

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Olivia Lewin's EARCH	CHAPTER 100.1
Address: 92-1336 Pueonani Street, Kapolei, Hawaii 96707	Inspection Date: September 8, 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> Substitute Care Giver (SCG) #1 – No current physical examination assessment done by physician or advanced practice registered nurse (APRN).</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, SCG #1, has seen her PCP, who had performed the yearly physical exam assessment.</p> <p>Form enclosed page 2a</p>	09/15/2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> Substitute Care Giver (SCG) #1 – No current physical examination assessment done by physician or advanced practice registered nurse (APRN).</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>In the future, in order for this not to happen again I had made a list of all the staff, pcg, scg's and other staff, that lists all their supporting documents with the corresponding issue dates and expiration dates and filed it on the front cover of the staff folder, which I review at least once a month.</p> <p>Additionally, I had notated the expiration dates in my 5 year (2023-20237) calendar that is located by my office space where I do my charting everyday. This way I will be able to keep track of all the important dates to remember and prevent forgetting to check or renew important documents, like a physician physical exam.</p>	09/15/2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (1) 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><u>FINDINGS</u> Resident #1 – Diet order dated 6/27/23 for “Regular. Mechanically soft texture, easy to chew with gravy.” However, no special diet menu available.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, I had since posted a special diet that corresponds to the PCP's special diet order.</p>	<p>09/10/2023</p>

	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><u>FINDINGS</u> Resident #1 – Diet order dated 6/27/23 for “Regular. Mechanically soft texture, easy to chew with gravy.” However, no special diet menu available.</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>In the future in order for this to not happen again I had since met with OCHA nutritionist and she had checked the menus I had crafted and given them a stamp of approval.</p> <p>She had also helped me with me added guidance and learning materials that I can use as a guide to craft together other special diets specific to said client.</p> <p>I had also made a date notations on my 5 year calendar, situated in my office space where I do my charting everyday. The calendar will be open to the corresponding month so as to serve as a constant reminder on when the menus need to be changed and what kind of of menus it needs to be changed to.</p> <p>A check mark will be written in the calendar date to cknowledge that it was done as per ordered.</p>	10/04/2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (1) 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><u>FINDINGS</u> Resident #2 – Physician order dated 8/10/23 for “Pureed, thin liquid” diet. However, no special diet menu available.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, I had since then posted a pureed special menu diet.</p>	<p>09/17/2023</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (1) 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><u>FINDINGS</u> Resident #2 – Physician order dated 8/10/23 for “Pureed, thin liquid” diet. However, no special diet menu available.</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>In the future in order for this to not happen again I will make arrangements to seek guidance and advise from the OCHA nutritionist if I have any question regarding a client specific special menu. I had also made a date notations on my 5 year calendar, situated in my office space where I do my charting everyday.</p> <p>The calendar will be open to the corresponding month so as to serve as a constant reminder on when the menus need to be changed and what kind of of menus it needs to be changed to.</p> <p>A check mark will be written in the calendar date to acknowledge that it was done as per ordered.</p>	09/17/2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1 – Observed the following medications unsecured in resident’s dresser:</p> <ul style="list-style-type: none"> • Carbamide Peroxide 6.5% ear drops. • Erythromycin 5mg/gm ophthalmic ointment • Refresh eye drops. <p>Primary Caregiver (PCG) secured medications during inspection.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1 – Observed the following medications unsecured in resident’s dresser:</p> <ul style="list-style-type: none"> • Carbamide Peroxide 6.5% ear drops. • Erythromycin 5mg/gm ophthalmic ointment • Refresh eye drops. 	<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>In the future in order for this not to happen again I had written a checklist reminder and posted it in front of the medicine cabinet that all medication/s that was used, need to be checked every shift and returned back into the medicine cabinet asap after use and initialed by the shift person for that time.</p> <p>I had also added the medications inventory to the list of responsibility that the staff has for their shift and posted it by the time clock so that it will be visible before and after shift.</p> <p>These actions will serve as a constant reminder to prevent forgetting to secure all medications, whether they are to be used or discharged.</p>	09/10/2023

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1 – The following medications observed unlabeled:</p> <ul style="list-style-type: none"> • Calamine-zinc oxide 8-8% lotion • Refresh Relieva eye drops 	<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>Yes, I had written and taped the labels onto the appropriate medication/s.</p>	<p>09/08/2023</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1 – The following medications observed unlabeled:</p> <ul style="list-style-type: none"> • Calamine-zinc oxide 8-8% lotion • Refresh Relieva eye drops 	<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>In the future, in order for this not to happen again I will include the labeling of all medications in the checklist reminder located in front of the medicine cabinet.</p> <p>This will include all medications, including OTC medications that are prescribed by the physician/s.</p>	<p>09/10/2023</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 – Medication re-evaluation order generated by PCG and signed by physician dated 6/27/23 and Medication Administration Record (MAR) for “Acetaminophen 250mg tab. Take 2 tabs PO PRN q 8 hours for pain/headache.” However, “Acetaminophen 250mg” not available in resident’s medication bin.</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>In the future, in order for this not to happen again I will include the labeling of all medications in the checklist reminder located in front of the medicine cabinet.</p> <p>This will include all medications, including OTC medications that are prescribed by the physician/s.</p>	09/20/2023

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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 – Observed “Acetaminophen 500mg” bottle in resident’s medication bin, but no physician order for medication available.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, I had since clarified the order for acetaminophen.</p> <p>The new order is now "325mg to be taken every 4 hours to alleviate pain or headache".</p> <p>I had discarded the bottle of Acetaminophen 500mg in the medication trash bin in Long's Drug store.</p>	09/20/2023

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Observed “Acetaminophen 500mg” bottle in resident’s medication bin, but no physician order for medication available.</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>In the future, in order for this not to happen again I will compare the latest MAR order and the medications I have on hand in order to ensure that the order I have corresponds to the medications I have on hand.</p> <p>If there are any discrepancy/ies I will re-clarify with thePCP and obtain new prescription if need be in order to</p> <p>ensure that both the order and on hand medication/s match each other.</p> <p>I will also include a checklist reminder every month in my 5 year calendar to check the medications against the Dr. order and existing MAR.</p>	09/20/2023

	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 order for “Losartan/Hydrochlorothiazide 100/25mg tab. Take 1 tab every morning. Hold for Systolic BP <110,” But MAR reads “Hold for Systolic <120.” Please clarify with physician.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, I have clarified this order for BP parameter with the PCP.</p>	<p>09/20/2023</p>

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☒	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician order for “Losartan/Hydrochlorothiazide 100/25mg tab. Take 1 tab every morning. Hold for Systolic BP <110,” But MAR reads “Hold for Systolic <120.” Please clarify with physician.</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>In the future, in order for this not to happen again I will compare all documents generated by me and the summary</p> <p>generated by the physician after each visit and ensure they both reflect the same information/s, as regards to medications, dosage, other instructions, etc. by the physician.</p> <p>Any typos or other mistakes that cannot be reconciled will be re-verified with the physician and corrected if need be.</p> <p>I will also include a checklist reminder every month in my 5 year calendar to check the medications, orders or parameters against the Dr. order and existing MAR</p>	09/20/2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(5) During residence, records shall include:</p> <p>Entries detailing all medications administered or made available;</p> <p><u>FINDINGS</u> Resident #1 – No documentation of response to PRN eye drops being provided to resident.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(5) During residence, records shall include:</p> <p>Entries detailing all medications administered or made available;</p> <p><u>FINDINGS</u> Resident #1 – No documentation of response to PRN eye drops being provided to resident.</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>In the future in order for this not to happen again I have added the E= effective and I= ineffective legends in the MAR in order to record the response, effective or not, to the medications given.</p> <p>I have also written a reminder on my 5 year calendar that all legends must be included, if need be, in the MAR. A checkmark on the reminder will acknowledge that it was done.</p>	<p>09/08/2023</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><u>FINDINGS</u> Resident #1 – Medication Administration Record (MAR) from October 2022 to September 2023 do not consistently have the month written on each page of MAR making it difficult to reference which month MAR is being recorded on.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, I had written the month and year on all the MAR pages in order to keep them all together and organized.</p>	<p>09/08/2023</p>

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<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><u>FINDINGS</u> Resident #1 – Medication Administration Record (MAR) from October 2022 to September 2023 do not consistently have the month written on each page of MAR making it difficult to reference which month MAR is being recorded on.</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>In the future in order for this to not happen again, I will include a monthly reminder in my 5 year calendar to print or write the date and year in the newly generated MAR and other documents. I will also put a check mark on the reminder to acknowledge that it was done.</p>	09/09/2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #2 – No current inventory of belongings.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, I have since completed an updated inventory of said client's belongings.</p>	<p>09/12/2023</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #2 – No current inventory of belongings.</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>In the future, in order for this not to happen again I had noted the 1 year dates anniversary of the previous year's inventory of client's belongings on my 5 years calendar to serve as a reminder and a check to acknowledge that it was re-done.</p>	09/12/2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence that resident's PCP was notified of resident's significant weight loss from April 2022 (136 lbs.) to August 2023 (80.3 lbs.)</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence that resident’s PCP was notified of resident’s significant weight loss from April 2022 (136 lbs) to August 2023 (80.3 lbs)</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>In the future I will review the monthly wt and ht record and if there is significant wt loss on a certain client I will note that I need to address it with the PCP on the next visit.</p> <p>I will record this concern on the corresponding date of our next DR visit in my 5 years appointment calendar. And a check mark after will acknowledge that it was done.</p>	09/20/2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><u>FINDINGS</u> Fire drills not conducted during various times of the day. Observed fire drills from October 2022 to September 2023 being done only during day light hours between 8:50 a.m. and 2:23 p.m.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><u>FINDINGS</u> Fire drills not conducted during various times of the day. Observed fire drills from October 2022 to September 2023 being done only during day light hours between 8:50 a.m. and 2:23 p.m.</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>In the future in order for this not to happen again I will check the previous fire drill execution time before conducting the next month's fire drill. I will then schedule</p> <p>the next fire drill opposite the time of the previous month.</p> <p>For example, if the previous month's fire drill was conducted on 8am then the next fire drill will be conducted at 6pm.</p>	<p>09/21/2023</p>

Licensee's/Administrator's Signature: OLIVIA LEWIN
Print Name: OLIVIA LEWIN
Date: 10/11/2023