

Office of Health Care Assurance

'23 DEC -8 P3:41

State Licensing Section

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATE OF HAWAII  
DCH - OHA  
STATE LICENSING

<b>Facility's Name:</b> Aiea Adult Residential Care Home, LLC	CHAPTER 100.1
<b>Address:</b> 98-845 Iiiee Street, Aiea, Hawaii 96701	<b>Inspection Date:</b> June 2, 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.**

DEC 08 2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(B) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented compliance with current fire code requirements;</p> <p><b><u>FINDINGS</u></b>            Primary Care Giver (PCG) – Last acceptable Fieldprint was obtained on 6/24/2019.</p> <p>Please submit a copy with your plan of correction (POC).</p>	<p style="text-align: center;"><b>PLAN OF CORRECTION</b></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>immediately schedule appointment with fieldprint.</i></p> <p style="text-align: center;"><i>* attached a copy of the current fieldprint.</i></p>	<p style="text-align: center;"><i>PLat</i></p> <p style="text-align: center;"><i>7/12/23</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(B) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented compliance with current fire code requirements;</p> <p><b><u>FINDINGS</u></b>  Primary Care Giver (PCG) – Last acceptable Fieldprint was obtained on 6/24/2019.</p> <p>Please submit a copy with your plan of correction (POC).</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;">make sure that all records are current and updated.</p> <p>→ place own calendar in front of my Meds. Cabinet to remind my self to obtain 2 mos. before expired.</p>	<p>→ Plan 7/12/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><b><u>FINDINGS</u></b> PCG – No current annual tuberculosis clearance.</p> <p>Please submit a copy with your POC.</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>immediately schedule appointment with my physician.</i></p> <p style="text-align: center;"><i>* attached a copy of the tuberculosis clearance.</i></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><b><u>FINDINGS</u></b> PCG – No current annual tuberculosis clearance.</p> <p>Please submit a copy with your POC.</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 will make sure to always check the validity of my records, make sure that it is always current and updated.</p> <p>→ Place own calendar in front of my meds cabinet to remind my self to obtain 2 mos. before exp'ed.</p>	<p>→ <del>PLC</del> 7/12/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (a)  The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Lunch consisted of pork steak, pasta, and milk blended to a thin consistency. The meal was not appetizing and was not nutritionally balanced.</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>	

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<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><u>FINDINGS</u></b>  Resident #1 – Lunch consisted of pork steak, pasta, and milk blended to a thin consistency. The meal was not appetizing and was not nutritionally balanced.</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 will make sure that meal served to the residents is appetizing and nutritionally balanced.</p> <p>→ when blend food make sure blend separate in individual container.</p>	<p style="text-align: right;"><del>when</del><sup>the</sup></p> <p style="text-align: right;">-Rat</p> <p style="text-align: right;">7/12/23</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><b><u>FINDINGS</u></b> Resident #1 – No menu for blended meals served since September 2022.</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;">Called Ms. Annette Jackson regarding Resident #1 meals serving.</p> <p style="text-align: center;">→ I obtain MD order. Regular diet, and blend food to soupy/liquid by Resident preference.</p>	<p style="text-align: center;">Rbt 7/12/23</p>



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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (e)  Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p><b><u>FINDINGS</u></b>  Lunch menu is "Lean Ground Pork, Potatoes, Carrots, Banana, Brown Rice, Canola Oil, FF Milk, Water." Lunch served for three (3) residents was Turkey Sandwich with cheese and lettuce, cut watermelon, green salad. One (1) resident was served pancakes and syrup. No menu substitution recorded.</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>	

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<input checked="" type="checkbox"/> <p>§11-100.1-13 <u>Nutrition.</u> (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p><b>FINDINGS</b> Lunch menu is "Lean Ground Pork, Potatoes, Carrots, Banana, Brown Rice, Canola Oil, FF Milk, Water." Lunch served for three (3) residents was Turkey Sandwich with cheese and lettuce, cut watermelon, green salad. One (1) resident was served pancakes and syrup. No menu substitution recorded.</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 ensure that this doesn't happen again I'll make sure that menu substitution is available prior to serving food not in the meal plan.</p> <p>→ Form is posted for caregivers to document. I trained my sub-caregivers to document when the food is not in the menu provided.</p>	<p style="text-align: right;"><i>PT</i></p> <p style="text-align: right;">7/12/23</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (i)  Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><b><u>FINDINGS</u></b>  Resident #3 – No annual diet order.</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>Requested Annual Diet order from this PCP/APRN.</i></p> <p style="text-align: center;"><i>* Attached Annual Diet order</i></p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.</p> <p><b>FINDINGS</b> Resident #2 – Thick-it was used to thicken Ensure Plus and water. No physician’s order for thickening agent.</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;">Immediately request from Bristol Hospice for the order to use Thick-it to thicken Ensure Plus</p> <p style="text-align: center;">* attached copy of order</p>	




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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><b><u>FINDINGS</u></b> Resident #1 – No physician’s order to blend meals to a liquid consistency.</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;">re-requested Physicians order to blend meals to a liquid consistency</p> <p style="text-align: center;">* attached signed order</p>	<p style="text-align: center;">   1/12/23 </p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><b><u>FINDINGS</u></b> One (1) can of Febreeze left unsecured on the hallway handrail.</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;">Immediately secure the Febreeze that was left on the hallway handrail.</p>	<p style="text-align: center;"><i>PH</i> 7/12/23</p>

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	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>            The medication cabinet placed adjacent to residents' dining table was unlocked upon department arrival. Hydrocortisone cream and VapoRub were left on the medication 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>① Immediately locked the medication cabinet during inspection</p> <p>② Secure Hydrocortisone cream and VapoRub following the inspection.</p>	<p style="text-align: right;">             7/12/25         </p>

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<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>            In resident's bedroom #1, Refresh Relieva for Contacts eye drops and Nystop powder were left on the 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>I will make sure that drugs/medication will be properly kept after administering.</i></p> <p style="text-align: center;"><i>→ QAM I'll make to check they're belongings to make sure that no meds. is left inside res. room.</i></p>	<p style="text-align: right;"><i>TCB</i> <i>7/12/23</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><b><u>FINDINGS</u></b> Resident #1 – “Levothyroxine” label noted “Take this medicine on an empty stomach preferably ½ to 1 hour before breakfast.” The PCG stated breakfast is served between 7 a.m. to 7:30 a.m. The medication administration record (MAR) noted the medication is taken at 8 a.m. The PCG stated that the medication is not taken before breakfast.</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>After the inspection immediately update my MAR for Levothyroxine and the time how the resident taking the medication.</i></p>	<p style="text-align: right;"><i>7/12/23</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><b><u>FINDINGS</u></b> Resident #1 – “Levothyroxine” label noted “Take this medicine on an empty stomach preferably ½ to 1 hour before breakfast.” The PCG stated breakfast is served between 7 a.m. to 7:30 a.m. The medication administration record (MAR) noted the medication is taken at 8 a.m. The PCG stated that the medication is not taken before breakfast.</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 will make sure that physician or APRN order must be strictly followed.</p> <p>→ I make to review meds order at <del>that</del><sup>least</sup> least once a month. to make sure the meds is given correctly as MD order.</p>	<p style="text-align: right;">Tlg 7/12/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – “Senna 8.6 mg tablet Take 1tab po BID per day Hold for loose BM” ordered 2/6/23. The label noted “Take 1 tab by mouth twice daily as needed Hold for loose bowel movement.” The MAR was consistent with the physician order and initialed as taken twice a day.</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;">Update MAR, after the inspection.</p> <p>→ I made a note for current label and place on the bottle so that all caregivers is aware with meds order s'd.</p>	<p style="text-align: right;">Rtno 1/12/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – “Senna 8.6 mg tablet Take 1tab po BID per day Hold for loose BM” ordered 2/6/23. The label noted “Take 1 tab by mouth twice daily as needed Hold for loose bowel movement.” The MAR was consistent with the physician order and initialed as taken twice a day.</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 will make sure that it doesn't happen again, I will always check the bottle label, MAR and Doctors order.</p> <p>→ will updated <sup>next</sup> medication bottle is received I will place a note for current MAR so that all caregivers is aware of the change.</p>	<p style="text-align: right;">   7/12/23 </p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – “Quetiapine (Seroquel) 25 mg Take 1 tab by mouth prn once daily for agitation.” The label noted “Take 0.5 to 1 tab (12.5 mg to 25 mg) by mouth once daily as needed for agitation or insomnia.” (filled 4/19/23) The MAR was consistent with the physician order. The medication has not been taken by the resident.</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;">Call the pharmacy to follow the physician's order for the bottle label.</p> <p style="text-align: center;">→ I made a note for current order and placed on the bottle so that CNA caregiver is aware with medication.</p>	<p style="text-align: right;"><i>After</i></p> <p style="text-align: right;">7/12/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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><b><u>FINDINGS</u></b> Resident #1 – “Quetiapine (Seroquel) 25 mg Take 1 tab by mouth prn once daily for agitation.” The label noted “Take 0.5 to 1 tab (12.5 mg to 25 mg) by mouth once daily as needed for agitation or insomnia.” (filled 4/19/23) The MAR was consistent with the physician order. The medication has not been taken by the resident.</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>Always check the Bottle label, Physicians Order and MAR. Make sure that they are all the same. → until <del>bottle</del><sup>the</sup> updated new medication bottle is received I will place a note for current order so that all caregivers is aware of the S'd.</p>	<p style="text-align: center;">AA 7/12/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – “Naproxen (Naprosyn) 500 mg tab Take 1tab po BID per day with food/milk to reduce GI upset” ordered 2/6/23. The label noted “Take 1 tab by mouth twice daily with food or milk to reduce GI upset.” The MAR noted “prn.” The medication has not been taken by the resident.</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;">MAR was mistakenly label. it should be PRN during her admission. As of 6/19/23 Naprosyn were D/C by her PCP.</p>	<p style="text-align: center;"> 7/12/23</p>




	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – “Naproxen (Naprosyn) 500 mg tab Take 1tab po BID per day with food/milk to reduce GI upset” ordered 2/6/23. The label noted “Take 1 tab by mouth twice daily with food or milk to reduce GI upset.” The MAR noted “prn.” The medication has not been taken by the resident.</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 make sure that this doesn't happen again, make sure to properly check the medication order always.</p> <p>→ I will review meds order q 2 wks. If I need clarification I will contact PCP within 2hrs.</p>	<p style="text-align: right;">ftw 7/12/23</p>


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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b> Resident #1 – “Carbidopa-Levodopa ER tab 25-100 mg Tale 1 tab 4 times daily” ordered 2/6/23; however, the following were noted:</p> <p>-The August 2022 MAR was not initialed as taken 8/7/22 to 8/31/22 for the 9 p.m. dose only.</p> <p>-The December 2022 MAR was not initialed as taken 12/26/22 to 12/31/22 for the 9 p.m. dose only.</p> <p>-The January 2023 MAR was not initialed as taken 1/31/23 for the 9 p.m. dose only.</p> <p>-There was no documentation regarding why the 9 p.m. doses were not taken by the resident on the days noted above.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b> Resident #1 – “Carbidopa-Levodopa ER tab 25-100 mg Tale 1 tab 4 times daily” ordered 2/6/23; however, the following were noted:</p> <p>-The August 2022 MAR was not initialed as taken 8/7/22 to 8/31/22 for the 9 p.m. dose only.</p> <p>-The December 2022 MAR was not initialed as taken 12/26/22 to 12/31/22 for the 9 p.m. dose only.</p> <p>-The January 2023 MAR was not initialed as taken 1/31/23 for the 9 p.m. dose only.</p> <p>-There was no documentation regarding why the 9 p.m. doses were not taken by the resident on the days noted above.</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>→ all care givers will document MAR right after giving meds. And also I review the MAR of 2023 to make sure if they is documented</i></p>	<p style="text-align: right;"><i>[Signature]</i> 7/12/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (m)  All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b>  Resident #2 – Per PCG, Ensure Plus, one (1) bottle is given three times a day. Not recorded in MAR.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>DID YOU CORRECT THE DEFICIENCY?</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;">Reordered order from Aristotle Hospice and update the MAR.</p>	<p style="text-align: center;">   7/12/23 </p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #2 – Per PCG, Ensure Plus, one (1) bottle is given three times a day. Not recorded in MAR.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN</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 will make sure that Ensure Plus is recorded in residents MAR with date and time initialed by the caregiver.</p> <p>→ all caregivers will document MAR right after giving meds. also I will review the MAR of 2 wks. to make sure everything is documented.</p>	<p style="text-align: right;"><i>AA</i> 7/12/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m)  All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – No June 2023 MAR.  Resident #2 – No May 2023 MAR.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>① Immediately printed the June MAR for the Resident #1</p> <p>② immediately printed the May MAR for the Resident #2</p>	<p style="text-align: right;">   7/12/23 </p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m)  All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b>FINDINGS</b>  Resident #1 – No June 2023 MAR.  Resident #2 – No May 2023 MAR.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN</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;">To make sure this doesn't happen again MAR should be printed before the end of each month.</p>	<p style="text-align: right;">   7/12/23 </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 – On physical exam form dated 2/10/2023, “see progress note from 2/10/2023” was noted. No notes available for this physical exam.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>DID YOU CORRECT THE DEFICIENCY?</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;">Requested from APRN to use the form (DOH) for Physical Exam. → I obtain the copy</p>	<p style="text-align: center;">7/12/23</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 – On physical exam form dated 2/10/2023, “see progress note from 2/10/2023” was noted. No notes available for this physical exam.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN</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>I will make sure to always use the Physical Exam form from DOH, not to depend on the progress note from the physician/APRN.</i></p>	<p style="text-align: right;"><i>RA</i> 7/12/23</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 – Progress notes did not include the following:</p> <ul style="list-style-type: none"> <li>-Resident's tolerance to Ensure 8 oz BID.</li> <li>-Resident's need for and tolerance to solids blended to a thin liquid consistency.</li> <li>-Resident is spoon fed by care givers. [Added post inspection]</li> <li>-Incontinence of urine &amp; BM.</li> <li>-Resident ambulates with assistance of two (2) persons.</li> </ul>	<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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (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 – Progress notes did not include the following:</p> <ul style="list-style-type: none"> <li>-Resident's tolerance to Ensure 8 oz BID.</li> <li>-Resident's need for and tolerance to solids blended to a thin liquid consistency.</li> <li>-Resident is spoon fed by care givers. [Added post inspection]</li> <li>-Incontinence of urine &amp; BM.</li> <li>-Resident ambulates with assistance of two (2) persons.</li> </ul>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN</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>I will make sure that progress note is update at all time.</i></p> <p><i>→ I will use progress note form provided by DOH to document resident med, treatment, diet, care plan, any sid in conditions of illness or injury.</i></p>	<p style="text-align: right;"><i>[Signature]</i> 7/12/23</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 #2 – April 2023 and May 2023 progress notes stated that the resident is continent (urine and stool). The resident is not continent.</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>	

	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 #2 – April 2023 and May 2023 progress notes stated that the resident is continent (urine and stool). The resident is not continent.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN</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 will make sure that progress note is updated and appropriate.</p>	<p style="text-align: right;"><i>[Signature]</i> 7/12/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><b>FINDINGS</b> Resident #2 – Right arm circumference was used in lieu of weight for the past twelve (12) months. There was no physician's order.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>DID YOU CORRECT THE DEFICIENCY?</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;">* attached Physicians Order dated 7/21/2022</p> <p style="text-align: center;">→ Order was obtained</p>	<p style="text-align: center;"> 7/12/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><b>FINDINGS</b> Resident #2 – Right arm circumference was used in lieu of weight for the past twelve (12) months. There was no physician's order.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN</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;">attached Physicians order dated 7/21/22</p> <p>→ In the future if Res. can't weigh the weight scale, I will consult w/ the PCP and obtain order.</p>	<p style="text-align: right;"><i>[Signature]</i> 7/12/23</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 #2 – Per PCG, the resident was admitted in hospice program on 3/21/2023. There was no hospice care plan available.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>DID YOU CORRECT THE DEFICIENCY?</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;">Requested Hospice Care Plan from Bristol Hospice</p> <p style="text-align: center;">* attached Hospice Care Plan</p>	<p style="text-align: right;"><i>[Signature]</i> 7/12/23</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>FINDINGS</b> Resident #2 – Per PCG, the resident was admitted in hospice program on 3/21/2023. There was no hospice care plan available.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN</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 will make sure that all records is accurate and complete.</p> <p>→ I will request updated care plan when there's a change and new re-certification of each Residents</p>	<p style="text-align: right;"><del>7/12/23</del> 7/12/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u>  All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><b><u>FINDINGS</u></b>  Resident #2 – White correction tape was used in self-preservation statement.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u>  All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><b><u>FINDINGS</u></b>  Resident #2 – White correction tape was used in self-preservation statement.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN</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 will make sure that records with correction will be signed and not use correction tape.</p>	<p style="text-align: right;"><del>7/12/23</del> 7/12/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><b><u>FINDINGS</u></b> In Permanent Resident Register,</p> <ul style="list-style-type: none"> <li>-“Diagnoses” and “Referred by” not recorded for three (3) current residents.</li> <li>-“Religion” not recorded for four (4) current residents.</li> <li>-“Marital status” not recorded for two (2) current residents.</li> <li>-“Referred by” not recorded for five (5) current residents.</li> </ul>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>DID YOU CORRECT THE DEFICIENCY?</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>I will make sure to complete all the information of all the Residents.</i></p> <p style="text-align: center;"><i>→ Yes, I documented.</i></p>	<p style="text-align: center;"><i>[Signature]</i> 7/12/23</p>


	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-17 Records and reports. (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p>FINDINGS In Permanent Resident Register,</p> <ul style="list-style-type: none"> <li>-“Diagnoses” and “Referred by” not recorded for three (3) current residents.</li> <li>-“Religion” not recorded for four (4) current residents.</li> <li>-“Marital status” not recorded for two (2) current residents.</li> <li>-“Referred by” not recorded for five (5) current residents.</li> </ul>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN</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;">Update the Resident Register. Completed all the missing information</p> <p>→ I will use admission check list to complete Res. register.</p> <p>I will not leave any blank.</p>	<p style="text-align: center;"> 11/2/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3)  The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><b><u>FINDINGS</u></b>  Resident #2 – uses continuous oxygen. No signage for oxygen use posted.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>DID YOU CORRECT THE DEFICIENCY?</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;">Requested from supplier  the signage immediately</p> <p>→ I post it the sign  in front of my Hone Door  and here Room door.</p>	<p style="text-align: center;"><del>7/12/23</del>  7/12/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3)  The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><b>FINDINGS</b>  Resident #2 – uses continuous oxygen. No signage for oxygen use posted.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN</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>I will make sure that  signage are posted at  all times for the safety  of residents and caregivers</i></p>	<p style="text-align: right;"><i>[Signature]</i>  7/12/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u>, (h)(4)  The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>Water supply. Hot and cold water shall be readily available to residents for personal washing purposes. Temperature of hot water at plumbing fixtures used by residents shall be regulated and maintained within the range of 100°-120°F.</p> <p><b><u>FINDINGS</u></b>  Hot water temperature was 126° F.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>DID YOU CORRECT THE DEFICIENCY?</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;">Deficiency was corrected. Hot water temperature decreases to 120°F.</p>	<p style="text-align: right;"><i>[Signature]</i>  7/12/23</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(4)  The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>Water supply. Hot and cold water shall be readily available to residents for personal washing purposes. Temperature of hot water at plumbing fixtures used by residents shall be regulated and maintained within the range of 100°-120°F.</p> <p><b><u>FINDINGS</u></b>  Hot water temperature was 126° F.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN</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 will check the hot water temperature monthly i added the task to my monthly checklist .</p>	<p style="text-align: center;">  7/12/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><b><u>FINDINGS</u></b> Signaling device in Bedroom #2 was not operable. Repaired during the inspection.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><b>FINDINGS</b> Signaling device in Bedroom #2 was not operable. Repaired during the inspection.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN</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 will make sure that all signaling devices are tested and checked everyday.</p> <p>→ Everyday morning during cleaning room.</p>	<p style="text-align: right;"><i>[Signature]</i> 7/12/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><b><u>FINDINGS</u></b> Resident #1 – The care plan noted “Risk for aspiration;” however, there was no documentation of care giver training by the case manager for aspiration precautions.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>DID YOU CORRECT THE DEFICIENCY?</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;">Requested Training from Case Manager to train Caregivers for aspiration precautions.</p> <p>→ Yes, all caregivers is trained for aspiration Precaution by Nurse. and documented.</p>	<p style="text-align: center;"><del>7/12/23</del> 7/12/23</p>


	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><b>FINDINGS</b> Resident #1 – The care plan noted “Risk for aspiration;” however, there was no documentation of care giver training by the case manager for aspiration precautions.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN</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 will make sure that all trainings needed by the caregiver is provided by case manager.</p> <p>→ I will communicate w/ 7/12/23 CMT to make sure all the necessary training is provided.</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><b><u>FINDINGS</u></b> Resident #2 – No record that case manager trained care givers for aspiration precaution and arm circumference measurement.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>DID YOU CORRECT THE DEFICIENCY?</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;">Requested a record from CM trained care givers for aspiration &amp; arm circumference measurement.</p> <p>→ CM trained all the care givers and documented.</p>	<p style="text-align: center;"><del>7/12/23</del> 7/12/23</p>


	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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><b><u>FINDINGS</u></b> Resident #2 – No record that case manager trained care givers for aspiration precaution and arm circumference measurement.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN</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 will make sure that caregivers are trained to provide specialized care to residents as needed to implement their care plan.</p> <p>→ I will communicate w/ cmt to make sure all the necessary training is provided.</p>	<p style="text-align: right;">AA 1/12/23</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><b>FINDINGS</b> SCG #1 – Only certificates of completion of four (4) hours of continuing education credits for the past twelve (12) months were available.</p> <p>Please submit evidence of eight (8) hours of continuing education credits with your plan of correction. These hours will not count towards your 2024 annual inspection.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>DID YOU CORRECT THE DEFICIENCY?</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>attached are the certificate of completion</i></p> <p style="text-align: center;"><i>→ yes, obtain 9 hrs. in service training.</i></p>	<p style="text-align: center;"><i>[Signature]</i> 7/12/23</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><b>FINDINGS</b> SCG #1 – Only certificates of completion of four (4) hours of continuing education credits for the past twelve (12) months were available.</p> <p>Please submit evidence of eight (8) hours of continuing education credits with your plan of correction. These hours will not count towards your 2024 annual inspection.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN</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;">Make sure that all certificate is current and updated.</p> <p>→ Yes, I place my own calendar on my med's cabinet to remind my self. and I will remind all my caregivers to obtain more credits at least 12 hrs in service. 2 mos. before inspection.</p>	<p style="text-align: right;">             1/12/23         </p> <p style="text-align: right; color: blue;"> <small>STATE OF HAWAII            DEPARTMENT OF HEALTH            DIVISION OF LICENSING</small>            '23 DEC -8 P 3:43         </p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (c)(2)  The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have:</p> <p>Pneumococcal and influenza vaccines and any necessary immunizations following the recommendations of the Advisory Committee of Immunization Practices (ACIP);</p> <p><b><u>FINDINGS</u></b>  Resident #1 – No documented evidence of pneumococcal vaccination. No current influenza vaccination (last dated 11/4/20).</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>Attached Resident # 1  Vaccination information  dated 11/17/22</i></p>	<p style="text-align: center;">23 DEC -8 P3:43</p> <p style="text-align: center; font-size: small;">STATE OF ILLINOIS  DEPT. OF HEALTH  STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (c)(2)  The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have:</p> <p>Pneumococcal and influenza vaccines and any necessary immunizations following the recommendations of the Advisory Committee of Immunization Practices (ACIP);</p> <p><b><u>FINDINGS</u></b>  Resident #1 – No documented evidence of pneumococcal vaccination. No current influenza vaccination (last dated 11/4/20).</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;">attached Resident #1  vaccination information  dated 11/17/22</p> <p>→ I will use admission check list for EACH Resident.  to obtain the record.</p>	<p style="text-align: right;">   1/12/23</p> <p style="text-align: right;"> 23 DEC -8 P 3:43  STATE OF HAWAII  DEPT 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)(4)            Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – The care plan noted “prepare soft, bite size foods easily chewed &amp; swallowed;” however, the PCG has been blending meals since September 2022.</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;">Called the case manager to update the care plan.</p> <p style="text-align: center;">→ Careplan is <del>not</del> updated.</p>	<p style="text-align: center;">             7/17/23         </p> <p style="text-align: right;">              23 DEC -8 P 3:42         </p>


	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4)            Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – The care plan noted “prepare soft, bite size foods easily chewed &amp; swallowed;” however, the PCG has been blending meals since September 2022.</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 make sure that this doesn't happen again i will always advise my care manager if there are changes in my residents care.</i></p> <p><i>→ I will communicate with CM regularly.</i></p>	<p style="text-align: right;"><i>[Signature]</i></p> <p style="text-align: right;"><i>1/12/23</i></p> <p style="text-align: right;">STATE OF HAWAII        DEPARTMENT OF HEALTH        DIVISION OF LICENSING        DEC - 8 P 3:42</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4)            Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><b>FINDINGS</b>            Resident #1 – The care plan was not updated to reflect that the resident requires two (2) person assist to ambulate.</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>Requested <sup>for an</sup> updated            care plan to case manager</i></p> <p style="text-align: center;"><i>→ Care plan was updated            and on file.</i></p>	<p style="text-align: center;"><i>[Signature]</i>            7/17/23</p> <p style="text-align: center;">*23 DEC -8 P 3:42  <small>STATE OF HAWAII            DEPT. OF HEALTH            STATE LICENSING</small></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4)            Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – The care plan was not updated to reflect that the resident requires two (2) person assist to ambulate.</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>I will make sure, <sup>to check my</sup> resident care plan, <sup>if it</sup> is current and updated.</i></p> <p style="text-align: center;"><i>→ I will communicate w/ CM regularly to reflect Resident current <sup>Res</sup> status.</i></p>	<p style="text-align: right;"><i>[Signature]</i> 1/12/23</p> <p style="text-align: right;">23 DEC -8 P 3:42</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII            DEPARTMENT OF HEALTH            STATE LICENSING</p>

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23 DEC -8 P 3:42

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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Licensee's/Administrator's Signature: 

Print Name: Rowena Lat

Date: 07/12/23

STATE OF HAWAII  
POLICE  
STATE LICENSING

23 DEC -8 P 3:41