

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: E & R	CHAPTER 100.1
Address: 3034 Kalihi Street, Honolulu, Hawaii 96819	Inspection Date: February 7, 2024 Annual

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

**YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS PER HAR 11-100.1-3(e)(2). IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

**FAILURE TO CORRECT CITED DEFICIENCIES AS PER THE PLAN OF CORRECTION COULD RESULT IN REFUSAL TO RENEW YOUR LICENSE PER HAR 11-100.1-3(e)(3).**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <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><b>FINDINGS</b>  Primary Care Giver (PCG), and Substitute Care Giver (SCG) #1 – No current documented evidence stating aforementioned care givers have no prior felony or abuse convictions in a court of law.</p> <p><b>Repeat Deficiency from 2023 Annual Inspection and 2023 Annual Unannounced Visit.</b></p> <p>**Please submit Fieldprint background check results as evidence of completion.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Fieldprint completed on 5-6-24 for PCG. SCG #1 does not work in the care home effected 2-16-24</i></p>	<p style="text-align: right;"><i>may 13-24</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><b><u>FINDINGS</u></b>  Primary Care Giver (PCG), and Substitute Care Giver (SCG) #1 – No current documented evidence stating aforementioned care givers have no prior felony or abuse convictions in a court of law.</p> <p><b>Repeat Deficiency from 2023 Annual Inspection and 2023 Annual Unannounced Visit.</b></p> <p>**Please submit Fieldprint background check results as evidence of completion.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>I will review checklist for staff requirements before the start working to include fingerprinting I will review once a year schedule appointments 2-3 months before its due Use my calendar to remind me of appointment.</i></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><b><u>FINDINGS</u></b> PCG -- No current physical examination assessment done by physician or advanced practice registered nurse (APRN).</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes. I called Kaiser Clinic on 2/8/2024 regarding the result of my physical examination assessment done on 12/28/2023 by my MD.</p> <p>I went to pick it up from Kaiser clinic on 2/9/2024. PE assessment was done on 12/28/23.</p>	<p>2/9/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><b><u>FINDINGS</u></b> PCG – No current physical examination assessment done by physician or advanced practice registered nurse (APRN).</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>I shall get a copy of my physical examination assessment form on the day it is done. If it is not complete, I shall tell my MD and the RN that I shall pick up my completed P.E. form within 3 working days.</p> <p>After I pick up my completed PE form, I shall file it in my carehome manual. I shall call Kaiser clinic and make appointment 2-3 months before it is due and write it in my appointment calendar as a reminder.</p> <p>I shall review my CH manual monthly to ensure that my PE assessment is updated annually to ensure that I am free of infectious disease and able to provide care to the residents.</p>	2/9/2024

	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><b><u>FINDINGS</u></b> PCG – No current Tuberculosis (TB) assessment done by physician or advanced practice registered nurse (APRN).</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes. I called kaiser Clinic on 2/8/2024 and I was given appointment for TB Assessment/screening clearance on 2/15/2024.</p> <p>TB assessment and screening clearance was done on 2/15/2024 by MD.</p> <p>Result = Negative for infectious diseases.</p>	2/15/2024

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<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><b><u>FINDINGS</u></b> PCG – No current Tuberculosis (TB) assessment done by physician or advanced practice registered nurse (APRN).</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>I shall get a copy of my TB Assessment/ Screening clearance result on the same day if is done and file in in my care home manual.</p> <p>I shall review my carehome manual of my TB assessment/ screening clearance monthly. I shall make appointment at the Kaiser clinic 2-3 months before it's due. I shall schedule my physical exam and TB assessment/screening clearance on the same day for better scheduling and monitoring.</p> <p>I shall have it done on the appointment date to insure that it is done annually and I am free of infectious diseases.</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><b><u>FINDINGS</u></b> Resident #1 – Physician order dated 5/16/23 and renewed on 8/8/23, 11/7/23, and 1/23/24 for “Vitamin D3 50mcg oral capsule, take 1 cap by GT daily.” However, no documentation on Medication Administration Record (MAR) that medication is being provided to resident as ordered by physician.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>yes.</p> <p>Doctor saw resident #1 and review medication order for vitamin D3 50mcg oral capsule take 1 cap by GT daily.</p> <p>Doctor Dc'd Vitamin D3 50mcg oral capsule.</p>	<p>2/8/2024</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><b><u>FINDINGS</u></b> Resident #1 – Physician order dated 5/16/23 and renewed on 8/8/23, 11/7/23, and 1/23/24 for “Vitamin D3 50mcg oral capsule, take 1 cap by GT daily.” However, no documentation on Medication Administration Record (MAR) that medication is being provided to resident as ordered by physician.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>I shall review the physician order sheet each time resident see the doctor and document it in the MAR.</p> <p>I shall notify doctor immediately regarding administration of medication capsule by GT daily and clarify the administration the administration of this medication.</p> <p>I shall write medication orders in the MAR and will review MAR weekly and monthly to ensure compliance of medication orders in the MAR. I will use my calendar to remind me.</p>	2/8/2024

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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><b><u>FINDINGS</u></b> Resident #1 - Physician order dated 5/16/23 and renewed on 8/8/23, 11/7/23, and 1/23/24 for "Vitamin D3 50mcg oral capsule, take 1 cap by GT daily." However, medication not in resident's medication bin. PCG reports she has not been giving medication. Please clarify order with physician.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes.</p> <p>I brought resident #1 to see the doctor on 2/8/24 and review medication order of Vitamin D3 50mcg oral capsule. There was no supply of medication from pharmacy. Doctor Dc'd medication order.</p>	2/28/2024

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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><b><u>FINDINGS</u></b> Resident #1 - Physician order dated 5/16/23 and renewed on 8/8/23, 11/7/23, and 1/23/24 for "Vitamin D3 50mcg oral capsule, take 1 cap by GT daily." However, medication not in resident's medication bin. PCG reports she has not been giving medication. Please clarify order with physician.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>I shall review the physician order each time resident see the doctor. Memo note to remind me in my binder. I shall notify doctor regarding supply from pharmacy is low. I shall have doctor re-evaluate medication order and ask if medication not available can be Dc'd or if another medication can be replaced until it is available.</p>	<p style="text-align: center;">2/8/2024</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><b><u>FINDINGS</u></b> Resident #1 – Physician order dated 2/14/23 for “Promethazine HCL 6-25mg/5mL syrup 2 tsp via G-tube every 6 hours PRN for nausea/vomiting.” No documented evidence of an order renewal from March 2023 to January 2024. Medication still listed on MAR in the last twelve (12) months. Please clarify order with the physician.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes. Doctor saw resident on 2/8/24 and discontinued med since there was no renewal order from March 2023 to January 2024.</p>	<p>2/8/2024</p>

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☒	<p>§11-100.1-15 <u>Medications. (g)</u> 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><b><u>FINDINGS</u></b> Resident #1 – Physician order dated 2/14/23 for “Promethazine HCL 6-25mg/5mL syrup 2 tsp via G-tube every 6 hours PRN for nausea/vomiting.” No documented evidence of an order renewal from March 2023 to January 2024. Medication still listed on MAR in the last twelve (12) months. Please clarify order with the physician.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>I shall review the medication orders and the medication sheet each time MD see the resident.</p> <p>If there is a discrepancy regarding the orders + MAR, I shall notify the MD immediately and clarify orders.</p> <p>I will review the MAR monthly to ensure that the MAR is the same as the MD orders. I will use the calendar to remind me.</p>	2/8/2024

	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><b><u>FINDINGS</u></b>  Resident #1 – Schedule of activities with an update date of 2/28/2020 read that resident attends Adult Day Program Monday to Friday from 8:00 a.m. to 3:00 p.m. PCG reports resident has not attended ADH since after Covid pandemic in March 2020.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes. I reviewed and updated schedule of activities for resident #1. The activities reflect that resident does not attend Adult Day Program Monday-Friday since Covid pandemic. Resident #1 currently watches TV in the living area with other residents.</p>	<p>2/28/2024</p>

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<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><b><u>FINDINGS</u></b>  Resident #1 – Schedule of activities with an update date of 2/28/2020 read that resident attends Adult Day Program Monday to Friday from 8:00 a.m. to 3:00 p.m. PCG reports resident has not attended ADH since after Covid pandemic in March 2020.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>I shall review the schedule of activities of each resident monthly.</p> <p>I shall updated the schedule of activities of each resident when there is a change in their activities to ensure that activities reflects their current schedule.</p>	<p>2/28/2024</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 – Monthly progress notes in the last twelve (12) months did not consistently document resident's response to medication and diet.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	



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<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 – Monthly progress notes in the last twelve (12) months did not consistently document resident's response to medication and diet.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>When charting the monthly progress notes, I shall document resident #1's response to her formula by tube feeding route. Any adverse reactions to the formula shall be documented.</p> <p>I shall document resident #1 response to current meds whether there is any adverse reactions or no.</p> <p>I shall review the previous monthly progress notes to ensure that response to diet and medications are in compliance with records and reports requirements in the monthly progress notes. I will use this calendar to remind me.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4)            General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b><u>FINDINGS</u></b>            Resident #1 – Resident’s annual physical exam dated 1/23/24 assessed resident as “ARCH” level of care, however resident is total assist with ADLs, on G-tube feeding and medication via G-tube feeding. Please have resident reassessed for appropriate level of care. OHCA N2 form for level of care dated 1/2/18 states resident is “Skilled Nursing Facility.”</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes.            On 2/8/24, I called doctor to reassess resident for the appropriate level of care on the PE form dated 2/14/23.             Doctor saw resident #1 and reassessed the appropriate level of care on the annual PE form dated 2/14/23 from ARCH to ICF level on 2/8/24.</p>	<p>2/8/2024</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4)            General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b><u>FINDINGS</u></b>            Resident #1 – Resident’s annual physical exam dated 1/23/24 assessed resident as “ARCH” level of care, however resident is total assist with ADLs, on G-tube feeding and medication, via G-tube feeding. Please have resident reassessed for appropriate level of care. OHCA N2 form for level of care dated 1/2/18 states resident is “Skilled Nursing Facility.”</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN’T HAPPEN AGAIN?</b></p> <p>I shall review the annual P.E. form completed by the MD while I am still in the clinic to ensure that the level of care is the same as the level of care in the assessment.</p> <p>If there is a discrepancy, I shall notify MD and have it corrected on the same day.</p> <p>I shall review the PE form monthly to ensure compliance of level of care based on the condition and services needed. I will use my calendar to remind me.</p>	2/8/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements</u>, (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><b><u>FINDINGS</u></b> SCG #1 – No documented evidence that SCG #1 received training from RN Case Manager of resident #1’s routine and specialized care.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>I found inservice and refiled.</p>	<p>2/8/2024</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><b><u>FINDINGS</u></b> SCG #1 – No documented evidence that SCG #1 received training from RN Case Manager of resident #1’s routine and specialized care</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN’T HAPPEN AGAIN?</b></p> <p>I shall review my in-service training monthly with my case manager. If there is no in-service training documentation, I shall contact the residents case manager and schedule in-service to ensure adequate training is done.</p>	<p>2/8/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(2)  Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Orders for diet, medication, specialized care, or activities signed by the physician;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Arm circumference measurement is being used to monitor resident's weight. However, no physician order for arm circumference to be used as an alternative method to monitor resident's weight.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Doctor saw resident on 2/8/24 and ordered arm circumference to monitor resident's weight.</p>	<p>2/8/2024</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(2)  Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Orders for diet, medication, specialized care, or activities signed by the physician;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Arm circumference measurement is being used to monitor resident’s weight. However, no physician order for arm circumference to be used as an alternative method to monitor resident’s weight.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN’T HAPPEN AGAIN?</b></p> <p>I shall obtain a physician order before implementing new procedure for the residents such as arm circumference measurement to monitor weight.</p> <p>I will use this SOD cite to remind me of this rule.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(5) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Promote continuity of care and appropriate integration and utilization of services necessary to implement the care plan;</p> <p><b><u>FINDINGS</u></b> Resident #! - No documented evidence of a current ISP Care Plan. Care Plan observed in resident binder is dated 5/31/22.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes. I called CM and she said she was sick and cannot come at that time. On 2/22/24 CM came and updated the ISP plan with her team and I filed it in the binder.</p>	<p>2/22/2024</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(5)            Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Promote continuity of care and appropriate integration and utilization of services necessary to implement the care plan;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – No documented evidence of a current ISP Care Plan. Care Plan observed in resident binder is dated 5/31/22.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>I shall review the resident's ISP care plan after each CM visit to ensure it is current and done timely.</p> <p>If there is no current ICP plan in the resident's binder, I shall contact the CM immediately to have an ISP care plan done with her team.</p>	<p>2/22/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(8)  Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – No documented evidence of a monthly face to face report for May 2023.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes.  On 2/8/2024, I called CM and told her there was no evidence of monthly face to face contact for May 2023. She told me she was sick at that time.  On 2/22/24, CM came and saw resident #1 and completed her face to face contact. CM stated she had met with resident for May 2023 but failed to file it in the resident's binder at time of visit. I received a copy.</p>	<p style="text-align: center;">2/22/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(8)            Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – No documented evidence of a monthly face to face report for May 2023.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>I shall review the resident's binder after each CM visit and look for the completion of face to face documentation which shall be filed in the resident's binder during the visit.</p> <p>If there is no evidence of face to face report filed in the binder after the visit, I shall contact the CM immediately.</p>	<p>2/22/2024</p>

Licensee's/Administrator's Signature: Remedios Brion  
Print Name: REMEDIOS BRION  
Date: 3-4-2024

Licensee's/Administrator's Signature: Remedios Brion  
Print Name: REMEIOS BRION  
Date: 5-13-2024