy of the documentation of the training.</p>	<p>4/24/23</p> <p style="text-align: right;">23 JUN 13 AM 1:8</p>

I'll post a reminder note in the resident's 29 charts to remind me to follow these steps

	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 checks and changes diapers every 2 hours and PRN"; 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>4/24/23</p> <p>23 MAY 10 AM 54</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, "Caregiver checks and changes diapers every 2 hours and PRN"; 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>To prevent this from happening again in the future I reminded my staff to document each time, a time sensitive task is performed such as diaper checks every two hours</p>	<p>6/7/25</p> <p>23 JUN 13 AM 13</p> <p>STATE OF CONNECTICUT DEPARTMENT OF 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)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty-eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 – Care plan does not reflect resident's medical needs (e.g., left sided hemiplegia, atopic dermatitis, tinea corporis, mood swings, hyperlipidemia, risk for recurring pressure ulcers), medication orders and indication for use, or ongoing physical therapy and subsequent measurable goals, interventions, and outcomes.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">I have obtained a copy of the updated Care Plan and it now reflects all the Resident's #1 medical needs. I have placed a copy of the Care plan with the POIC</p>	<p>4/24/23</p> <p style="text-align: right;">23 JUN 13 AM 18</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)(2)</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>Develop an interim care plan for the expanded ARCH resident within forty-eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u></p> <p>Resident #1 – Care plan does not reflect resident's medical needs (e.g., left sided hemiplegia, atopic dermatitis, tinea corporis, mood swings, hyperlipidemia, risk for recurring pressure ulcers), medication orders and indication for use, or ongoing physical therapy and subsequent measurable goals, interventions, and outcomes.</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>To prevent this from happening again in the future, myself and Case manager will double-check at the end of the month, the care plan to ensure that it's up-to-date and anything that we notice is missing or inaccurate, be corrected. I will keep a note inside the resident's binder to remind me to follow these steps. I'll notify case manager of any new diagnosis</p>	<p>6/7/23</p> <p>23 JUN 13 AM 1:18</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 – Resident evaluated by physician on 6/20/22 for a pressure ulcer that developed on the coccyx; however, no documented evidence the care plan was updated at this time to reflect pressure ulcer care needs.</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>4/24/23</p> <p>'23 MAY 10 AM 53</p> <p>STATE OF MAH DEPT. OF 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)</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><u>FINDINGS</u></p> <p>Resident #1 – Resident evaluated by physician on 6/20/22 for a pressure ulcer that developed on the coccyx; however, no documented evidence the care plan was updated at this time to reflect pressure ulcer care needs.</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>To prevent this from happening again in the future, myself and case manager will double-check at the end of the month, the care plan to ensure that its up-to-date and anything that we notice is missing or inaccurate be corrected. I will keep a note inside the residents binder to follow these steps. I'll notify my case manager of any changes in residents condition.</p>	<p>6/7/23</p> <p>23 JUN 13 AM 1:18</p>

Licensee's/Administrator's Signature: _____



Print Name: _____

Steven T. Scott Jr

Date: _____

6/7/23

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING

23 JUN 13 AM 18

Licensee's/Administrator's Signature: STW

Print Name: Steven T Scott Jr

Date: 5/5/23

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