

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: Oililua Eldercare Inc. | CHAPTER 100.1 |
| Address: 429 Ulupaina Street, Unit B1, Kailua, Hawaii 96734 | Inspection Date: May 3, 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 |
|---|---|---|-----------------|
| ☒ | <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 Lunch menu posted at the time of inspection stated lunch entrée to be served was, "lean meatloaf"; however, resident observed eating a chicken salad sandwich with a bowl of chopped apples.</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> | |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <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> Lunch menu posted at the time of inspection stated lunch entrée to be served was, "lean meatloaf"; however, resident observed eating a chicken salad sandwich with a bowl of chopped apples.</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 deficiency from happening in the future, I have updated my menu checklist reminder to review my menu one week ahead of time. I would let each resident know the menu for the following week and based on each resident preference then I would create food substitution based on resident preference on that particular meal on that day then document the food being substituted. I will refer to this checklist reminder on every Fridays one week ahead. I posted a reminder in the kitchen to remind myself and my substitute caregiver to follow.</p> | |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|--|---|-----------------|
| ☒ | <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> Resident #1 Diet order states, "No Added Salt"; however, special diet menu unavailable for review. Submit a copy of menu with plan of correction.</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>Yes, deficiency was corrected. Dietician was contacted and No added salt menu is posted in the kitchen.</p> <p>PCP for Resident #1 was contacted and diet was reviewed/reassessed, changed to regular diet from NAS diet. Copy of the order change was placed on Resident #1 folder for review.</p> | <p>5/10/23</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> Resident #1 - Diet order states, "No Added Salt"; however, special diet menu unavailable for review. Submit a copy of menu with plan of correction.</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 similar deficiency from happening in the future I have revised my admission checklist to include a reminder to check diet ordered for the client prior to admission. I will use this admission checklist reminder during all future admissions.</p> | |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-14 <u>Food sanitation</u>, (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation.</p> <p><u>FINDINGS</u> Primary Caregiver (PCG) reports cooking food to 160°F; however, acceptable cooking temperature is 165°F or greater.</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> | |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-14 <u>Food sanitation, (d)</u> Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation.</p> <p><u>FINDINGS</u> Primary Caregiver (PCG) reports cooking food to 160°F; however, acceptable cooking temperature is 165°F or greater.</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 similar deficiency in the future I posted a sign in the kitchen that acceptable cooking temp. is 165 degrees F. or greater. This is for everyone preparing food is aware of the correct temperature.</p> | <p>5/4/23</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-14 <u>Food sanitation</u>, (c) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p>FINDINGS Metal stem thermometer provided was not working</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>Yes, deficiency was corrected. Metal stem thermometer is replaced with a new one that is working.</p> | <p>5/4/23</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-14 <u>Food sanitation, (e)</u> A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p><u>FINDINGS</u> Metal stem thermometer provided was not working</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 similar deficiency in the future, metal stem thermometer must be checked on a daily basis to ensure that its working and was added to the daily checklist for all substitute caregivers to see.</p> | 5/4/23 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| ☒ | <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 Bottle of Clorox bleach and Comet cleaning powder stored unsecured in bathroom cabinet under sink.</p> <p>Bottle of Clorox bleach stored unsecured in kitchen cabinet under sink.</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>Yes, bottle of Chlorox bleach and Comet cleaning powder were removed and placed it in a locked storage room.</p> | <p>5/4/23</p> |

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| ☒ | <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 Bottle of Clorox bleach and Comet cleaning powder stored unsecured in bathroom cabinet under sink.</p> <p>Bottle of Clorox bleach stored unsecured in kitchen cabinet under 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>To prevent similar deficiency in the future I placed a sign in the kitchen that all toxic chemicals must be placed in a locked and secured.</p> | 5/4/23 |

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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>FINDINGS Resident #1 Unlabeled bottle of Claritin found in medication inventory.</p> | <p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Deficiency was corrected. Claritin was labeled and replaced in the medication tray of Resident #1.</p> | <p>5/4/23</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 - Unlabeled bottle of Claritin found in medication inventory.</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 similar deficiency in the future, I have added to my daily checklist to check all medications including over the counter medications are labeled properly. I have assigned my substitute caregiver to check all medications label as well.</p> | <p>5/4/23</p> |

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| ☒ | <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>FINDINGS Resident #1 - The following physician's orders are incomplete and missing a PRN indication:</p> <ul style="list-style-type: none"> • (4/24/23) "Risperidone Tab 0.5mg; 1 Tablet orally 2 times per day as need" • (4/24/23) "Voltaren Gel 1%: apply to affected area twice a day as needed" • (11/18/22) "Tylenol (500mg) 2 tabs b.i.d. PRN (2000mg/day max)" • (10/31/22) "Claritin 10mg 1 tab PO as needed" | <p style="text-align: center;">PART I</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>Yes, deficiency was corrected. Resident #1 PCP was contacted and completed the missing PRN indications of Risperidone, Voltaren Gel, Tylenol and Claritin. All new Physician's orders were placed on Resident #1 folder for review.</p> | |

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| ☒ | <p>§11-100.1-15 Medications. (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>FINDINGS Resident #1 The following physician's orders are incomplete and missing a PRN indication:</p> <ul style="list-style-type: none"> • (4/24/23) "Risperidone Tab 0.5mg: 1 Tablet orally 2 times per day as need" • (4/24/23) "Voharen Gel 1%: apply to affected area twice a day as needed" • (11/18/22) "Tylenol (500mg) 2 tabs b.i.d. PRN (2000mg/day max)" • (10/31/22) "Claritin 10mg 1 tab PO as needed" | <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 similar deficiency in the future, I have added to my daily checklist to check for all PRN medications must have indications when physician writes an order.</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>FINDINGS Resident #1 Medication bottle label states, "Omeprazole DR 40mg cap Take one capsule by mouth every morning"; however, physician's order dated 4/24/23 states, "Omeprazole Cap Delayed rel 40mg: 1 a day as needed for reflux". Medication orders do not match.</p> | <p style="text-align: center;">PART I</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Deficiency was corrected. Medication label was replaced to Omeprazole Cap Delayed rel 40mg 1 a day as needed for reflux to match physician's order dated 4/24/23.</p> | <p>5/4/23</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 - Medication bottle label states, "Omeprazole DR 40mg cap Take one capsule by mouth every morning"; however, physician's order dated 4/24/23 states, "Omeprazole Cap Delayed rel 40mg: 1 a day as needed for reflux". Medication orders do not match.</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 similar deficiency in the future , I revised my daily checklist reminder to include medication order change reminder and follow up with pharmacy that new bottle of medication is updated to match with Physician's order.A note is printed and posted at the medication cabinet for myself and my substitute caregiver and myself to follow. Medication label on the bottle and Physician order are checked on a daily basis.I will refer this checklist for all future medication order changes.</p> | |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 Medications. (c) Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use</p> <p>FINDINGS Resident 41 – External use medication (Voltaren Emugel 1%) stored in Ziploc bag with internal use medications (atorvastatin, losartan, midorine).</p> | <p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Deficiency was corrected. Voltaren Emugel 1% was removed from the ziplock and put it in a separate ziplock and labeled external medications.</p> | <p>5/4/23</p> |

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| <input checked="" type="checkbox"/> <p>§17-100.1-15 <u>Medications</u>, (c) Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p>FINDINGS Resident #1 External use medication (Volaren Emugel 1%) stored in Ziploc bag with internal use medications (atorvastatin, losartan, midorinc).</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 similar deficiency in the future, I have placed a sign by the medication cabinet to separate internal medications from external medications as a reminder for every caregiver to see and follow.</p> | <p>5/4/23</p> |

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| <input checked="" type="checkbox"/> <p>§11-100.1-15 Medications. (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 11/3/22-3/17/23 states, "Pregabalin 75mg 1 tab TID PRN pain", however, medication administration record (MAR) shows, "Pregabalin 75mg tab 1 tab PO BID PRN", as being administered between the stated time period.</p> | <p style="text-align: center;">PART I</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> | |

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| ☒ | <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 11/3/22-3/17/23 states, "Pregabalin 75mg 1 tab TID PRN pain"; however, medication administration record (MAR) shows, "Pregabalin 75mg tab 1 tab PO BID PRN", as being administered between the stated time period.</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 similar deficiency from recurring in the future, I revised my daily medication administration record reminder to add 2 staff check all new Physician order and properly added to medication administration record entries. I have posted and use this reminder at my desk for all future medication orders and added correctly on MAR.</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>FINDINGS Resident #1 Physician's order dated 3/17/23 states, "Folic Acid Tab 1mg: 1 tablet orally daily"; however, supplement unavailable on MAR from 3/17/23 to present (5/3/23).</p> | <p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Deficiency was corrected, Folic Acid tab 1mg 1 tab orally daily was added to MAR.</p> | <p>5/4/23</p> |

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| ☒ | <p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 - Physician's order dated 3/17/23 states, "Folic Acid Tab 1mg: 1 tablet orally daily"; however, supplement unavailable on MAR from 3/17/23 to present (5/3/23).</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 similar deficiency in the future , I revised my medication checklist reminder to add 2 staff check on all New Physician Order and enter on medication administration record correctly as soon as order is received. I will refer to this checklist and copy of the checklist was posted on the medication cabinet for all future Physician orders.</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>FINDINGS Resident #1 Physician's order dated 10/21/22 states, "Prednisone 2.5mg Tab: Take 1 Tab by mouth once daily"; however, MAR shows medication was not administered from 1/23/23-1/31/23.</p> | <p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> | |

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| <input checked="" type="checkbox"/> | <p>§11-100 1-15 <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 10/21/22 states, "Prednisone 2.5mg Tab: Take 1 Tab by mouth once daily". however, MAR shows medication was not administered from 1/23/23-1/31/23.</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 similar deficiency in the future, I have added to my daily checklist that all medications are initialed as soon as medications are administered. I have added a sign on the medication cabinet that MAR should also be checked and all medications are initialed at the end of the day.</p> | <p>5/4/23</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>FINDINGS Resident #1 Physician's order dated 12/20/22-2/9/23 states, "discontinue propranolol"; however, MAR shows, "Propranolol 10mg tab 1 tab PO TID PRN for tremors" was administered on 1/1/23, 1/2/23, 1/5/23, 1/10/23, and 1/13/23 despite medication being discontinued.</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> | |

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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>FINDINGS Resident #1 Physician's order dated 12/20/22-2/9/23 states, "discontinue propranolol"; however, MAR shows, "Propranolol 10mg tab 1 tab PO BID PRN for tremors" was administered on 1/1/23, 1/2/23, 1/5/23, 1/10/23, and 1/13/23 despite medication being discontinued.</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 similar deficiency in the future I have added to my daily checklist to double check all new orders including discontinued medications, put away the bottle from the medication tray .</p> | <p>5/4/23</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>FINDINGS Resident #1 - Physician's order dated 2/9/23 states, "Propranolol HCl 10mg 1 tablet 1 tablet orally three times a day PRN tremor"; however, medication has been unavailable on MAR since 2/9/23.</p> | <p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Deficiency was corrected. Propranolol HCL 10mg Tablet 1 tablet orally three times a day PRN tremor was added to MAR starting 2/9/23 and placed it on Resident #1 folder.</p> | <p>5/4/23</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|---|--|-----------------|
| <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>FINDINGS Resident #1 – Physician's order dated 2/9/23 states, "Propranolol HCl 10mg Tablet 1 tablet orally three times a day PRN tremor"; however, medication has been unavailable on MAR since 2/9/23.</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 similar deficiency in the future, I have added to my daily checklist that all medication order changes must be properly documented immediately on the MAR to reflect physician's order.</p> | <p>5/4/23</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 2/9/23-3/17/23 states, "metformin HCl 500mg tablet 1 tablet with a meal orally twice a day"; however, MAR states medication was being administered incorrectly as, "Metformin 500mg tab 1 tab PO daily".</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> | |

| | 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 2/9/23-3/17/23 states, "metformin HCl 500mg tablet 1 tablet with a meal orally twice a day"; however, MAR states medication was being administered incorrectly as, "Metformin 500mg tab 1 tab PO daily".</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 similar deficiency in the future, I have added into my daily checklist to double check all medication order change right away, properly documented in the MAR to reflect physician's order change. I have also added a memo on the medication cabinet for all caregivers to see and follow.</p> | 5/4/23 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|--|---|-----------------|
| ☒ | <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>FINDINGS Resident #1 Medication unavailable for the following physician's orders:</p> <ul style="list-style-type: none"> • (4/24/23) "Vitamin B1 100mg tab: 1 tablet orally daily" • (11/18/22) "Tylenol (500mg) 2 tabs b.i.d. PRN (2000mg/day max)" • (4/24/23) "Propranolol 10mg tab - take 1 tab by mouth 3 times daily as needed for tremors" | <p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Deficiency were corrected. Vitamin B1 100mg tab: 1 tablet orally daily was made available for Resident #1 as ordered. Tylenol 500mg 2 tabs BID PRN (2000mg/day max) was made available for Resident #1 Propranolol 10mg tab-take 1 tab by mouth 3 times daily as needed for tremors was made available for Resident #1.</p> | <p>5/4/23</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|--|---|-----------------|
| ☒ | <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>FINDINGS Resident #1 - Medication unavailable for the following physician's orders:</p> <ul style="list-style-type: none"> • (4/24/23) "Vitamin B1 100mg tab: 1 tablet orally daily" • (11/18/22) "Tylenol (500mg) 2 tabs b.i.d. PRN (2000mg/day max)" • (4/24/23) "Propranolol 10mg tab take 1 tab by mouth 3 times daily as needed for tremors" | <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 similar deficiency in the future I have added to my daily checklist to check all medications is available as ordered by the physician. I have assigned my substitute caregiver to double check all order change and new orders for accuracy.</p> | 5/4/23 |

| | 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>FINDINGS Resident #1 Medications were not reviewed timely, every four (4) months, between 10/21/22-3/17/23.</p> | <p style="text-align: center;">PART I</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> | |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|--|-----------------|
| ☒ | <p>§11-100.1-15 <u>Medications, (g)</u> 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 reviewed timely, every four (4) months, between 10/21/22-3/17/23.</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 similar deficiency in the future I have added to my monthly checklist : every 4 months medications review by a physician or APRN is needed.</p> | <p>5/4/23</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>FINDINGS Resident #1 - Medications have not been reevaluated and signed by the physician within the last four (4) months:</p> <ul style="list-style-type: none"> • (11/18/22) "Tylenol (500mg) 2 tabs b.i.d. PRN (2000mg/day max)" • (10/31/22) "Claritin 10mg 1 tab PO QD as need" | <p style="text-align: center;">PART I</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Deficiency was corrected. PCP was contacted and Tylenol 500mg 2 tabs BID PRN (2000mg/day max) and Claritin 10mg 1 tab PO QD as needed were reviewed by PCP. Orders were placed on Resident #1 folder.</p> | |

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|---|--|--|-----------------|
| ☒ | <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>FINDINGS Resident #1 Medications have not been reevaluated and signed by the physician within the last four (4) months:</p> <ul style="list-style-type: none"> • (11/18/22) "Tylenol (500mg) 2 tabs b.i.d. PRN (2000mg/day max)" • (10/31/22) "Claritin 10mg 1 tab PO QD as need" | <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 similar deficiency in the future, I have added to my monthly checklist to remind me and my caregivers that every 4 months reevaluation is needed.</p> | 5/4/23 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| ☒ | <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 Daily schedule of activities is incomplete and missing the following time frames:</p> <ul style="list-style-type: none"> 8:00a-8:30a, 11:00a-11:30a, 12:30p-1:30p, 6:30p-7:00p <p>Submit a revised schedule of activities with plan of correction.</p> | <p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Deficiency was corrected. Daily schedule of activities was completed and placed on Resident #1 folder available for review.</p> | <p>5/4/23</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|-----------------|
| ☒ | <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 Daily schedule of activities is incomplete and missing the following time frames:</p> <ul style="list-style-type: none"> • 8:00a-8:30a, 11:00a-11:30a, 12:30p-1:30p, 6:30p-7:00p <p>Submit a revised schedule of activities with plan of correction.</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 similar deficiency from happening in the future, I revised my Admission checklist reminder to add Complete daily schedule of activities without missing time frames. I will refer to this checklist during all future admissions. I have instructed my substitute care giver to double check the daily schedule activities are complete and there is no missing time frames for future admissions.</p> | |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment</u> (g)(3)(1) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions.</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>FINDINGS Resident #2,3,4 Three (3) non-self-preserving (NSP) residents residing in the home, exceeding the maximum permitted.</p> | <p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> | |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(1) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>FINDINGS Resident #2,3,4 – Three (3) non-self-preserving (NSP) residents residing in the home, exceeding the maximum permitted.</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 similar deficiency from happening in the future I added to my admission checklists reminder to review self- preservation form prior to admission. Checklist reminder also included not to admit another NSP resident if already at a limit . I will refer to the admission checklist reminder to all future admissions.</p> <p>Second scenario: If I have 2 NSP residents and another resident becomes NSP its either transfer another NSP resident to another facility or ask the Physician to reassess the other NSP resident if resident does not appear non self preserving. I added to to my admission checklist reminder to review non-self preserving (NSP) status for all future admissions.</p> | |

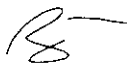
| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|---|---|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment</u>, (g)(3)(1)(G) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident.</p> <p>FINDINGS Resident #2,3,4 Three (3) NSP residents residing in the home; however, only two (2) responsible adults were present in the home at the time of inspection.</p> | <p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> | |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(i) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident;</p> <p>FINDINGS Resident #2,3,4 – Three (3) NSP residents residing in the home; however, only two (2) responsible adults were present in the home at the time of inspection.</p> | <p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent similar deficiency in the future, I have added to my staffing checklist reminder to have the same number of caregivers/responsible adults in the home to match the number of non self preserving present at home. I will refer this staffing checklist reminder in all future situations above.</p> | |

Licensee's/Administrator's Signature:  _____

Print Name: Geronimo Tenorio

Date: June 26, 2023

Licensee's/Administrator's Signature:  _____

Print Name: Geronimo Tenorio _____

Date: 5/22/2023 _____