

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: A.M.A. Care Home LLC	CHAPTER 100.1
Address: 94-392 Kahuanani Street, Waipahu, Hawaii 96797	Inspection Date: March 18, 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. 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).

24 JUL 17 AM 1:00

	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> Primary Caregiver (PCG) – Current Fieldprint clearance unavailable.</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>PCG OBTAINED A COPY OF CURRENT FIELDPRINT CLEARANCE, to be submitted to the department</p>	<p style="text-align: center;">04/08/2024</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> Primary Caregiver (PCG) – Current Fieldprint clearance unavailable.</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>PCG to ensure that a calendar is available to write down all yearly clearances that needs to be obtained before expiration date</p>	<p style="text-align: center;">04/08/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current;</p> <p><u>FINDINGS</u> PCG – No documented evidence six (6) hours of annual training sessions were completed.</p> <p>Submit proof of six (6) hours of training sessions. Such hours will be credited towards the 2024 annual inspection only. A separate six (6) hours shall be completed for 2025.</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>PCG obtained a copy of documented 6 hrs of inservice, that was successfully attended, copy to be filed in the carehome binder</p>	<p>04/08/2024</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current;</p> <p><u>FINDINGS</u> PCG – No documented evidence six (6) hours of annual training sessions were completed.</p> <p>Submit proof of six (6) hours of training sessions. Such hours will be credited towards the 2024 annual inspection only. A separate six (6) hours shall be completed for 2025</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><i>Reminder note entered on phone calendar set to every Feb. 01 of each year to remind self to check for 6 hrs of completed CEU's. Will complete by 3/1</i></p> <p style="text-align: right;">STATE LICENSING JUL 17 2024</p>	<p style="text-align: center;"><i>7/17/24</i></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> PCG – Current first aid certification unavailable</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>A copy of current first aid certificate for PCG was obtained and filed in the carehome binder</p>	<p style="text-align: center;">04/08/2024</p>

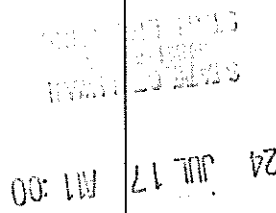
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</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> Substitute Caregiver (SCG) #1 – PCG training unavailable for review.</p> <p>Submit a copy 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>A copy of training documentation of scg by pcg was obtained and filed in the carehome binder for review</p>	<p>04/08/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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> Substitute Caregiver (SCG) #1 – PCG training unavailable for review.</p> <p>Submit a copy with plan of correction.</p> <p style="text-align: right;">STATE LICENSING JUL 17 2024 24 JUL 17 AM 11:00</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><i>PCG needs to create a new employee checklist that includes new PCG training prior to working c patients. Will review checklist each new hire orientation.</i></p>	<p style="text-align: center;"><i>7/17/24</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 2/20/24 states, “Rocklatan 0.02-0.005% soln ophthalmic solution”; however, order does not include dosage or frequency to administer. Medication order incomplete.</p> <p>Submit an updated physician’s order 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>An updated medication order from prescribing physician was obtained by pcg</p>	04/08/2024

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Residents' medications stored unsecured in medication cabinet</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>PCG reminded all scg to lock medication cabinet at all times, a reminder sign is posted in the cabinet</p>	<p style="text-align: center;">04/08/2024</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 3/21/23-8/7/23 stated, “Mytussin Cough Syrup, take 2 tsp PO daily, PRN for cough”; however, drug dosage not included. Medication order incomplete.</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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24 JUL 17 AM 10:01
 STATE OF MICHIGAN
 07/17/24

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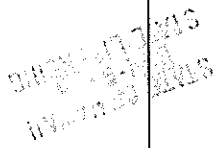
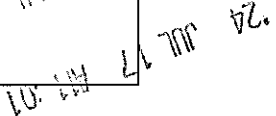
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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 2/20/24 states, “Rocklatan 0.02-0.005% soln ophthalmic solution”; however, medication unavailable to administer and not reflected on MAR as being made available.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN’T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>all staff inservice and reminded to document in progress notes if there are any issues of obtaining meds due to insurance issues or finances. Any reason medication is not being administered should be documented.</i></p>	<p style="text-align: right;"><i>7/17/24</i></p> <p style="text-align: right;">24 JUL 17 AM 1:01</p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN STATE BOARD OF NURSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 8/10/23 stated, “Start samples of Rhopressa 1 gtt OU qday”; however, no documented evidence medication was administered as ordered. In addition, no documentation on status of medication order.</p> <p>Provide copy of updated physician’s order 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 style="text-align: center;"><i>Medication discontinued by physician.</i></p>	<p style="text-align: right;"><i>7/17/24</i></p> <p style="text-align: right;">*24 JUL 17 24 AM 10:17</p> <p style="text-align: right;">M1:01</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 8/10/23 stated, “Start samples of Rhopressa 1 gtt OU qday”; however, no documented evidence medication was administered as ordered. In addition, no documentation on status of medication order.</p> <p>Provide copy of updated physician’s order 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><i>All staff inservice and reminded ^{by} that even if medication is ONLY sample from physician, a complete order needs to be obtained to be able to administer to patient and medication is available for use, medication is also included in MAR.</i></p>	<p style="text-align: center;">7/17/24</p> <p style="text-align: right;">   </p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – The following medications prescribed on 8/7/23 were not reflected on MAR. Medications unavailable in medication inventory and status of prescribed medications unknown.</p> <ul style="list-style-type: none"> • Risperidone 1mg/mL – Take 0.5mL by mouth two times daily as ordered • Sodium chloride 1g Tabs – Take 1 tab by mouth two times per day <p>Submit an updated copy of physician's order 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 style="text-align: center;"><i>Medication order discontinued by PCP.</i></p>	<p style="text-align: center;"><i>7/17/24</i></p> <p style="text-align: right;"> <small>STATE BOARD OF NURSING</small> <small>STATE BOARD OF NURSING</small> <small>STATE BOARD OF NURSING</small> <small>JUL 17 10:01</small> </p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – The following medications prescribed on 8/7/23 were not reflected on MAR. Medications unavailable in medication inventory and status of prescribed medications unknown.</p> <ul style="list-style-type: none"> • Risperidone 1mg/mL – Take 0.5mL by mouth two times daily as needed • Sodium chloride 1g Tabs – Take 1 tab by mouth two times per day <p>Submit an updated copy of physician's order 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><i>All staff inservice and reminded to review physician's orders prior to leaving medical visit to ensure any D/C medications are not on current med list.</i></p> <p style="text-align: center;">STATE OF TEXAS DEPARTMENT OF HEALTH DIVISION OF NURSING</p> <p style="text-align: center;">24 JUL 17 AM 10:10</p>	<p style="text-align: center;"><i>7/17/24</i></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 #1 – Resident evaluated by physician on 8/7/23 for right knee pain; however, no documentation in progress notes monitoring condition of knee and treatment provided to address pain. Status of knee pain unknown.</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>§11-100.1-17 <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 – Resident evaluated by physician on 8/7/23 for right knee pain; however, no documentation in progress notes monitoring condition of knee and treatment provided to address pain. Status of knee pain unknown.</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><i>Staff in service and reminded to document any changes in condition in progress notes, including monitoring of condition and any treatment provided until resident returns to baseline.</i></p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES</p>	<p style="text-align: right;"><i>7/17/24</i></p> <p style="text-align: right;">24 JUL 17 11:02</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 #1 – Physician advised (via telephone call) to “give Tylenol to resident and apply ice pack...” to treat left knee pain on 10/2/23; however, no documentation in progress notes monitoring condition of knee and treatment provided to address pain. Status of knee pain unknown.</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>§11-100.1-17 <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 – Physician advised (via telephone call) to “give Tylenol to resident and apply ice pack...” to treat left knee pain on 10/2/23; however, no documentation in progress notes monitoring condition of knee and treatment provided to address pain. Status of knee pain unknown.</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><i>Staff in service and reminded to document any changes in condition in progress notes, including monitoring of condition and any treatment provided until resident returns to baseline</i></p>	<p style="text-align: right;"><i>7/17/24</i></p> <p style="text-align: right;">24 JUL 17 AM 1:02</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES STAFF CLERKS</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><u>FINDINGS</u> White out used on the following documents:</p> <ul style="list-style-type: none"> • Resident register • Residents' height/weight chart • Resident #1 – Progress note (6/28/23) • Resident #1 – 12/2023 MAR 	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

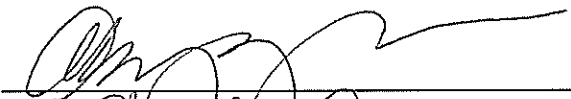
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><u>FINDINGS</u> White out used on the following documents:</p> <ul style="list-style-type: none"> • Resident register • Residents' height/weight chart • Resident #1 – Progress note (6/28/23) • Resident #1 – 12/2023 MAR 	<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>PCG to remind all scg that white out is not to be used in resident's charts, rather draw a line on mistake and initial it</p>	<p style="text-align: center;">04/08/2024</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 advised (via telephone call) to “give Tylenol to resident and apply ice pack...” to treat left knee pain on 10/2/23; however, per MAR and progress notes, no Tylenol or ice pack treatment was provided to resident despite physician’s advisement.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <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 advised (via telephone call) to “give Tylenol to resident and apply ice pack...” to treat left knee pain on 10/2/23; however, per MAR and progress notes, no Tylenol or ice pack treatment was provided to resident despite physician’s advisemen.</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><i>Staff inservice and reminded to document any verbal orders on the physician order sheet, document on the MAR and progress notes as evidence that order were carried out.</i></p>	<p style="text-align: right;"><i>7/17/24</i></p> <p style="text-align: right;">24 JUL 17 AM 1:02</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (j)(1) Waste disposal:</p> <p>Every Type I ARCH shall provide a sufficient number of watertight receptacles, acceptable to the department for rubbish, garbage, refuse, and other matter. These receptacles shall be kept closed by tight fitting covers;</p> <p><u>FINDINGS</u> Bedroom #2 – Receptacle does not have a lid</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>PCG replaced all receptacles without lid/cover to receptacles WITH lid/cover</p>	<p style="text-align: center;">04/08/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (j)(1) Waste disposal:</p> <p>Every Type I ARCH shall provide a sufficient number of watertight receptacles, acceptable to the department for rubbish, garbage, refuse, and other matter. These receptacles shall be kept closed by tight fitting covers;</p> <p><u>FINDINGS</u> Bedroom #2 – Receptacle does not have a lid</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><i>All staff in service and reminded that all trash cans should have lids. Staff advised to notify PCG if lids are missing or broken to be replaced.</i></p>	<p style="text-align: right;"><i>7/17/24</i></p> <p style="text-align: right;">24 JUL 17 AM 10:02</p> <p style="text-align: center;">STATE OF CONNECTICUT STATE LICENSING</p>

Licensee's/Administrator's Signature: 
Print Name: Abigail Alvarez
Date: 7/17/24

24 JUL 17 AM 1:02
STATE OF TEXAS
DEPARTMENT OF
STATE LICENSING