Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Residential Care of Maui LLC	CHAPTER 100.1
Address: 360 Hilu Place, Kahului, Hawaii 96732	Inspection Date: July 11, 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.

:42

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
A company of the second company of the secon	ETI-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented exidence of an initial and annual inherentosis elegrance FINDINGS Nubstitute Care Giver (SCG) (i) No current annual tuberculous elegrance	PART I DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
Approximately the contract of	Plence subunt a copy with your plan of correction (POC)	Yes, I've double checked the record of the last TB clearance for SCG #1 and it is updated. Copy is in the ARCH Binder and it is availbale for the department to review. See attached.	23 SEP 15 P 4:06 STATE OF HAVIAII BOH-ONCA STATE LIBERSING

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. FINDINGS Substitute Care Giver (SCG) #1 - No current annual tuberculosis clearance. Please submit a copy with your plan of correction (POC).	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I created a reminder chart on the communication board, so it will be easier to check or to update all caregivers so that way they will be able to plan ahead to get their TB clearance on time.	7/11/23
	STATE LICENSING	23 AUG 28 P1 :42

The second secon	RULES (CRITERIA)	PLAN OF CORRECTION		letion
	311-100.1 0 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid. FINDINGS SCX1 #2 No first aid certification	PART 1 DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY		Commission of the Annual Annua
	Please submit a copy with your POC	Yes, I called SCG to remind if can provide a copy of updated First Ais Certification. I obtained a first aid certification copy. See attached.	STATE LICENSING	23 SEP 15 P4
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	\$1)-100,1-9 Personnel, staffing and bandy requirements. (e)(3)	PART 2	growing or and a second of the	
Part 1 to Name when the Party	The substitute care giver who provides coverage for a period less than four bones shall:	<u>FUTURE PLAN</u>	Commence of the State of the St	
1 4 1 8	Be carrently certified in first aid:	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT		
- gelfs - comm	PINDINGS SCG #2 - No first aid certification.	IT DOESN'T HAPPEN AGAIN?	A	1
tor in the second and	Please submit a copy with your POC.			The second second
Million and the state of the st		I will ensure to review ARCH Binder every end to make sure all staffing requirements are met. If the requirements need to be updated, I will let the	7-11-23	Shiphica a special and secure secure special specializations
		substitute caregivers know 2 months prior to inspection.	· · · · · · · · · · · · · · · · · · ·	1 11-Y-1
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ang 10 - 1 - 1 - 10 - 11 - 11	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date	
	Physician or APRN orders for numinonal supplements including vitamins, unperals, formula meals and thickoming agents shall be updated annually or sooner as specified.	PART I DID YOU CORRECT THE DEFICIENCY?		
•	FINDINGS Resident #1 Physician's current order melades Glucerna 1 3 cans, po. QD, PKN The type of Glucerna was not specified.	CSE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY		· · · · · · · · · · · · · · · · · · ·
		Yes, Resident #1 has an appointment with PCP scheduled on 8/8/23. Called and clarified with PCP regarding nutrition orders.	7/12/23	Mary married
		I obtained a Physicians order.		
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-13 Nutrition. (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified. FINDINGS Resident #1 - Physician's current order includes Glucerna 1-3 cans, po, QD, PRN. The type of Glucerna was not specified.	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I will ensure that all Physician's orders are specific specially when ordering nutritional supplements like Glucerna. Will also review residents chart every end of the month to see to it that the orders are written with in 4 months time to keep it updated. Updated Physician's orders are in the residents chart and is available to department to review.	8/8/23
	STATE LICENSING	'23 AUG 28 P1:41

A. C. Landy	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	\$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.	PART 1 DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
	FINDINGS Resident #1 – No label for Cranberry, Aspirin 81mg, Melatonin 3mg, Iron 65mg, Tylenol 500mg, and MiraLAX powder.	Yes, i labeled all the over the counter medications and supplements and are stored them in the locked medication cabinet.	7/11/23
		STATE LICENSING	23 AUG 28 P1:41

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§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. FINDINGS Resident #1 - No label for Cranberry, Aspirin 81mg, Melatonin 3mg, Iron 65mg, Tylenol 500mg, and MiraLAX powder.	PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? Re-orient all staffing to make sure all over the counter medications or supplements are labeled the way it was ordered by the Physician. I will also double check to ensure that SCG's knows how to re-write orders correctly to avoid confusion and medication error.	7/12/23
And the second s		STATE LICENSING	23 AUG 28 P1:41

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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's spanded 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 other resident's bathrooms or hadrooms.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
FINDINGS Resident #1 Physician's order is "METOPROLOH TARTALE 25mg, % tab. BID. HOLD IF HR 65 AND/OR (100.) The medication bonds does not indicate blood pressure parameter.	Yes, I called Physician's office to clarify orders. 8/8/23 scheduled appointment. I obtained the Physicians order for blood pressure medication.	7/12/23
		STATE OF HAWAII STATE LIGHT ST

: 3	RULES (CRITERIA)	PLAN OF CORRECTION	Comple Date	
	All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly tabeled so long as inchanges 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 comment, other than for administration of medications. The storage shall be mastaff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms. FINDINGS Resident #1 - Physician's order is "METOPROLO! TARTATE 25mg % tab, BID, HO! 70 IF HR=65 AND/OR=100." The medication bettle does not indicate blood pressure parameter.	PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? In the future, I will make sure to double check all medication bottle labels are indicated the correct instructions on how the Physician ordered it. And to make sure if Physicians office sends the Pharmacy electronically the orders the new script to make sure that they have to indicate the same instructions the way Physician ordered it. Double check all medications every 2 weeks.	7/12/23	
			STATE OF HAWAII	23 SEP 15 P 4:07

	RULES (CRITERIA)	PLAN OF CORRECTION	Compl	
	All medications and supplements, such as vitamins. numerals, and formulas, shall be made available as ordered by a physician or APRN.	DID VOU CORRECT THE DEFICIENCY!		
The transfer comments to make the management of the transfer o	EINDINGS Resident #1 Following medication orders do not include indication for as needed use:	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	e	:
	-Calmoceptine ofarment VIIA & Dountment -Injenol -calucerna	Yes, I called Physician's office to clarify medication orders if it is for as needed only for certain medications written on the MAR. I obtained the order for PRN indication.	7/12/23	3
Tagendard deputation of the control			STATE OF HAWA!! BOH-8HOA STATE LICENSING	23 SEP 15 P4:07
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	\$11-100.1-15 Medications (e) All medications and supplements, such as vitamus, minerals, and formulas, shall be made available as ordered by a physician or APRN.	PART 2 FUTURE PLAN	
	FINDINGS Resident #1 - Following medication orders do not include indication for as needed use:	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
	-Calmoseptine ointment -VFFA & D ointment -Tylenol -Glucerna	I will make sure to check all PRN medications with the Physician and update MAR atleast every ∮ months to keep medication order list are updated.	7/12/23
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			STATE OF HAWAII
			P4:07
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§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.	PART 1 DID YOU CORRECT THE DEFICIENCY?	
	FINDINGS Resident #1 – Two (2) different orders for two (2) medications were signed and dated by the same physician on 5/8/2023 for the following medication. Please clarify with the physician.	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Yes, I called Md office and made clarifications with	8/8/23
	-"Glipizide 2.5mg 1 tab PO QD for heart failure" -"GLIPIZIDE, 2.5mg 1 tab po QD HOLD IF PT NOT EATING"	the medications mention. Made new updated medication list and reviewed by casemanager and signed by the Physician.	0/0/20
1	-"Metoprolol Tartrate 25mg, ½ tab BID, HOLD IF HR<65 AND/OR <100" -"Metoprolol 25 mg ½ tab PO BID for Hypertension."		
		STATE LICENS	23 AUG 28 F
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§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.	PART 2 <u>FUTURE PLAN</u>	
And the state of t	FINDINGS Resident #1 – Two (2) different orders for two (2) medications were signed and dated by the same physician on 5/8/2023 for the following medication. Please clarify with the physician.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
	-"Glipizide 2.5mg 1 tab PO QD for heart failure" -"GLIPIZIDE, 2.5mg 1 tab po QD HOLD IF PT NOT EATING" -"Metoprolol Tartrate 25mg, ½ tab BID, HOLD IF HR<65 AND/OR <100"	I called case management agency to review medications in monthly basis and make an updated medication list every 4 months to aviod discrepancy.	7/12/23
	-"Metoprolol 25 mg ½ tab PO BID for Hypertension."	SALCA	23 AUG 28 P1:41 STATE OF HAWAII

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver. FINDINGS Resident #1 – "SIMETHICONE 40MG/0.6ML, 1 BOTTLE 30ML PO Q4 HRS PRN FOR HEARTBURN, PRN" was listed in medication administration record (MAR) as current medication. The medication was discontinued on 9/1/2022.	PART 1 DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Yes, I called MD office and Case manager to clarify medication.	7/20/23
	SINE LICENSING	23 AUG 28 P1 :41

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	All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the cure giver. FINDINGS Resident #1 - "SIMLTHICONE 40MG/0.6ML, 1 BOTTLE 30ML PO Q4 HRS PRM FOR HEARTBURN, PRN" was listed in medication administration record (MAR) as current medication. The medication was discontinued on 9/1-2022.	PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I will ensure to double check MAR once a month and notify MD and case manager if there are any deficiencies. If clarification is needed, I will contact Physician and case manager within 24 hours.	7/20/23	
to motivate and the state of th			STATE OF HAWAII	23 SEP 15 P 4:07

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-17 Records and reports. (h)(1) Miscellaneous records: A permanent general register shall be maintained to record all admissions and discharges of residents; FINDINGS In permanent resident register, "Admitted from" was not recorded for four (4) current residents.	PART 1 DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
	Yes, wrote at the Resident Register where residents are admitted from.	7/11/23
		23 AUG 28 P1:40

1	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-100.1-17 Records and reports. (h)(1) Miscellaneous records: A permanent general register shall be maintained to record all admissions and discharges of residents; FINDINGS In permanent resident register, "Admitted from" was not recorded for four (4) current residents.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
		I will review ARCH Binder every end on the month to ensure all records and reports are charted correctly and is updated in a timely manner like the General Register.	7/12/23
			23 NUS 28 P1 :40

 RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
G11-100.1-20 Resident health care standards. (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN. FINDINGS Resident #1 Physician's order dated 10/24/2022 was "Chacose meter PRN only." No PRN indication provided	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Yes, I called Physicians office for clarification on how she wants us to check Glucose meter for the resident. I obtained Physicals order for PRN indication.	73 SEP 7/20/23 STATE BOH
		15 P4 307

RULES (CRITERIA)	PLAN OF CORRECTION	Completion
St1-100.1-26 Resident health care standards. (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as presented by a physician or APRN. FINDINGS Resident #1 - Physician's order dated 10/24/2022 was "Glucose meter PRN only." No PRN indication provided.	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	Date
	I will review and update medication orders every # months to avoid discrepancies. If I need clarification, I will contact Physicians within 24 hours.	7/20/23
	O THE REPORT OF THE PARTY OF TH	SEP 15
	#11-100.1-20 Resident health care standards. (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN. #INDINGS Resident #1 - Physician's order dated 10/24/2022 was "Glucose meter PRN only." No PRN indication provided.	\$11-100.1-20 Resident health care standards. (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as presented by a physician or APRN. #INDINGS Resident #1 - Physician's order dated 10/24/2022 was "Glucose meter PRN only." No PRN indication provided #INDINGS Resident #1 - Physician's order dated 10/24/2022 was "Glucose meter PRN only." No PRN indication provided #INDINGS Resident #1 - Physician's order dated 10/24/2022 was "Glucose meter PRN only." No PRN indication provided #INDINGS Resident #1 - Physician's order dated 10/24/2022 was "Glucose meter PRN only." No PRN indication provided #INDINGS Resident #1 - Physician's order dated 10/24/2022 was "Glucose meter PRN only." No PRN indication provided #INDINGS Resident #1 - Physician's order dated 10/24/2022 was "Glucose meter PRN only." No PRN indication provided #INDINGS Resident #1 - Physician's order dated 10/24/2022 was "Glucose meter PRN only." No PRN indication provided #INDINGS Resident #1 - Physician's order dated 10/24/2022 was "Glucose meter PRN only." No PRN indication provided #INDINGS #INDINGS Resident #1 - Physician's order dated 10/24/2022 was "Glucose meter PRN only." No PRN indication provided #INDINGS #INDINGS Resident #1 - Physician's order dated 10/24/2022 was "Glucose meter PRN only." No PRN indication provided #INDINGS #INDING

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	\$11-100.1-21 Residents' and primary care givers rights and responsibilities. (a)(2)(E) Residents' rights and responsibilities: Each resident shall: Be treated with understanding, respect, and full consideration of the resident's dignity and individuality, meluding privacy in treatment and in care of the resident's personal needs;	PART I DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
	FINDINGS Surveillance cameras were used in bedroom #1 and #2. Consent documents were not available.	Yes, created a notification surveillance camera form. Explained to POA's and Guardians of residents regarding a camera installed in the residents room for safety monitoring purposes only. POA signed a consent documents.	7/20/23
			23 SEP 15 P 4:07 STATE OF HARAII ONH-GHOA STATE LIGENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(2)(E) Residents' rights and responsibilities:	PART 2 <u>FUTURE PLAN</u>	
ton and the second productive because it were the little of the little o	Each resident shall: Be treated with understanding, respect, and full consideration of the resident's dignity and individuality, including privacy in treatment and in care of the resident's personal needs;	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
The state of the s	FINDINGS Surveillance cameras were used in bedroom #1 and #2. Consent documents were not available.	Create a form for Surveillance Camera form to be signed by the POA's and Guardian of residents if agreed to have cameras installed in their families room for safety purposes. Copies are will be in the residents chart and are available for the department to review.	7/20/23
		SING	*23 AUS 28 P1 :40

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	In addition to the requirements in subchapter 2 and 3: Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the mattagement of an expanded ARCH and care of expanded ARCH residents. FINDINGS SCG #2 - Only 1.5 hours of continuing education credit can be confirmed, short for 10.5 hours.	PART I DID YOU CORRECT THE DEFICIENCY: USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Yes, I called SCG #2 to provide an updated copy of continuing education to complete staffing requirements.	7/11/23
i mara kamunda kahili kata di manamata kari sa	Please submit a copy with your POC.	I obtained a copy of continuing education. See attached.	
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p. parts. of formed programs	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
Ø	§11-100.1-83 Personnel and staffing requirements, (5) In addition to the requirements in subchapter 2 and 3:	PART 2	
And good group, and compared an	Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
minimum parada puma produkta paka kana panaga kada sa managan pana panagan panagan panagan panagan panagan pan	FINDINGS SCG #2 - Only 1.5 hours of continuing education credit can be confirmed, short for 10.5 hours. Please submit a copy with your POC.	I will make sure to double check staffing requirements to make sure it is complete and up to date. Completed copy of in-services is in the ARCH binder and is ready for the department to view. I will make sure to check monthly documents if requirements need to be updated. I will let substitute caregivers know 2 months prior inspection.	7/11/23
- dr. C. in plants.		See attached.	· ·
Andrew Market and the Andrew Market and Andrew M			23 SEP 15 P 4:07 STATE OF HANAII DOH-\$100A

an Drawanda	RULES (CRITERIA)	PLAN OF CORRECTION	Completi Date	OM
	§11-100.1-84 Admission requirements. (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information: Evidence of consent immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.	PART I DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY		ов верестубующей фактивной объектом верестубующей предменяем потемпа на вертупнующего верестубующего вертупнующего ветупнующего вертупнующего ветупнующего вет
	FINDINGS Resident 1/1 - No record that influenza and pneumococcal vaccination was provided or offered.	Yes, I called Physician's office and case manager agency to provide a copy for keep in the residents chart if it is available. Family was informed and if can provide a copy if is available. I obtained Physicians note stating resident will receive vaccination if available at the next appointment.	7/12/23	
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e. Miller Belleville and see	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	\$11-100.1-84 Admission requirements. (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information: Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing tesident problems and needs FINDINGS Resident #1 — No record that influenza and pneumococcal vaccination was provided or offered.	PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FITURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I will review the Admission Requirements every end of the month to make sure all the requirements prior to	7/20/23
		admission are met. Review at admission and requirement list every end of the month. I will consult with the family if the vaccination was not done at admission.	
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
(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. Develop an interim case 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, relabilitative 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 and aredication orders of the expanded ARCH resident specific procedures 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; FINDINGS Resident #1 — Care plan does not include type of dict and consistency of the current special diet.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Yes, I called case manager regarding care plan that it doesn't include the type of diet and consistency of the current special diet. Care Plan is updated.	77 SEP 15 P 4 108 STATE OF HAWAII BOH-BAICA STATE LIGGASING

\$11-100.1-88 Case management qualifications and services.		Date
(a)(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 AFRN. The case manager shall:	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I will ensure that case manager are to include the type of diet and consistency of the current special diet on their care plan. I will review the care plan with the case manager when she visits the residents monthly.	23 SEP 15 P 4:08 7/20/23 STATE OF HANKIN 00H-0NICA

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
RULES (CRITERIA) §11-100.1-88 Case management qualifications and services. (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: 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; FINDINGS Resident #1 - The case manager did not sign the monthly visit summaries of June 2023 and April 2023.	PLAN OF CORRECTION PART 1 Correcting the deficiency after-the-fact is not practical/appropriate. For	
	this deficiency, only a future plan is required.	23 AUG 28 P1 :39

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-100.1-88 Case management qualifications and services. (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: 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;	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
general again (magain diagnas again) a atau da again (magain) a atau da again (magain) again (ma	FINDINGS Resident #1 — The case manager did not sign the monthly visit summaries of June 2023 and April 2023.	I will ensure and double check every monthly visit of the case worker to make sure the monthly visit summaries are signed. Signed documents are in the residents chart and is ready for the department to review. I will review the documents after the case manager and if I need to update, I will contact the case manager within 24 hours.	7/20/23
			23 SEP 15 P 4:08 STATE OF HAWAII BOH-9HCA STATE OF HAWAII

STATE OF HAWAII