

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: <b>Giovannie Senior Living, LLC</b>	<b>CHAPTER 100.1</b>
Address: <b>1352 Molehu Drive Honolulu, Hawaii 96818</b>	<b>Inspection Date: April 5, 2024 Annual</b>

**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).**

04/05/24

	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>  Substitute caregiver (SCG) #4 and SCG #6 - No documentation of background check clearance on file. <i>Submit a copy of the documentation with your plan of correction (POC).</i></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 SCG #4 background check clearance was on file during review. SCG #6 applied and got the results.</p>	<p>5-1-24</p>

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	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>  Substitute caregiver (SCG) #4 and SCG #6 - No documentation of background check clearance on file.</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>To prevent this from happening again in the future I have trained my substitute care giver that at least one of them will keep track and double check all SCG requirements are obtain important documents like the background check for SCG.#4 and #6.</p> <p>I have printed the results of field print check of SCG # 6 and #4 is on file before inspection and its available for review with the rest of my care home staff clearances.</p>	<p>7/25/24</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> Primary caregiver (PCG) and SCG #2 - No current physical examination (PE) signed by a physician to indicate they are free of infectious disease. <i>Submit a copy of the PE with your POC.</i></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, PCG and SCG #2 completed physical exam signed by PCP</p>	<p>5-1-24</p> <p style="text-align: right; vertical-align: bottom;">05/11/24 11:30 AM</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> Primary caregiver (PCG) and SCG #2 – No current physical examination (PE) signed by a physician to indicate they are free of infectious disease.</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>To prevent from happening again in the future, I have trained my SCG. At least one of them who will keep track and double check that all requirements are obtained like SCG.#2 for no current P.Exam.</p> <p>I as the PCG will make a calendar reminders by the refrigerator and remind all SCG periodically for an updated physical examination.</p>	7/25/24

	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><b><u>FINDINGS</u></b>  Resident #1 – Diet order states “Regular fine chopped, nectar thick.” but PCG states resident’s consistency is thin liquid.  <i>Please clarify diet order and submit a copy with your POC.</i></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, the primary physician has updated this residence’s diet to regular solids, thin liquids  See Attachments Below:</p>	<p>5-1-24</p> <p style="text-align: right;">24 MAY 20 11:10</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (1)  Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Diet order states “Regular fine chopped, nectar thick.” but PCG states resident’s consistency is thin liquid.</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>To prevent this deficiency from happening again i will review the diet order before leaving the hospital or discharge. I as the PCG will clarify the order from physician within 24 hours.</p> <p>RES. #1 was discharge with thick liquids consistency and later in 2 weeks is thin consistency after Bayada’s dietician’s evaluation.</p>	<p>7/25/24</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 10/24/23 indicates to discontinue Omega Fish Oil but not implemented on medication administration record (MAR) until January 2024.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: right; vertical-align: bottom;">24 11/14/23 11:11</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><b><u>FINDINGS</u></b> SCG #6 and SCG #7 - No documentation that they were trained by the PCG to make prescribed medications available to residents. <i>Submit a copy of the PCG training with your POC.</i></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, SCG#6-7, caregiver training is completed.</p>	<p>4-29-24</p> <p style="text-align: right; vertical-align: bottom;">24 APR 29 01:10</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><b><u>FINDINGS</u></b> SCG #6 and SCG #7 – No documentation that they were trained by the PCG to make prescribed medications available to residents.</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>To prevent this deficiency from occurring again in the future. I as the PCG will train at least one SCG, who will keep track and double check all requirements. In case of a new SCG hiring, I will obtain the substitute caregiver training certifications and documentation prior to first day of work.</p>	<p>7/25/24</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 10/24/23 indicates to discontinue Omega Fish Oil but not implemented on medication administration record (MAR) until January 2024.</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>To prevent this deficiency from happening again in the future I as the PCG will get the written medical documents for the medication to be discontinued per doctors order.</p> <p>I as the PCG will avoid getting or receiving a verbal order to discontinue medication unless it is a life threatening circumstance I will obtain and file the written M/D orders for all verbal orders for medications within 24 hours of the verbal communication.</p>	<p>7/25/24</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 –Medication inventory/supply does not include the following medications as ordered on 10/24/23 following hospital discharge:</p> <ul style="list-style-type: none"> <li>• Vitamin D3 1000 units 1 tab po QD</li> <li>• Irbesartan 300 mg 1 tab po QD</li> <li>• Amlodipine Besylate 5 mg 1 tab po</li> <li>• Cyanocobalamin 500 mg 1 tab po QD</li> <li>• Lutein 10 mg 1 tab po QD</li> </ul> <p>PCG stated Resident #1 does not take the above medications; however, no documented evidence the medications were discontinued. <i>Please clarify the orders with the physician and submit a copy with your POC.</i></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 obtained D/C medicine order from the residents PCF .</p>	<p>07/29/24</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 – Conflicting parameter instructions for Coreg CR 10 mg po QD. Physician office visit note on 10/26/23 and 12/4/23 indicate hold if SBP <u>≤100</u> or HR &lt; 60; and Hold if SBP <u>&lt;110</u> or &lt;HR 60.</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>To prevent this from happening again in the future i will review medicine order with BP parameters right away. I will inform or double check PCP which SBP &lt;100 OR &lt;110</p>	<p>7/25/24</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 –Medication inventory/supply does not include the following medications as ordered on 10/24/23 following hospital discharge:</p> <ul style="list-style-type: none"> <li>• Vitamin D3 1000 units 1 tab po QD</li> <li>• Irbesartan 300 mg 1 tab po QD</li> <li>• Amlodipine Besylate 5 mg 1 tab po</li> <li>• Cyanocobalamin 500 mg 1 tab po QD</li> <li>• Lutein 10 mg 1 tab po QD</li> </ul> <p>PCG stated Resident #1 does not take the above medications; however, no documented evidence the medications were discontinued.</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>To prevent this deficiency from happening in the future I have updated my admission checklist to include a reminder to obtain current medicine order(s) prior to admitting a residents and to do all proper documentation, and thereafter updating the checklist of the medication order(s).</p>	7/25/24

	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 – Conflicting parameter instructions for Coreg CR 10 mg po QD. Physician office visit note on 10/26/23 and 12/4/23 indicate hold if SPB &lt; 100 or HR &lt; 60; and Hold if SBP &lt; 110 or &lt; HR 60. <i>Clarify the parameter order from the physician and submit documentation with your POC.</i></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 called PCP and clarified parameter order and it was Carvedilol ER 10mg cap</p> <p>Take 1 cap by mouth everyday with food Hold for SBP of less than 100 and heart rate less than 60</p>	<p>4-29-24</p> <p style="text-align: right;">11:14 AM '24</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 has an order (10/26/24) for Ensure 1 bottle BID PRN for decrease appetite but no supply available when needed.</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>Resident #1 PCP already discontinued the order of Ensure on April 29, 2024</p>	<p>5-1-24</p> <p style="text-align: right;">24 MAY 20 11:11</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 has an order (10/26/24) for Ensure 1 bottle BID PRN for decrease appetite but no supply available when needed.</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>In the future to prevent this deficiency I will verify and follow the doctors order along with holding a good amount of stock to ensure that the residents supplies are available in times of decrease appetite</p>	7/25/24

	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><b><u>FINDINGS</u></b> Resident #1 – The below medications ordered on 10/24/23 following hospital discharge were not implemented on MAR. No documentation the medication orders were discontinued by the physician.</p> <ul style="list-style-type: none"> <li>• Vitamin D3 1000 units 1 tab po QD</li> <li>• Irbesartan 300 mg 1 tab po QD</li> <li>• Amlodipine Besylate 5 mg 1 tab po</li> <li>• Cyanocobalamin 500 mg 1 tab po QD</li> <li>• Lutein 10 mg 1 tab po QD</li> </ul>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>I have spoken to the doctor of Resident #1 to verify the discontinued ordered medication dated oct.24,2023 from Primary Care Physician with paperworks on file.</p>	<p>7/25/24</p>

	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><b><u>FINDINGS</u></b> Resident #1 – The below medications ordered on 10/24/23 following hospital discharge were not implemented on MAR. No documentation the medication orders were discontinued by the physician.</p> <ul style="list-style-type: none"> <li>• Vitamin D3 1000 units 1 tab po QD</li> <li>• Irbesartan 300 mg 1 tab po QD</li> <li>• Amlodipine Besylate 5 mg 1 tab po</li> <li>• Cyanocobalamin 500 mg 1 tab po QD</li> <li>• Lutein 10 mg 1 tab po QD</li> </ul>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future to prevent this deficiency from happening again I have updated my admission checklist to include a reminder to obtain current medication order prior to admitting resident. I will refer to this checklist during all future admission and I will do proper documentation within the admission time.</p>	7/25/24

	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 and #2 - Plan of Care was completed during this inspection.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: center;">7/11/11</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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 and #2 – Plan of Care was completed during this inspection.</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>To prevent this deficiency from happening again in the future, as the PCC will create a tool such as posting a reminder, plan of care for each resident #1 and #2 to complete, by the med. cabinet or refrigerator</p>	07/29/24

	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><b><u>FINDINGS</u></b>  Resident #1 – No documentation of PCG assessment completed upon readmission on 10/24/23.</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, Admission assessment/ or PCG readmission assessment was created October 24,2023. It wasn't on file</p>	<p>5-1-24</p> <p style="text-align: right; vertical-align: bottom;">24 MAY 20 11:11</p>

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<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><b><u>FINDINGS</u></b>  Resident #1 – No documentation of PCG assessment completed upon readmission on 10/24/23.</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>To prevent this deficiency from happening in the future, I as the PCG will create a tool such as posting by the med. cabinet or ref. PCG Assessment for residents #1 to complete. ASAP</p>	<p style="text-align: center;">07/29/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis:</p> <p><b><u>FINDINGS</u></b> Resident #3 – No documentation of current PE. <i>Submit a copy of the PE with your POC.</i></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, Resident #3 Physical Exam was completed by PCP on April 29, 2024</p> <p>See Attachment Below:</p>	<p style="text-align: center;">4-29-24</p> <p style="text-align: right; transform: rotate(90deg);">24 APR 29 PM 1:11</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><b><u>FINDINGS</u></b> Resident #3 – No documentation of current PE.</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>To prevent this deficiency from happening in the future, I have to secure 1-3 month in advance to schedule for renewal of PE before expiration.</p> <p>I will create a calendar checklist for each residents, and train my substitute caregiver to keep track and double check each expiration date during the time frame 1-3 months.</p>	<p>7/25/24</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><b><u>FINDINGS</u></b> Monthly progress notes unavailable for review as follows:</p> <ul style="list-style-type: none"> <li>• Resident #1 – None from December 2023-current</li> <li>• Resident #2 – None for August 2023, September 2023, January 2023-March 2024</li> <li>• Resident #3 – None from April 2023-December 2023; February 2024 was not signed and dated.</li> </ul>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: right;">11/14/24</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><b><u>FINDINGS</u></b> SCG #3, SCG #4, SCG #6, and SCG #7 - No registered nurse (RN) case manager (CM) training to provide specialized care for Resident</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>To prevent this deficiency from happening in the future, I have updated my admission checklist, and I will post a reminder before any admission that all SCG must do a RN delegation training prior to admitting a new resident. I will refer to this checklist during all future admission.</p>	7/26/24

	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><b><u>FINDINGS</u></b>  Resident #1 - Care plan did not reflect the resident's current treatment, medication orders, all services to be provided, measurable goals and outcomes.  <i>Submit a copy of the revised care plan with your POC.</i></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 Notified RN/CM to double check care plan. It should reflect resident's current treatment, medicine orders , and all services to be provided measurable goals and outcomes</p>	<p style="text-align: center;">5-2-24</p> <p style="text-align: right; vertical-align: bottom;">24 MAY 29 PM 1:12</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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><b><u>FINDINGS</u></b>  Resident #1 – Care plan did not reflect the resident's current treatment, medication orders, all services to be provided, measurable goals and outcomes.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent this deficiency from happening in the future the primary caregiver will sit down with the RN/CM every month to review care plan and update it. In order to make sure it reflects the residents current doctor and medication orders and all services provided with measurable goals and outcomes.</p>	<p>7/25/24</p>

Licensee's/Administrator's Signature: Giovannie A. Sibayan

Print Name: Giovannie Sibayan

Date: 5-7-2024

Licensee's/Administrator's Signature: Giovannie Sibayan

Print Name: Giovannie Sibayan

Date: 07/26/2024

Licensee's/Administrator's Signature: Giovannie Sibayan

Print Name: Giovannie Sibayan

Date: 07/29/2024

	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><b><u>FINDINGS</u></b> Monthly progress notes unavailable for review as follows:</p> <ul style="list-style-type: none"> <li>• Resident #1 – None from December 2023-current</li> <li>• Resident #2 – None for August 2023, September 2023, January 2023-March 2024</li> <li>• Resident #3 – None from April 2023-December 2023; February 2024 was not signed and dated.</li> </ul>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent this deficiency from occurring again in the future, I/PCG must document progress note on monthly basis to insure all documents are updated to the current dates.</p>	<p>7/25/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c)  Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><b><u>FINDINGS</u></b>  No incident report generated when Resident #1 was hospitalized due to shortness of breath on 10/28/23.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: center;">10/28/23</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c)  Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><b><u>FINDINGS</u></b>  No incident report generated when Resident #1 was hospitalized due to shortness of breath on 10/28/23.</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>To prevent this deficiency from occurring again in the future I/PCG will create a tool such as posting a reminder by the med. cabinet and refrigerator to finish incident report for res.#1 w/in 24hrs. from happening.</p>	<p style="text-align: center;">07/29/24</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><b><u>FINDINGS</u></b> SCG #3, SCG #4, SCG #6, and SCG #7 - No registered nurse (RN) case manager (CM) training to provide specialized care for Resident #1. <i>Submit documentation of training completed by the RN CM with your POC.</i></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 had SCG-#3,#4 #6 training provided by RN, OMA.</p>	<p style="text-align: center;">5-1-24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><b><u>FINDINGS</u></b> PCG, SCG #1, and SCG #3 – Only 9 of 12 hours of continuing education courses was complete. . . <i>Please complete an additional 3 hours of continuing education courses and submit verification with your plan of correction to be counted towards your 2024 annual inspection.</i></p> <p>SCG #2, SCG #4, SCG #5, and SCG #6 - Only 2 of 12 hours of continuing education courses was completed. <i>Please complete an additional 10 hours of continuing education courses and submit verification with your plan of correction to be counted towards your 2024 annual inspection.</i></p> <p>SCG #7 - No continuing education courses was completed (0 of 12 hours). <i>Please complete 12 hours of continuing education courses and submit verification with your plan of correction to be counted towards your 2024 annual inspection.</i></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 PCG, SCG #1, SCG#3 have been completed the 3hrs of CEU'S. SCG#2, SCG#5, SCG#6 have been completed the 10 hrs. of CEU'S remaining SCG#7 no longer employed.</p>	07/29/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><b><u>FINDINGS</u></b> PCG, SCG #1, and SCG #3 – Only 9 of 12 hours of continuing education courses was completed.</p> <p>SCG #2, SCG #4, SCG #5, and SCG #6 - Only 2 of 12 hours of continuing education training courses was completed.</p> <p>SCG #7 - No continuing education courses was completed (0 of 12 hours).</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>To prevent this happening again in the future i have trained SCG'S that at least one of them will keep track and double check that all SCG'S requirement on twelve hours continuing education course every year. By creating a tool such as spread sheet or table/column with all SCG'S names and PCG'S to keep tract # of CEU'S to complete from the SCG'S to refer to.</p>	07/29/24

	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><b><u>FINDINGS</u></b> Resident #1 – Comprehensive assessment by RN CM was completed <u>upon</u> admission on 8/13/23.</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>	<p>2023-08-13</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><b><u>FINDINGS</u></b>  Resident #1 – Comprehensive assessment by RN CM was completed <u>upon</u> admission on 8/13/23.</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>To prevent this deficiency from happening in the future, I/PCG will notify RNCM, and post a reminder such as RNCM comprehensive assessment for res. #1 to complete, by the med. cab. or the refrigerator.</p>	<p>07/29/24</p>