

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: AAA Care Home	CHAPTER 100.1
Address: 4368 Laakea Street, Honolulu, Hawaii 96818	Inspection Date: February 2, 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>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p><u>FINDINGS</u> Six (6) of sterile saline 3 mL unit dose expired 2021 found in first aid kit.</p> <p>Primary Care Giver (PCG) removed during time of inspection.</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>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p><u>FINDINGS</u> Six (6) of sterile saline 3 mL unit dose expired 2021 found in first aid kit.</p> <p>Primary Care Giver (PCG) removed during time of inspection.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The current plan involves PCG reviewing/checking the first aid kit every 2nd of January with Calendar reminder yearly.</p> <p>A new plan includes SCG to double check the kit after PCG finished the review. After checking, both PCG & SCG needs to sign & date the list, which will be found inside the kit.</p>	2/6/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (m) A business entity operating more than one Type I ARCH, shall utilize a registered dietitian to assist in the planning of menus and provide special diet consultation, as needed. The consultant shall provide special diet training to food preparation staff to ensure competency.</p> <p><u>FINDINGS</u> Resident #2- No special menu available for regular with no added salt.</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>Updated regular diet order was provided by PCP effective January 15, 2024. Order is placed in the physician's order section of the resident's binder.</p>	2/6/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (m) A business entity operating more than one Type I ARCH, shall utilize a registered dietitian to assist in the planning of menus and provide special diet consultation, as needed. The consultant shall provide special diet training to food preparation staff to ensure competency.</p> <p><u>FINDINGS</u> Resident #2- No special menu available for regular with no added salt.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future to prevent this deficiency from happening again, I as the primary caregiver will create a checklist to ensure the correct and updated diet order is placed in the physicians order section of the resident's binder. I will place this checklist in the residents binder and will refer to this checklist when I do my monthly audit to ensure this deficiency does not happen again"</p>	2/6/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> Three (3) expired canned goods found in residents' food supply.</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>On 2/6/24, PCG checked all supplies in the pantry and removed expired food.</p>	2/6/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> Three (3) expired canned goods found in residents' food supply.</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>The current plan involves SCG sorting out supplies in the pantry, First In, First Out every 6 months, January 15 & July 15 , with reminder on the google calendar.</p> <p>A new plan includes PCG to check supplies in the pantry after SCG's check. Then PCG & SCG needs to sign the list that posted on the pantry door.</p>	2/28/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> A Windex and Toilet Bowl Cleaner was found unsecured in the residents' bathroom.</p> <p>PCG removed and secured during time of inspection.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> A Windex and Toilet Bowl Cleaner was found unsecured in the residents' bathroom.</p> <p>PCG removed and secured during time of inspection.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Previously, SCG routinely handed over to PCG the care home set of keys at the end of the day shift.</p> <p>Current end of day shift routine was revised and implemented in order, as follows:</p> <ol style="list-style-type: none"> 1. PCG checking of toxic chemicals on the bathroom (new added routine); 2. PCG checking of all resident's room for any medications (new added routine); and 3. SCG turning over the care home set of keys to PCG (existing rule). 	2/6/24

	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- One tube of Desitin cream and a Nystatin powder was found in bed side drawer.</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 removed Desitin cream and Nystatin powder and put back to external medicine cabinet, in separate container labeled "Bed 4 daily use".</p>	2/6/24

	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- One tube of Desitin cream and a Nystatin powder was found in bedside drawer.</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>Previously, SCG routinely handed over to PCG the care home set of keys at the end of the day shift.</p> <p>Current end of day shift routine was revised and implemented in order, as follows:</p> <ol style="list-style-type: none"> 1. PCG checking of toxic chemicals on the bathroom (new added routine); 2. PCG checking of all resident's room for any medications (new added routine); and 3. SCG turning over the care home set of keys to PCG (existing rule). 	2/6/24

	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> Resident #2- One bottle of Refresh Tears eye drops with no label stored on bedside table.</p>	<p style="text-align: center;">PART I</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 removed the Refresh Tears from the resident's bedroom and secured it to Resident's External medication cabinet.</p>	<p style="text-align: center;">2/3/24</p>

	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> Resident #2- One bottle of Refresh Tears eye drops with no label stored on bedside table.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In order to prevent this deficiency from happening again, I as PCG will create a sign to say "No medications in residents' bedrooms". I will place this sign at the resident's door and/or at the medication cart to remind myself and the SCG. I and the SCG will refer to this sign when we do our daily routine of checking on the residents"</p>	<p>4/29/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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-</p> <ul style="list-style-type: none"> • Physician ordered on 12/13/23 for Stimulant Laxative Plus 8.6 mg-50 mg tablet, “Take 1 tablet PO BID for constipation”, however the February 2024 Medication Administration Record (MAR) was transcribed as “Take 1 tablet PO qd”. • Physician ordered on 9/1/23 for Nystatin powder, “TID PRN for rash”, however the September through December 2023 MAR was transcribed as “PRN barrier for buttock”. • Physician ordered on 8/25/23 for Metamucil Fiber 3.4 g, “Take 1 tablet PO qd” however the November 2023 MAR indicated it was not given on 11/12 to 11/16 and 11/19-11/28. • Physician ordered on 12/22/23 for Morphine Sulfate Oral Solution 100 mg/5 mL dosage, however the December 2023 through February 2024 MAR was transcribed as 1000 mg/5 mL. • Physician ordered on 10/30/23 for Diclofenac 1% gel, “Apply 2 g four times a day; Max 8 g per day”, however the October 2023 MAR was transcribed as “Apply to affected area PRN for pain”. 	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-15 <u>Medications</u>. (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-</p> <ul style="list-style-type: none"> • Physician ordered on 12/13/23 for Stimulant Laxative Plus 8.6 mg-50 mg tablet, "Take 1 tablet PO BID for constipation", however the February 2024 Medication Administration Record (MAR) was transcribed as "Take 1 tablet PO qd". • Physician ordered on 9/1/23 for Nystatin powder, "TID PRN for rash", however the September through December 2023 MAR was transcribed as "PRN barrier for buttock". • Physician ordered on 8/25/23 for Metamucil Fiber 3.4 g, "Take 1 tablet PO qd" however the November 2023 MAR indicated it was not given on 11/12 to 11/16 and 11/19-11/28. • Physician ordered on 12/22/23 for Morphine Sulfate Oral Solution 100 mg/5 mL dosage, however the December 2023 through February 2024 MAR was transcribed as 1000 mg/5 mL. • Physician ordered on 10/30/23 for Diclofenac 1% gel, "Apply 2 g four times a day; Max 8 g per day", however the October 2023 MAR was transcribed as "Apply to affected area PRN for pain". 	<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>When there is a new doctor's order, PCG will reflect to MAR and updates all existing Rx container label if needed. PCG will initial & date the Doctor's order before filing into resident's folder.</p> <p>Every 1st day of the month, PCG will compare current MAR vs previous MAR.</p> <p>PCG & SCG will both initial the current MAR after checking and before filing.</p> <p>Monthly calendar reminder added.</p>	3/22/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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><u>FINDINGS</u> Resident #1-</p> <ul style="list-style-type: none"> • Physician prescribed on 1/15/24 for Trazodone 50 mg “Take ½ to 1 tablet by mouth every 8 hours as needed for restlessness/insomnia”, however the medication was not documented on the January 2024 and February 2024 MARs. • Physician prescribed on 12/16/23 for Vancomycin 125 mg “Take 1 capsule 4x a day”, however on the December 2024 MAR, no documented evidence if the medication was administered or refused. 	<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
☒	<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><u>FINDINGS</u> Resident #1-</p> <ul style="list-style-type: none"> Physician prescribed on 1/15/24 for Trazodone 50 mg "Take ½ to 1 tablet by mouth every 8 hours as needed for restlessness/insomnia", however the medication was not documented on the January 2024 and February 2024 MARs. Physician prescribed on 12/16/23 for Vancomycin 125 mg "Take 1 capsule 4x a day", however on the December 2024 MAR, no documented evidence if the medication was administered or refused. 	<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 picking up medications from pharmacy, PCG checks the Rx container label versus MAR then indicate a "check" and date on the Rx label, then the medication can go to resident's respective medication drawer.</p> <p>If there is new/additional medication and there is no more space available in current MAR page, PCG will use another new page of MAR.</p> <p>Revised all MAR templates & inserted the following:</p> <p>Added names, DOB at the heading area. Added legend, abbreviations, explanations, page numbers at the footnotes area.</p>	<p style="text-align: center;">3/22/4</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p><u>FINDINGS</u> Resident #1- No evidence of a verbal order or signature for Trazodone 50 mg Take ½ to 1 tablet by mouth every 8 hours as needed for restlessness/insomnia prescribed on 1/15/24 in the physician's order sheet.</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
☒	<p>§11-100.1-15 <u>Medications.</u> (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p><u>FINDINGS</u> Resident #1- No evidence of a verbal order or signature for Trazodone 50 mg Take ½ to 1 tablet by mouth every 8 hours as needed for restlessness/insomnia prescribed on 1/15/24 in the physician's order sheet.</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 picking up medications from pharmacy, PCG checks the Rx container label versus MAR then indicate a "check" and date on the Rx label, then the medication can go to resident's respective medication drawer.</p> <p>If it is not existing on MAR, PCG will call to request the doctor's order for signature, add the new Rx order into current MAR. PCG will initial & date the Doctor's order before filing into resident's folder and putting Rx to resident's Rx drawer.</p> <p>If there is new/additional medication and there is no more space available in current MAR page, PCG will use another new page of MAR.</p>	3/22/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1- Physician ordered on 12/22/23 for Morphine Sulfate Oral Solution 100 mg/5 mL “Take 5 mL every 4 hours as needed for pain”, however no PRN indication provided between December 2023 through February 2024 MARs.</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>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1- Physician ordered on 12/22/23 for Morphine Sulfate Oral Solution 100 mg/5 mL "Take 5 mL every 4 hours as needed for pain", however no PRN indication provided between December 2023 through February 2024 MARs.</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>Changed the list of medications on MAR, separating scheduled and PRNs.</p> <p>All PRNS are now listed on highlighted background, with required indications.</p>	<p style="text-align: center;">3/1/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a) 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><u>FINDINGS</u> PCG did not maintain individual records due to discharged Resident #3 information was shared with Resident #1 records in Physician Orders sheet and MARs.</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> (a) 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><u>FINDINGS</u> PCG did not maintain individual records due to discharged Resident #3 information was shared with Resident #1 records in Physician Orders sheet and MARs.</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>Since the inspection, PCG refrain from using scratch paper or recycling used paper. All used papers, no exception, were shredded since then.</p>	2/6/24

	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 #2- No monthly progress notes for December 2023 to January 2024.</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>§11-100.1-17 <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 #2- No monthly progress notes for December 2023 to January 2024.</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>PCP will make a monthly progress note at the last week of current month.</p> <p>PCP & SCG will check the existence of prior month's progress notes in the binder, before signing & filing the current month's progress notes.</p> <p>Calendar reminder was changed from 1st week of the month to last week of the month.</p>	3/22/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(5) During residence, records shall include:</p> <p>Entries detailing all medications administered or made available;</p> <p><u>FINDINGS</u> Resident #1- No documentation of Trazodone 50 mg ordered on 1/15/24 was not recorded on the MAR.</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 added new page of MAR, added "Trazodone 50 mg tab, Take 1/2 to 1 tab PO q8h PRN for insomnia/restlessness." Filed a doctor's order on resident's binder.</p>	2/6/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(5) During residence, records shall include:</p> <p>Entries detailing all medications administered or made available;</p> <p><u>FINDINGS</u> Resident #1- No documentation of Trazodone 50 mg ordered on 1/15/24 was not recorded on the MAR.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>After picking up medications from pharmacy, PCG checks the Rx label versus MAR then indicate a "check" and date on the Rx label, then the medication can go to resident's respective medication drawer.</p> <p>If it is not existing on MAR, PCG will call to request the doctor's order for signature, add the new Rx order into current MAR. PCG will initial & date the Doctor's order before filing into resident's folder and putting Rx to resident's Rx drawer.</p> <p>If there is new/additional medication and there is no more space available in current MAR page, PCG will use another new page of MAR.</p>	2/6/24

	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> Resident #1- No signature or initial of individuals making entry in the February 2024 MAR legend.</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>§11-100.1-17 <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> Resident #1- No signature or initial of individuals making entry in the February 2024 MAR legend.</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>Every 1st day of the month, at the start of the day shift, PCG will compare current MAR vs previous MAR. SCG will double check all medications of the 2 MARs.</p> <p>PCG & SCG will both initial the current MAR after checking the previous & current MAR list of medications.</p> <p>Calendar reminder added for first day of the month.</p> <p>Created a separate dedicated page on Medication flowsheet Tab consisting names of caregiver & their initials, filed on each resident's binder.</p>	3/1/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (f)(2)</u> General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><u>FINDINGS</u> Resident #1- No legend to explain the symbols and abbreviations used in September 2023 to January 2024 MARs.</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>§11-100.1-17 <u>Records and reports. (f)(2)</u> General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><u>FINDINGS</u> Resident #1- No legend to explain the symbols and abbreviations used in September 2023 to January 2024 MARs.</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>Revised all MAR templates & inserted the following:</p> <p>Added names, DOB at the heading area.</p> <p>Added legend, abbreviations, explanations, page numbers at the footnotes area.</p>	<p style="text-align: center;">3/22/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1-</p> <ul style="list-style-type: none"> • No name on subsequent MARs from September 2023 to January 2024. • September 2023 to February 2024 MARs medications were transcribed on post it notes and placed on discharged Resident #3 medication records. • September 2023 to February 2024 MARs were incomplete due to medications transcribed on top of MARs, bottom of MARs, and on post it notes. 	<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> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1-</p> <ul style="list-style-type: none"> • No name on subsequent MARs from September 2023 to January 2024. • September 2023 to February 2024 MARs medications were transcribed on post it notes and placed on discharged Resident #3 medication records. • September 2023 to February 2024 MARs were incomplete due to medications transcribed on top of MARs, bottom of MARs, and on post it notes. 	<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>Revised all MAR templates & inserted the following:</p> <p>Added names, DOB at the heading area.</p> <p>Added legend, abbreviations, explanations, page numbers at the footnotes area.</p> <p>Since the inspection, PCG refrain from using scratch paper. All used papers, no exception, were shredded since then.</p> <p>If there is new/additional medication and there is no more space available in current MAR page, PCG will use another new page of MAR.</p>	<p style="text-align: center;">3/22/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u> Resident #1- Post it notes were used to transcribed and administered medications in December 2023 MAR and was not secured against loss or destruction in the resident's binder.</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>§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u> Resident #1- Post it notes were used to transcribed and administered medications in December 2023 MAR and was not secured against loss or destruction in the resident's binder.</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>Revised all MAR templates & inserted the following:</p> <p>Added names, DOB at the heading area.</p> <p>Added legend, abbreviations, explanations, page numbers at the footnotes area.</p> <p>If there is new/additional medication and there is no more space available in current MAR page, PCG will use another new page of MAR.</p>	<p style="text-align: center;">3/22/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-89 <u>Medications</u>. (2) In addition to the requirements in subchapter 2 and subchapter 3, the following shall apply to an expanded ARCH:</p> <p>The primary care giver shall obtain training, relevant information, and regular monitoring from the expanded ARCH resident's physician, a home health agency, or a registered nurse case manager for any and all specific medications that the expanded ARCH resident requires.</p> <p><u>FINDINGS</u> Resident #1- no ongoing evaluation and monitoring of PCG skill in medication management due to transcription errors from September 2023 through February 2024 MARS.</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 trained/reviewed PCG on medication management on 2/24/24.</p>	<p>2/24/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-89 <u>Medications</u>. (2) In addition to the requirements in subchapter 2 and subchapter 3, the following shall apply to an expanded ARCH:</p> <p>The primary care giver shall obtain training, relevant information, and regular monitoring from the expanded ARCH resident's physician, a home health agency, or a registered nurse case manager for any and all specific medications that the expanded ARCH resident requires.</p> <p><u>FINDINGS</u> Resident #1- no ongoing evaluation and monitoring of PCG skill in medication management due to transcription errors from September 2023 through February 2024 MARs.</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>Case Manager agreed to do ongoing evaluation and monitoring of PCG skills in medication management on each monthly visit. PCG and case manager will sign and date the training form before filing into the resident's folder.</p>	2/24/24

Licensee's/Administrator's Signature: 

Print Name: MELITA G MANALANG

Date: 4/29/24