

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: Hale Nohea, L.L.C.                    | CHAPTER 100.1                          |
| Address: 5071 Maunalani Circle, Honolulu, Hawaii 96816 | Inspection Date: April 17, 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. 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><br/>(b)<br/>All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><b><u>FINDINGS</u></b><br/>Substitute Caregiver (SCG) #1 – Initial 2-step TB clearance unavailable for review.</p> <p>Submit a copy with plan of correction.</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>Employee provided copy of initial 2-step TB clearance on 4/18/24; screening date:02/25/2022 and annual TB clearance dated: 03/01/23.</p> <p>SCG #1 resigned on 5/6/24</p> <p>please see copy of SCG #1 initial 2-step TB clearance</p> | <p style="text-align: center;">04/18/2024</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u><br/>(b)<br/>All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><b><u>FINDINGS</u></b><br/>SCG #1 – Initial 2-step TB clearance unavailable for review.</p> <p>Submit a copy with plan of correction.</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>Review Staff Requirements at time of hire, make copies of initial 2-step TB Clearance and supporting annual TB clearances and place into Employee Binder.</p> | <p style="text-align: center;">04/18/2024</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u><br/>(b)<br/>All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><b><u>FINDINGS</u></b><br/>SCG #1 – Current annual TB clearance unavailable for review.</p> <p>Submit a copy with plan of correction.</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>Informed SCG #1 of expired annual TB Clearance on 4/17/24 and placed SCG #1 put on inactive status until TB Clearance certificate is provided.</p> <p>SCG #1 resigned on 05/06/24</p> | <p>05/06/2024</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u><br/>(b)<br/>All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><b><u>FINDINGS</u></b><br/>SCG #1 – Current annual TB clearance unavailable for review.</p> <p>Submit a copy with plan of correction.</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>Calendar reminders have been updated using Outlook calendar and email to provide "auto reminders" to staff the previous month before requirements expire. Quarterly review goal planning to include TB clearance and other staff requirements to ensure they are updated in a timely manner.</p> | <p style="text-align: right;">05/06/2024</p> |

|                                     | RULES (CRITERIA)  | PLAN OF CORRECTION  | Completion Date |
|-------------------------------------|---|---|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u><br/>(e)(3)<br/>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><b><u>FINDINGS</u></b><br/>SCG #1 – Current first-aid certification unavailable for review.</p> <p>Submit a copy with plan of correction.</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>Informed SCG #1 of expired First- Aid Certification on 4/17/24 and placed SCG #1 put on inactive status until First-Aid certificate is provided.</p> <p>SCG #1 resigned on 05/06/24</p> | 05/06/2024      |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u><br/>(e)(3)<br/>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><b><u>FINDINGS</u></b><br/>SCG #1 – Current first-aid certification unavailable for review.</p> <p>Submit a copy with plan of correction.</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>Calendar reminders have been updated using Outlook calendar and email to provide "auto reminders" to staff the previous month before requirements expire.<br/>Quarterly review goal planning to include First-aid certification and other staff requirements to ensure they are updated in a timely manner.</p> | <p style="text-align: right;">05/06/2024</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u><br/>(f)(1)<br/>The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><b><u>FINDINGS</u></b><br/>SCG #1 – Current CPR certification unavailable for review.</p> <p>Submit a copy with plan of correction.</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>Informed SCG #1 of expired CPR Certification on 4/17/24 and placed SCG #1 put on inactive status until CPR certificate is provided.</p> <p>SCG #1 resigned on 05/06/24</p> | <p style="text-align: center;">05/06/2024</p> |



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| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u><br/>(f)(1)<br/>The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><b><u>FINDINGS</u></b><br/>SCG #1 – Current CPR certification unavailable for review.</p> <p>Submit a copy with plan of correction.</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>Calendar reminders have been updated using Outlook calendar and email to provide "auto reminders" to staff the previous month before requirements expire.<br/>Quarterly review goal planning to include CPR certification and other staff requirements to ensure they are updated in a timely manner.</p> | 05/06/2024             |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-14 <u>Food sanitation.</u> (a)<br/>All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><b><u>FINDINGS</u></b><br/>Resident #2 – Supply of Ensure Plus is expired (expiration date 4/1/2024).</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>removed all expired Ensure Plus for Resident #2 and disposed of into the trash receptacle.</p> | <p style="text-align: center;">04/17/2024</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-14 <u>Food sanitation</u>, (e)<br/>A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p><b><u>FINDINGS</u></b><br/>Metal stem thermometer unavailable</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>Replaced broken cooking thermometer</p> | 04/22/2024      |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-14 <u>Food sanitation.</u> (e)<br/>A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p><b><u>FINDINGS</u></b><br/>Metal stem thermometer unavailable</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>Bi-Annual Inspection of kitchen equipment/appliances by Maintenance shall be done and documented on Equipment Check list indicating if it has passed or failed, date or repair or replacement completed and signed off. Staff will add to equipment maintenance list as needed should any equipment repairs or replacements be needed and report to Administrator.</p> <p>See attached Bi-Annual Equipment Check List.</p> | 06/01/2024      |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (e)<br/>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><br/>Resident #2 – Physician order for “Ensure” nutritional supplement; however, “Ensure Plus” is being provided to resident.</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>Care Coordinator called to confirm with Physician. Physician discontinued the use of Ensure Original</p> | <p style="text-align: right;">04/29/2024</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (e)<br/>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><br/>Resident #1 - 4/2024 medication administration record (MAR) shows daily medications were not administered on 4/16/24 as ordered by physician</p> | <p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> |                 |



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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications</u>. (e)<br/>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><br/>Resident #1 - 4/2024 medication administration record (MAR) shows daily medications were not administered on 4/16/24 as ordered by physician</p> | <p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>All Staff to have annual medication administration and Charting training to review the five rights of medication administration as found in SOP Binder, which is also given at New Hire Orientation.</p> <p>Annual training to be given by RN and documented along with CEU Log accompanied by a Certificate of Completion.</p> <p>Please see attached SOP</p> | <p>06/01/2024</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications</u>. (e)<br/>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><br/>Resident #1 – Per progress note dated 4/11/24, medications are being administered crushed; however, physician’s order to administer crushed medications is unavailable.</p> <p>Submit physician’s order for crushed medications with plan of correction.</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, Administrator contacted Resident #1's RN Case Manager to review physician orders. Case Manager Requested new orders from physician/APRN on 04/25/2024. Received new order stating "Okay to crush oral medications" New orders were added by Care Coordinator to MAR and PO Form to pharmacy.</p> <p>Please see attached MD/APRN order for Resident # 1</p> | <p style="text-align: center;">04/26/2024</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (e)<br/>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><br/>Resident #1 – Per progress note dated 4/11/24, medications are being administered crushed; however, physician’s order to administer crushed medications is unavailable.</p> <p>Submit physician’s order for crushed medications with plan of correction.</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>Care Coordinator to audit new physician's orders, confirm with pharmacy if medications are capable of delivery method and if needed Care Coordinator will follow up with Physician to obtain a new order stating specific instructions</p> | 06/05/2024      |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications</u>. (e)<br/>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><br/>Resident #1 – Physician’s order dated 4/9/24 states, “erythromycin 5mg/1 g Oint Place into left eye four times a day. X 7 days”; however, 4/2024 MAR shows medication was only administered for five (5) days (4/11/24-4/15/24).</p> | <p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> |                 |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-16 <u>Personal care services.</u> (h)<br/> 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><br/> Resident #2 – Daily of schedule of activities is incomplete. Daily schedule of activities only provided for Sundays.</p> <p>Submit revised copy of daily schedule of activities with plan of correction.</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, Administrator review Resident's daily activity scheduled and added an arrow (-----&gt;) to indicate that each activity is done every day.</p> <p>Please see attached corrected Daily Schedule of Activity for Resident #2</p> | 04/18/2024      |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-16 <u>Personal care services.</u> (h)<br/> 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><br/> Resident #2 – Daily of schedule of activities is incomplete. Daily schedule of activities only provided for Sundays.</p> <p>Submit revised copy of daily schedule of activities with plan of correction.</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>Administrator will review Resident folders quarterly (March, June, Sept., and Dec.) and update as needed</p> | 06/01/2024             |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (b)(3)<br/>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><br/>Resident #1 – Physician prescribed erythromycin 5mg/1g Oint for bacterial conjunctivitis of the left eye, per after visit summary dated 4/9/24; however, no documented evidence in progress note of conjunctivitis developing, subsequent treatment, and status of infection</p> | <p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> |                 |



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|                                     | RULES (CRITERIA)  | PLAN OF CORRECTION  | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (b)(8)<br/>During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><b><u>FINDINGS</u></b><br/>Resident #1 – Physician visits on the following dates were not documented in the progress notes: 5/8/23, 8/10/23, 4/9/24</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> |                 |

|                                     | <b>RULES (CRITERIA)</b>   | <b>PLAN OF CORRECTION</b>   | <b>Completion Date</b> |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (b)(8)<br/>During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><b><u>FINDINGS</u></b><br/>Resident #1 – Physician visits on the following dates were not documented in the progress notes: 5/8/23, 8/10/23, 4/9/24</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>Care Coordinator to complete progress notes with all after visit summaries to cross reference. Then randomly, audit monthly notes to ensure no documented evidence were missed.</p> | 06/05/2024             |

|                                     | RULES (CRITERIA)   | PLAN OF CORRECTION  | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports</u>, (b)(8)<br/>During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><b><u>FINDINGS</u></b><br/>Resident #1 – After visit summary dated 8/4/23 stated next physician visit scheduled for 11/2/23; however, no documented evidence physician visit on 11/2/23 was attended</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> |                 |

|                                     | <b>RULES (CRITERIA)</b>  | <b>PLAN OF CORRECTION</b>   | <b>Completion Date</b> |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (b)(8)<br/>During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><b><u>FINDINGS</u></b><br/>Resident #1 – After visit summary dated 8/4/23 stated next physician visit scheduled for 11/2/23; however, no documented evidence physician visit on 11/2/23 was attended</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>Care Coordinator to complete progress notes with all visit summaries to cross reference. Then randomly audit monthly notes to ensure no documented evidence is missing. Care Coordinator will also follow up with Physician if AVS is not received within 24-48 hours of visit.</p> | 06/05/2024             |

|                                     | RULES (CRITERIA)  | PLAN OF CORRECTION  | Completion Date                               |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (f)(4)<br/>General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b><u>FINDINGS</u></b><br/>Resident #1,2 – Emergency Information Sheet incomplete, page 2 not completed.</p> <p>Submit an updated copy with plan of correction.</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, Administrator contacted family, POA, and Legal Guardian to ensure all information was up t date. Also checked physician orders and made updates as needed.</p> | <p style="text-align: center;">04/20/2024</p> |

|                                     | <b>RULES (CRITERIA)</b>   | <b>PLAN OF CORRECTION</b>   | <b>Completion Date</b> |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (f)(4)<br/>General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b><u>FINDINGS</u></b><br/>Resident #1,2 – Emergency Information Sheet incomplete, page 2 not completed.</p> <p>Submit an updated copy with plan of correction.</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>Administrator will review emergency information sheet quarterly (March, June, Sept., and Dec.) and contact family, POA, and legal guardians to ensure all information is up to date. Also, will check with all physician orders and make updates as needed.</p> <p>Please see attached updated copy of Resident #1 and #2</p> | 06/10/2024             |

|                                     | RULES (CRITERIA)  | PLAN OF CORRECTION  | Completion Date                              |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-19 <u>Resident accounts.</u> (a)<br/> The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><b><u>FINDINGS</u></b><br/> Resident #1 – Resident Financial Agreement not signed by resident/POA</p> <p>Submit signed copy with plan of correction.</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>Emailed form to POA/Legal Guardian on 4/17/24 received back on 4/22/24 via USPS.</p> <p>Please see attached copy of updated/signed copy of Resident Financial Agreement for Resident #1</p> | <p style="text-align: right;">04/22/2024</p> |



|                                     | RULES (CRITERIA)  | PLAN OF CORRECTION  | Completion Date   |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-19 <u>Resident accounts.</u> (a)<br/> The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><b><u>FINDINGS</u></b><br/> Resident #1 - Resident Financial Agreement not signed by resident/POA</p> <p>Submit signed copy with plan of correction.</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>Administrator will review all resident binders bi-annually to ensure that all information is current and up to date. Will reach out to family via email., phone, or USPS to make updates if needed.</p> <p>Please see attached updated copy for resident #1 and resident #2</p> | <p>06/10/2024</p> |

|                                     | RULES (CRITERIA)  | PLAN OF CORRECTION  | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5)<br/>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><br/>Primary Caregiver (PCG) – No documented evidence 12 hours of annual continuing education was completed between 4/2023-4/2024. Only 2.5 hours were documented as completed.</p> <p>Submit documented evidence of 9.5 hours of completed continuing education with plan of correction. These completed hours will only be credited towards the 2024 annual inspection.</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, primary care giver was completing her CEUs and has since completed on 04/26/2024, upon completion Primary caregiver did review with staff RN.</p> <p>Please see attached documentation of 9.5 hours of CEUs completed.</p> | 04/29/2024      |

|                                     | RULES (CRITERIA)  | PLAN OF CORRECTION  | Completion Date                              |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5)<br/>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><br/>Primary Caregiver (PCG) – No documented evidence 12 hours of annual continuing education was completed between 4/2023-4/2024. Only 2.5 hours were documented as completed.</p> <p>Submit documented evidence of 9.5 hours of completed continuing education with plan of correction. These completed hours will only be credited towards the 2024 annual 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>Managing Director/ Administrator to review continuing education credits for active employees every quarter during quarterly reviews. (review done every 3-4 months)<br/>As written in Standard Operating Procedure "Staff Requirements"</p> | <p style="text-align: right;">04/29/2024</p> |

|                                     | RULES (CRITERIA)   | PLAN OF CORRECTION  | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-87 <u>Personal care services.</u> (a)<br/> The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p><u>FINDINGS</u><br/> Resident #1 – The following time-sensitive interventions are provided in the care plan; however, no documented evidence these tasks are being performed in a time-sensitive manner by the facility:</p> <ul style="list-style-type: none"> <li>• “Change diaper every 2 hours and as needed”</li> <li>• “...PROM every 2-4 hours if immobile”</li> <li>• “Assist [resident’s name] with changes in position every 2 hours in bed</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> |                 |

|                                     | RULES (CRITERIA)   | PLAN OF CORRECTION   | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-87 <u>Personal care services.</u>(a)<br/>The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p><b><u>FINDINGS</u></b><br/>Resident #1 – The following time-sensitive interventions are provided in the care plan; however, no documented evidence these tasks are being performed in a time-sensitive manner by the facility:</p> <ul style="list-style-type: none"> <li>• “Change diaper every 2 hours and as needed”</li> <li>• “...PROM every 2-4 hours if immobile”</li> <li>• “Assist [resident’s name] with changes in position every 2 hours in bed</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>Case Manager and Administrator had a meeting and created a flowsheet which lists daily/prn activities that will be completed by Hale Nohea Staff. Tasks listed include a record of number of peri care/ diaper changes per day, passive ROM every 2-4 hours, and turning/repositioning every 2 hours. Staff will make tally marks on sheet each day and initial. When RN Case Manager visits she will be updated by Care Coordinator or Administrator and will review and sign the care plan flowsheet during case management visits.</p> <p>See attached sample of the care plan flowsheet.</p> | 04/27/2024      |

|                                     | RULES (CRITERIA)   | PLAN OF CORRECTION  | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-87 <u>Personal care services.</u> (c)(3)<br/> The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have:</p> <p>Visits to the physician every four months or more frequently to ensure adequate medical supervision.</p> <p><b><u>FINDINGS</u></b><br/> Resident #1 – No documented evidence resident was evaluated by a physician every four months between 8/10/23-2/20/24</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> |                 |

|                                     | RULES (CRITERIA)   | PLAN OF CORRECTION  | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-87 <u>Personal care services.</u> (c)(3)<br/>The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have:</p> <p>Visits to the physician every four months or more frequently to ensure adequate medical supervision.</p> <p><b><u>FINDINGS</u></b><br/>Resident #1 – No documented evidence resident was evaluated by a physician every four months between 8/10/23-2/20/24</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>Care Coordinator to complete progress notes with all after visit summaries to cross reference. Then randomly audit monthly notes to ensure no documented evidence is missing. Care Coordinator will also follow up with Physician for copy of AVS if not received within 28-48 hours.</p> | 06/10/2024      |

|                                     | RULES (CRITERIA)  | PLAN OF CORRECTION  | Completion Date                               |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2)<br/> 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><br/> Resident #1 – Current care plan states, “crush pills”; however, no physician’s order available to permit crushing of medications when administering</p> <p>Submit revised care plan or physician’s order to crush medications</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>this deficiency has been corrected as evidenced in the attached MD order to crush and made to care for nutritional issues.</p> <p>please see attached physician's orders to correct medications</p> | <p style="text-align: center;">04/26/2024</p> |



|                                     | RULES (CRITERIA)  | PLAN OF CORRECTION  | Completion Date   |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2)<br/> 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><br/> Resident #1 – Current care plan states, “crush pills”; however, no physician’s order available to permit crushing of medications when administering</p> <p>Submit revised care plan or physician’s order to crush medications</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>Care Coordinator to audit new physician orders, to confirm with pharmacy if medications are capable of delivery method and if needed follow up with Physician to obtain a new order stating specific instructions. Care Coordinator or Administrator will contact RN Case Manager and update of any changes for Resident #1 so CM will be able to update her plan of care accordingly.</p> <p>Please see attached MD/APRN order to crush medications and update made to care plan of nutritional issues</p> | <p>06/05/2024</p> |

|                                     | RULES (CRITERIA)  | PLAN OF CORRECTION  | Completion Date   |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2)<br/> 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><br/> Resident #1- Nutritional issues care plan did not include specific procedures for emergency procedures related to aspiration and choking</p> <p>Submit revised care plan with plan of correction.</p> | <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>The deficiency has been corrected as evidenced in the attached revised care plan for nutritional issues</p> | <p>04/27/2024</p> |

|   | RULES (CRITERIA)  | PLAN OF CORRECTION   | Completion Date                               |
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| ☒ | <p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2)<br/> 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><br/> Resident #1- Nutritional issues care plan did not include specific procedures for emergency procedures related to aspiration and choking</p> <p>Submit revised care plan with plan of correction.</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>Care Coordinator or Administrator will contact the RN Case Manager and update on any changes for Resident #1 so CM will be able to update her plan of care accordingly. RN Case Manager will then update care plans to include the specific procedures for emergency procedures, related to aspiration and choking and any other issues that are reported to CM. RN Case Manager will provide assessment for basic tasks and RN delegated skills and schedule with Care Coordinator or Administrator for training of staff and provide documentation.</p> <p>Please see attached plan for nutritional issues and for assessment for basic tasks and RN delegate skills which will document training staff in the area of aspiration precautions.</p> | <p style="text-align: center;">06/01/2024</p> |

|                                     | RULES (CRITERIA)   | PLAN OF CORRECTION  | Completion Date                               |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(3)<br/>           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>Review the care plan monthly, or sooner as appropriate;</p> <p><b><u>FINDINGS</u></b><br/>           Resident #1 - No documented evidence care plan is being reviewed monthly since 2/19/24.</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, Administrator called and set meeting with RN Case Manager for Resident #1, as we were not in office at time of visit made on 03/26/2024. For security and privacy of resident we were unable to leave out medical chart for her to file her RN Case Management Progress Notes.</p> | <p style="text-align: center;">04/27/2024</p> |

|                                     | RULES (CRITERIA)   | PLAN OF CORRECTION   | Completion Date                              |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-88 <u>Case management qualifications and services.</u><br/>(c)(3)<br/>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>Review the care plan monthly, or sooner as appropriate;</p> <p><b><u>FINDINGS</u></b><br/>Resident #1 - No documented evidence care plan is being reviewed monthly since 2/19/24.</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 Ensure that the care plan is reviewed montly the RN Case Manager shall coordinate with all case managementvisits with Hale Nohea Care Coordinator or Managing Director and Administrator to ensure that either will be present during the visit to allow RN Case Manager access to client's chart which includes the care plan.</p> | <p style="text-align: right;">04/27/2024</p> |

|                                     | RULES (CRITERIA)  | PLAN OF CORRECTION   | Completion Date                              |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4)<br/> 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>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><b><u>FINDINGS</u></b><br/> Resident #1 – Nutritional care plan was not updated to reflect the current thickened liquids order, Honey-Pudding thickened liquids (ordered 4/9/24)</p> <p>Submit revised care plan with plan of correction.</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, Administrator called and set meeting with RN Case Manager for Resident #1 on 04/27/2024 to update care plan and discuss future plan going forward.</p> <p>Please see attached revised care plan</p> | <p style="text-align: right;">04/27/2024</p> |

|                                     | RULES (CRITERIA)   | PLAN OF CORRECTION   | Completion Date                               |
|-------------------------------------|--|--|---|
| <input checked="" type="checkbox"/> | <p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4)<br/> 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>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><b><u>FINDINGS</u></b><br/> Resident #1 – Nutritional care plan was not updated to reflect the current thickened liquids order, Hone-Pudding thickened liquids (ordered 4/9/24)</p> <p>Submit revised care plan with plan of correction.</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 ensure the care plan is reviewed monthly and RN Case Manager note is obtained for Resident files; case manger will coordinate management visits with Care Coordinator or Administrator to ensure either would be present during visit to allow RN Case Manager access to client's chart which includes the care plan.</p> <p>Please see revised care plan</p> | <p style="text-align: center;">06/01/2024</p> |

|                                     | RULES (CRITERIA)   | PLAN OF CORRECTION   | Completion Date                               |
|-------------------------------------|--|--|---|
| <input checked="" type="checkbox"/> | <p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(8)<br/>           Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;</p> <p><b><u>FINDINGS</u></b><br/>           Resident #1 – No documented evidence a monthly face-to-face visit was made since 1/15/24</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>Correction of deficiency: A March RN case management visit was made on 2/19/2024 at 1200 and 3/26/2024 at 1230 as evidenced by the attached "Monthly Nursing Progress Notes"</p> | <p style="text-align: center;">04/27/2024</p> |



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|-------------------------------------|--|---|---|
| <input checked="" type="checkbox"/> | <p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(8)<br/> Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;</p> <p><b><u>FINDINGS</u></b><br/> Resident #1 – No documented evidence a monthly face-to-face visit was made since 1/15/24</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 ensure the care plan is reviewed monthly and RN Case Manager has made face to face contact with resident case manager will coordinate management visits with Care Coordinator or Administrator to ensure either will be present during visit to allow RN Case Manager access to client's chart which includes the care plan. Should neither be present when RN Case Manager will email the "Monthly Nursing Progress Note" to Hale Nohea Care Coordinator and Administrator within 24-48 hours of the visit.</p> | <p style="text-align: center;">06/01/2024</p> |

|                                     | RULES (CRITERIA)  | PLAN OF CORRECTION  | Completion Date |
|-------------------------------------|---|---|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(9)<br/> 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>Provide ongoing evaluation and monitoring of the expanded ARCH resident's status, care giver's skills, competency and quality of services being provided;</p> <p><b><u>FINDINGS</u></b><br/> 11-100.1-88(c)(9)<br/> Resident #1 – Case manager has not providing adequate evaluation and monitoring of quality of services being provided for the following interventions as evidenced by no documentation of time-sensitive tasks being completed by the facility:</p> <ul style="list-style-type: none"> <li>• “Change diaper every 2 hours and as needed”</li> <li>• “...PROM every 2-4 hours if immobile”</li> <li>• “Assist [resident’s name] with changes in position every 2 hours in bed</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> |                 |

|                                     | <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)(9)<br/> 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>Provide ongoing evaluation and monitoring of the expanded ARCH resident's status, care giver's skills, competency and quality of services being provided;</p> <p><b><u>FINDINGS</u></b><br/> 11-100.1-88(c)(9)<br/> Resident #1 – Case manager has not been providing adequate evaluation and monitoring of quality of services being provided for the following interventions as evidenced by no documentation of time-sensitive tasks being completed by the facility:</p> <ul style="list-style-type: none"> <li>• “Change diaper every 2 hours and as needed”</li> <li>• “...PROM every 2-4 hours if immobile”</li> <li>• “Assist [resident’s name] with changes in position every 2 hours in bed</li> </ul> | <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>A care plan flowsheet which lists daily/prn activities shall be completed by Hale Nohea staff. Tasks listed include a record of # of peri care/ diaper changes per day. Passive range of motion every 2-4 hours and turning/repositioning every 2 hours. The RN Case Manager shall review and sign the care plan flow sheet during case management visits.</p> <p>See attached sample of the care plan flowsheet.</p> | 04/27/2024             |

Licensee's/Administrator's Signature: Michelle Marciel-Gangloff

Print Name: Michelle Marciel-Gangloff

Date: 06/14/2024