

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Alfe II	CHAPTER 100.1
Address: 1214 Kukila Street, Honolulu, Hawaii 96818	Inspection Date: November 17, 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.

STATE OF HAWAII
DEPT. OF HEALTH
STATE LICENSING

'23 DEC 14 AM 1:27

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p><u>FINDINGS</u> First-aid kit contained the following medications:</p> <ul style="list-style-type: none"> • Triple antibiotic cream • Wound gel • Poly bacitracin ointment • Clotrimazole cream • Triamcinolone cream 	<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>Triple antibiotic cream, wound gel, poly bacitracin ointment, clotrimazole cream & triamcinolone cream were removed from the 1st aid kit</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII HONOLULU STATE LICENSING</p>	<p><i>11/17/23</i></p> <p>23 DEC 14 AM 1:27</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p><u>FINDINGS</u> First-aid kit contained the following medications:</p> <ul style="list-style-type: none"> • Triple antibiotic cream • Wound gel • Poly bacitracin ointment • Clotrimazole cream • Triamcinolone cream 	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>To prevent similar deficiency in the future, I have added a reminder on my daily checklist not to include any medicines on my 1st aid kit</i></p> <p style="text-align: right;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>	<p style="text-align: center;"><i>11/17/23</i></p> <p style="text-align: center;">23 DEC 14 AM 11:26</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> Special diet menus unavailable for the following diets:</p> <ul style="list-style-type: none"> • Resident #1 – Minced, nectar liquid consistency • Resident #2 – Soft as tolerated, nectar liquid consistency • Resident #3 – Regular, nectar liquid consistency • Resident #4 – Pureed, nectar liquid consistency <p>Submit a copy of special diet menus 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 style="text-align: center;"><i>Menus for minced, soft, regular & pureed nectar liquid consistency made by RDC (see attached menus)</i></p> <p style="text-align: right;">STATE OF HAWAII DORIS STATE LICENSING</p>	<p style="text-align: right;"><i>11/30/23</i></p> <p style="text-align: right;">23 DEC 14 AM 1:26</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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. <u>FINDINGS</u> Special diet menus unavailable for the following diets: <ul style="list-style-type: none"> • Resident #1 – Minced, nectar liquid consistency • Resident #2 – Soft as tolerated, nectar liquid consistency • Resident #3 – Regular, nectar liquid consistency • Resident #4 – Pureed, nectar liquid consistency Submit a copy of special diet menus with plan of correction.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>To prevent similar deficiency in the future, I have added a reminder on my daily checklist for my substitute caregiver to double check the order of menus, notify RD to make appropriate meals for the residents</i></p>	<p style="text-align: right;"><i>11/30/23</i></p> <p style="text-align: right;">23 DEC 14 AM 1:30</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STRENGTHENING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 8/7/23 states, “ferrous sulfate DR 324mg (65mg iron) Tab dr ec Take 1 tablet by mouth 2 times a day with meals”; however, medication administration record (MAR) shows first dose of the day given outside of meals at 10:00am.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Called DR & received an order to give FeSO4 @ specific times (10AM & 5PM) per resident's request</i></p>	<p style="text-align: center;"><i>12/4/23</i></p> <p style="text-align: center;">'23 DEC 14 AM 30</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>§11-100.1-15 <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 8/7/23 states, “ferrous sulfate DR 324mg (65mg iron) Tab dr ec Take 1 tablet by mouth 2 times a day with meals”; however, medication administration record (MAR) shows first dose of the day given outside of meals at 10:00am.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>To prevent similar deficiency in the future, I have added a reminder on my daily checklist for my substitute caregiver to double check doctor's orders</i></p>	<p><i>12/4/23</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 8/7/23-11/7/23 states, “acetaminophen 325mg Oral Tablet Take 650mg by mouth every 4 hours as needed. PRN indication missing; order was incomplete”.</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>	<p style="text-align: center;">23 DEC 14 AM 1:30</p>

STATE OF HAWAII
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 8/7/23-11/7/23 states, “acetaminophen 325mg Oral Tablet Take 650mg by mouth every 4 hours as needed. PRN indication missing; order was incomplete”.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>To prevent similar deficiency in the future, I have added a reminder on my daily checklist for my substitute caregiver to double check doctor orders & making sure that the PRN indication is ordered</i></p>	<p style="text-align: right;"><i>12/14/23</i></p> <p style="text-align: right;">23 DEC 14 AM 1:30</p> <p style="text-align: right; font-size: small;">STATE OF ALABAMA DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 8/14/23 states, “continue to give midorine 12.5mg 1 tab P.O. 2x/day...”; however, MAR shows 2.5mg being administered.</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><i>DR. gave the correct order of midorine 2.5mg however the writer mistakenly wrote 12.5mg instead of 2.5mg in the DR's order sheet. MAR is correctly written 2.5mg & medicine dose were correctly given 2.5mg. Called DR. & wrote a corrected order on the DR's order</i></p>	<p style="text-align: right;"><i>12/14/23</i></p> <p style="text-align: right;">23 DEC 14 AM 1:30</p> <p style="text-align: right;">STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 8/14/23 states, “continue to give midorine 12.5mg 1 tab P.O. 2x/day...”; however, MAR shows 2.5mg being administered</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN’T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>To prevent similar deficiency in the future, I have added a reminder on my daily checklist for my substitute caregiver to double check doctor's order before transcribing into the MAR</i></p> <p style="text-align: right;">STATE OF HAWAII DEPT. OF HEALTH NURSING STATE LICENSING</p>	<p style="text-align: center;"><i>12/14/23</i></p> <p style="text-align: center;">'23 DEC 14 AM 1:30</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Monthly observations of resident's response to medications unavailable for review.</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>	<p style="text-align: center;">23 DEC 14 AM 1:30</p> <p style="text-align: center;">STATE OF HAWAII HEALTH CARE STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Monthly observations of resident's response to medications unavailable for review.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>To prevent similar deficiency in the future, I have added a reminder on my daily checklist for my substitute caregiver to double check that the response to medications are documented</i></p> <p style="text-align: right;">STATE OF HAWAII HEALTH STATE LICENSING</p>	<p style="text-align: right;"><i>12/17/20</i></p> <p style="text-align: right;">23 DEC 14 AM 1:30</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 6/7/23 states, “Ensure I can if <50% food intake during meals”; however, multiple meals consumed at <50% from 8/2023-present (11/17/23), but no documented evidence indicating Ensure was offered following these meals.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p style="text-align: right;">STATE OF HAWAII HEALTH STATE LICENSING</p>	<p>23 DEC 14 AM 1:30</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include: Entries describing treatments and services rendered; <u>FINDINGS</u> Resident #1 – Physician’s order dated 6/7/23 states, “Ensure I can if <50% food intake during meals”; however, multiple meals consumed at <50% from 8/2023-present (11/17/23), but no documented evidence indicating Ensure was offered following these meals.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>To prevent similar deficiency in the future, I have added a presider to my daily checklist for my substitute caregivers to double check that the ensure was offered if P.O. intake is < 50% & need to be documented in the flow sheet</i></p> <p style="text-align: right;">STATE OF HAWAII DEPT. OF SOCIAL SERVICES STATE LICENSING</p>	<p style="text-align: right;"><i>12/14/23</i></p> <p style="text-align: right;">23 DEC 14 AM 11:30</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence training on daily personalized care and specialized training was provided to substitute caregiver (SCG) #1 and SCG #2 by the resident’s case manager.</p> <p>Submit copy of documented evidence of training provided 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 style="text-align: center;"><i>Training done ^{with} signatures (see attached)</i></p>	<p style="text-align: right;"><i>12/1/23</i></p> <p style="text-align: center;">23 DEC 14 AM 1:30</p> <p style="text-align: center;">STATE OF ILLINOIS EQUIVALENT STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence training on daily personalized care and specialized training was provided to substitute caregiver (SCG) #1 and SCG #2 by the resident's case manager.</p> <p>Submit copy of documented evidence of training provided 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 style="text-align: center;"><i>To prevent similar deficiency in the future, I have added a reminder on my daily checklist for my substitute caregivers to double check case manager's training, making sure that it's done with the caregiver's signature</i></p> <p style="text-align: right;">STATE OF HAWAII DEPARTMENT OF HEALTH NURSING DIVISION STATE LICENSING</p>	<p style="text-align: right;"><i>12/5/23</i></p> <p style="text-align: right;">'23 DEC 14 AM 1:30</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence specialized training provided to all caregivers (primary caregiver and SCGs) by resident’s case manager on preparation of minced textured diet and nectar thickened liquids. Special diet ordered on 6/7/23 by physician.</p> <p>Submit copy of documented evidence of training provided 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 style="text-align: center;"><i>Training done with signatures (see attached)</i></p> <p style="text-align: right;">STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>	<p style="text-align: right;"><i>12/14/23</i></p> <p style="text-align: right;">23 DEC 14 AM 1:30</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence specialized training provided to all caregivers (primary caregiver and SCGs) by resident’s case manager on preparing and administering crushed medications. Physician’s order dated 6/7/23 states, “Ok to crush carbidopa/levodopa 25/100mg, escitalopram, quetiapine, and midodrine”.</p> <p>Submit copy of documented evidence of training provided 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 style="text-align: center;"><i>Training done with signatures (see attached)</i></p>	<p style="text-align: right;"><i>12/15/23</i></p> <p style="text-align: center;">23 DEC 14 AM 1:30</p> <p style="text-align: center;">STATE OF IOWA DOH-SCA STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p><input checked="" type="checkbox"/> §11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence specialized training provided to all caregivers (primary caregiver and SCGs) by resident’s case manager on preparing and administering crushed medications. Physician’s order dated 6/7/23 states, “Ok to crush carbidopa/levodopa 25/100mg, escitalopram, quetiapine, and midodrine”.</p> <p>Submit copy of documented evidence of training provided 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 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 case manager's training, making sure that crushing pills training is done with the caregiver's signature</i></p> <p style="text-align: right;">STATE OF HAWAII DEPARTMENT OF HEALTH NURSING LICENSING</p>	<p style="text-align: right;"><i>12/15/23</i></p> <p style="text-align: right;">23 DEC 14 AM 1:28</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p><u>FINDINGS</u> Resident #1 – Current care plan states, “Turning and repositioning every 2 hrs & as needed”; however, no documented evidence this task is being performed timely as instructed in care plan</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> <p style="text-align: right;">STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>	<p style="text-align: center;">23 DEC 14 AM 11:28</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p><u>FINDINGS</u> Resident #1 – Current care plan states, “Turning and repositioning every 2 hrs & as needed”; however, no documented evidence this task is being performed timely as instructed in care plan</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>To prevent similar deficiencies in the future, I have added a reminder on my daily checklist to check NCP documentation of CM after their visit</i></p> <p style="text-align: right;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>	<p style="text-align: right;"><i>12/4/23</i></p> <p style="text-align: right;">23 DEC 14 AM 1:28</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(1) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence an initial comprehensive assessment was conducted by the resident's case manager prior to admission into the care home</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> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>	<p style="text-align: center;">'23 DEC 14 AM 11:28</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 <u>Case management qualifications and services.</u> (c)(1) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects; FINDINGS Resident #1 – No documented evidence an initial comprehensive assessment was conducted by the resident's case manager prior to admission into the care home	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>to prevent similar deficiency in the future, I have added into my admission/readmission checklists regarding the need for the POC case manager to complete & develop admission care plan to all expanded ARCH resident with in 48° of admission or readmission of all expanded ARCH & to complete care plan with in 7 days of admission/readmission</i></p> <p style="text-align: right;">STATE OF HAWAII DONOR STATE LICENSING</p>	<p style="text-align: right;"><i>12/14/23</i></p> <p style="text-align: right;">23 DEC 14 AM 1:27</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 – Current care plan does not include medication/supplement orders and treatment orders.</p> <p>Submit copy of revised care plan 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 style="text-align: center;"><i>NCP dtze</i> <i>(see attached pages 4, 7, 8, 11, 14^e, 14)</i></p> <p style="text-align: right;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>	<p style="text-align: right;"><i>12/15/23</i></p> <p style="text-align: right;">23 DEC 14 AM 1:27</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 – Current care plan does not include medication/supplement orders and treatment orders.</p> <p>Submit copy of revised care plan 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><i>To prevent similar deficiency in the future, I have added a resident on my daily checklist for my substitute caregiver to double check case manager's care plan to include medication/supplement orders, tx orders</i></p> <p style="text-align: right;">STATE OF ILLINOIS DEPT. OF HEALTH STATE LICENSING</p>	<p style="text-align: right;"><i>1/15/23</i></p> <p style="text-align: right;">23 DEC 14 AM 1:27</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 – Current care plan states, “Diet: Regular, Liquid: Nectar”; however, diet order dated 6/7/23 and renewed on 10/5/23 states, “minced moist solid nectar thick liquids”. Care plan does not reflect physician’s order.</p> <p>Submit copy of revised care plan 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 style="text-align: center;"><i>Not done (see attached page 13)</i></p> <p style="text-align: right;">STATE OF ILLINOIS DEPARTMENT OF STATE LICENSING</p>	<p style="text-align: right;"><i>12/15/23</i></p> <p style="text-align: right;">23 DEC 14 AM 1:27</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 – Current care plan states, “Diet: Regular, Liquid: Nectar”; however, diet order dated 6/7/23 and renewed on 10/5/23 states, “minced moist solid nectar thick liquids”. Care plan does not reflect physician’s order.</p> <p>Submit copy of revised care plan 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><i>To prevent similar deficiency in the future, I have added a reminder on my daily checklist for my substitute caregiver to double check making sure that NAP is updated according to the TOR's order</i></p> <p style="text-align: right;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>	<p style="text-align: right;"><i>12/15/23</i></p> <p style="text-align: right;">23 DEC 14 AM 11:27</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 – Current care plan states, “Mom will have the side rails up when she is in bed” and “mom will wear her wheelchair seatbelt when she is seated in her wheelchair”; however, physician’s orders unavailable for these restraints.</p> <p>Submit copy of revised care plan 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 style="text-align: center;"><i>NCP updated (see attached pages 5 & 10)</i></p> <p style="text-align: right;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>	<p style="text-align: right;"><i>12/1/03</i></p> <p style="text-align: right;">23 DEC 14 AM 1:27</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p><input checked="" type="checkbox"/> §11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 – Current care plan states, “Mom will have the side rails up when she is in bed” and “mom will wear her wheelchair seatbelt when she is seated in her wheelchair”; however, physician's orders unavailable for these restraints.</p> <p>Submit copy of revised care plan 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 style="text-align: center;"><i>To prevent similar deficiency in the future, I have added a reminder on my daily checklist for my substitute caregiver to doublecheck the NCP, making sure that any side rails, seat belt must be ordered by DR</i></p> <p style="text-align: right;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>	<p style="text-align: right;"><i>12/15/23</i></p> <p style="text-align: right;">23 DEC 14 AM 11:27</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 – Current care plan states, “Mom will walk with her walker when she is up and about as tolerated”; however, case manager assessment dated 11/5/23 states she is “non-ambulatory w/c”, indicating resident does not have the ability to ambulate. Contradictory information reflected in care plan.</p> <p>Submit copy of revised care plan 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 style="text-align: center;"><i>NCP updated Case attached pages 4, 10 & 21</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>	<p style="text-align: right;"><i>12/15/23</i></p> <p style="text-align: right;">23 DEC 14 AM 11:27</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 -- Current care plan states, "Mom will walk with her walker when she is up and about as tolerated"; however, case manager assessment dated 11/5/23 states she is "non-ambulatory w/c", indicating resident does not have the ability to ambulate. Contradictory information reflected in care plan.</p> <p>Submit copy of revised care plan 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 style="text-align: center;"><i>To prevent similar deficiency in the future, I have added a resident on my daily checklist for my substitute caregiver to double check the SOP, making sure that there's no contradictory information</i></p> <div style="text-align: right;"> <p>STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p> </div>	<p style="text-align: right;"><i>10/17/23</i></p> <p style="text-align: right;">23 DEC 14 AM 11:27</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(3) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Review the care plan monthly, or sooner as appropriate;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence the care plan is being reviewed every month</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>23 DEC 14 AM 1:27</p>

STATE OF HAWAII
 DEPARTMENT OF
 HEALTH
 STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(3) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Review the care plan monthly, or sooner as appropriate;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence the care plan is being reviewed every month</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>To prevent similar deficiency in the future, I have added a reminder on my daily checklist that there's documentation of NCP being reviewed every month</i></p> <p style="text-align: right;">STATE OF HAWAII DEPARTMENT OF HEALTH NURSING STATE LICENSING</p>	<p style="text-align: center;"><i>12/15/23</i></p> <p style="text-align: center;">'23 DEC 14 AM 1:26</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)(9) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Provide ongoing evaluation and monitoring of the expanded ARCH resident's status, care giver's skills, competency and quality of services being provided;</p> <p><u>FINDINGS</u> Resident #1 – Quality of services being provided by caregivers not being monitored by case manager for the following:</p> <ul style="list-style-type: none"> • Physician's order states, "ferrous sulfate DR 324mg (65mg iron) Tab d rec Take 1 tablet by mouth 2 times a day with meals"; however, MAR shows medication being given in between meals. Case manager not monitoring quality of services being provided. • Physician's order dated 6/7/23 states, "Ensure 1 can, if <50% food intake during meals"; however, treatment record shows multiple meals consumed between 8/2023-present (11/17/23) were <50% consumed and Ensure was not provided by facility after these meals. Case manager not monitoring quality of services being provided. • Physician's order dated 8/14/23 states, "continue to give midodrine 12.5mg 1 tab P.O. 2x/day..."; however, MAR shows 2.5mg being administered. Case manager not monitoring quality of services being provided. • Care plan states, "Turning and repositioning every 2 hrs & as needed"; however, no documentation by caregivers recorded for the time-sensitive task for the case manager to review for monitoring purposes. Thus, case manager not monitoring quality of services being provided. 	<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> <p style="text-align: right;">STATE OF HAWAII DEN-ORCA STATE LICENSING</p>	<p style="text-align: center;">23 DEC 14 AM 1:26</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)(9) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Provide ongoing evaluation and monitoring of the expanded ARCH resident's status, care giver's skills, competency and quality of services being provided;</p> <p><u>FINDINGS</u> Resident #1 – Quality of services being provided by caregivers not being monitored by case manager for the following:</p> <ul style="list-style-type: none"> • Physician's order states, "ferrous sulfate DR 324mg (65mg iron) Tab d rec Take 1 tablet by mouth 2 times a day with meals"; however, MAR shows medication being given in between meals. Case manager not monitoring quality of services being provided. • Physician's order dated 6/7/23 states, "Ensure 1 can, if <50% food intake during meals"; however, treatment record shows multiple meals consumed between 8/2023-present (11/17/23) were <50% consumed and Ensure was not provided by facility after these meals. Case manager not monitoring quality of services being provided. • Physician's order dated 8/14/23 states, "continue to give midodrine 12.5mg 1 tab P.O. 2x/day..."; however, MAR shows 2.5mg being administered. Case manager not monitoring quality of services being provided. • Care plan states, "Turning and repositioning every 2 hrs & as needed"; however, no documentation by caregivers recorded for the time-sensitive task for the case manager to review for monitoring purposes. Thus, case manager not monitoring quality of services being provided. 	<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><i>To prevent similar deficiency in the future, I have added a reminder on my daily checklist to communicate any new orders to case manager & for my substitute caregiver to double check doctor's order & making sure that it's documented on the NCP & being monitored by CM</i></p> <p style="text-align: right;">12/15/23</p> <p style="text-align: right;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>	<p style="text-align: center;">23 DEC 14 AM 1:26</p>

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

Print Name: VIRGINIE A. BAPTISTA

Date: 12/12/23

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING
23 DEC 14 AM 1:26