

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Manoa Senior Care, L.L.C.	CHAPTER 100.1
Address: 2872 Oahu Avenue, Honolulu, Hawaii 96822	Inspection Date: January 11, 2024 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 PER HAR 11-100.1-3(e)(2). IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

FAILURE TO CORRECT CITED DEFICIENCIES AS PER THE PLAN OF CORRECTION COULD RESULT IN REFUSAL TO RENEW YOUR LICENSE PER HAR 11-100.1-3(e)(3).

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>, (b)(1)(I) 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 evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><u>FINDINGS</u> Substitute Caregiver (SCG) #1,3 – Current Fieldprint clearance unavailable for review.</p> <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>SCG #1 Employee completed and received green light on 02/12/24.</p> <p>SCG #3 Employee no longer with company.</p>	<p style="text-align: center;">02/12/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>, (b)(1)(I) 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 evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><u>FINDINGS</u> Substitute Caregiver (SCG) #1,3 – Current Fieldprint clearance unavailable for review.</p> <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent further deficiency from occurring PCG (DON) reeducated SCG #3 on the need for first aid certification done every 2 years per DOH guidelines. PCG (DON) will check staff qualifications on the first of each month to ensure all documents are accurate and complete per DOH, DO/HR will send quarterly updates to SCG's when staff qualifications are expiring or due at that time. SCG will receive a month's notice and have 1 month to return the staff qualification, if staff qualification is not obtained, 1 PPL will be deducted from their account, and no further PPL will be earned until staff qualification is completed. 1 PPL deduction is in the guidelines and benefits and all SCGs are educated at the time of hire and sign off that they understand. No in-service is necessary because PCG is PCG (DON) and (PCG) DON is writing this POC. HR will assist PCG (DON) with staff qualifications as needed, HR has been in-serviced on staff qualifications. HR is involved with employee onboarding and has been educated on the necessary</p>	<p style="text-align: center;">03/01/2024</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> SCG #3 – Current physical exam unavailable for review.</p> <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Employee no longer with company.</p>	<p style="text-align: right;">02/08/2024</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> SCG #3 – Current physical exam unavailable for review.</p> <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent further deficiency from occurring PCG (DON) reeducated SCG #3 on the need for first aid certification done every 2 years per DOH guidelines. PCG (DON) will check staff qualifications on the first of each month to ensure all documents are accurate and complete per DOH, DO/HR will send quarterly updates to SCG's when staff qualifications are expiring or due at that time. SCG will receive a month's notice and have 1 month to return the staff qualification, if staff qualification is not obtained, 1 PPL will be deducted from their account, and no further PPL will be earned until staff qualification is completed. 1 PPL deduction is in the guidelines and benefits and all SCGs are educated at the time of hire and sign off that they understand. No in-service is necessary because PCG is PCG (DON) and (PCG) DON is writing this POC. HR will assist PCG (DON) with staff qualifications as needed, HR has been in-serviced on staff qualifications. HR is involved with employee onboarding and has been educated on the necessary</p>	<p style="text-align: center;">03/01/2024</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><u>FINDINGS</u> SCG #3 – Initial and annual tuberculosis (TB) clearance unavailable for review.</p> <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Employee no longer with company.</p>	<p style="text-align: right;">02/08/2024</p>

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	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> SCG #3 – Valid first aid certification unavailable for review.</p> <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Employee no longer with company.</p>	<p style="text-align: right;">02/08/2024</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> SCG #2 – No documented evidence primary caregiver training to make prescribed medications available was completed</p> <p>Submit a copy of completed training with plan of correction.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Medication safety training occurred physically on 12/11/23 and 12/18/23 with ADON and LPN. Test and documents reviewed with management lead (ADON) and completed by NA on 02/20/24.</p>	02/20/2024

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> SCG #2 -- No documented evidence primary caregiver training to make prescribed medications available was completed</p> <p>Submit a copy of completed training with plan of correction.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To ensure this doesn't happen again all staff who will be providing medications to residents (note: not all our SCGs provide medications medication pass is only done by trained RN/LPN, NOC NA/CNA, and trained house supervisor who will be working the 12-hour nursing shift) will be required to have medication training before passing medications by PCG (DON, ADON, NM). ADON and NM were in-serviced on medication training by PCG (DON). As for how to ensure we will remember to do this, the medication training and orientation will state the following:</p> <p>1. All resident medications/treatments are ordered by the resident's primary physician on admission. New orders/changes are obtained as needed by the Licensed Nurse or trained House Supervisor. New orders received by Licensed Nurse or Trained House Supervisor should be reported to the oncoming shift.</p>	<p style="text-align: center;">01/16/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u> Portion sizes on menu were not followed. Menu items were not served with the correct standardized utensils and therefore, portion sizes for each resident varied.</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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	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 12/5/23 states, “regular moist minced as tolerated. Meats & breads must be moist minced”; however, during lunch meal, resident was served cauliflower fried rice with chopped spam and peas, with chopped meat bun (manapua). Food was not prepared and serviced as moist minced, per physician’s order.</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>§11-100.1-13 <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 12/5/23 states, “regular moist minced as tolerated. Meats & breads must be moist minced”; however, during lunch meal, resident was served cauliflower fried rice with chopped spam and peas, with chopped meat bun (manapua). Food was not prepared and serviced as moist minced, per physician’s order.</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>All Care Homes are to be provided with a reference guide for specialized diets such as moist minced to ensure proper food handling, safety, preparation, and service. Reference guide to be placed in Care Home kitchen and signed off by all staff that work in the home. To ensure that all staff are following and understand the diet reference guide. If the diet changes in any way it is in our policy to contact PCG (DON, ADON, NM) to update and provide a new reference guide, all staff then coming into the house will have to sign off they understand the new diet each time they work the house. To ensure this is being done PCG (DON, ADON, NM) will do periodic checks of the reference guide while at their weekly house visit.</p>	<p style="text-align: center;">02/07/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation.</p> <p><u>FINDINGS</u> SCG #2 reports cooking food prepared for residents to 35°F, well below the minimum safe temperature of 165°F.</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>§11-100.1-14 <u>Food sanitation</u>, (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation.</p> <p><u>FINDINGS</u> SCG #2 reports cooking food prepared for residents to 35°F, well below the minimum safe temperature of 165°F.</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>Employee re-trained on food preparation through completion of food safety education. ADON ensured proper knowledge of cooking temperatures. To ensure this doesn't happen again staff will have annual food service/safety training.</p>	<p style="text-align: center;">02/07/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence that the Safe Swallowing Precautions developed by the Speech Language Pathologist were being followed.</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)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence that the Safe Swallowing Precautions developed by the Speech Language Pathologist were being followed.</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>A house meeting/in-service was held on 1/13/24 with all core Care Home staff regarding safe swallowing precautions and use of care plan, modified diet reference, and sign-off sheet. The sign-off sheet provides reference and instruction on specific modified diets. Staff must read the reference sheet and sign off that they understand the swallowing precautions that are ordered and recommended. The case manager will have and will approve the reference guide for staff education. All core staff must review and sign off on the care plan that they understand the safe swallowing precautions monthly, all float staff must read and sign as they work the home before providing care to residents.</p> <p>A meeting with case management was held on 2/7/24 and the reference sheet was approved by the case manager. A reference sheet is located in the care plan as well as a copy is hung in the kitchen for easy review and reminders to staff.</p>	<p style="text-align: center;">02/07/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 11/1/23 states, “continue washing R eye w/ baby shampoo, BID”; however, no documented evidence this treatment was being provided.</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> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 11/1/23 states, “continue washing R eye w/ baby shampoo, BID”; however, no documented evidence this treatment was being provided.</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>After visit summary orders in MD notes /orders obtained are to be reviewed by two nurses to ensure no missing orders with appointments or telehealth visits and translate those orders into the MAR/POF for signatures.</p> <p>In future, during all training and orientation, treatment orders, including non-medicated treatment orders will be emphasized as true MD orders to ensure no treatment orders are overlooked. Plan ongoing.</p> <p>All care home staff responsible for physician orders (RNs/LPNs) were made aware of the new policy on 1/22/24 and 1/23/24 during medication in-service. Future education will be provided for all new employees and house supervisors as needed while working the 12-hour nursing role.</p>	<p style="text-align: center;">01/23/2024</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><u>FINDINGS</u> Bedroom #3 – Heavy buildup of insect droppings on interior window ledges at head of bed</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 thoroughly cleaned window ledges on 01/13/2024 to policy and procedure cleaning expectation. In addition, house meeting occurred on 01/16/24 and cleaning process/procedure was reviewed to expectation.</p>	<p>01/13/2024</p>

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<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><u>FINDINGS</u> Bedroom #5,7 – Oxygen tanks stored in bedroom corners; however, oxygen warning sign was not posted at entrance of home.</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>Care Home was delivered an "Oxygen in Use" sign for placement upon Care Home and resident room entry on 01/16/2024.</p>	<p style="text-align: center;">01/16/2024</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><u>FINDINGS</u> Bedroom #5,7 – Oxygen tanks stored in bedroom corners; however, oxygen warning sign was not posted at entrance of home.</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>All oxygen education/competencies for Manoa Senior Care were edited on 01/16/2024 to include use of "Oxygen in Use" sign for any oxygen concentrator or tank ordered for resident care.</p>	<p style="text-align: center;">01/16/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence that staff was trained on daily and specialized (e.g., special diet preparation, use of EZ stand) care as provided by the resident’s case manager.</p> <p>Submit documentation of training completed by case manager for all caregivers with plan of correction.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Case manager meeting/collaboration with MSC team/management on 02/07/24. Competencies addressed and approved/signed off by Case Manager.</p>	<p>02/07/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence that staff was trained on daily and specialized (e.g., special diet preparation, use of EZ stand) care as provided by the resident’s case manager.</p> <p>Submit documentation of training completed by case manager for all caregivers with plan of correction.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN’T HAPPEN AGAIN?</p> <p>Awaiting response regarding MSC policy and procedure and previous plans of correction with use of train the trainer</p>	<p style="text-align: center;">03/22/2024</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><u>FINDINGS</u> SCG #1,2 – No documented evidence twelve (12) hours of annual continuing education courses were completed.</p> <p>Submit a copy of completed trainings with plan of correction. Completed trainings will count towards the 2023-2024 annual inspection only.</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 completion date on 02/03/2024.</p> <p>SCG #2 completion date on 10/17/23.</p>	<p style="text-align: center;">02/02/2024</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><u>FINDINGS</u> SCG #1,2 – No documented evidence twelve (12) hours of annual continuing education courses were completed.</p> <p>Submit a copy of completed trainings with plan of correction. Completed trainings will count towards the 2023-2024 annual inspection only.</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>12 hours of continuing education completed by SCG #1 on 2/3/24 and SCG #2 on 10/17/23.</p> <p>To prevent further deficiency from occurring PCG (DON & ADON) reeducated SCG #1 and #2 on the need for annual 12 hours of continuing education policy. PCG (DON) will check staff qualifications on the first of each month to ensure all documents are accurate and complete per DOH, DON will update SCG's when staff qualifications are expiring or due at that time. SCG will receive a month's notice and have 1 month to return the staff qualification, if staff qualification is not obtained, 1 PPL will be deducted from their account, and no further PPL will be earned until staff qualification is completed. 1 PPL deduction is in the guidelines and benefits and all SCGs are educated at the time of hire and sign off that they understand. No in-service is necessary because PCG is PCG (DON) and (PCG) DON is writing this POC. HR will assist PCG (DON) with staff qualifications as needed. HR has</p>	<p style="text-align: center;">01/11/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p><u>FINDINGS</u> Resident #1 – Care plan dated 12/21/23 states, “Take to toilet every 2 hours. Has urinary frequency request to go to bathroom every hours”; however, no documented evidence this time-sensitive task is being performed.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p><u>FINDINGS</u> Resident #1 – Care plan dated 12/21/23 states, “Take to toilet every 2 hours. Has urinary frequency request to go to bathroom every hours”; however, no documented evidence this time-sensitive task is being performed.</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>On 1/16/24 a toileting log was implemented for resident #1. The toilet log was reviewed with all core staff in the home and is located in the bathroom. The toilet log is timed for 2-hour intervals and staff must initial when resident #1 is toileted to provide documentation that the time-sensitive task is complete. All staff must before providing care to resident #1 read through the resident's care plan and sign off. Core staff will sign off monthly, float staff will sign off as they work the home.</p> <p>Case management and PCGs (DON & ADON) met on 2/7/24 to discuss toileting. PCGs introduced the toileting log to case management, and they approved the use of the log.</p>	<p style="text-align: center;">01/16/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 – Current medication orders not reflected in the care plan except for the following medications: felodipine, myrbetriq, clobetasol cream</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>To correct this deficiency resident #1's MAR was sent to Case Manager and Case Manager edited the Care Plan to reflect the resident's current medication orders.</p>	<p>03/22/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 – Current medication orders not reflected in the care plan except for the following medications: felodipine, myrbetriq, clobetasol cream</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 ensure this doesn't happen again, Case Management was in-serviced by DON (PCG) and ADON (PCG) on HAR regulations and the need to for the Care Plan to reflect residents' current medication orders and the use of the phrase "refer to MD orders" is not an appropriate phrase for HAR regulations. Case Management will now phrase the residents' medications as ordered.</p>	<p>03/15/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 – Care plan dated 12/21/23 does not reflect the resident's dysphagia issues, measurable goals and outcomes, and specific procedures for intervention.</p> <p>Submit updated care plan with plan of correction.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Care Plan adjusted on 01/25/2024, see attached.</p>	<p style="text-align: center;">02/07/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 – Care plan dated 12/21/23 does not reflect the resident's dysphagia issues, measurable goals and outcomes, and specific procedures for intervention.</p> <p>Submit updated care plan with plan of correction.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>On 1/13/24 a house meeting/in-service was held with all core staff of the home and instructed by PCG (DON & ADON) on case management policy and procedure. Staff were instructed that whenever there is a change in resident care, medication orders, status, etc. they must update the case manager so they are aware that a change needs to be made in the care plan and they can provide an updated care plan to review. Once the updated plan of care is received all core staff must review and sign off, they understand the changes. All float staff must review and sign off that they understand the changes when they work the home. DON in-services ADON and NM (both PCGs) on auditing the care plan monthly to ensure updates are being done in a timely matter and staff are following the policy of updating the case manager.</p> <p>PCG (DON & ADON) met with case management on 2/7/24 to explain the expanded care case management policy and update them on the plan of</p>	<p style="text-align: center;">02/07/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 – Care plan dated 12/21/23 states, “give Irbesartan 75mg daily if BP greater than 150mm”; however, no such physician's order available. Physician's latest order dated 11/1/23 states, “Irbesartan 150mg: 1 tablet orally daily; hold if SBP <110”. Care plan does not reflect resident's current medication order for Irbesartan.</p> <p>Submit updated copy of care plan with plan of correction</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>CM/MSC meeting on 02/07/2024 in Care Home. CM corrected deficiencies by adjusting Care Plan to reflect that medication order was DCed, see attached. Care Plan received 02/16/24.</p>	<p>02/16/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 – Care plan dated 12/21/23 states, “give Irbesartan 75mg daily if BP greater than 150mm”; however, no such physician’s order available. Physician’s latest order dated 11/1/23 states, “Irbesartan 150mg: 1 tablet orally daily; hold if SBP <110”. Care plan does not reflect resident’s current medication order for Irbesartan.</p> <p>Submit updated copy of care plan with plan of correction</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>On 1/13/24 a house meeting/in-service was held with all core staff of the home and instructed by PCG (DON & ADON) on case management policy and procedure. Staff were instructed that whenever there is a change in resident care, medication orders, status, etc. they must update the case manager so they are aware that a change needs to be made in the care plan and they can provide an updated care plan to review. Once the updated plan of care is received all core staff must review and sign off, they understand the changes. All float staff must review and sign off that they understand the changes when they work the home. DON in-services ADON and NM (both PCGs) on auditing the care plan monthly to ensure updates are being done in a timely matter and staff are following the policy of updating the case manager.</p>	01/13/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 – Care plan dated 12/21/23 states, “If no BM 2 days give Docusate-Sennosides 50-8.6mg one tablet twice a day as needed”; however, no such physician's order available. Physician's latest order dated 11/1/23 states, “Senna-Docusate Sodium 8.6/50mg Tab: 1 Tablet per day prn constipation”. Care plan does not reflect resident's current medication order for Senna-Docusate Sodium.</p> <p>Submit updated copy of care plan with plan of correction</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>CM/MSC meeting on 02/07/2024 in Care Home. CM corrected deficiencies by adjusting Care Plan to state, "Staff to follow all MD orders" therefore, addressing all medications/treatments/orders. Care Plan received 02/16/24.</p>	<p>02/16/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 – Care plan dated 12/21/23 states, “If no BM 2 days give Docusate-Sennosides 50-8.6mg one tablet twice a day as needed”; however, no such physician's order available. Physician's latest order dated 11/1/23 states, “Senna-Docusate Sodium 8.6/50mg Tab: 1 Tablet per day prn constipation”. Care plan does not reflect resident's current medication order for Senna-Docusate Sodium.</p> <p>Submit updated copy of care plan with plan of correction</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>On 1/13/24 a house meeting/in-service was held with all core staff of the home and instructed by PCG (DON & ADON) on case management policy and procedure. Staff were instructed that whenever there is a change in resident care, medication orders, status, etc. they must update the case manager so they are aware that a change needs to be made in the care plan and they can provide an updated care plan to review. Once the updated plan of care is received all core staff must review and sign off, they understand the changes. All float staff must review and sign off that they understand the changes when they work the home. DON in-services ADON and NM (both PCGs) on auditing the care plan monthly to ensure updates are being done in a timely matter and staff are following the policy of updating the case manager.</p> <p>PCG (DON & ADON) met with case management on 2/7/24 to explain the expanded care case management policy and update them on the plan of</p>	<p style="text-align: center;">02/07/2024</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 dated 12/21/23 states, “Regular diet and texture, liquid thin consistency. No dairy milk”; however, physician’s order dated 12/5/23 states, “Regular to moist minced as tolerated. Meats & breads must be moist minced”.</p> <p>Submit updated copy of care plan with plan of correction.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Care Plan adjusted on 01/25/2024, see attached.</p>	<p style="text-align: center;">02/07/2024</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>FINDINGS Resident #1 Care plan dated 12/21/23 states, "Regular diet and texture, liquid thin consistency. No dairy milk"; however, physician's order dated 12/5/23 states, "Regular to moist minced as tolerated. Meats & breads must be moist minced".</p> <p>Submit updated copy of care plan with plan of correction.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>On 1/13/24 a house meeting/in-service was held with all core staff of the home and instructed by PCG (DON & ADON) on case management policy and procedure. Staff were instructed that whenever there is a change in resident care, medication orders, status, etc. they must update the case manager so they are aware that a change needs to be made in the care plan and they can provide an updated care plan to review. Once the updated plan of care is received all core staff must review and sign off, they understand the changes. All float staff must review and sign off that they understand the changes when they work the home. DON in-services ADON and NM (both PCGs) on auditing the care plan monthly to ensure updates are being done in a timely matter and staff are following the policy of updating the case manager.</p> <p>PCG (DON & ADON) met with case management on 2/7/24 to explain the expanded care case management policy and update them on the plan of</p>	<p style="text-align: center;">02/07/2024</p>

Licensee's/Administrator's Signature: JoAnna Vietor

Print Name: JoAnna Vietor

Date: 03/22/2024