

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Alfe	CHAPTER 100.1
Address: 1464 Puanakau Street, Honolulu, Hawaii 96818	Inspection Date: October 16, 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 NOV 22 AM 11:47  
STATE OF HAWAII  
HONOLULU  
STATE LICENSING

	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><b>FINDINGS</b>  Resident #1 – Substitute caregiver (SCG) reports all residents are being provided and consuming the same regular diet; however, resident has been prescribed a special diet since admission. Current diet order dated 10/10/23 states, "soft moist chopped (regular) honey thick liquids. However, may have nectar via spoon if patient desires".</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <div style="text-align: right; margin-top: 200px;"> STATE OF HAWAII  HONOLULU  STATE LICENSING </div>	<p style="text-align: center; vertical-align: bottom;">23 NOV 22 AM 1:47</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 resident unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><b>FINDINGS</b>  Resident #1 – Substitute caregiver (SCG) reports all residents are being provided and consuming the same regular diet; however, resident has been prescribed a special diet since admission. Current diet order dated 10/10/23 states, "soft moist chopped (regular) honey thick liquids. However, may have nectar via spoon if patient desires".</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>To prevent similar deficiency in the future, I have added a reminder to my daily checklist for my substitute caregiver to double check the doctor's diet order, transcribe &amp; make sure that the resident is consuming the appropriate prescribed diet by following the menu.</i></p> <p style="text-align: right;">STATE OF HAWAII  DOH-CDPH  STATE LICENSING</p>	<p style="text-align: right;"><i>12/11/23</i></p> <p style="text-align: right;">23 DEC 14 AM 1:25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> Diet menus (regular and special diet) not posted in dining area for residents and department review</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Diet menus were moved &amp; posted in the dining area</i></p> <p>STATE OF MICHIGAN DEPT. OF HEALTH STATE LICENSING</p>	<p>10/17/23</p> <p>23 NOV 22 AM 1:47</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d)            Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u>            Diet menus (regular and special diet) not posted in dining area for residents and department review</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>To prevent similar deficiency in the future, I have added a reminder to my daily checklist to check that the menu is posted by the residents dining area</i></p> <p style="text-align: right;">STATE OF HAWAII            DEPARTMENT OF HEALTH            STATE LABORERS</p>	<p style="text-align: center;"><i>10/17/23</i></p> <p style="text-align: center;">23 NOV 22 AM 1:46</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><b><u>FINDINGS</u></b> Food items (e.g., box of canned corn, two cases of Ensure, two gallon containers of juice) stored on kitchen pantry floor</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Food items are stored on the shelves at the pantry area</i></p> <p style="text-align: right;">STATE OF HAWAII DEPARTMENT OF HEALTH STAFF INSPECTION</p>	<p style="text-align: right;"><i>02/17/23</i></p> <p style="text-align: right;">23 NOV 22 AM 1:46</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation</u>, (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><b><u>FINDINGS</u></b> Food items (e.g., box of canned corn, two cases of Ensure, two gallon containers of juice) stored on kitchen pantry floor</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>To prevent similar deficiency in the future, I have added a reminder to my daily checklist to check all foods in the pantry that they're properly stored on the shelves for sanitary conditions</i></p>	<p style="text-align: center;"><i>10/17/23</i></p> <p style="text-align: center;">23 NOV 22 AM 1:46</p> <p style="text-align: center;">STATE OF HAWAII STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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> SCG states meat containing dishes prepared on the stovetop are cooked to 90-100°F. Acceptable minimum cooking temperature is 165°F.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p style="text-align: right;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE INSPECTIONS</p>	<p style="text-align: right;">23 NOV 22 AM 11:46</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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> SCG states meat containing dishes prepared on the stovetop are cooked to 90-100°F. Acceptable minimum cooking temperature is 165°F.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>To prevent similar deficiency in the future, I have reviewed the minimum cooking temperature of 165°F to all my caregivers</i></p> <p style="text-align: right;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>	<p style="text-align: center;"><i>10/28/20</i></p> <p style="text-align: center;">23 NOV 22 AM 1:46</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><b>FINDINGS</b>  Resident #1 – Physician’s order dated 9/16/23, and valid through 9/19/23 states, “melatonin 5mg take 1 cap P.O. daily PRN @HS”; however, PRN indication unavailable. Medication order incomplete.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: right;">23 NOV 22 AM 11:46</p>

STATE OF ILLINOIS  
DEPT. OF HEALTH  
STATE LIBRARY

	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><b>FINDINGS</b>  Resident #1 – Physician’s order dated 9/16/23, and valid through 9/19/23 states, “melatonin 5mg take 1 cap P.O. daily PRN @HS”; however, PRN indication unavailable. Medication order incomplete.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>To prevent similar deficiency in the future, I have <sup>personnel</sup> <del>added</del> added a reminder to my daily checklist to check all medications of the residents in their bins making sure that routine &amp; PRN medicines are available</i></p>	<p style="text-align: center;"><i>10/20/23</i></p> <p style="text-align: center;">23 NOV 22 AM 1:46</p> <p style="text-align: center;">STATE OF HAWAII  DEPARTMENT OF HEALTH  STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a)  All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><b>FINDINGS</b>  Resident #1 – Diet order dated 10/10/23 states, “soft moist chopped (regular) honey thick liquids. However, may have nectar via spoon if patient desires”; however, order for liquid thickener unavailable.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Called DR's office &amp; NP gave T.O. for nectar liquid consistency via spoon if drink, honey thick liquid if drink from cup. (see attached)</i></p> <p style="text-align: right;">STATE OF HAWAII  FOR THE  STATE LICENSING</p>	<p style="text-align: right;"><i>10/24/23</i></p> <p style="text-align: right;">23 DEC 14 AM 11:25</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><b>FINDINGS</b>  Resident #1 – Diet order dated 10/10/23 states, “soft moist chopped (regular) honey thick liquids. However, may have nectar via spoon if patient desires”; however, order for liquid thickener unavailable.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent similar deficiency in the future, I have added dysphagia monitoring into my daily admission checklists. This applies to all residents admitted with orders of thickened liquids or with one order of thickened liquids &amp; to continuously monitor all residents for dysphagia. For any swallowing problems will notify DR.</p> <p style="text-align: right;">STATE OF HAWAII  DEPT. OF HEALTH  STATE LICENSING</p>	<p style="text-align: right;">(12/11/23)</p> <p style="text-align: right;">23 DEC 14 AM 1:25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b)            Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u>            Residents' medication (e.g., bisacodyl suppositories, bottle of Tussin cough syrup) store unsecured in kitchen refrigerator</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Tussin cough syrup stored in locked container in the refrigerator</i></p>	<p style="text-align: right;"><i>10/17/23</i></p> <p style="text-align: center;">STATE OF MICHIGAN            STATE LICENSING</p> <p style="text-align: right;">23 NOV 22 AM 1:46</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (b)            Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><b><u>FINDINGS</u></b>            Residents' medication (e.g., bisacodyl suppositories, bottle of Tussin cough syrup) store unsecured in kitchen refrigerator</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>To prevent similar deficiency in the future, I have added a reminder to my daily checklist to check medications in the refrigerator, making sure it's stored &amp; locked in a container in the refrigerator</i></p> <p style="text-align: right;">STATE OF ILLINOIS            DEPARTMENT OF HEALTH            STATE LICENSING</p>	<p style="text-align: center;">10/17/23</p> <p style="text-align: center;">23 NOV 22 AM 1:46</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><b><u>FINDINGS</u></b> Resident #1 – Internal and external use medications stored in same storage tray together</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Separated external &amp; internal medication with a divider in the medication bin</i></p> <div style="text-align: right; margin-top: 200px;"> <small>STATE OF MASSACHUSETTS DEPARTMENT OF STATE LICENSING</small> </div>	<p style="text-align: center;"><i>10/17/23</i></p> <p style="text-align: center;">23 NOV 22 AM 11:46</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <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><b><u>FINDINGS</u></b>            Resident #1 – Internal and external use medications stored in same storage tray together</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>To prevent similar deficiency in the future, I have added a reminder on my daily checklist to check all medication bins making sure that the internal &amp; external medicines have a divider in between</i></p>	<p style="text-align: right;"><i>10/17/23</i></p> <p style="text-align: right;"><b>23 NOV 22 AM 1:46</b></p> <p style="text-align: right;"><small>STATE OF MARYLAND            DEPARTMENT OF HEALTH            STATE LICENSING</small></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Discontinued bottle of acetaminophen stored with current medications</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Removed the discontinued bottle of acetaminophen that's stored with current medicine</i></p>	<p style="text-align: right;"><i>10/17/22</i></p> <p style="text-align: right;">23 NOV 22 AM 1:46</p> <p style="text-align: right; font-size: small;">STATE OF MARYLAND DEPARTMENT OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Discontinued bottle of acetaminophen stored with current medications</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>To prevent similar deficiency in the future, I have added a reminder on my daily checklist to check &amp; remove OTC medications</i></p> <p style="text-align: right;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>	<p style="text-align: center;"><i>10/17/20</i></p> <p style="text-align: center;">23 NOV 22 AM 1:46</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><b><u>FINDINGS</u></b> Collection of discontinued medications from residents stored unsecured in dining room cabinet</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Locked discontinued medicines</i></p> <p style="text-align: right;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>	<p style="text-align: center;"><i>10/20/23</i></p> <p style="text-align: center;">23 NOV 22 AM 1:46</p>


	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><b><u>FINDINGS</u></b> Collection of discontinued medications from residents stored unsecured in dining room cabinet</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>To prevent similar deficiency in the future, I have added a reminder on my daily checklist to make sure that all of the medicines are locked</i></p> <p style="text-align: right;">STATE OF MAINE DEPARTMENT OF HEALTH &amp; WEALTH SERVICES STAFF LICENSING</p>	<p style="text-align: center;"><i>10/20/23</i></p> <p style="text-align: center;">23 NOV 22 AM 11:46</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><b><u>FINDINGS</u></b>  Resident #1 – Daily schedule of activities unavailable for review.</p> <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Daily schedule of activities placed in resident chart</i></p> <p style="text-align: right;">STATE OF HAWAII  DEPARTMENT OF HEALTH  STATE LICENSING</p>	<p style="text-align: center;"><i>10/20/23</i></p> <p style="text-align: center;">'23 NOV 22 AM 1:46</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><b><u>FINDINGS</u></b>  Resident #1 – Daily schedule of activities unavailable for review.</p> <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>To prevent similar deficiency in the future, I have added a reminder on my daily checklist to check the daily schedule activities</i></p>	<p style="text-align: right;"><i>10/20/22</i></p> <p style="text-align: right;"><b>23 NOV 22 AM 11:46</b></p> <p style="text-align: right;"><small>STATE LICENSING</small></p>


	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4)  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><b><u>FINDINGS</u></b>  Resident #2 – Initial tuberculosis (TB) clearance unavailable for review.</p> <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Initial TB clearance filed in the resident chart</i></p>	<p style="text-align: center;"><i>10/20/23</i></p> <p style="text-align: center;">23 NOV 22 AM 1:46</p> <p style="text-align: center;">STATE OF HAWAII  DEPARTMENT OF HEALTH  STATE LICENSING</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4)  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><b><u>FINDINGS</u></b>  Resident #2 – Initial tuberculosis (TB) clearance unavailable for review.</p> <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>To prevent similar deficiency in the future, I have added a reminder on my daily checklist to check initial TB clearance during admission</i></p> <div style="text-align: right;">  </div>	<p style="text-align: right;"><i>10/20/22</i></p> <p style="text-align: right;">'23 NOV 22 AM 1:45</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(8)  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A current inventory of money and valuables.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Inventory of possessions/valuables upon admission unavailable. Admission date was 9/16/23.</p> <p>Resident #2 – Inventory of possession/values unavailable for readmission on 6/26/23, 8/31/23, and 9/11/23.</p> <p>Submit a copy of the residents' current inventory of possessions/valuables with plan of correction.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Place admission inventory of possessions to resident #1 chart</i></p>	<p style="text-align: right;"><i>10/20/23</i></p> <p style="text-align: right;">23 NOV 22 AM 1:45</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII  DEPARTMENT OF HEALTH  STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(8)  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A current inventory of money and valuables.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Inventory of possessions/valuables upon admission unavailable. Admission date was 9/16/23.</p> <p>Resident #2 – Inventory of possession/values unavailable for readmission on 6/26/23, 8/31/23, and 9/11/23.</p> <p>Submit a copy of the residents' current inventory of possessions/valuables with plan of correction.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>To prevent similar deficiency in the future, I have added a reminder on my daily checklist to do an inventory of possessions during admission &amp; readmission.</i></p> <p style="text-align: right; font-size: small;">STATE OF MARYLAND STATE LICENSING</p>	<p style="text-align: right;"><i>10/20/23</i></p> <p style="text-align: right;"><b>23 NOV 22 AM 11:45</b></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><b><u>FINDINGS</u></b> Resident #3 – Annual TB assessment provided did not include the following:</p> <ol style="list-style-type: none"> <li>1. A determination by the medical provider if evidence of pulmonary TB was present</li> <li>2. Physician/APRN signature</li> <li>3. Date assessment signed by physician/APRN</li> </ol> <p>Submit a copy of completed TB assessment with plan of correction.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>DR. to sign annual TB assessment</i></p> <div style="text-align: right; margin-top: 200px;">  </div>	<p style="text-align: center;"><i>11/22/23</i></p> <p style="text-align: center;"><b>23 NOV 22 AM 1:45</b></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><b><u>FINDINGS</u></b> Resident #3 – Annual TB assessment provided did not include the following:</p> <ol style="list-style-type: none"> <li>1. A determination by the medical provider if evidence of pulmonary TB was present</li> <li>2. Physician/APRN signature</li> <li>3. Date assessment signed by physician/APRN</li> </ol> <p>Submit a copy of completed TB assessment with plan of correction.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>To prevent similar deficiency in the future, I have added a reminder on my daily checklist to double check the TB assessment form, making sure it's filled out the form is signed correctly before leaving the DR's office</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>	<p style="text-align: right;"><i>11/22/23</i></p> <p style="text-align: right;">23 NOV 22 AM 4:55</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><b>FINDINGS</b> Resident #1 – Per progress notes, abrasion to leg occurred on 9/21/23, signs of onset of infection to abrasion prompted antibiotic treatment on 9/30/23; however, no documentation in progress notes if signs of infection resolved and leg abrasion healed.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>23 NOV 22 AM 11:44</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH 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><b><u>FINDINGS</u></b> Resident #1 – Per progress notes, abrasion to leg occurred on 9/21/23, signs of onset of infection to abrasion prompted antibiotic treatment on 9/30/23; however, no documentation if signs of infection resolved and leg abrasion healed.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>To prevent similar deficiency in the future, I have added a reminder on my daily checklist to chart any resolved infection or healed wounds</i></p> <p style="text-align: right; font-size: small;">STATE OF MARYLAND DEPARTMENT OF HEALTH STATE LICENSING</p>	<p style="text-align: right;"><i>10/20/23</i></p> <p style="text-align: right;">23 NOV 22 AM 1:44</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b><u>FINDINGS</u></b> Resident #1-4 -- Pre-dated completion (12/2023) of residents' inventory of possessions located in each residents' record; falsified documents identified on 10/16/23 during annual inspection of facility.</p> <p>Submit a current inventory of possessions with plan of correction.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Place admission inventory of possessions to residents charts #1-4</i></p> <p style="text-align: center;"><i>(see attached after page 26)</i></p> <div style="text-align: right; font-size: small;">       STATE OF HAWAII        DEPT. OF HEALTH        STATE LICENSING     </div>	<p style="text-align: center;"><i>10/20/23</i></p> <p style="text-align: center;">'23 NOV 22 AM 1:44</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b><u>FINDINGS</u></b> Resident #1-4 – Pre-dated completion (12/2023) of residents’ inventory of possessions located in each residents’ record; falsified documents identified on 10/16/23 during annual inspection of facility.</p> <p>Submit a current inventory of possessions with plan of correction.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>To prevent similar deficiency in the future, I have added a reminder on my daily checklist to check all admissions inventory of possessions to residents chart &amp; document on appropriate date</i></p>	<p style="text-align: right;"><i>10/20/23</i></p> <p style="text-align: right;">23 NOV 22 AM 1:44</p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN DEPARTMENT OF CORRECTIONS</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(2)(E)  Residents' rights and responsibilities:</p> <p>Each resident shall:</p> <p>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;</p> <p><b>FINDINGS</b>  Resident #1 – Video surveillance being utilized in resident's bedroom, however, no documented evidence of a signed consent for use of video surveillance by resident/resident representative available for review.</p> <p>Submit a signed copy of consent to use video surveillance with plan of correction.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Consent obtained from resident's POA following DCH guidelines</i></p>	<p style="text-align: center;"><i>11/20/23</i></p> <p style="text-align: center;">23 NOV 22 AM 1:44</p> <p style="text-align: center;">STATE OF HAWAII  DEPT. OF HEALTH  STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(2)(E) Residents' rights and responsibilities:</p> <p>Each resident shall:</p> <p>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;</p> <p><b>FINDINGS</b> Resident #1 – Video surveillance being utilized in resident's bedroom, however, no documented evidence of a signed consent for use of video surveillance by resident/resident representative available for review.</p> <p>Submit a signed copy of consent to use video surveillance with plan of correction.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>To prevent similar deficiency in the future, I have added a reminder on my daily checklist to make sure that a signed consent from family/POA is obtained prior to using video surveillance (following OAH guidelines)</i></p>	<p><i>11/20/23</i></p> <p style="text-align: right;">23 NOV 22 11:44 STATE OF ILLINOIS DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(A) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Fire escapes, stairways and other exit equipment shall be maintained operational and in good repair and free of obstruction;</p> <p><b><u>FINDINGS</u></b> Fire exit door located in living room was tied shut from the exterior, preventing the door from being opened from the interior to exit the home. Unable to utilize fire exit.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Removed tie</i></p>	<p style="text-align: center;"><i>10/17/23</i></p> <p style="text-align: center;">23 NOV 22 AM 1:44</p> <p style="text-align: center;">STATE OF HAWAII HALL OF REPRESENTATIVES STATE ELECTORNS</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(A) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Fire escapes, stairways and other exit equipment shall be maintained operational and in good repair and free of obstruction;</p> <p><b><u>FINDINGS</u></b> Fire exit door located in living room was tied shut from the exterior, preventing the door from being opened from the interior to exit the home. Unable to utilize fire exit.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>To prevent similar deficiency in the future, I have added a reminder on my daily checklist that the door is not tied shut</i></p> <p style="text-align: right;">STATE OF HAWAII DEPARTMENT OF LAND AND NATURAL RESOURCES STATE LICENSING</p>	<p style="text-align: right;"><i>10/17/23</i></p> <p style="text-align: right;">23 NOV 22 AM 1:44</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (j)(1) Waste disposal:</p> <p>Every Type I ARCH shall provide a sufficient number of watertight receptacles, acceptable to the department for rubbish, garbage, refuse, and other matter. These receptacles shall be kept closed by tight fitting covers;</p> <p><b><u>FINDINGS</u></b> Bedroom D – Receptacle does not have a (tight fitted) cover</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Place a tight fitted cover to receptacle in room D</i></p>	<p style="text-align: right;"><i>10/17/23</i></p> <p style="text-align: right;">23 NOV 22 AM 11:44</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (j)(1) Waste disposal:</p> <p>Every Type I ARCH shall provide a sufficient number of watertight receptacles, acceptable to the department for rubbish, garbage, refuse, and other matter. These receptacles shall be kept closed by tight fitting covers;</p> <p><b>FINDINGS</b> Bedroom D – Receptacle does not have a (tight fitted) cover</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>To prevent similar deficiency in the future, I have added a reminder on my daily checklist to check all receptacles in each room</i></p>	<p style="text-align: right;"><i>10/17/23</i></p> <p style="text-align: right;">23 NOV 22 AM 1:44</p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(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><b><u>FINDINGS</u></b>            Resident #1 – Current care plan does not include current medication orders except for the following: Diclofenac gel, Aleve, methamine, and vitamin C.</p> <p>Submit revised care plan that reflects all current medication orders with plan of correction.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>The deficiency was corrected by creating a care plan (ineffective health self management related to physical &amp; mental decline). This care plan includes all current medications for <sup>exam re</sup> resident &amp; the care plan will be reviewed &amp; updated monthly</i></p> <p style="text-align: right;">STATE OF HAWAII        DEPARTMENT OF HEALTH        STATE LICENSING</p>	<p style="text-align: right;"><i>12/11/23</i></p> <p style="text-align: right;">23 DEC 14 AM 1:25</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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><b><u>FINDINGS</u></b>            Resident #1 – Current care plan does not include current medication orders except for the following: Diclofenac gel, Aleve, methamine, and vitamin C.</p> <p>Submit revised care plan that reflects all current medication orders with plan of correction.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>To prevent similar deficiency in the future, I have added a reminder on my daily checklist to check CM notes during monthly visit</i></p>	<p style="text-align: right;"><i>11/20/23</i></p> <p style="text-align: right;">23 NOV 22 AM 1:43</p> <p style="text-align: right;">STATE OF HAWAII            DEPARTMENT OF HEALTH            STATE LICENSING</p>

Licensee's/Administrator's Signature: Virginia A. Baptista  
Print Name: VERGENIA A. BAPTISTA  
Date: 12/11/23

23 DEC 14 AM 1:25  
STATE OF HAWAII  
REGISTRATION  
STATE LICENSING

Licensee's/Administrator's Signature: Virginia A. Baptista

Print Name: 11/20/23 VIRGINIA A. BAPTISTA

Date: \_\_\_\_\_

23 NOV 22 AM 11:43  
STATE OF HAWAII  
DEPT. OF TRANSPORTATION  
STATE LICENSING