

Rec'd 8/17/23

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Cherry Ancheta ARCH	CHAPTER 100.1
Address: 91-1052 Anaunau Street, Ewa Beach, Hawaii 96706	Inspection Date: August 17, 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <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> Primary Care Giver (PCG) -- In TB Document F, "Screening for schools, Childcare facilities or food handlers" was checked off. Screening for residential care setting not done. No annual tuberculosis clearance screening available.</p> <p>Please submit a copy with your plan of correction (POC).</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>TB Documentation was filled out incorrectly. The error was brought to the clinic's attention and they had provided a newly completed form with the proper box checked.</p> <p>To prevent this from happening in the future PCG will specify what type of Test is required by checking the proper box in advance.</p> <p style="text-align: center;">See Attached</p>	<p style="text-align: center;">21 Aug 2023</p> <p style="text-align: center;">17 Dec 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> Primary Care Giver (PCG) – In TB Document F, “Screening for schools, Childcare facilities or food handlers’ was checked off. Screening for residential care setting not done. No annual tuberculosis clearance screening available.</p> <p>Please submit a copy with your plan of correction (POC).</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>TB Documentation was filled out incorrectly. The error was brought to the clinic's attention and they had provided a newly completed form with the proper box checked.</p> <p>To prevent this from happening in the future PCG will specify what type of Test is required by checking the proper box in advance.</p>	<p style="text-align: center;">21 Aug 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> Resident #2 -- No menu for "Regular diet, chopped, thin liquids." Please submit weekly menu (7 days).</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>Menu has been updated to reflect Resident #2's dietary needs. Menu is for a Regular diet, chopped, thin liquids.</p> <p>In the future all menu's will be verified to match resident's dietary needs. Dietary needs will be located in physician's orders.</p> <p style="text-align: center;">Menu submitted</p>	<p style="text-align: center;">24 Aug 2023</p> <p style="text-align: center;">17 Dec 2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="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>FINDINGS Resident #2 – No menu for “Regular diet, chopped, thin liquids.”</p> <p>Please submit weekly menu (7 days).</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>Menu has been updated to reflect Resident #2's dietary needs. Menu is for a Regular diet, chopped, thin liquids.</p> <p>In the future all menu's will be verified to match resident's dietary needs. Dietary needs will be located in physician's orders.</p> <p>To create a menu I will utilize the special diet training and on-line resources. I will verify that their dietary needs are met while ensuring that the food is prepared as prescribed in physicians orders. If it is in regards to special diets that require limiting or increasing specific nutrients, modifications to the menu will be made to ensure we adhere to those nutritional requirements. If its in regards to specific consistency of liquids or specific consistency food size or texture I will ensure food is prepared to meet that consistency and remove food items that do not adhere to those requirements. For example Chopped foods will be pre-cut no larger then .5"x.5" in size.</p>	<p>24 Aug 2023</p> <p>17 Dec 2023</p>

	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 #2 – Resident’s diet order dated 1/12/2023 “Regular diet, chopped, thin liquids” not provided. Lunch menu included whole sandwich, whole pieces of corn chips, and spinach salad (not chopped).</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>§11-100.1-13 <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 #2 – Resident’s diet order dated 1/12/2023 “Regular diet, chopped, thin liquids” not provided. Lunch menu included whole sandwich, whole pieces of corn chips, and spinach salad (not chopped).</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>Menu has been updated to reflect Resident #2's dietary needs. Menu is for a Regular diet, chopped, thin liquids.</p> <p>In the future all menu's will be verified to match resident's dietary needs. Dietary needs will be located in physician's orders.</p> <p>To create a menu I will utilize the special diet training and on-line resources. I will verify that their dietary needs are met while ensuring that the food is prepared as prescribed in physicians orders. If it is in regards to special diets that require limiting or increasing specific nutrients, modifications to the menu will be made to ensure we adhere to those nutritional requirements. If its in regards to specific consistency of liquids or specific consistency food size or texture I will ensure food is prepared to meet that consistency and remove food items that do not adhere to those requirements. For example Chopped foods will be pre-cut no larger than .5"x.5" in size.</p>	<p style="text-align: center;">24 Aug 2023</p> <p style="text-align: center;">17 Dec 2023</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 – Medication bottle labels is “Melatonin 5mg tablet, take 1-2 tablets by mouth at bedtime as needed for insomnia.” The order is Melatonin 5mg tablet, take 2 tablets by mouth at bedtime as needed for insomnia. The bottle label and the order do not match.</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 contacted the pharmacy to correct the label. The pharmacy provided new labels that match the MD orders.</p> <p>In the future any change to medication by issuing MD will be documented in MD order and a notification of change will be provided to the pharmacy to ensure update of labels. Old prescriptions/orders will be documented in medication log as discontinued and a new log will be initiated to reflect the updated medication requirements.</p>	<p style="text-align: center;">24 Aug 2023</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 – Medication bottle labels is “Melatonin 5mg tablet, take 1-2 tablets by mouth at bedtime as needed for insomnia.” The order is Melatonin 5mg tablet, take 2 tablets by mouth at bedtime as needed for insomnia. The bottle label and the order do not match.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG contacted the pharmacy to correct the label. The pharmacy provided new labels that match the MD orders.</p> <p>In the future any change to medication by issuing MD will be documented in MD order and a notification of change will be provided to the pharmacy to ensure update of labels. Old prescriptions/orders will be documented in medication log as discontinued and a new log will be initiated to reflect the updated medication requirements.</p> <p>If the pharmacy refuses to issue a new label for medication that was already dispensed, the PCG will make a temporary label that reflect the MD medication orders.</p> <p>To ensure proper labels on medication, MD medication orders will be reviewed and medication labels checked daily prior to administering medication to residents.</p>	<p style="text-align: center;">24 Aug 2023</p> <p style="text-align: center;">18 Dec 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 – Physician’s notes dated 7/21/2023 say “Artificial tears for dry eye related to insomnia.” Per PCG, eye drops were not used. The order not clarified.</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>Pharmacy had been notified of the medication confusion and the pharmacy has reached out to the MD for clarification. MD has updated order to clarify prescription. The Eye Drops will be provided as needed.</p> <p>In the future all medication discrepancies will be addressed with the pharmacy and prescribing MD. All updates and changes will be documented in prescription and/or MD orders.</p>	18 Aug 2023

	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 notes dated 7/21/2023 say “Artificial tears for dry eye related to insomnia.” Per PCG, eye drops were not used. The order not clarified.</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>Pharmacy had been notified of the medication confusion and the pharmacy has reached out to the MD for clarification. MD has updated order to clarify prescription. The Eye Drops will be provided as needed.</p> <p>In the future all medication discrepancies will be addressed with the pharmacy and prescribing MD. All updates and changes will be documented in prescription and/or MD orders.</p> <p>If the resident shows signs that medication is no longer required, the prescribing MD will be immediately notified and an evaluation/appointment will be scheduled as necessary to discontinue medication via MD orders.</p> <p>Each time MD orders are giving and when prescriptions are filled, a review of medications will be conducted to ensure medications are accurate.</p>	<p>18 Aug 2023</p> <p>17 Dec 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 – new order was given on 7/11/2023 for Melatonin 5mg tab take 2 tablets by mouth at bedtime as needed for insomnia. Per medication administration record (MAR), previous order “Melatonin 5mg take 1-2 tablets by mouth at bedtime for insomnia” continued to be given.</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 contacted the pharmacy to correct the label. The pharmacy provided new labels that match the MD orders.</p> <p>In the future any change to medication by issuing MD will be documented in MD order and a notification of change will be provided to the pharmacy to ensure update of labels. Old prescriptions/orders will be documented in medication log as discontinued and a new log will be initiated to reflect the updated medication requirements.</p> <p>Resident is taking Melatonin as ordered in the MD orders. The MAR is consistent with the MD orders. The MD orders is followed and medication is given correctly</p>	<p>24 Aug 2023</p> <p>17 Dec 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 – new order was given on 7/11/2023 for Melatonin 5mg tab take 2 tablets by mouth at bedtime as needed for insomnia. Per medication administration record (MAR), previous order “Melatonin 5mg take 1-2 tablets by mouth at bedtime for insomnia” continued to be given.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG contacted the pharmacy to correct the label. The pharmacy provided new labels that match the MD orders.</p> <p>In the future any change to medication by issuing MD will be documented in MD order and a notification of change will be provided to the pharmacy to ensure update of labels. Old prescriptions/orders will be documented in medication log as discontinued and a new log will be initiated to reflect the updated medication requirements.</p> <p>When MD orders are given the MAR will be updated to reflect the changes that are stated in the MD orders. The medication order, prescription and MAR will be verified against the MD orders each time a MD order is given and when a prescription is filled.</p>	<p>24 Aug 2023</p> <p>17 Dec 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 – New order given on 5/2/2023 for “Gabapentin 100MG take one cap in the morning and 2 pills at bedtime as tolerated for agitation.” MAR was not updated until 6/1/2023. Per MAR, previous order “Gabapentin 100mg oral take 1 capsule up to twice a day as tolerated for agitation” continued to be carried out.</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>MD order with updated medication requirements is now reflected in medication log.</p> <p>In the future any change to medication by issuing MD will be documented in MD order and a notification of change will be provided to the pharmacy to ensure update of labels. Old prescriptions/orders will be documented in medication log as discontinued and a new log will be initiated to reflect the updated medication requirements.</p>	<p>17 Aug 2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 – Acetaminophen Extra Strength 500mg, 1tab by mouth every 6 hrs PRN was listed in MAR as current. Last physician's order was dated 2/18/2023. Medication order not reevaluated by physician for a period of six (6) months.</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>Correction in progress. Physician has been contacted and an updated DR record has been sent for signature.</p> <p>In the future, after each virtual and in-person DR visit the PCG will request an updated DR record to verify currentness and currency of medication and treatment.</p> <p>PCG obtained an updated MD medication order for the Tylenol from the resident's current Primary MD on 6 September 2023.</p>	<p style="text-align: center;">09/05/2023</p> <p style="text-align: center;">17 Dec 2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 – Acetaminophen Extra Strength 500mg, 1tab by mouth every 6 hrs PRN was listed in MAR as current. Last physician’s order was dated 2/18/2023. Medication order not reevaluated by physician for a period of six (6) 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>Correction in progress. Physician has been contacted and an updated DR record has been sent for signature.</p> <p>In the future, after each virtual and in-person DR visit the PCG will request an updated DR record to verify correctness and currency of medication and treatment.</p> <p>An appointment to review medication will be requested by the PCG from the prescribing MD quarterly and documented in a MD record. A re-occurring notification reminder will be set in the company google calendar to ensure this action is not forgotten.</p>	<p style="text-align: center;">09/05/2023</p> <p style="text-align: center;">17 Dec 2023</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 – New order given on 5/2/2023 for “Gabapentin 100MG take one cap in the morning and 2 pills at bedtime as tolerated for agitation.” MAR was not updated until 6/1/2023.</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 – New order given on 5/2/2023 for “Gabapentin 100MG take one cap in the morning and 2 pills at bedtime as tolerated for agitation.” MAR was not updated until 6/1/2023.</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>Although the order was dated for 5/2/2023 it was mailed and received on 5/31/2023. This is due to the Dr's process of requiring the PCG to type up the DR order/record and having it mailed to the Dr for signature. The letter is then reviewed and signed at the Dr's convenience and mailed back to the PCG. The issue of this process taking a month has been discussed with the DR with the DR refusing to change the process.</p> <p>In the future we will continue to work with the Dr to get the DR order/record in a timely manner.</p> <p>If medication order/MD order is not obtained in a timely manner, the medication changes will be annotated in the patient progress note stating the prescribing MD, the medication and the dosage amounts and times to be taken.</p>	<p>6/1/2023</p> <p>17 Dec 2023</p>

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<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 – The order is Melatonin 5mg tab, 1-2 tablets by mouth at bedtime as needed for insomnia. The number of tables taken was not recorded in MAR from May 2023 to July 2023. The medication not listed in February 2023, March 2023, and April 2023 MAR.</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 – The order is Melatonin 5mg tab, 1-2 tablets by mouth at bedtime as needed for insomnia. The number of tablets taken was not recorded in MAR from May 2023 to July 2023. The medication not listed in February 2023, March 2023, and April 2023 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>In the future the amount of tablets will be annotated next to the initials. This will provide other caregivers notice of the amount of medication that has been provided to the resident.</p> <p>When MD orders are given the MAR will be updated to reflect the changes that are stated in the MD orders. The medication order, prescription and MAR will be verified against the MD orders each time a MD order is given and when a prescription is filled.</p>	<p style="text-align: center;">8/17/2023</p> <p style="text-align: center;">17 Dec 2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(7) 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>Height and weight measurements taken;</p> <p><u>FINDINGS</u> Resident #1 – PCG's admission assessment stated resident's weight at admission 2/24/2023 was 129.0lbs. The "HEIGHT AND MONTHLY WEIGHT RECORD" form stated 138.6 lbs. for February 2023.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(7) 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>Height and weight measurements taken;</p> <p><u>FINDINGS</u> Resident #1 – PCG's admission assessment stated resident's weight at admission 2/24/2023 was 129.0lbs. The "HEIGHT AND MONTHLY WEIGHT RECORD" form stated 138.6 lbs. for February 2023.</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 admission weight is the weight that the resident's family had provided. The weight documented for the month of Feb 2023 was the weight that the PCG had taken.</p> <p>In the future we will ensure to take the weight of the resident at the time of admission to ensure that the admission records have the correct measurements.</p>	<p style="text-align: center;">8/17/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #1 – Annual tuberculosis clearance result was recorded by “MA.” Tuberculosis clearance determination was not made by physician/APRN.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PCG had physician correct the tuberculosis clearance by having the physician sign the original test results.</p> <p>In the future PCG will verify that the tuberculosis clearance test results is signed by a physician or APRN.</p>	<p>8/18/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #1 – Annual tuberculosis clearance result was recorded by “MA.” Tuberculosis clearance determination was not made by physician/APRN.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG had physician correct the tuberculosis clearance by having the physician sign the original test results.</p> <p>In the future PCG will verify that the tuberculosis clearance test results is signed by a physician or APRN.</p>	<p style="text-align: center;">8/18/2023</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 – PCG's observation of resident's response to diet was not recorded in progress notes.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

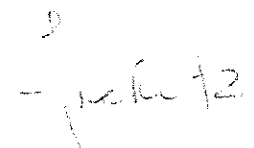
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – PCG's observation of resident's response to diet was not recorded 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 PCG will annotate response to medication, treatment, diet, care plan and any changes in condition, indications of illness or injury, behavior patterns to include date, time, and all actions taken.</p>	8/17/2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2) 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 – MAR did not have a legend for care givers' initials who administer medication.</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 example provided by DOH has the resident's initials in the legend. To ensure compliance with what was provided by DOH the PCG had copied the example listing the resident's initials in the legend and not the PCG.</p> <p>To correct the finding a legend has been added to the bottom of the MAR. The legend no longer has the resident's initials and the caregivers' initials have been added.</p> <p>In the future MARs will have the legend with the caregivers' initials.</p>	<p>9/1/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2) 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 – MAR did not have a legend for care givers' initials who administer medication.</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 example provided by DOH has the resident's initials in the legend. To ensure compliance with what was provided by DOH the PCG had copied the example listing the resident's initials in the legend and not the PCG.</p> <p>To correct the finding a legend has been added to the bottom of the MAR. The legend no longer has the resident's initials and the caregivers' initials have been added.</p> <p>In the future MARs will have the legend with the caregivers' initials.</p>	<p style="text-align: center;">9/1/2023</p>

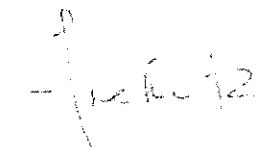
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p><u>FINDINGS</u> Resident #1 – PCG's observation of 14.8 lbs. weight gain from 2/24/2023 at admission (138.6 lbs) to July 2023 (153.4 lbs.) was not documented until July 2023.</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>§11-100.1-20 <u>Resident health care standards</u>. (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p><u>FINDINGS</u> Resident #1 – PCG's observation of 14.8 lbs. weight gain from 2/24/2023 at admission (138.6 lbs) to July 2023 (153.4 lbs.) was not documented until July 2023.</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>Weight gain was documented in the height and monthly weight record. The wight was also documented in the part 2 of progress notes. The Dr has been notified about weight gain throughout her treatment.</p> <p>To correct the findings, progress note part 1 will be re-accomplished</p> <p>In the future, progress note part 1 will be re-accomplished monthly to ensure up to date information that has been annotated in other records are annotated there as well.</p> <p>Reoccurring notification reminders have been set in company google calendar. A template stating what is required to be annotated in the progress notes have been made. A progress note will also be accomplished as needed when PCG observes changes in clients disposition or health.</p>	<p style="text-align: center;">9/5/2023</p> <p style="text-align: center;">17 Dec 2023</p>

Licensee's/Administrator's Signature: 

Print Name: Cherry Ann Ancheta

Date: 9/5/2023

Licensee's/Administrator's Signature: 

Print Name: Cherry Ann Ancheta

Date: 18 Dec 2023