

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Irene Della Adult Residential Care Home</b>	<b>CHAPTER 100.1</b>
<b>Address: 189 Maika Street, Wailuku, Hawaii 96793</b>	<b>Inspection Date: July 14, 2023 Annual</b>

**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.**

STATE OF HAWAII  
STATE LICENSING

24 FEB 12 P 3:25

	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><b><u>FINDINGS</u></b>  Substitute Care Giver (SCG) – Annual Physical Exam states that she is well but also sees another physician and to “contact her also”. No documentation of clearance from other Physician.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Called the <sup>office.</sup> (Physician) to make the appointment with PCP.  Document presented to and sign by PCP.  Documentation has been filed on the care home binder.</p>	<p style="text-align: center;">9-15-23</p>

STATE OF MARYLAND  
DEPARTMENT OF HEALTH  
STATE INSPECTOR

23 SEP 25 PM 24

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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><b><u>FINDINGS</u></b> Substitute Care Giver (SCG) – Annual Physical Exam states that she is well but also sees another physician and to “contact her also”. No documentation of clearance from other Physician.</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 review SCG document before filling on the Arch folder. I will write a note to remind me when physical is due to review before filling. Reminder note will be in front of the folder.</p>	01/23/2024

	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 – Olopatadine Ophthalmic solution and Artificial Tears were ordered by Physician on 3/29/23, however, eye drops did not appear on any medication administration records (MAR) and there are no Physician signed orders to discontinue either medication.</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>- Sign off of all medication In the MAR each time after administering medication</p>	<p>9-15-2023</p>

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
STATE LICENSE BOARD

23 SEP 25 PM 24

	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 – Olopatadine Ophthalmic solution and Artificial Tears were ordered by Physician on 3/29/23, however, eye drops did not appear on any medication administration records (MAR) and there are no Physician signed orders to discontinue either medication.</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>In the future I will sign off on the MAR each time medicine is given.</p> <p>Post a reminder note on the wall sign off all medication administration records.</p>	<p style="text-align: right;">9-13-23</p>

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
STATE ENGINEERING

23 SEP 25 P4:23

	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 – Minoxidil found in Resident’s bedroom (Room #2), however, no order for use available for review.</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>- Take it off the Minoxidil from resident bedroom Keep it in a lock cabinet</p> <p>- Call PCP and ask permission order to used minoxidil, and write the verbal order on the Physician notes. Will have it sign on the next office visit.</p>	<p style="text-align: right;">9-15-23</p> <p style="text-align: right;">23 SEP 25 P4:24</p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Minoxidil found in Resident’s bedroom (Room #2), however, no order for use available for review.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>- Any OTC product that resident used I will call the doctor and ask for order and I write down on the progress note.</p> <p>- PCP order was done and filed in resident chart after inspection.</p> <p>- I will create a checklist and put it in the resident chart to include a reminder Any OTC <sup>medicated</sup> product needed doctor's order.</p>	<p style="text-align: right;">2/7/24</p> <p style="text-align: right;">24 FEB 12 P 3:25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><b>FINDINGS</b> Resident #1 – Medication order for Furosemide changed from 40mg to 20mg PO QD on 7/10/23, however, July 2023 MAR had Furosemide 20mg PO QD for the entire month. Original medication order was not reflected accurately from 7/1/23 to 7/10/23.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>23 SEP 25 P4:23</p>

STATE OF MARYLAND  
DEPARTMENT OF  
STATE LICENSING



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Medication order for Furosemide changed from 40mg to 20mg PO QD on 7/10/23, however, July 2023 MAR had Furosemide 20mg PO QD for the entire month. Original medication order was not reflected accurately from 7/1/23 to 7/10/23.</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 or my SCG will double check the MAR on doctor order each time I pass meds, look original doctor order. I will write a note on top resident binder to remind to check the MAR and it will be done daily.</p>	<p>01/23/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (g)  All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p>FINDINGS  Resident #2 – Medication orders are not reviewed and renewed every four (4) months.</p> <p>Repeat deficiency from 2019, 2020, and 2022.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>23 SEP 25 P 4:24</p> <p>STATE OF HAWAII  DEPT. OF HEALTH  STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p>FINDINGS Resident #2 – Medication orders are not reviewed and renewed every four (4) months.</p> <p><b>Repeat deficiency from 2019, 2020, and 2022.</b></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 have added every four months a reminder to my calendar, to renew medication. And I will check periodically to make sure medication renewal is current.</p>	<p>01/23/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4)            The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – On annual physical examination, section for diagnosis says “see attached”, however, there is nothing attached to review.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Call Doctor office + ask a copy of all the documents after during the appointment. Original attached to the Resident binder.</i></p>	<p><i>9-16-23</i></p> <p>23 SEP 25 P4 23</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII            DEPARTMENT OF HEALTH            STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4)  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – On annual physical examination, section for diagnosis says “see attached”, however, there is nothing attached to review.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><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 create a checklist and put it in the folder to include a reminder to review the physical form before leaving doctor office.</p>	<p>01/23/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident's #2, #3, and #4 – No notes describing progress towards their ISP goals for the three (3) developmentally disabled (DD) resident.</p>	<p>PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: right;">23 SEP 25 P4:23</p> <p style="text-align: right; font-size: small;">STATE OF OHIO OH-00000000 STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b>FINDINGS</b> Resident's #2, #3, and #4 – No notes describing progress towards their ISP goals for the three (3) developmentally disabled (DD) 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>I will monitor each Residents <sup>2/7/24</sup> and documents any changes and observation on their ISP goal. And write down on the progress note on monthly basis.</p> <p>I write <del>at</del> <sup>id</sup> note on top residents Chart to remind me to chart their ISP goal.</p>	<p style="text-align: right;">24 FEB 12 PM 25</p>

STATE OF CONNECTICUT  
STATE ARCHIVING

	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's #1, #2, #3, and #4 – Monthly progress notes are egregiously incomplete and often do not contain the basic elements required in the Chapter rule.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>23 SEP 25 P4:23</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">STATE OF MICHIGAN DEPARTMENT OF STATE LICENSING</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident's #1, #2, #3, and #4 – Monthly progress notes are egregiously incomplete and often do not contain the basic elements required in the Chapter rule.</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>Have SCG double check the progress note completed at the end of the month, to make sure all filed up. A reminder SCG note on top the folder.</p>	01/23/2024

	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 #4 – No annual ISP available for review.</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>I received the ISP and filed on the resident binder.</p>	<p>01/23/2024</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 #4 – No annual ISP available for review.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>I have existing check list I will incorporate to obtain the current ISP on the list.</p>	<p>01/23/2024</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 – 2/16/23 Annual Physical Exam with the resident's Physician says resident's weight is 210 pounds. Care home monthly weight record has a recorded weight of 198 pounds, a 12 pound discrepancy. No documented or expressed action taken by Primary Care Giver (PCG).</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-weight the resident Inform the Doctor about weight increase and make appointment regarding this matter</p>	<p style="text-align: center;">9-16-23</p>

STATE OF HAWAII  
 HEALTH AND  
 STATE LICENSING

23 SEP 25 P 4:24

	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 – 2/16/23 Annual Physical Exam with the resident’s Physician says resident’s weight is 210 pounds. Care home monthly weight record has a recorded weight of 198 pounds, a 12 pound discrepancy. No documented or expressed action taken by Primary Care Giver (PCG).</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 re-check the weight twice and compare the doctor office with my weight scale. and let the doctor know if there is 5 or more pounds gain or loose and I will write in the progress note and call the doctor. I have put a reminder note posted on top the folder to remind me.</p>	<p>01/23/2024</p>

	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><b>FINDINGS</b>            Resident #2 – Per care home monthly weight record, Resident lost a total of 38 pounds from 7/2022 – 8/2022, a duration of one (1) month. Then gained a total of 12 pounds from 2/2023 – 3/2023 also a duration of one (1) month.</p> <p>Resident #3 – Per care home monthly weight record, Resident lost a total of 21 pounds from 12/2022 – 1/2023, a duration of one (1) month.</p> <p>There is no documentation from the care givers for either Resident that their Physicians were notified regarding the large changes in weight.</p>	<p style="text-align: center;">PART 1</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="font-size: 1.5em;">- I bought a new weighing scale</p> <p style="font-size: 1.5em;">- Re-weighted all the Residents 9-16-23</p> <p style="font-size: 1.5em;">- Documented corrected weights.</p>	<p>23 SEP 25 04:23</p> <p style="font-size: 0.8em;">STATE OF HAWAII            DEPT. OF HEALTH            STATE LICENSING</p>

	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><b><u>FINDINGS</u></b></p> <p>Resident #2 – Per care home monthly weight record, Resident lost a total of 38 pounds from 7/2022 – 8/2022, a duration of one (1) month. Then gained a total of 12 pounds from 2/2023 – 3/2023 also a duration of one (1) month.</p> <p>Resident #3 – Per care home monthly weight record, Resident lost a total of 21 pounds from 12/2022 – 1/2023, a duration of one (1) month.</p> <p>There is no documentation from the care givers for either Resident that their Physicians were notified regarding the large changes in weight.</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 a reminder note on the monthly weight form to call the doctor if Resident gain or lost 5 pounds or more in a month.</p>	<p>01/23/2024</p>

Licensee's/Administrator's Signature: Irene Della

Print Name: Irene Della

Date: 9-16-2023

STATE OF HAWAII  
DEN-ORPA  
STATE LICENSING

23 SEP 25 P 4:23



Licensee's/Administrator's Signature: Irene Della

Print Name: Irene Della

Date: 01/23/2024

Licensee's/Administrator's Signature: Irene Della

Print Name: Irene Della

Date: 02/7/2024

STATE OF MICHIGAN  
DEPARTMENT OF  
STATE LICENSING

24 FEB 12 P 3:25