

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATE OF HAWAII
104 SOUTH
STATE LICENSING
24 JAN 10 P2:51

Facility's Name: Edgar Tuazon Care Home	CHAPTER 100.1
Address: 94-1117 Lumikuke Place, Waipahu, Hawaii 96797	Inspection Date: December 26, 2023 Initial

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><u>FINDINGS</u> Primary Care Giver (PCG), Substitute Care Giver (SCG) #1, #2 – No Fieldprint result 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>Field print clearance of both PCG & SCG #1 were done Jan 2, 2024 however still waiting for results which expected to be released in 2-3 weeks period. Copy will be forwarded to your office once it becomes available.</p> <p>SCG #2 (Edison Calma) removed, he is unavailale because he moved to the Philippines and no definite date of return.</p> <p style="text-align: center;"><i>"See result copy"</i></p>	<p>01/02/2024</p>

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<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> Primary Care Giver (PCG), Substitute Care Giver (SCG) #1, #2 – No Fieldprint result 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>Moving forward ARCH will use a spreadsheet to identify when requirements are due and post it on the wall where it will be visible as a reminder.</p>	<p>01/02/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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> Household member (HM) #1 – There was only one negative PPD skin test result dated 6/27/2023. No record for second PPD skin test result. Thus, there is no initial tuberculosis clearance.</p> <p>Please submit a copy with your 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>First & Second PPD skin test were obtained for Household member #1 and both results were placed into the home record.</p> <p>(see attached PPD skin test clearance)</p>	12/29/2023

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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><u>FINDINGS</u> Household member (HM) #1 – There was only one negative PPD skin test result dated 6/27/2023. No record for second PPD skin test result. Thus, there is no initial tuberculosis clearance.</p> <p>Please submit a copy with your 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>ARCH will use a spreadsheet to identify when requirements are due and post it on the wall where it will be visible as a reminder.</p> <p>(see attached spreadsheet)</p> <p><i>I will use check list</i></p> <p><i>"see check list"</i></p> <p><i>as to be a reminder to obtain required documents.</i></p>	<p>12/29/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p><u>FINDINGS</u> First aid kit contained the following medications: -Tylenol packets (2) -Neomycin antibacterial cream packet (4) -Burn cream packet (4)</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>Tylenol packets, Neomycin antibacterial cream packets, and Cream burn packets were taken out from the 2nd First Aid Kit.</p>	12/29/2023

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<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p><u>FINDINGS</u> First aid kit contained the following medications: -Tylenol packets (2) -Neomycin antibacterial cream packet (4) -Burn cream packet (4)</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>ARCH will inspect First Aid kit once a month at least to check expiration dates and inventory availability. Replenish what's been out and dispose expired ones.</p>	<p>12/29/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u> Only one week menu was posted.</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>Four weekly menus has been made and ready to use as cycle menus.</p>	<p>12/29/2023</p>

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	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 #1 – No menu for “2g Sodium diet, consistent carbs.”</p> <p>Please clarify with the physician about the amount of carbohydrates and submit menus (7 days) for department 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>2g Sodium diet, consistent carbs for resident #1 has been inserted into the daily menu.</p> <p>Amount of carbohydrates allowed is up to 60g every meal and it's been verified and confirmed with the PCP. Menu for 7 days is attached for the department review.</p>	12/29/2023

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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> Resident #1 – No menu for “2g Sodium diet, consistent carbs.”</p> <p>Please clarify with the physician about the amount of carbohydrates and submit menus (7 days) for department 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> <p>ARCH uses four weeks cycle menus that also includes 2g sodium diet, menu for the preceding week will be reviewed one week prior and modify as if necessary. Post new weekly menu every Fridays prior.</p> <p style="text-align: center;">I will contact OHCA Nutritionist if I need assistance to meet a spec or diet especially menu"</p>	<p>12/29/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p><u>FINDINGS</u> Resident #2 – SCG stated that papaya, egg, Jell-O, oatmeal, and custard pie were given for breakfast. Posted menu for the breakfast was “Blueberries, FTD W/G Cereal, FF Milk, Scrambled egg, Water, Coffee.” Menu substitution was not recorded.</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>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p><u>FINDINGS</u> Resident #2 – SCG stated that papaya, egg, Jell-O, oatmeal, and custard pie were given for breakfast. Posted menu for the breakfast was “Blueberries, FTD W/G Cereal, FF Milk, Scrambled egg, Water, Coffee.” Menu substitution was not recorded.</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 worked with the SCG in filling out menu substitution and filed in the home record. Will continue to work with SCG's in obtaining proper documentation of menu substitutions.</p>	12/29/2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><u>FINDINGS</u> Resident #1 – Diet order dated 12/5/2023 was “2g Sodium diet, consistent carbs.” The amount of carbohydrates was not clarified.</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>Amount of carbohydrates allowed is up to 60g every meal and it's been verified and confirmed with the PCP.</p>	<p>12/29/2023</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><u>FINDINGS</u> Resident #1 – Diet order dated 12/5/2023 was “2g Sodium diet, consistent carbs.” The amount of carbohydrates was 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>2g Sodium diet, consistent carbs ^{up to 60 gms} for resident #1 has been inserted into the daily menu.</p> <p>“I will reviewed physician order at list ones (1) a month if clarification as needed I will contact the primary doctor with in (24) hours as soon</p>	<p>12/29/2023</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 #1 – Diet order dated 12/5/2023 was “2g Sodium, consistent carbs.” Regular diet menu was provided for lunch.</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>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> Produce (bags of oranges, apples, pears, and onions) were stored on living room floor.</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>Produce (bag of oranges, apples, pears and onions) were moved and placed in the kitchen counter top.</p>	<p>12/27/2023</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation</u>, (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> Kitchen refrigerator temperature measured at 64-degree Fahrenheit, outside of acceptable range.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: right;"><i>down</i></p> <p>Kitchen refrigerator temperature been brought up to at least 45-degree Fahrenheit.</p>	<p>12/27/2023</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> Kitchen refrigerator temperature measured at 64-degree Fahrenheit, outside of acceptable range.</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>ARCH to equipped refrigerator appropriate thermometer and check temperature from time to time and make sure it's within the acceptable temperature reading.</p> <p><i>The temperature displayed on the door of the refrigerator. All caregivers can monitor easily.</i></p>	<p>12/29/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation.</p> <p><u>FINDINGS</u> SCG #1 stated that she does not check cooking temperature when preparing meals.</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>§11-100.1-14 <u>Food sanitation.</u> (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation.</p> <p><u>FINDINGS</u> SCG #1 stated that she does not check cooking temperature when preparing meals.</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>Hold orientation and training about proper food temperature requirements during storage, preparation, display, service, and transportation. Signs were posted on the wall and refrigerator where is always visible to serve as a reminder to caregivers.</p>	12/30/2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> A bottle of bleach was stored unsecured in kitchen cabinet under 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>Bottle of bleach been moved to a secured locker cabinet where all chemicals and cleaning agents are stored.</p>	<p>12/28/2023</p>

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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> A bottle of bleach was stored unsecured in kitchen cabinet under 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> <p>ARCH to put back chemicals and cleaning agents right after use into secured locker cabinets.</p> <p><i>"I trained my AEL caregiver to lock the cabinet after cleaning is done."</i></p>	<p>01/29/2023</p>

	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> A medication cabinet was above the kitchen sink. A long shackle padlock was attached to the handles of the cabinet doors. The cabinet door could be partially opened without unlocking because of the long shackle. PCG was observed taking a medication container out through the partially opened cabinet doors without unlocking the padlock.</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>Medication cabinet above the kitchen sink has been fully locked.</p> <p><i>All medications moved to P inside PCC bed-room, the door always closed.</i></p>	12/29/2023

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1</p> <p>-In the 12/14/2023 physician's notes, "Discontinue Medication as of 12/13/23: Calcium Carbonate-Vitamin D3 500mg-5mcg (200 unit), Sig: Take 1 tablet by mouth daily" was listed. "Take 1 tablet" was changed to "Take 2.5 tablet" by hand.</p> <p>-In the 12/12/2023 physician's notes, "SENNOSIDES-DOCUSATE SODIUM 8.6-50MG ORAL TAB, Sig: Take 2 tablets by mouth 2 times a day, Hold for loose stool" was listed. "Sub: stimulant laxative Plus" was handwritten.</p> <p>There was no date, physician's initial, or signature. Unable to confirm that it was written by physician. Please obtain a physician's order with signature and date.</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>Signed written script change of Calcium Carbonate-Vitamin D3 500mg-5mcg (200 units) from 1 tablet to 2.5 tablets has been obtained from the resident's PCP. (see attached script)</p> <p>Signed physician's order of Sennosides Docusate Sodium 8.6-50mg oral tab (Sub: stimulant laxative Plus) has been obtained and copy was placed resident's home record. (see attached copy)</p>	<p>12/28/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1</p> <p>-In the 12/14/2023 physician's notes, "Discontinue Medication as of 12/13/23: Calcium Carbonate-Vitamin D3 500mg-5mcg (200 unit), Sig: Take 1 tablet by mouth daily" was listed. "Take 1 tablet" was changed to "Take 2.5 tablet" by hand.</p> <p>-In the 12/12/2023 physician's notes, "SENNOSIDES-DOCUSATE SODIUM 8.6-50MG ORAL TAB, Sig: Take 2 tablets by mouth 2 times a day, Hold for loose stool" was listed. "Sub: stimulant laxative Plus" was handwritten.</p> <p>There was no date, physician's initial, or signature. Unable to confirm that it was written by physician. Please obtain a physician's order with signature and date.</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>ARCH to carefully review physician's or APRN new order, clarify any questions and concerns before leaving the clinic. Focus on date ordered, and make sure it's signed.</p> <p>Spend time reconciling medication label against MAR before administering.</p> <p>① "I will reviewed all orders before leaving the office to make sure orders are complete</p> <p>② I will also the medications order at least ones a week and if clarification are needed I will contact the Doctor with in 24 hours)</p>	12/29/2023

	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 order dated 12/13/2023, 12/8/2023, 12/5/2023 were Carvedilol 12.5mg Oral tab, take 1 tablet by mouth 2 times a day. Hold for Systolic blood pressure less than 100 or heart rate less than 60. Blood pressure was taken as ordered, but there was no record that heart rates were taken.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 12/13/2023, 12/8/2023, 12/5/2023 were Carvedilol 12.5mg Oral tab, take 1 tablet by mouth 2 times a day. Hold for Systolic blood pressure less than 100 or heart rate less than 60. Blood pressure was taken as ordered, but there was no record that heart rates were taken.</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>Effective immediately after initial review, ARCH started recording resident's heart rates in the daily flow sheet. Hold Carvedilol 12.5mg if heart is less than 60.</p> <p><i>I will reviewed the plan the physician order this at least ones a month and also reviewed after coming back here doctor office.</i></p>	12/27/2023

	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 orders dated 12/8/2023 and 12/5/2023 were Torsemide 20mg, 1 tab qd PRN for swelling. Location and/or degree of swelling were not specified. Please clarify with physician.</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>Detailed physician order of Torsemide 20mg, 1 tab qd PRN for swelling has been obtained. Swelling location is on the legs and as doctor's order it can at any level. (see attached)</p>	12/29/2023

	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 orders dated 12/8/2023 and 12/5/2023 were Torsemide 20mg, 1 tab qd PRN for swelling. Location and/or degree of swelling were not specified. Please clarify with physician.</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>ARCH to carefully review new physician's order to make sure all information is detailed in the script.</p> <p><i>I will reviewed the physician order at least once a month clarification is needed I will contact the doctor w/in 24 hours.</i></p>	<p>12/29/2023</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 #2 – Physician’s order dated 12/22/2023 stated, “Tylenol 325mg Tablet, 1 tablet as needed orally every 4 hrs.” As needed indication not included in the order. Please obtain physician’s order.</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>Physician's order for the Tylenol 325mg tab has been corrected and filed in the resident's home record. (see attached script)</p> <p><i>PNW for Pain & fever The order obtained</i></p>	<p>12/29/2023</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 #2 – Physician’s order dated 12/22/2023 stated, “Tylenol 325mg Tablet, 1 tablet as needed orally every 4 hrs.” As needed indication not included in the order. Please obtain physician’s order.</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>ARCH to carefully review new physician's order to make sure all information is detailed in the script before leaving the clinic.</p> <p><i>if clarification is needed, I will contact the doctor within 24 hours.</i></p>	12/29/2023

	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>FINDINGS Resident #2 – Medication order dated 12/22/2023, 11/23/2023, and 10/11/2023 stated “Alendronate Sodium 70mg Take 1 tab by mouth weekly 30-60 mins prior to breakfast on an empty stomach. Do not lie down after taking medications,” The medication was being administered every eight (8) days from 11/1/2023 to present (12/26/2023).</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>This is after the fact, cannot be fix.</p> <p><i>Frequency was corrected to once a week.</i></p> <p><i>Mar was corrected and I trained SCC to give medications as physician order.</i></p>	<p>12/29/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #2 – Medication order dated 12/22/2023, 11/23/2023, and 10/11/2023 stated “Alendronate Sodium 70mg Take 1 tab by mouth weekly 30-60 mins prior to breakfast on an empty stomach. Do not lie down after taking medications,” The medication was being administered every eight (8) days from 11/1/2023 to present (12/26/2023).</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>Moving forward I will make sure to administer medication as ordered weekly which means every 7 days, that if given on Tuesday the next dosage will be the following Tuesday or every Tuesday of the week.</p> <p>① I will reviewed medications order and medication bottle to make sure ^{the order} is followed.</p> <p>② I trained SGB to double check the order and the bottle before giving the medication.</p>	12/29/2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #2 – Full name of the care giver was not included in medication administration record (MAR) to identify who is administering medication. Only first name was listed.</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>MAR has been fully signed with complete first name and last name.</p>	12/29/2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #2 – Full name of the care giver was not included in medication administration record (MAR) to identify who is administering medication. Only first name was listed.</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 style="text-align: center;"><i>no W/H</i></p> <p>Set aside enough time to review medication administration record (MAR) that is fully filled out properly.</p>	<p>12/27/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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 – Per MAR, the following medication was given as needed. Time of medication administration was not recorded.</p> <p>Torsemide 20mg: 12/15/2023 Tylenol 325mg: 12/15/2023 and 12/17/2023 Gabapentin 100mg: 12/15/2023 Triamcinolone Acetonide ointment: 12/15/2023, 12/16/2023, and 12/18/2023</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
☒	<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 – Per MAR, the following medication was given as needed. Time of medication administration was not recorded.</p> <p>Torsemide 20mg: 12/15/2023 Tylenol 325mg: 12/15/2023 and 12/17/2023 Gabapentin 100mg: 12/15/2023 Triamcinolone Acetonide ointment: 12/15/2023, 12/16/2023, and 12/18/2023</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>ARCH to fill in the time in the MAR immediately after administering all PRN medication. Not to delay charting but make it a practice.</p> <p><i>"I trained self to record MAR right after giving medications. "I will reviewed the MAR at least monthly.</i></p>	<p>12/29/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><u>FINDINGS</u> Resident #1 – No plan of care and activities schedule.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Resident #1 Care and activities schedule has been drafted and placed into home record. (see attached copy)</p>	<p>12/29/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><u>FINDINGS</u> Resident #1 – No plan of care and activities schedule.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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>ARCH to make residents plan of care and activities schedule at least 1 week in advance.</p> <p><i>"I will use the other Admission check list as a reminder to create Plan of Care"</i></p>	12/29/2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><u>FINDINGS</u> Resident #2 – Daily schedule of activities stated, “TUESDAY 10:00am Domino, 10:30am Snack, 11:30am Walk around, 12:00pm Lunch.” Resident was sitting in rocking chair in bedroom from 9:30am until lunch was served at 12:00pm. Resident was not prompted to participate in activities.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><u>FINDINGS</u> Resident #2 – Daily schedule of activities stated, “TUESDAY 10:00am Domino, 10:30am Snack, 11:30am Walk around, 12:00pm Lunch.” Resident was sitting in rocking chair in bedroom from 9:30am until lunch was served at 12:00pm. Resident was not prompted to participate in activities.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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>ARCH to be more prompt and stay within the residents daily schedule. Prompt residents to participate in activities. Create or come up with an incentive for residents to get excited to participate.</p> <p><i>I trained all to open activity to the resident and do a resident respond</i></p>	12/29/2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) 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>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> Resident #2 – Admission assessment was not signed by the legal representative.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Admission assessment of resident #2 legal representative has been obtained and place in resident's home record. (copy attached)</p>	12/29/2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) 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>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> Resident #2 – Admission assessment was not signed by the legal representative.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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>Moving forward, ARCH to have Admission assessment document be signed during the admission day or no later than 7 days after. (see attached signed copy)</p> <p><i>I will reviewed all documents with in one week of Admission then I will complete as needed</i></p>	12/29/2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #2</p> <p>-Physician appointments attended on 11/23/2023 and 12/22/2023 were not recorded in progress notes. -October 2023 progress notes did not include resident's response to diet and medication. -No November 2023 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 #2</p> <p>-Physician appointments attended on 11/23/2023 and 12/22/2023 were not recorded in progress notes. -October 2023 progress notes did not include resident's response to diet and medication. -No November 2023 progress notes.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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>ARCH to set aside 15minutes to record any progress notes after the following: <i>at least once a month</i></p> <p>Resident's physician appointments Response to diet and new medication Monthly progress as required</p> <p><i>I will review at the end of the month</i></p>	<p>12/29/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(5) During residence, records shall include:</p> <p>Entries detailing all medications administered or made available;</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order was Torsemide 20mg, 1 tablet by mouth daily as needed for swelling. Per MAR, the medication was given on 12/15/2023. There were no progress notes for the reason why it was given and observation of the resident’s response to the medication.</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)(5) During residence, records shall include:</p> <p>Entries detailing all medications administered or made available;</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order was Torsemide 20mg, 1 tablet by mouth daily as needed for swelling. Per MAR, the medication was given on 12/15/2023. There were no progress notes for the reason why it was given and observation of the resident’s response to the medication.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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>ARCH to set aside 15 minutes to record progress notes, reason why PRN medication was given, and the resident's response to the medication.</p> <p><i>I will reviewed progress note at least once a month to make sure resident response to medication is documented.</i></p>	<p>12/29/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 – Emergency information sheet did not include list of current medication.</p> <p>Resident #2 – Emergency information sheet did not include current Dyslipidemia diagnosis and tuberculosis test date.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>List of current medication is now included in the Emergency Information Sheet of resident #1. Copy is filed into the resident's home record.</p> <p>Current Dyslipidemia diagnosis and tuberculosis test date of resident #2 is now included into Emergency information sheet. Copy is filed into the resident's file home record.</p>	<p style="text-align: center;">12/29/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 – Emergency information sheet did not include list of current medication.</p> <p>Resident #2 – Emergency information sheet did not include current Dyslipidemia diagnosis and tuberculosis test date.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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>ARCH to review all documents, make sure all are completed and signed during the admission.</p> <p><i>PCO reviewed Emergency Information at least once a month & update as needed.</i></p>	<p>12/29/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u> Resident #1 – In DOH “TB Document F”, resident’s first name was changed using white correction tape.</p> <p>Resident #2 – White correction tape was used in November 2023 MAR. The original initial was covered with white out on 11/9/2023 and new initial was written over.</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. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u> Resident #1 – In DOH “TB Document F”, resident’s first name was changed using white correction tape.</p> <p>Resident #2 – White correction tape was used in November 2023 MAR. The original initial was covered with white out on 11/9/2023 and new initial was written over.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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>Moving forward, ARCH not to use white correction tape to correct error. It can be cross out, write the correct word above and initial.</p> <p><i>I trained self not to use white out.</i></p>	<p>12/29/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p><u>FINDINGS</u> A large lizard was walking on the kitchen counter and water cooler.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Large lizard has disappeared.</p> <p><i>"wiped with disinfecting Wipes everyday"</i></p>	<p>12/28/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u>, (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p><u>FINDINGS</u> A large lizard was walking on the kitchen counter and water cooler.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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>ARCH to spray around the house with diluted water and red chili powder. <i>Once a week</i></p> <p>I will cleaned ^{high} contact surfaces w/ the same thing wipe everyday</p> <p>"I will cleaned high contact surfaces w/ disinfecting wipes, everyday."</p>	<p>12/29/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p><u>FINDINGS</u> Resident's bedroom #2 and #3 had substantial insect droppings in the window tracks on the interior side of the rooms.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Resident's bedroom #2 and #3 substantial insect droppings in the window tracks has been cleaned up.</p>	12/30/2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§ 11-100.1-23 <u>Physical environment.</u> (h) The Type 1 ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p><u>FINDINGS</u> Resident's bedroom #2 and #3 had substantial insect droppings in the window tracks on the interior side of the rooms.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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>ARCH to set schedule to clean up once ^{a week} every month specially window tracks especially residents room.</p>	<p>12/29/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p><u>FINDINGS</u> SCG reported wiping dishes dry after soaking dishes/utensils in bleach solution, then placing on dish rack for reuse. Sanitation process was incorrect.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-23 <u>Physical environment.</u> (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p><u>FINDINGS</u> SCG reported wiping dishes dry after soaking dishes/utensils in bleach solution, then placing on dish rack for reuse. Sanitation process was incorrect.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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>ARCH to rinse and wash dishes and utensils with water. Sanitize dishes and utensils with mixed one tablespoon of bleach and cool water by soaking them for at least one minute.</p> <p><i>I trained SCG</i></p> <p><i>• Instruction to sanitize the dishes was posted by the kitchen sink</i></p>	12/29/2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(4) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>Water supply. Hot and cold water shall be readily available to residents for personal washing purposes. Temperature of hot water at plumbing fixtures used by residents shall be regulated and maintained within the range of 100°-120°F.</p> <p><u>FINDINGS</u> Hot water was unavailable in facility. Hot water temperature was measured at 82 degrees Fahrenheit.</p>	<p>PART 1</p> <p>DID YOU CORRECT THE DEFICIENCY?</p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Solar system has been reset and hot water range of 100-120 degrees Fahrenheit is now available.</p>	<p>12/29/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u>, (h)(4) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>Water supply. Hot and cold water shall be readily available to residents for personal washing purposes. Temperature of hot water at plumbing fixtures used by residents shall be regulated and maintained within the range of 100°-120°F.</p> <p><u>FINDINGS</u> Hot water was unavailable in facility. Hot water temperature was measured at 82 degrees Fahrenheit.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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>ARCH to call for help from skilled technician right away when system doesn't work properly.</p> <p><i>"The Temperature will be checked every morning. if heat the heater is needed I will take action right away."</i></p>	<p>12/30/2023</p>

	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><u>FINDINGS</u> Resident #1 – No record that case manager provided care giver training.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Case manager caregiver training form has been obtained for resident #1. Copy is placed in the resident home record.</p>	12/30/2023

	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><u>FINDINGS</u> Resident #1 – No record that case manager provided care giver training.</p>	<p>PART 2</p> <p>FUTURE PLAN</p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>ARCH to create a check list of required documents to work with during admission. Mark checklist as documents are being collected.</p>	<p>12/30/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><u>FINDINGS</u> Resident #1 – No record that influenza and pneumococcal vaccinations were offered or provided.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Resident #1 record of influenza and pneumococcal vaccination record obtained and filed in the residents home record.</p>	12/29/2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><u>FINDINGS</u> Resident #1 – No record that influenza and pneumococcal vaccinations were offered or provided.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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>ARCH to create a <u>check list</u> of required documents to work with during admission. Mark checklist as documents are being collected</p> <p><i>I will use resident resident binder to update immunization</i></p>	12/29/2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(1) 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>Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects;</p> <p><u>FINDINGS</u> Resident #1 – Comprehensive assessment was not done prior to admission on 12/6/2023. Case manager's notes dated 12/6/2023 show comprehensive assessment was conducted at care home after admission.</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>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(1) 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>Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects;</p> <p><u>FINDINGS</u> Resident #1 – Comprehensive assessment was not done prior to admission on 12/6/2023. Case manager's notes dated 12/6/2023 show comprehensive assessment was conducted at care home after admission.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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>ARCH to create a check list of required documents to work with during admission. Mark checklist as documents are being collected.</p> <p><i>I will not admit without all required documents obtained.</i></p>	12/30/2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) 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>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 – No interim care plan. No care plan.</p> <p>Please submit the care plan for department review.</p>	<p>PART 1</p> <p>DID YOU CORRECT THE DEFICIENCY?</p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Resident #1 Interim care plan was obtained and placed in the resident's home record.</p>	<p>12/30/2023</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)(2) 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>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 – No interim care plan. No care plan.</p> <p>Please submit the care plan for department review.</p>	<p>PART 2</p> <p>FUTURE PLAN</p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>ARCH to create a check list of required documents to work with during admission. Mark checklist as documents are being collected.</p>	<p>12/30/2023</p>

Licensee's/Administrator's Signature: *Edgar Tuzon*

Print Name: EDGAR TUZON

Date: Jan 8, 2024

Edgar Tuzon 6/5/2024

STATE OF HAWAII
DHS-600-A
STATE LICENSING
24 JAN 10 P2:51:24
STATE OF HAWAII
DHS-600-A
STATE LICENSING
JUN -5 P3:07