

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Grace Adult Residential Care Home	CHAPTER 100.1
Address: 94-1134 Kahuamo Street, Waipahu, Hawaii 96797	Inspection Date: March 22, 2024 Annual

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

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

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

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <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><u>FINDINGS</u> Household member (HHM) #1 – No documentation of current physical examination (PE): <i>Submit a copy of the current PE with your plan of correction (POC).</i></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>HHM#1 currently visits family in Taiwan. She has a physician in Taiwan to examine her. PCG has made an appointment for her PE with her PCP on June 11, 2024 since she will be back Hawaii at the end of May.</p>	<p>4/2/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> Household member (HHM) #1 – No documentation of current physical examination (PE).</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>To prevent this happens again, PCG created a check list on the Desktop of her personal computer. She will check the list monthly.</p>	<p>4/5/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> Primary Caregiver (PCG) – First aid certification not renewed; expired on 2/2024. <i>Submit a copy of the current first aid certification with your POC.</i></p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>✓ PCG renewed First aid certification on 4/2/2024 and scheduled CPR renewal on 4/4/2024</p>	<p>4/4/24</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> Primary Caregiver (PCG) – First aid certification not renewed; expired on 2/2024.</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>To prevent this happens again, PCG has created a check list of required documents on the Desktop of her personal computer. She will check the list monthly.</p>	<p>4/5/24</p>

	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 #2 – Diet not renewed annually. Last renewed on 4/25/22. <i>Submit a copy of the renewed diet with your POC.</i></p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Resident #2 had annual PE on March 26, 2024. Her PCP renewed diet order.</p>	<p>3/26/24</p>

	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 #2 – Diet not renewed annually. Last renewed on 4/25/22.</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>To prevent this happens again, PCG has created a check list of required documents for residents on the Desktop of her personal computer. She will check the list monthly.</p>	<p>4/5/24</p>

	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> A total of three (3) refrigerators did not have a thermometer to check whether the temperature was maintained at 45°F or lower</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PCG placed thermometers in all refrigerators and maintained temperature between 39.8 and 42 degree F.</p>	<p>3/23/24</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> A total of three (3) refrigerators did not have a thermometer to check whether the temperature was maintained at 45°F or lower</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>To prevent this happens again, PCG has educated SCG and HHM to keep a thermometer at the door compartment for each refrigerator. PCG will check the temperature of thermometer weekly.</p>	3/23/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Bedroom #1 (shared room) – Triamcinolone cream and Emmergen C immune vitamins packets observed on Resident #1's nightstand.</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>SCG removed Triamcinolone cream and Emergent C immune vitamins packets from Resident #1's nightstand.</p>	<p>3/22/24</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Observed residents' evening medications were prepared and stored in containers other than the original bottle. Per Substitute caregiver (SCG) #1, PCG prepares and SCG administers the medications.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PCG has educated SCG to prepare medications from bottles labeled by pharmacists.</p>	<p>3/23/24</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Observed residents' evening medications were prepared and stored in containers other than the original bottle. Per Substitute caregiver (SCG) #1, PCG prepares and SCG administers the medications.</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>To prevent this happens again, SCG will prepare residents' evening medications at the time of giving medications.</p>	3/23/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Observed two (2) weekly pill boxes with medications dispensed for the week on the dining table. SCG #1 claimed the pill boxes belonged to him and SCG #2.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PCG gave SCG #1 and SCG #2 medication storage bags to secure their medications.</p>	<p>3/23/24</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – The following antibiotic orders were not clarified to indicate the end dates and indication on length of treatment:</p> <ul style="list-style-type: none"> • Cipro 500 mg po BID ordered on 2/1/24. Per medication administration record (MAR), first dose of medication was given on 2/2/24 and completed on 2/9/24. • Amoxicillin 500 mg capsule 1 po TID ordered on 7/10/23. Per MAR, first dose of medication was given on 7/11/23 and completed on 7/23/23. 	<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>§11-100.1-15 <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 – The following antibiotic orders were not clarified to indicate the end dates and indication on length of treatment:</p> <ul style="list-style-type: none"> • Cipro 500 mg po BID ordered on 2/1/24. Per medication administration record (MAR), first dose of medication was given on 2/2/24 and completed on 2/9/24. • Amoxicillin 500 mg capsule 1 po TID ordered on 7/10/23. Per MAR, first dose of medication was given on 7/11/23 and completed on 7/23/23. 	<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>To prevent this happens again, PCG will ask residents' providers to clarify the end dates and length of treatment on the indications of antibiotic orders.</p>	<p>4/5/24</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 – The following PRN medications appeared on the MAR as being administered routinely:</p> <ul style="list-style-type: none"> • Culturelle 1 tab QD PRN • Loteprednol Etabonate 1 drop both eye BID PRN • Argan Oil 1 drop in mouth HS PRN • Incosapent Ethyl 1 BID PRN • Flaxseed Oil 100 mg 1 PO QD PRN • CQ10 100mg 1 QD PRN <p><i>Reevaluate the medication orders with the physician and clarify which medications are to be administered routinely – submit a copy of the clarified orders with your POC.</i></p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PCG discussed with Resident #1 what supplements she really wanted to retain. Then PCG communicated with her PCP and obtain new physician orders of medications.</p>	3/27/24

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☒	<p>§11-100.1-15 Medications. (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 – The following PRN medications appeared on the MAR as being administered routinely:</p> <ul style="list-style-type: none"> • Culturelle 1 tab QD PRN • Loteprednol Etabonate 1 drop both eye BID PRN • Argan Oil 1 drop in mouth HS PRN • Incosapent Eclayl 1 BID PRN • Flaxseed Oil 100 mg 1 PO QD PRN • CQ10 100mg 1 QD PRN <p><i>Reevaluate the medication orders with the physician and clarify which medications are to be administered routinely – submit a copy of the clarified orders with your POC.</i></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>To prevent this happens again, PCG will discuss new prescriptions with residents and providers for clarification at visits.</p>	3/27/24

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – MAR shows antibiotic order Amoxicillin 500 mg po TID ordered on 7/10/23 was not administered consistently – July MAR indicated the medication was skipped for three (3) days then resumed thereafter. Per PCG, the antibiotic was administered prior and post dental workup; however, no clarification order was obtained to add the instructions as indicated and no documentation in the progress notes to reflect the PCG’s statement.</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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☒	<p>§11-100.1-15 Medications. (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 orders, medication label and current MAR are not consistent for the following medications:</p> <ul style="list-style-type: none"> • Physician order and MAR indicate D3 50 mg 1 tab QD – label reads <u>50 mcg</u> • Physician order and label indicate Senna time tab 8.6 mg 2 tabs once a day PRN - MAR indicates once a day routinely. • Physician order and label indicate EC ASA 81 mg 1 tab QD on M, W, F - MAR indicates once a day routinely. • Physician order and MAR indicate Icosapent ethyl 1 tab BID PRN – label reads BID <u>routinely</u> <p><i>Please correct the medication orders to appear consistently on MAR and the label, as ordered by the physician and submit documentation with your POC.</i></p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PCG changed D3 50 mg to 50 mcg on physician order and obtained provider's signature. PCG changed D3f 50 mg to 50 mcg on the MAR. PCG asked PCP to change Senna to 2 tabs once a day routinely. PCG corrected MAR to reflect ASA 81 mg was given on M, W, F only. PCG obtained new order for Icosapent ethyl 2 gram BID routinely.</p>	4/1/24

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☒	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician orders, medication label and current MAR are not consistent for the following medications:</p> <ul style="list-style-type: none"> • Physician order and MAR indicate D3 50 mg 1 tab QD – label reads <u>50 mcg</u> • Physician order and label indicate Senna time tab 8.6 mg 2 tabs once a day PRN- MAR indicates once a day routinely. • Physician order and label indicate EC ASA 81 mg 1 tab QD on M, W, F - MAR indicates once a day routinely. • Physician order and MAR indicate Icosapent ethyl 1 tab BID PRN – label reads BID <u>routinely</u> 	<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>To prevent this happens again, PCG will check physician order, MAR, and pharmacy bottle for consistency for new prescriptions and at the beginning of months.</p>	4/1/24

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☒	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – No physician’s order for the following medications/supplements:</p> <ul style="list-style-type: none"> • CVS Sugar Free Antacid Calcium Carbonate 750 mg that was found in resident’s medication supply • Triamcinolone cream and Emmergen C Immune vitamins that were found in resident’s nightstand. <p><i>Submit a copy of the physician’s order with your POC.</i></p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PCG removed Antacid Calcium Carbonate, Triamcinolone cream, and Emmergen C Immune vitamins from Resident #1's room on the date of site visit. PCG discussed with Resident #1 if she wanted to continue these medications with doctor's order. She did not want to bother PCP. Thus, no physician's order requested.</p>	3/23/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (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 – No physician’s order for the following medications/supplements:</p> <ul style="list-style-type: none"> • CVS Sugar Free Antacid Calcium Carbonate 750 mg that was found in resident’s medication supply • Triamcinolone cream and Emmergen C Immune vitamins that were found in resident’s nightstand. <p><i>Submit a copy of the physician’s order with your POC.</i></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>To prevent this happens again, PCG discussed with Resident #1 regarding rules of medication handling. PCG will re-enforce the rules when Resident #1 comes home from gathering with her friends or her sister. PCG will check boxes she orders online.</p>	<p>3/23/24</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><u>FINDINGS</u> Resident #1 – No PRN indication to administer the following PRN medications:</p> <ul style="list-style-type: none"> • Vitamin E 1 tab Q PM PRN • Tylenol 500 mg Q 6 hours PRN • Fish Oil 1 tab QD PRN • Pantoprazole 40 mg 1 tab QD PRN • Azelastine HCL ophthalmic 1 drop to both eye BID PRN • Culturelle 1 tab QD PRN <p><i>Submit a copy of the clarified physician's order with your POC.</i></p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PCG asked Resident #1's PCP to give a discontinue order for medications she does not take as needed.</p>	<p>3/27/24</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 – No PRN indication to administer the following PRN medications:</p> <ul style="list-style-type: none"> • Vitamin E 1 tab Q PM PRN • Tylenol 500 mg Q 6-hours PRN • Fish Oil 1 tab QD PRN • Pantoprazole 40 mg 1 tab QD PRN • Azelastine HCL ophthalmic 1 drop to both eye BID PRN • Culturelle 1 tab QD PRN 	<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>To prevent this happens again, PCG discussed with Resident #1 about requesting OTC medications by herself via phone calls to PCP. PCG will check with PCP about Resident #1's requests monthly.</p>	3/27/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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 #1 – The following medications do not appear on the current MAR (March 2024), and no documentation that they were discontinued:</p> <ul style="list-style-type: none"> • Preservision 1 tab Q AM PRN watery eyes • Fish Oil 1 tab QD PRN • Silvadene Sulfadiazine 1% cream apply sparingly to affected area twice a day • Azelastine HCL ophthalmic 1 drop to both eye BID PRN • Culturelle 1 tab QD PRN • Flaxseed Oil 100 mg 1 PO QD PRN Hypertension • CQ10 100mg 1 QD PRN Heart • Vitamin E 1 tab Q PM PRN • Tylenol 500 mg Q 6 hours PRN • Pantoprazole 40 mg 1 tab QD PRN <p><i>Submit a copy of the current MAR reflecting the above medications or physician order indicating medication discontinuation with your POC.</i></p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PCG obtained a physician order to discontinue all of these medications except Tylenol.</p>	<p>3/27/24</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><u>FINDINGS</u> Resident #1 – The following medications do not appear on the current MAR (March 2024), and no documentation that they were discontinued:</p> <ul style="list-style-type: none"> • Preservision 1 tab Q AM PRN watery eyes • Fish Oil 1 tab QD PRN • Silvadene Sulfadiazine 1% cream apply sparingly to affected area twice a day • Azelastine HCL ophthalmic 1 drop to both eye BID PRN • Culturelle 1 tab QD PRN • Flaxseed Oil 100 mg 1 PO QD PRN Hypertension • CQ10 100mg 1 QD PRN Heart • Vitamin E 1 tab Q PM PRN • Tylenol 500 mg Q 6 hours PRN • Pantoprazole 40 mg 1 tab QD PRN 	<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>To prevent this happens again, PCG discussed with Resident #1 regarding rules of medication handling. PCG will re-enforce the rules when Resident #1 comes home from gathering with her friends or her sister. PCG will check boxes she orders online. PCG will check with her PCP about new prescriptions.</p>	<p>3/27/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-15 Medications. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 – The following medications were not timely reevaluated and signed by the physician every four months:</p> <ul style="list-style-type: none"> • Vitamin E 1 tab Q PM PRN– not renewed since 11/23/22 • Tylenol 500 mg – not renewed since 6/12/23 • Fish Oil 1 tab QD PRN – not renewed since 6/12/23 • Pantoprazole 40 mg 1 tab QD PRN – not renewed since 6/12/23 <p><i>Submit documentation the above medication order has been renewed with your POC or physician order indicating medication discontinuation with your POC.</i></p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PCG asked PCP to update orders of these medications.</p>	<p>3/27/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 – The following medications were not timely reevaluated and signed by the physician every four months:</p> <ul style="list-style-type: none"> • Vitamin E 1 tab Q PM PRN– not renewed since 11/23/22 • Tylenol 500 mg – not renewed since 6/12/23 • Fish Oil 1 tab QD PRN – not renewed since 6/12/23 • Pantoprazole 40 mg 1 tab QD PRN – not renewed since 6/12/23 <p><i>Submit documentation that the above medication order has been renewed with your POC or physician order indicating medication discontinuation with your POC.</i></p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this happens again, PCG will obtain medication renewal orders at each visits.</p>	<p>3/27/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Resident #1 – Expired Restasis eye drop vial found in resident’s supply of medications.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PCG threw away this expired eye drop on the date of site visit.</p>	<p>3/22/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Resident #1 – Expired Restasis eye drop vial found in resident's supply of medications.</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>To prevent this happens again, PCG will check expiration date of medications at the beginning of the months.</p>	4/1/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(8) 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>A current inventory of money and valuables.</p> <p><u>FINDINGS</u> Resident #1, Resident #2, Resident #3, and Resident #4 – Belongings/valuables not updated since admission. <i>Submit a copy of the updated valuables with your POC.</i></p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PCG gave copies of update form to all residents. Resident #1 and Resident #2 turned in updated form on April 1, 2024. PCG assisted Resident #3 who is blind to fill in the form on April 3, 2024. PCG reminded Resident #4 to work on the form daily and gave due date on 4/6/24.</p>	<p>4/6/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(8) 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>A current inventory of money and valuables.</p> <p><u>FINDINGS</u> Resident #1, Resident #2, Resident #3, and Resident #4 -- Belongings/valuables not updated since admission.</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>To prevent this happens again, PCG will ask residents to update individual records in June yearly from 2025.</p>	<p>4/6/24</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><u>FINDINGS</u> Resident #2 – No current physical examination (PE). Last completed on 4/24/22. <i>Submit a copy of the current PE with your POC.</i></p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PCG brought Resident #2 for PE on March 26, 2024.</p>	<p>3/26/24</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><u>FINDINGS</u> Resident #2 – No current physical examination (PE). Last completed on 4/24/22.</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>To prevent this happens again, PCG made a check list for required renewals. PCG will check the list on the first Monday of the months.</p>	<p>4/5/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Progress notes did not reflect the following:</p> <ul style="list-style-type: none"> • Resident slipped and sustained (L) big toe wound on 4/1/23 – no monitoring of the wound • Monitoring and response to antibiotic treatments: <ul style="list-style-type: none"> ○ Augmentin 500 mg for cellulitis (April 2023) ○ Amoxicillin 500 mg (July 2023) ○ Cipro 500 mg (2/1/24) • Monitoring and response to PRN medications administered on numerous occasions. • Resident went out on pass with sister and stayed overnight on multiple occasions, as noted on MAR. 	<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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Progress notes did not reflect the following:</p> <ul style="list-style-type: none"> • Resident slipped and sustained (L) big toe wound on 4/1/23 – no monitoring of the wound • Monitoring and response to antibiotic treatments: <ul style="list-style-type: none"> ○ Augmentin 500 mg for cellulitis (April 2023) ○ Amoxicillin 500 mg (July 2023) ○ Cipro 500 mg (2/1/24) • Monitoring and response to PRN medications administered on numerous occasions. • Resident went out on pass with sister and stayed overnight on multiple occasions, as noted on MAR. 	<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>To prevent this happens again, PCG will document monitoring of residents' wellbeing after events within 8 hours. PCG will document response to PRN medications within one hour after administration of PRN medications.</p>	4/3/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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><u>FINDINGS</u> Resident #1 – No incident report generated for the following incidents:</p> <ul style="list-style-type: none"> • Resident burned self (abdomen and groin area) with hot water while taking a shower, as noted on 12/27/23 resident signed statement. • Self-reported slipped in the bathroom after shower and resident landed back on the floor, as noted on 8/21/23 progress notes. • Resident slipped on a fruit tree and had punctured wound (L) big toe, as per physician's note of 4/1/23 	<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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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><u>FINDINGS</u> Resident #1 – No incident report generated for the following incidents:</p> <ul style="list-style-type: none"> • Resident burned self (abdomen and groin area) with hot water while taking a shower, as noted on 12/27/23 resident signed statement. • Self-reported slipped in the bathroom after shower and resident landed back on the floor, as noted on 8/21/23 progress notes. • Resident slipped on a fruit tree and had punctured wound (L) big toe, as per physician's note of 4/1/23 	<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>To prevent this happens again, PCG will document monitoring of residents' wellbeing after events within 8 hours. PCG will notify physicians within 4 hours after events occur. PCG will document response to PRN medications within one hour after administration of PRN medications.</p>	<p>4/3/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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 – Medication list for physician review/reevaluation inconsistent/inaccurate on numerous occasions. For example, on 7/17/23, 8/21/23, 11/13/23, and 12/18/23, medication lists had Probiotic 10 listed 2-4 times. List was corrected on 1/8/24.</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>	

	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 – Medication list for physician review/reevaluation inconsistent/inaccurate on numerous occasions. For example, on 7/17/23, 8/21/23, 11/13/23, and 12/18/23, medication lists had Probiotic 10 listed 2-4 times. List was corrected on 1/8/24.</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>To prevent this happens again, PCG will verify the accuracy and consistence of medication lists monthly.</p>	<p>4/3/24</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—Noted a written order for Silvadene sulfadiazine 1% cream applied sparingly to the affected area twice a day, entered on the physician’s order sheet on 12/27/23 and signed by the physician on 12/29/23. Per PCG, the order was obtained via telephone, but the signature of the individual who received the order was missing.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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—Noted a written order for Silvadene sulfadiazine 1% cream applied sparingly to the affected area twice a day, entered on the physician’s order sheet on 12/27/23 and signed by the physician on 12/29/23. Per PCG, the order was obtained via telephone, but the signature of the individual who received the order was missing.</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>To prevent this happens again, PCG will document and sign oral order immediately.</p>	<p>4/5/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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 - Blue ink is used to document medication administration records (MAR), progress notes, and activity records.</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>	

	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 - Blue ink is used to document on medication administration records (MAR), progress notes, and activity records.</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>To prevent this happens again, PCG educated SCG #1 to use black ink for writing on documents.</p>	<p>4/1/24</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> White-out used on Resident #1's March 2024 MAR.</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>	

	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> White-out used on Resident #1's March 2024 MAR.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this happens again, PCG educated SCG #1 not to use White-out on documents. PCG will check documents weekly.</p>	<p>4/5/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-20 <u>Resident health care standards.</u> (d) When the resident has experienced a significant change in mental or physical well-being, a prompt report shall be made and provided to the resident's physician or APRN, by the primary or substitute caregiver. Any change in physician or APRN orders shall be promptly carried out.</p> <p><u>FINDINGS</u> Resident #1 – No documentation that a prompt report was made to the physician for the following incidents:</p> <ul style="list-style-type: none"> • Self-inflicted burn on abdomen and groin area on 12/27/23. • (L) big toe injury sustained on a slipped incident on 4/1/23. 	<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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (d) When the resident has experienced a significant change in mental or physical well-being, a prompt report shall be made and provided to the resident's physician or APRN, by the primary or substitute caregiver. Any change in physician or APRN orders shall be promptly carried out.</p> <p><u>FINDINGS</u> Resident #1 – No documentation that a prompt report was made to the physician for the following incidents:</p> <ul style="list-style-type: none"> • Self-inflicted burn on abdomen and groin area on 12/27/23. • (L) big toe injury sustained on a slipped incident on 4/1/23. 	<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>To prevent this happens again, PCG will document monitoring of residents' wellbeing after events within 8 hours. PCG will document response to PRN medications within one hour after administration of PRN medications.</p>	4/5/24

Licensee's/Administrator's Signature: Chen-Yen Wang

Print Name: Chen-Yen Wang

Date: 04/07/2024