

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: STS Adult Foster Service LLC II | CHAPTER 100.1 |
| Address: 744 22nd Avenue, Honolulu, Hawaii 96816 | Inspection Date: September 19, 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.

| | 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> Primary Care Giver (PCG) – No current physical exam.</p> <p>Please submit a copy with your plan of correction (POC).</p> | <p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I did a Physical exam that expires 10/20/23 and had it inside my binder but took it out to make a copy of it and forgot to place it back into my care home binder. I now have the copy placed inside my care home binder and have attached a copy of my physical exam to this deficiency.</p> | <p>09/20/2023</p> |

| | 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> Primary Care Giver (PCG) – No current physical exam.</p> <p>Please submit a copy with your plan of correction (POC).</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>To prevent this from happening again in the future I will check my care home binder every Sunday to ensure that all my documents are present and up to date. I will keep a reminder note/alarm to remind me to check every Sunday.</p> | <p>09/20/2023</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|--|--|-------------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> Substitute Care Giver (SCG) #1 – No current First Aid certification.</p> <p>Please submit a copy with your POC.</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>SCG#1 did have a First Aid & CPR that expires 7/25/25 and had it inside my binder but took it out to make a copy of it and forgot to place it back into my care home binder. I now have the copy placed inside my care home binder and have attached a copy of SCG#1 First Aid & CPR to this deficiency.</p> | <p>09/20/2023</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> Substitute Care Giver (SCG) #1 – No current First Aid certification.</p> <p>Please submit a copy with your POC.</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>To prevent this from happening again in the future I will check my care home binder every Sunday to ensure that all myself and caregivers documents are present and up to date. I will keep a reminder note/alarm to remind me to check every Sunday.</p> | <p>09/20/2023</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> SCG #1 – No Current Cardiopulmonary Resuscitation certification.</p> <p>Please submit a copy with you POC.</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>SCG#1 did have a First Aid & CPR that expires 7/25/25 and had it inside my binder but took it out to make a copy of it and forgot to place it back into my care home binder. I now have the copy placed inside my care home binder and have attached a copy of SCG#1 First Aid & CPR to this deficiency.</p> | <p>09/20/2023</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> SCG #1 – No Current Cardiopulmonary Resuscitation certification.</p> <p>Please submit a copy with you POC.</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>To prevent this from happening again in the future I will check my care home binder every Sunday to ensure that all myself and caregivers documents are present and up to date. I will keep a reminder note/alarm to remind me to check every Sunday.</p> | <p>09/20/2023</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><u>FINDINGS</u> Resident #1 – On 8/18/2023, physician ordered “Regular-Boost Plus Supplement” for diet. Also, on 8/18/2023, APRN ordered “Pureed consistency with thin liquids.” No record that orders were clarified. Per progress notes, pureed diet with thin liquids were provided since admission. Please clarify with physician.</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>Resident #1 was admitted to my home on 8/18/23 from the hospital and the orders were Boost Supplement for diet. Later on during the day of admission, the APRN from hospice ordered "Pureed consistency with thin liquids." Resident #1 life expired on 9/26/23</p> | <p>09/26/2023</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><u>FINDINGS</u> Resident #1 – On 8/18/2023, physician ordered “Regular-Boost Plus Supplement” for diet. Also, on 8/18/2023, APRN ordered “Pureed consistency with thin liquids.” No record that orders were clarified. Per progress notes, pureed diet with thin liquids were provided since admission. Please clarify with physician.</p> | <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this from happening again in the future, On the day of a resident's admission, when there is two conflicting diet orders signed on the same day, I will immediately clarify with the Physician or APRN the accurate diet plan. I will keep a reminder note to do so upon a residents admission.</p> | <p>09/26/2023</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #1 – Record shows PPD skin test (negative) was done on 8/10/2023. Chest x-ray (negative) was done on 8/12/2023. There is no record for second PPD skin test. Thus, initial tuberculosis clearance was not completed.</p> | <p>PART I</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Second skin test was done in the morning on 9/26/23 but Resident #1 life expired on 9/26/23 in the evening.</p> | <p>09/26/2023</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #1 – Record shows PPD skin test (negative) was done on 8/10/2023. Chest x-ray (negative) was done on 8/12/2023. There is no record for second PPD skin test. Thus, initial tuberculosis clearance was not completed.</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>To prevent this from happening again in the future upon the day of admission with a hospice resident, I will make sure I follow the department of Health checklist for residents admission, to ensure that I have a current 2-step TB clearance. Once I notice that I don't have the residents 2-step Tb clearance, I will immediately request for one.</p> | <p>09/26/2023</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – No progress notes for resident's response to diet in August 2023.</p> | <p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> | |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – No progress notes for resident’s response to diet in August 2023.</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>To prevent this from happening again in the future, during the first month of a resident's special diet, I will record their tolerance of their diet. I did the next month but didn't upon the first month of admission. I will make a reminder note to record every month the residents tolerance to a special diet.</p> | <p style="text-align: center;">09/28/2023</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><u>FINDINGS</u> Resident #1 – In September 2023 medication administration record (MAR), legend for an initial for one SCG who administered medication was not recorded. Corrected 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> | |

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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> Observed that the year was not noted on the pages of Residents Height and Monthly Weight record. Corrected 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> | |

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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> Observed that the year was not noted on the pages of Residents Height and Monthly Weight record. Corrected during inspection.</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>To prevent this from happening again in the future, I will keep a reminder note that on January at the begging of each year, I place the present year on my height and weight form.</p> | <p>09/28/2023</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> Monthly fire drills were conducted on 2/15/2023, 3/28/2023, 4/18/2023, 5/24/2023, 8/10/2023, and 9/16/2023. The fire drill record did not specify which residents participated on these dates.</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> (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> Monthly fire drills were conducted on 2/15/2023, 3/28/2023, 4/18/2023, 5/24/2023, 8/10/2023, and 9/16/2023. The fire drill record did not specify which residents participated on these dates.</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>To prevent this from happening again in the future, I will keep myself a reminder note that I must accurately specify and record which residents were present instead of just specifying the number of residents that participated in the fire drill.</p> | <p>09/28/2023</p> |

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|-------------------------------------|---|---|-------------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(1) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p><u>FINDINGS</u></p> <p>Resident #1 – In the “RESIDENT ADMISSION MEDICAL AND PERSONAL HISTORY” form, the resident was determined to be self-preserving. In the self-preservation statement form, the resident was determined to be non self-preserving. Both forms were signed and dated by the same physician on 8/18/2023. Please clarify with physician.</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>Resident #1 life expired on 9/26/23</p> | <p>09/26/2023</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(1) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p><u>FINDINGS</u></p> <p>Resident #1 – In the “RESIDENT ADMISSION MEDICAL AND PERSONAL HISTORY” form, the resident was determined to be self-preserving. In the self-preservation statement form, the resident was determined to be non self-preserving. Both forms were signed and dated by the same physician on 8/18/2023. 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>To prevent this from happening again in the future, on the day of admission I will make sure I follow the department of Health checklist for residents admission. I will double check both the self-preservation form and the residents physical exam form to ensure that they are accurate and matching. Once I notice that both forms are not matching, I will immediately clarify with the physician who signed both documents.</p> | <p>09/28/2023</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-87 <u>Personal care services.</u> (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p><u>FINDINGS</u> Resident #1 – Care plan includes risk for impaired skin integrity related to his immobility and incontinence. There are different plans for each body part. Care provided for each body part was not recorded.</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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| ☒ | <p>§11-100.1-87 <u>Personal care services.</u> (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p><u>FINDINGS</u> Resident #1 – Care plan includes risk for impaired skin integrity related to his immobility and incontinence. There are different plans for each body part. Care provided for each body part was not recorded.</p> | <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this from happening again in the future, when a resident has a care plan for skin integrity, I will carefully record the care provided for each affected body parts on the MAR. I will double-check at the beginning of each month while creating a new MAR that it includes each affected body parts.</p> | <p>09/28/2023</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-87 <u>Personal care services.</u> (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p><u>FINDINGS</u> Resident #1 – Wound care includes uses of Mepilex dressing, wound spray, honey gel, form dressing, and betadine. Not recorded in MAR.</p> | <p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> | |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-87 <u>Personal care services.</u> (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p><u>FINDINGS</u> Resident #1 – Wound care includes uses of Mepilex dressing, wound spray, honey gel, form dressing, and betadine. Not recorded in MAR.</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>To prevent this from happening again in the future, when a resident has a care plan for skin integrity, I will carefully record the use of wound care products on the MAR. I will double-check at the beginning of each month while creating a new MAR that it includes wound care.</p> | <p>09/28/2023</p> |

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| <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><u>FINDINGS</u> Resident #1 – Care plan includes “Risk for impaired nutrition.” The goal stated the resident “will maintain his body weight without significant weight lost (sic) as evidence by Arm Circumference measurements.” There was no physician’s order for arm circumference in lieu of weight. Resident is weighed monthly.</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>Resident #1 life expired on 9/26/23</p> | <p>09/26/2023</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><u>FINDINGS</u> Resident #1 – Care plan includes “Risk for impaired nutrition.” The goal stated the resident “will maintain his body weight without significant weight lost (sic) as evidence by Arm Circumference measurements.” There was no physician’s order for arm circumference in lieu of weight. Resident is weighed monthly.</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>To prevent this from happening again in the future, During the admission of a resident that requires a Case Management Agency care plan provided by an RN, I will carefully look at every single page to ensure that I follow the plan accurately and now knowing that there needs to be an physician order for arm circumference in lieu of weighted monthly, I will keep a note of this to ensure that this doesn't happen again.</p> | <p>09/28/2023</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)(6) 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>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 – No record that RN case manager trained PCG and SCG for correct feeding techniques.</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>Resident #1 life expired on 9/26/23</p> | <p>09/26/2023</p> |

Signature: *Steven T Scott Jr*

Email: scottste2010@yahoo.com

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| <input checked="" type="checkbox"/> | <p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(6) 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>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 – No record that RN case manager trained PCG and SCG for correct feeding techniques.</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>To prevent this from happening again in the future, the moment myself or my SCG's notice that a resident needs help with feeding, we will review the RN case manager training information on correct feeding techniques. I will keep a note to remind me to review feeding techniques inside the care home binder.</p> | 11/29/2023 |

Licensee's/Administrator's Signature: Steven T. Scott Jr

Print Name: Steven T. Scott Jr

Date: Sep 28, 2023