

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Cacal, Evelyn (ARCH)	CHAPTER 100.1
Address: 94-1161 Hinaea Street, Waipahu, Hawaii 96797	Inspection Date: June 10, 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).

	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 – Primary caregiver training 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><i>Primary caregiver will create a training and requirements checklist and three (3) months prior to Annual Department of Health visit, primary caregiver will check to ensure that all requirements are up to date.</i></p> <p><i>This task has been added to the primary caregiver's March 2025 calendar.</i></p>	<p><i>06/18/2024</i></p> <p style="text-align: right;">24 JUN 21 PM 2:26</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> Resident #2,4 – Special diet menus unavailable for review</p> <ul style="list-style-type: none"> • Resident #2 – Cardiac diet (2g Na, low cholesterol, low fat) • Resident #4 – Low fat, low cholesterol <p>Submit a copy of special diet menus 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><i>Primary caregiver obtained clarification regarding the diet order from Resident #2's primary care physician during follow-up visit on 06/12/2024. Resident #2 is Regular Diet.</i></p> <p><i>Primary caregiver obtained clarification regarding the diet order from Resident #4's primary care physician during follow-up visit on 06/13/2024. Resident #4 is Regular Diet.</i></p>	<p>06/18/2024</p> <p style="text-align: right;">24 JUN 21 PM 2:26</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> Resident #2,4 – Special diet menus unavailable for review</p> <ul style="list-style-type: none"> • Resident #2 – Cardiac diet (2g Na, low cholesterol, low fat) • Resident #4 – Low fat, low cholesterol <p>Submit a copy of special diet menus 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>In the future, I will put a reminder note on my personal computer and cell phone where all current menus, including regular and special diet, will be posted in the kitchen and dining area for the residents and department to review.</p>	<p style="text-align: center;">08/26/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (b) All foods shall be stored in covered containers.</p> <p><u>FINDINGS</u> Bowl of raw boneless chicken thighs stored uncovered on kitchen counter at room temperature</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>Primary caregiver covered the bowl of raw boneless chicken thighs and stored in refrigerator.</i></p>	<p style="text-align: center;"><i>06/18/2024</i></p> <p style="text-align: right;">24 JUN 21 PM 2:25 GREENSBORO</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (b) All foods shall be stored in covered containers.</p> <p><u>FINDINGS</u> Bowl of raw boneless chicken thighs stored uncovered on kitchen counter at room temperature</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, I will put a reminder note on my personal computer and cell phone where I will provide training for staff to ensure that all foods are stored in covered containers.</p>	<p style="text-align: center;">08/26/2024</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 – Bottle of acetaminophen states, “Acetaminophen 500mg tablet Take 1 table by mouth every 4 hours as needed”; however, PRN indication not provided. Medication label order incomplete</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><i>Primary caregiver attached medication alert label to Resident #1's bottle of acetaminophen with instructions to refer to the complete medication order on the physician order sheet located in Resident #1's binder.</i></p>	<p><i>06/18/2024</i></p> <p style="text-align: right;">24 JUN 21 PM 2:26</p>

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<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 – Bottle of acetaminophen states, “Acetaminophen 500mg tablet Take 1 table by mouth every 4 hours as needed”; however, PRN indication not provided. Medication label order incomplete</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, I will put a reminder note on my personal computer and cell phone where after every office visit, I will check to ensure that all medication orders by the physician is complete. Also, when picking up medications at the pharmacy, I will check to ensure that all medications dispensed by the pharmacists are complete and properly labeled.</p>	<p style="text-align: right;">08/26/2024</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> Bottle of chlorpromazine states, "Chlorpromazine 25mg tablet take 1 tablet by mouth twice a day"; however, physician's order dated 3/25/24 states, "Chlorpromazine 25mg Take 1 tab by mouth twice a day" and "Chlorpromazine 25 mg tab May take additional 1-2 tabs daily as needed". Medication bottle label does not match physician's orders.</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><i>Primary caregiver attached medication alert label to Resident #1's bottle of chlorpromazine with instruction to refer to the complete medication order on the physician order sheet located in Resident #1's binder.</i></p>	<p><i>06/18/2024</i></p> <p style="text-align: right;">24 JUN 21 PM 2:26</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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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 – 8/2024 MAR states, “Paxlovid 150(x2)-100mg pk (EUA) Take 3 tablets by mouth twice a day for 5 days” was administered twice daily between 8/18/23-8/23/23; however, physician’s order unavailable to administer.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>06/18/2024</p> <p>24 JUN 21 PM 2:26</p>

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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 – 8/2024 MAR states, “Promethazine-DM 6.25-15mg/5mL take 5 milliliters by mouth every 6 hours as needed”; however, physician’s order unavailable to administer.</p> <p>Submit a 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><i>Primary caregiver obtained a copy of the physician order for Promethazine-DM 6.25-15mg/5mL 5ml q6h needed orally every 6 hours from 08/18/2023.</i></p>	<p style="text-align: center;"><i>06/18/2024</i></p> <p style="text-align: right; vertical-align: bottom;"> <small>21 JUN 21 12:26</small> <small>STATION</small> </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 9/27/23 states, “Promethazine-DM 6.25-15 MG/5ML Syrup 5mL as needed Orally every 6 hrs”; however, PRN indication not provided. Physician’s order incomplete.</p> <p>Submit 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><i>Primary caregiver obtained updated medication order for Promethazine-DM from Resident #1's primary care physician and documented on the physician order sheet on 06/13/2024.</i></p> <p><i>Promethazine-DM 5ml q 6° prn for cough</i></p>	<p>06/18/2024</p>
			<p style="text-align: center;">STATE OF IOWA DEPARTMENT OF REVENUE STATE LEADERSHIP</p> <p style="text-align: center;">24 JUN 21 PM 2:25</p>

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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 – MAR from 4/2024-6/2024 states, “Acetaminophen 500mg tab take one tab by mouth every 4 hours”; however, medication order dated 3/25/24 states, “Acetaminophen 500mg tab Take one tab by mouth every 4 hours as needed for pain/fever”. Medication order reflected on MAR does not match physician’s order.</p> <p>Submit revised 6/2024 MAR 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><i>Primary caregiver revised Resident #1's 6/2024 MAR to reflect the correct medication order, Acetaminophen 500mg tab Take one tab by mouth every 4 hours as needed for pain/fever.</i></p>	<p>06/18/2024</p>
			<p style="text-align: center;">24 JUN 21 12:25</p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LIAISON</p>

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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 3/25/24 states, “Chlorpromazine 25 mg tab May take additional 1-2 tabs daily as needed”; however, PRN indication not provided. Medication order incomplete.</p> <p>Submit 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><i>Per follow-up visit for Resident #1 psychiatrist on 06/10/2024, Chlorpromazine 25mg tab May take additional 1 to 2 tabs daily as needed is discontinued.</i></p>	<p><i>06/18/2024</i></p> <p style="text-align: right;">STATE OF MICHIGAN DIVISION OF PROFESSIONAL REGULATION STATE LICENSING</p> <p style="text-align: right;">24 JUN 21 12:25</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 9/27/23-3/24/24 states, “Promethazine-DM 6.25-15 MG/5ML Syrup 5mL as needed Orally every 6 hrs”; however, discontinuation order unavailable.</p> <p>Submit discontinuation or 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>Per follow-up visit with Resident #1's primary care physician, Promethazine-DM 6.25-15 MG/5ML Syrup 5ml as needed orally every 6 hrs discontinued on 6/13/2024.</p>	<p style="text-align: center;">08/26/2024</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 9/27/23-3/24/24 states, “Promethazine-DM 6.25-15 MG/5ML Syrup 5mL as needed Orally every 6 hrs”; however, discontinuation order unavailable.</p> <p>Submit discontinuation or 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>In the future, I will put a reminder note on my personal computer and cell phone where at every office visit, I will check to ensure that all medication orders by the physician are documented and complete on the physician order sheet.</p>	<p>08/26/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><u>FINDINGS</u> Resident #1 – Daily schedule of activities does not include activities for the weekend</p> <p>Submit revised daily schedule of activities 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><i>Primary caregiver revised Resident #1's daily schedule of activities to include the activities for the weekend.</i></p>	<p><i>06/18/2024</i></p> <p style="text-align: right;">24 JUN 21 P12:25 STATE OF ILLINOIS DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><u>FINDINGS</u> Resident #1 – Daily schedule of activities does not include activities for the weekend</p> <p>Submit revised daily schedule of activities with plan of correction.</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>In the future, I will put a reminder note on my personal computer and cell phone where when developing a schedule of activities to be implemented for a resident, I will check to ensure that the schedule of activities is complete for every day of the week.</p>	<p>08/26/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #1 – Initial 2-step 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><i>Primary caregiver obtained a copy of Resident #1's Hawaii Immunization Record for tuberculosis tests given on 5/20/95 and 11/27/95 with both test results, Negative.</i></p>	<p><i>06/18/2024</i></p> <p style="text-align: right;">STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p> <p style="text-align: right;">24 JUN 21 5:12:25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #1 – Initial 2-step TB 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><i>Primary caregiver will create a resident requirement checklist and upon admission of a resident to the ARCH, the primary caregiver will ensure that all necessary requirements have been completed and that the records have been filed into the resident's binder.</i></p> <p><i>Three (3) months prior to the Annual Department of Health visit, the primary caregiver will review each resident's requirement checklist to ensure that all requirements are up to date.</i></p> <p><i>This task has been added to the primary caregiver's March 2025 calendar.</i></p>	<p>06/18/2024</p> <p style="text-align: right;">24 JUN 21 P12:25</p> <p style="text-align: right; font-size: small;">STATE DEPARTMENT OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (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 tested positive for COVID on 8/18/23; however, no documented evidence of onset of illness or monitoring of illness in progress notes</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>	<p style="text-align: right;"><i>06/18/2024</i></p> <p style="text-align: right;">24 JUN 21 12:24</p> <p style="text-align: right;">STATE OF HAWAII DOH - DSHS STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Resident tested positive for COVID on 8/18/23; however, no documented evidence of onset of illness or monitoring of illness in progress notes</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, I will put a reminder note on my personal computer and cell phone to provide training for staff to document all onset of illness, treatment, monitoring, and condition of resident until the illness resolves in the progress notes.</p>	08/26/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p>FINDINGS Resident #2,3 – Residents information not reflected in resident register</p> <p>Resident #5 – Admission and discharge date not reflected in resident register</p> <p>Submit updated resident register 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><i>Primary caregiver updated the resident register to reflect the information for Resident #2 and Resident #3.</i></p> <p><i>Primary caregiver updated the resident register to reflect the admission and discharge dates for Resident #5.</i></p>	<p><i>06/18/2024</i></p> <p style="text-align: right;">24 JUN 21 12:24</p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN DOM - REG. A STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> Resident #2,3 – Residents information not reflected in resident register</p> <p>Resident #5 – Admission and discharge date not reflected in resident register</p> <p>Submit updated resident register 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>After any admission or discharge of a resident from the ARCH, the primary caregiver will update the resident register to reflect the most current occupancy.</i></p> <p><i>Three (3) months prior to the Annual Department of Health visit, the primary caregiver will review the resident register to ensure that all information is complete, correct, accurate, and update as needed.</i></p> <p><i>This task has been added to the primary caregiver's March 2025 calendar.</i></p>	<p><i>06/18/2024</i></p> <p style="text-align: right;">24 JUN 21 11:24</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES STATE LICENSING</p>

Licensee's/Administrator's Signature: Allen Gervacio

Print Name: Allen Gervacio

Date: 08/26/2024