

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Calucag III	CHAPTER 100.1
Address: 1050 18 th Avenue, Honolulu, Hawaii 96816	Inspection Date: December 4, 2023 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	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></p> <ul style="list-style-type: none"> • Primary Care Giver (PCG) and Substitute Care Giver (SCG) #2 – Fieldprint background check only completed one year. • SCG #1 and SCG #3 – No Fieldprint background check available. 	<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>-The Primary Care Giver (PCG) resigned.</p> <p>-SPCG #2, now the current PCG, completed their background check on January 7, 2024,</p> <p>-SCG #1 finalized their Fieldprint background checks on January 29, 2024,</p> <p>-SCG #3 finalized their Fieldprint background checks January 24, 2024.</p> <p>-</p>	01/29/2024

	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></p> <ul style="list-style-type: none"> • Primary Care Giver (PCG) and Substitute Care Giver (SCG) #2 – Fieldprint background check only completed one year. • SCG #1 and SCG #3 – No Fieldprint background check available. 	<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> <ol style="list-style-type: none"> 1. All new hires will undergo and complete the Fieldprint background checks before starting work. 2. This process will be monitored and verified by our administrative team before the individual begins their duties. 3. We will conduct 3 month audits to ensure all staff, including SCGs, have current and clear background checks. 4. We will maintain meticulous records of all background checks and other compliance-related documents. 	01/29/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> SCG #1 – No 2-step/initial tuberculosis clearance available.</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>-The 2 step TB test is completed.</p>	<p>12/08/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> SCG #1 – No 2-step/initial tuberculosis clearance 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> <ol style="list-style-type: none"> 1. Implement an annual TB screening policy for all residents and staff. 2. Perform quarterly audits of our health records to ensure that all TB screenings are current and properly documented. 3. Maintain up-to-date and accurate health records for all individuals in the facility, with a designated staff member responsible for overseeing this process. 	<p>12/08/2023</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> Current menus not posted in the kitchen or dining room for residents to review.</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>We have now ensured that the current menus are prominently displayed in both the kitchen and dining areas for residents and department review.</p>	<p>12/05/2023</p>

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<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> Current menus not posted in the kitchen or dining room for residents to review.</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> <ol style="list-style-type: none"> 1. Implement a daily menu check for kitchen and dining areas by meal prep staff. 2. Conduct menu visibility training for all kitchen and dining staff, adding it to new staff onboarding. 	<p>12/05/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>, (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #1 – “Low salt, low cholesterol, low triglyceride diet,” ordered 10/31/2023 not clarified with the physician to include the sodium restriction.</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>Resident #1. We have contacted Resident #1's physician to obtain current dietary order, now on regular diet.</p>	01/26/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #1 – “Low salt, low cholesterol, low triglyceride diet,” ordered 10/31/2023 not clarified with the physician to include the sodium restriction.</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> <ol style="list-style-type: none"> 1. Create a standard method for confirming special diets from physicians, requiring written details on restrictions. 2. Train all dietary and care staff on dietary restrictions and new verification procedures. 3. Conduct regular audits on dietary plans and physician orders for compliance. 	<p>01/26/2024</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> Cleaning chemicals unsecured under kitchen sink.</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>All cleaning agents, and chemicals have now been removed under the kitchen sink and relocated to a designated storage area.</p>	12/05/2023

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<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> Cleaning chemicals unsecured under kitchen sink.</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> <ol style="list-style-type: none"> 1. Set up and train staff on a separate area for toxic substances away from food areas. 2. Train staff on safe storage of hazardous materials. 3. Monthly checks of storage areas to ensure protocol compliance and safety. 	12/05/2023

	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 – Medications taken out of original containers and stored in stackable pill container.</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>12/05/2023</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 – Medications taken out of original containers and stored in stackable pill container.</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> <ol style="list-style-type: none"> 1. Conduct medication management training for staff on proper storage. 2. Perform monthly audits on medication storage for compliance. 3. Improve communication with residents and families about medication storage policies. 4. Enhance management oversight in medication processes for compliance and staff support. 	12/05/2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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> Two (2) boxes Ozempic and zippered pouch filled with Bisacodyl unsecured in refrigerator.</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>The two boxes of Ozempic and the zippered pouch filled with Bisacodyl that were found unsecured in the refrigerator have been properly removed and properly disposed.</p>	12/05/2023

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<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 – ClearLax and Refresh eye drops unsecured in bathroom mirror.</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>The ClearLax and Refresh eye drops have been placed in a separate, locked container within the designated medication storage area to prevent any unauthorized access and to ensure proper storage conditions.</p>	12/04/2023

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<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 – ClearLax and Refresh eye drops unsecured in bathroom mirror.</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> <ol style="list-style-type: none"> 1. Retrain all staff on proper medication storage, focusing on temperature, light, moisture, and security. 2. Regularly audit storage areas, with management reviewing monthly documentation. 3. Update medication storage policies for better segregation and security. 4. Utilize new Improve storage secured Medication containers. 5. Educate residents and families on medication security and protocols. 	<p>12/05/2023</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 – Super B-Complex stored with resident’s medications; however, no current order available for supplement.</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>We have immediately removed the Super B-Complex from the medication storage area to comply with regulatory standards.</p>	<p>12/05/2023</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 – Super B-Complex stored with resident’s medications; however, no current order available for supplement.</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> <ol style="list-style-type: none"> 1. Monthly review of residents' medications to ensure they have current physician orders. 2. Include medication management training in quarterly sessions for care staff. 3. monthly audits on medication documentation and storage. 4. Promptly update and communicate any changes in resident medication orders. 	12/05/2023

	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 – “Clopidogrel Bisulfate 75 mg orally once a day,” on resident’s medication orders from 10/31/2023; however, medication not available with resident’s medications. According to resident, only Aspirin is taken for a blood thinner, despite medication administration record (MAR) being initialed with “S” for self-administration every day.</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>We contacted the MD and obtaining an updated MAR orders that does not include Clopidogrel Bisulfate 75 mg.</p>	01/26/2024

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☒	<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 – “Clopidogrel Bisulfate 75 mg orally once a day,” on resident’s medication orders from 10/31/2023; however, medication not available with resident’s medications. According to resident, only Aspirin is taken for a blood thinner, despite medication administration record (MAR) being initialed with “S” for self-administration every day.</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> <ol style="list-style-type: none"> 1. Monthly review of residents' medications to ensure they have current physician orders. 2. Include medication management training in quarterly sessions for care staff. 3. monthly audits on medication documentation and storage. 4. Promptly update and communicate any changes in resident medication orders. 	12/26/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Vicks Dayquil Cold and Flu two (2) tab blister pack stored in empty Amoxicillin prescription bottle previously prescribed for resident. No order available for Vicks Dayquil Cold and Flu.</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>We have removed the Vicks Dayquil Cold and Flu medication that was incorrectly stored in an empty Amoxicillin prescription bottle.</p>	<p>12/05/2023</p>

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☒	<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 – Vicks Dayquil Cold and Flu two (2) tab blister pack stored in empty Amoxicillin prescription bottle previously prescribed for resident. No order available for Vicks Dayquil Cold and Flu.</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> <ol style="list-style-type: none"> 1. Retrain staff on medication storage covering temperature, light, moisture, and security. 2. Conduct and document regular audits of medication areas, with monthly management reviews. 3. New medication lock containers for better segregation and security. 4. Educate residents and families on medication security and protocols. 	12/05/2023

	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 – Routes and frequencies were not included on medication orders reevaluated and signed every four months.</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>1 New orders will be reviewed to ensure all medication and supplements such as vitamins, minerals, and formulas will include Six Rights a. Pt name b. pt. DOB c. Route d. Frequency e. Dosage f. Reason/ Diagnosis</p> <p>2. Monthly review of resident's medications to ensure they have current physician orders to include the (Six rights).</p> <p>3. Monthly Review Audits will include monitoring medications are proper secured and stored in the provided locked cabinet.</p> <p>4. Any discrepancies will be immediately communicated to the family and PCP for clarification to comply with DOH rules.</p>	01/26/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-15 <u>Medications.</u> (n) Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN. Written procedures shall be available for storage, monitoring and documentation.</p> <p><u>FINDINGS</u> Resident #1 is self-administering medications; however, there's no physician authorization to do so, nor written procedures available regarding storage, monitoring, and documentation.</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>The deficiency was corrected by;</p> <ol style="list-style-type: none"> 1. Immediately obtained letter from Physcian authorizing Resident #1 to self administer medication. 2. Family consented to physician's orders to self administer medication. 3. PCG consented to physician's orders to self administer medication. 4.. Written procedures have been created for storage, monitoring and documentation of self-administration medication. 	01/26/2024

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(3) General rules regarding records:</p> <p>An area shall be provided for safe and secure storage of resident's records which must be retained in the ARCH for periods prescribed by state law;</p> <p><u>FINDINGS</u> Resident records unsecured on cabinet/table between dining and living room. Records were secured at the end 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> <ol style="list-style-type: none"> 1. Folder are returned to the designated a secure, lockable area for resident records, accessible only to authorized staff. 2. Staff trained on confidentiality and secure handling of records and returning them to the designated area. 3. Regular audits to ensure secure storage of resident records. 	<p>12/04/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #1 – Inventory of possessions last updated during resident’s November 2022 admission.</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>As of this date, we have updated the inventory of Resident #1's possessions to reflect all current items.</p>	<p>12/23/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #1 – Inventory of possessions last updated during resident's November 2022 admission.</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> <ol style="list-style-type: none"> 1. Staff training to include a section with inventory documentation. 2. Quarterly audits and random reviews of resident records. 3. Engage residents and families in the inventory process for awareness and confirmation. 	12/23/2023

Licensee's/Administrator's Signature: Nestor Calucag

Print Name: Nestor Calucag

Date: Mar 4, 2024

Licensee's/Administrator's Signature: Nestor Calucag

Print Name: Nestor Calucag

Date: Mar 25, 2024

Licensee's/Administrator's Signature: Nestor Calucag

Print Name: Nestor Calucag

Date: Apr 2, 2024