

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Huaxia The Elders' Enjoying House LLC	CHAPTER 100.1
Address: 2724 Kalihi Street, Honolulu, Hawaii 96819	Inspection Date: April 12, 2024 Initial

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

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

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

24 JUL 23 P 1:04

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><b><u>FINDINGS</u></b> Household member (HM) #1 – Chest x-ray with the indication “Cough/smoking” was done on 8/21/2023. There was no record for positive PPD skin test available.</p> <p>HM #2 – Chest x-ray with the indication “Cough, Right wrist pain” was done on 8/24/2023. There was no record for positive PPD skin test available.</p> <p>Thus, initial tuberculosis (TB) clearances for HM #1 and #2 are incomplete. Please submit copies with your plan of correction (POC).</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>(HM)#1 - They need to go to Lanakila Health Center to get it done for the PPD skin test, as soon as possible ,and need to provide proof /document that was done, and the results of the test and reading . Thus provide a proof of copy and submit to Doh. (HM)#2 -The same thing with HM#2 she need to provide a proof of evidence that she did it at State Govt. Agency. for her PPD skin test and reading and submit a proof of evidence that was done. Both HM 1&amp; 2 still out of the country caregiver ,can ask them to get as soon as possible as they arrived her in Honolulu.</p>	<p>05/05/2024</p>
		<p style="text-align: right;">STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>	<p style="text-align: right;">24 JUL 23 P 1 :04</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><b>FINDINGS</b> Household member (HM) #1 – Chest x-ray with the indication “Cough/smoking” was done on 8/21/2023. There was no record for positive PPD skin test available.</p> <p>HM #2 – Chest x-ray with the indication “Cough, Right wrist pain” was done on 8/24/2023. There was no record for positive PPD skin test available.</p> <p>Thus, initial tuberculosis (TB) clearances for HM #1 and #2 are incomplete. Please submit copies with your plan of correction (POC).</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>= I will use household member checklist as a Reminder to obtain all required documents.</i></p>	<p><i>- 7/23/24</i></p>
		<p style="text-align: right;">STATE OF HAWAII HUMAN RESOURCES STAFF LICENSING</p>	<p style="text-align: center;">24 JUL 23 P 1:04</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><b><u>FINDINGS</u></b> HM #1 and #2 – No annual TB clearance.</p> <p>Please submit copies with your POC.</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>Both HM #1 &amp; 2 still out of country PCG will ensure and explain to them as soon as they arrive that its a family requirements of the State to provide a proof of copy of the TB Clearance initial and annually to be submitted, of all individuals who resides in a Type 1 ARCH . As a Household of type 1 arch they should provide the results that was taken from Lanakila state agency as a evidence of the 2 steps PPD skin testing Tb clearance.</p>	<p>05/05/2024</p> <p style="text-align: right;">74 JUL 23 P1:05</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><b><u>FINDINGS</u></b> HM #1 and #2 – No annual TB clearance.</p> <p>Please submit copies with your POC.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>= I will put a reminder on the front of the binder to keep track on the expiration date.</p> <p>→ I will remind them / everyone to 2 months before clearance expired.</p>	<p style="text-align: right;">7/23/2024</p> <p style="text-align: right;">24 JUL 23 P 1:05</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (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><b><u>FINDINGS</u></b> Substitute Care Giver (SCG) #1 – No first aide certification.</p> <p>Please submit a copy with your POC.</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>(SCG)#1 Pcg. will ask and require SCG #1 to provide a new copy of her First Aide Certification . Scg .will sign in for the training to get the appropriate certification ,and provide a copy to be submitted to the care home where she is working , This are all requirements of the State Govt to provide an updated certification in order to work or provide coverage in an ARCH State approved homes.</p>	<p>05/05/2024</p>
		<p><del>→ I will put a form (no)</del></p> <p>⇒ SCG - Obtain First Aid Certificate copy submitted</p>	<p>7/22/24</p> <p style="text-align: right;">24 JUL 23 P1:05</p> <p style="text-align: right; color: blue;">STATE LICENSING</p>

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		<p>→ I will put a reminder on the front of the binder to keep track on the Expiration date.</p> <p>→ I will remind them/everyone 2 months before clearance expired.</p>	<p>7/23/24</p> <p style="text-align: right;">24 JUL 23 P1:05</p> <p style="text-align: right; font-size: small;">STATE OF ALABAMA DEPT. OF HUMAN SERVICES LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) 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> SCG #1 – No cardiopulmonary resuscitation certification.</p> <p>Please submit a copy with your POC.</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>SCG#1 Pcg .will ask and requires the updated new Cpr Certification. Scg.#1 will sign in a training where other agency giving free for CEU . Scg make sure to provide, submit and give a copy of proof of evidence to where she is working that she provide coverage updated CPR certification .</p> <p>⇒ SCG #1 = Obtain CPR certification and copy attached</p>	<p>05/05/2024</p>
			<p>7/23/24</p> <p style="text-align: right;">24 JUL 23 P 1:05 STATE OF MARYLAND STATE LICENSING</p>



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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) 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> SCG #1 – No cardiopulmonary resuscitation certification.</p> <p>Please submit a copy with your POC.</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>Pcg .will ensure that all substitute caregivers certifications and credentials are all updated. Pcg will used a calendar and put a date for reminder and used as a notification to remind that it will notify when its time for renewals to prevent missing credentials /certification in future purposes .SCG will give ,submit and make a copy to provide to the state approved Home where she provide coverage .</p>	<p>05/05/2024</p> <p style="text-align: right;">24 JUL 23 P 1:05</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (a)  The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><u>FINDINGS</u>  No documented evidence that the residents were provided nutritionally adequate meals, as the menu was not followed, and menu substitutions were not documented.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: right;">24 JUL 23 P1:05</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><b><u>FINDINGS</u></b> Menus were not followed. Lunch menu included pork chops, brown or white rice, soybean salad with red cabbage and mushrooms, and honeydew melon. Residents were served stuffed bell peppers (heat and serve type), sweet potato, white rice, chicken and potato soup, green salad, and oranges.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>24 JUL 23 P 1:05</p>

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			<p style="text-align: right;">24 JUL 23 P1:05</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (e)  Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p><b><u>FINDINGS</u></b>  Lunch menu included pork chops, brown or white rice, soybean salad with red cabbage and mushrooms, and honeydew melon. Residents were served stuffed bell peppers (heat and serve type), sweet potato, white rice, chicken and potato soup, green salad, and oranges. Menu substitutions were not documented.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: right;">STATE OF ILLINOIS  STATE LICENSING  24 JUL 23 P 1:05</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
☒	<p>§11-100.1-13 <u>Nutrition.</u> (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p><b><u>FINDINGS</u></b> Lunch menu included pork chops, brown or white rice, soybean salad with red cabbage and mushrooms, and honeydew melon. Residents were served stuffed bell peppers (heat and serve type), sweet potato, white rice, chicken and potato soup, green salad, and oranges. Menu substitutions were not documented.</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>Pcg and Scg.will ensure to serve the right menu items listed on the menu chart , For future purposes and to avoid mistake and interchanges of menu and days serve ,Pcg and scg and all staffs covering services at the sate approved homes, Staff should not panic and always have a presence of mind and fit to come to work to prevent any mistakes and errors . The menu substitutions were made and submit a copy to Doh.</p>	<p>05/05/2024</p>
			<p style="text-align: right;">24 JUL 23 P 1:05</p> <p style="text-align: right;">STATE OF ILLINOIS STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (f)  A minimum of three meals shall be provided at regular intervals in each twenty four hour period. There shall be no more than fourteen hours between a substantial evening meal and breakfast.</p> <p><b><u>FINDINGS</u></b>  Primary Care Giver (PCG) stated that breakfast is at 7am. Resident #3 was eating breakfast upon department arrival at 10:35am. Reasons why breakfast was not provided as scheduled were not documented.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: right;">24 JUL 23 P 1 :05</p> <p style="text-align: right; font-size: small;">STATE LICENSING</p>



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	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><b><u>FINDINGS</u></b>            Unlabeled Cortizon-10 cream was left unsecured in under sink cabinet in bathroom inside resident #1's room AO4.</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>Cortizon-10 cream was given by her family .            Pcg . talk to the Resident while consultant still here that if possible medicine will be restore in the medicine cabinet and she can have it when she needed it . Pcg ,informed her family about the Cortizon- 10 cream that was found left unsecured in under the sink cabinet bathroom. Since the cream almost consume family take it from her and talk to the resident she can ask Pcg ,if she need it as needed. on her medication list            Dr. Chun had ordered her Hydrocortisone 1% cream for itching as needed .</p>	<p style="text-align: center;">05/08/2024</p> <p style="text-align: right;">24 JUL 23 P1:05</p>

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<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><b><u>FINDINGS</u></b>            Unlabeled Cortizon-10 cream was left unsecured in under sink cabinet in bathroom inside resident #1's room AO4.</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>As it was discussed with the Client and her family regarding the unlabeled Cortizon-10 cream, Client can have a medicine with her as long as she can declare and get an order from Pcp that she can self administered. The OTC drugs should be stored in a proper conditions of sanitation, temperature, light, moisture, ventilation, segregation and security. This is all discussed with the family and resident for the safety of other residents too as well, just in case it happens other residents might enter in her room. For safety purposes always make sure that Pcg will ensure to keep it in a safe locked medicine cabinet. So that it doesn't happen in the future all medications family shall rendered to Pcg upon admission of each residents.</p> <p><i>at the time of daily cleaning after breakfast I will check resident room to make sure, no medication was left on table trained SCS to check their rooms.</i></p>	<p>05/08/2024</p> <p style="text-align: right;">24 JUL 23 P 1:05</p> <p style="text-align: right;"><i>#27/2024</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician’s order dated 2/20/2024 was “furosemide (LASIX) 20MG tablet. Take 1 tab by mouth every morning as needed.” Indication for as needed use was not provided.</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>Furosemide (Lasix) 20mg tab was order by Pcp. indicated as needed but it doesn't order what is use for . Pcg. call for verification regarding this medication and get an order from her PCP. Dr. Chun made a new order sign and fax it back to caregiver. Furosemide(Lasix )20mg tab Take 1 tab by mouth every morning as needed for localized Edema. The caregiver will ensure all medication is properly ordered what is used for ,check the the dose upon admission to prevent medication error in the future.</p>	<p>05/08/2024</p>
			<p style="text-align: right;">24 JUL 23 P 1 :05</p> <p style="text-align: right; color: blue;">STATE OF MARYLAND STATE ARCHIVES SERIALS/RECORDS</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician’s order dated 2/20/2024 was “furosemide (LASIX) 20MG tablet. Take 1 tab by mouth every morning as needed.” Indication for as needed use was not provided.</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>Furosemide (Lasix) 20 mg tab , medication wasn't indicated what is used for. Caregiver call for medication clarification at the MD's clinic ,Dr. Chun made a new order signed and faxed it back to caregiver. Furosemide(Lasix) 20mg tab . Take 1 tab every morning as needed for localized Edema. With the same situation in the future make sure and see to it that caregiver will check and clarify all the medication that was rendered by family to caregiver upon admission to prevent medication error in the future.</p> <p>→ I will review medication order at least once a month if clarification is needed I will contact the physician, with in 24 hours.</p>	<p>05/23/2024</p> <p>24 JUL 23 P1 06</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (n)  Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN. Written procedures shall be available for storage, monitoring and documentation.</p> <p><b><u>FINDINGS</u></b>  Resident #1 self-administers and keeps Cortizon-10 cream. No physician's order for self-administration. No written procedure for storage, monitoring, and documentation.</p> <p>Please submit a written procedure with your POC.</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>Cortizon -10 cream , Consultant found unlabeled medicine under the sink . Caregiver talk to the resident and family about the cream ,that upon admission all medications prescribed by MD and OTC drugs should be rendered to caregiver for proper labeling so it will be stored in a proper condition sanitation , temperature , light ,moisture, ventilation segregation and security in a Locked medicine cabinet . Caregiver will have a proper documentation when ,what and the effectiveness of the medication that is used. Family is amenable if resident likes to have the cream, caregiver will ask an order from his PCP for self-administration.</p> <p><i>⇒ Resident does not self-administered Cortizon-10 cream. The medication is stored in staff controlled cabinet.</i></p>	<p style="text-align: center;">05/20/2024</p> <p style="text-align: right;">7/23/2024</p> <p style="text-align: right;">24 JUL 23 P1:06</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (n)  Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN. Written procedures shall be available for storage, monitoring and documentation.</p> <p><b><u>FINDINGS</u></b>  Resident #1 self-administers and keeps Cortizon-10 cream. No physician's order for self-administration. No written procedure for storage, monitoring, and documentation.</p> <p>Please submit a written procedure with your POC.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>⇒ I will create self-administration procedures and also train by SCG as needed.</p>	<p>7/23/24</p> <p style="text-align: right;">24 JUL 23 P 1:06</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1)  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p><b><u>FINDINGS</u></b>  Resident #2 – No record that vital signs were taken at admission.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: right;">24 JUL 23 P 1:06</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1)  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p><b><u>FINDINGS</u></b>  Resident #2 – No record that vital signs were taken at admission.</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>Resident #2 Upon admission Pcg should maintain records for each residents including the complete vital signs Blood Pressure, Temperature, Respiration, Pulse , Weight and Height. Caregiver should make an admission assessment to be put in the client's chart and also make a progress note on the day of admission for the her record .</p> <p>Caregiver should be aware these are all legal documents pcg will make sure to provide proper documentation in each clients chart .</p> <p>For future purposes make a note or mark on the tab of each client's chart that serve as a remind. So that it doesn't happen again in the future .</p> <p><i>→ I have a binder c all required documents for New Admission. And Tell everyone to Review all document c in 1 week of Admission</i></p>	<p>05/20/2024</p> <p style="text-align: right;">24 JUL 23 P1:06</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1)  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p><b>FINDINGS</b>  Resident #2 – Names of Primary Care Giver (PCG) and the resident in admission assessment form were typed but not signed.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT  DEPARTMENT OF SOCIAL SERVICES  STATE LICENSING</p>	<p style="text-align: right;">24 JUL 23 P 1:06</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p><b><u>FINDINGS</u></b> Resident #2 – Names of Primary Care Giver (PCG) and the resident in admission assessment form were typed but not signed.</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>Resident#2 On admission day caregiver made an admission assessment documentation, it was done and documented vital sign were taken all the necessary questioned was filled out but it was not signed on the same day due to family members were stayed late until pcg forget to ask and signed the forms . For future plan Primary caregiver will always ensure and remember to get signature on the day upon admission . Put a high lighter or a mark to serves as a reminder so that it will not be forgotten .This are all important legal documents .</p> <p><i>→ will review all documents with in 1 week of Admission and update as needed.</i></p>	<p>05/20/2024</p>
			<p>7/23/2024 STATE OF ALABAMA STATE LICENSING JUL 23 P1:06</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(7)  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>Height and weight measurements taken;</p> <p><b><u>FINDINGS</u></b>  Resident #2 – There was no weight measurements taken at admission.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: right;">24 JUL 23 P1:06</p> <p style="text-align: right; font-size: small;">STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(7)  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>Height and weight measurements taken;</p> <p><b><u>FINDINGS</u></b>  Resident #2 – There was no weight measurements taken at admission.</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>Resident #2 On the admission day all important question were filled out vitals sign were taken but Pcg. forget to put the Height and Weight of the resident .This includes an vital rule that should be recorded on her chart for future basis on her weight especially just in case she will gain too much while she was on the care home .</p> <p>For future plan : Caregiver should put a note /mark that serves as a reminder so that it should not be forgotten , all of this have important rule in every residents record</p> <p><i>⇒ I will review all documents within 1 week of Admission and update as needed.</i></p>	<p>05/20/2024</p> <p style="text-align: right;"><i>- 7/23/24</i></p> <p style="text-align: right;">24 JUL 23 P 1:06</p> <p style="text-align: right; font-size: small;">STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><b><u>FINDINGS</u></b> Resident #1 – There is a record for negative PPD skin test dated 2/10/2024. No record for 2nd step PPD skin test. Thus, initial TB clearance was incomplete.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Resident#1 Client have a record that she got her TB skin test at The Plaza 2/10/2024,She was Negative, but it was found out by my Consultant that she don't have a results of her 2 step .As a requirements to be a admitted to a care home it should have a 2 step results. Pcg. take Client to Lanakila for Tb skin test for 2 step on May 3 ,2024 and return for reading on May 6,2024 it was negative an we got the results.</p>	<p>05/20/2024</p> <p style="text-align: right;">24 JUL 23 P1:06</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><b><u>FINDINGS</u></b> Resident #1 – There is a record for negative PPD skin test dated 2/10/2024. No record for 2nd step PPD skin test. Thus, initial TB clearance was incomplete.</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>Resident#1 As a requirements of Doh a Resident that should be admitted on the facility or care home should have a 2 step Tb clearance will be provide upon admission .</p> <p>Resident only have a Ppd skin test result that was taken at the The Plaza 2/10/2024 few days upon discharged this is incomplete.</p> <p>PCG. take Resident to Lanakila for PPd skin test for her 2 step on 05/03/2024, and return back for reading on 05/06/2024 the results were negative thus her 2 step results were provided.</p> <p>For future Plan: PCG should verify and be reminded to follow up with family to ask and clear all Doh forms requirements should be correct and complete upon admission.</p> <p><i>=&gt; I will use admission checklist as a reminder to obtain TB clearance before Admission.</i></p>	<p style="text-align: center;">05/20/2024</p> <p style="text-align: center;">24 JUL 23 P 1:06</p> <p style="text-align: center;">7/23/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #2 and #3 – Progress notes did not include observations of residents' response to diet for March 2024.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: right;">24 JUL 23 P1:06</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #2 and #3 – Progress notes did not include observations of residents' response to diet for March 2024.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>⇒ I will review and document in progress note at least once a month, including response to diet.</p>	<p style="text-align: right;">7/23/2024</p> <p style="text-align: right;">24 JUL 23 P1:06</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Emergency information sheet did not have page 2 (diagnoses, medication history, and current medication list)</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Resident#1 Emergency information sheet page 1 was filled out with all the necessary important information about the resident, however the page2 was missing that includes the diagnoses, medication history and current medication list . Consultant provide a copy to the caregiver and make a few copies for the future admission use. Caregiver will always make sure to ensure that all forms and records should be accurate , complete and current and readily available for review by the Department or responsible placement agency .</p> <p>⇒ Page 2 is completed and copy submitted.</p>	<p>05/21/2024</p> <p>7/23/2024</p> <p>24 JUL 23 P1:06</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Emergency information sheet did not have page 2 (diagnoses, medication history, and current medication list)</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>Resident #1 Emergency information sheet were filled out all the information name , dob ,address, emergency contact ,doctors , insurance no. and insurance name on page 1 , page 2 forms is missing . Page 2 indicates the diagnoses , medication history and current medication list .Consultant provided a form and caregiver make a copies to have a master copy to be used in the future admission . Caregiver should have a record to this important information as a part of the information sheet as a part of the record of each resident on their home chart. For future Plan: Caregiver should always ensure to fill it out as apart of the information sheet includes page 1 and 2 .</p> <p><i>I will review at least once a month and update as needed.</i></p>	<p>05/21/2024</p> <p style="text-align: center;">24 JUL 23 P 1:06</p> <p>7/22/2024</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><b><u>FINDINGS</u></b>  Resident #1 – Wite out tape was used in physical exam form, level of care form, Physicians order sheet, and self preservation statement. All documents were dated 2/16/2024.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: right;">24 JUL 23 P1:06</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><b><u>FINDINGS</u></b>  Resident #1 – Wite out tape was used in physical exam form, level of care form, Physicians order sheet, and self preservation statement. All documents were dated 2/16/2024.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Resident #1 Wipe out found by consultant on the day of inspection , in the physical exam form, level of care form , Physicians order sheet and self preservation statement , These were all noticed by caregiver too. Caregiver discussed with the Poa on the next annual physical exam the same Doh forms were going to use again, make sure that staff at the Dr's office should be reminded that they cannot used wipe out if they make mistake on filling out the forms. Legal documents should not be tampered , if accidentally make mistake just cross one line and initial .  For future plan: Caregiver should remind the Poa whoever brings the Resident to DR's Visit not to make any erasure or using wipe out.</p>	<p>05/21/2024</p> <p style="text-align: right;">24 JUL 23 P1 06</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician’s order dated 2/20/2024 was “Test blood sugar once every Monday.” Per medication administration record (MAR), blood sugar was tested on 3/5/2024 and 4/5/2024 only. PCG stated that family received a new order to check blood sugar once a month. The order was not confirmed and documented before changing the frequency of blood sugar monitoring.</p> <p>Please obtain a physician’s order.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Resident#1Test blood sugar test ordered dated 02 /20/2024 =Test blood sugar every Monday . Caregiver recorded on the MAR every month 3/5/24 and 4/5/24/ Upon admission of the resident the forms that was given and signed by PCP was every week but Pcg ask and clarify to POA that she need to get it done and change the order ,she mentioned that it was already mention in the office staff is aware of that but no order that was written only verbally said , until it was forgotten . PCG call for verification and get an order Blood sugar test once a month for Blood glucose monitoring 4/29/24 dated and signed and faxed it back to caregiver</p>	<p>05/21/2024</p> <p style="text-align: right;">24 JUL 23 P 1 :06</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician’s order dated 2/20/2024 was “Test blood sugar once every Monday.” Per medication administration record (MAR), blood sugar was tested on 3/5/2024 and 4/5/2024 only. PCG stated that family received a new order to check blood sugar once a month. The order was not confirmed and documented before changing the frequency of blood sugar monitoring.</p> <p>Please obtain a physician’s order.</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>Resident#1 Test blood sugar ordered 02/20/2024 =blood sugar test every Monday. This ordered was made when client had her forms fill out and signed by PCP. Upon admission POA mentioned to pcg that her blood test was change to every month and it was stated also that it was mentioned to Pcp staff when they have the last visit ,but it was never changed on the form that was signed pcg remind them again to get it done and change and get a new order ,until POA went for vacation and forgotten .Caregiver call for clarification ,Pcp order Blood sugar test every month for blood glucose monitoring date &amp; signed and return and fax it back to caregiver on 04/29/2024. For future Plan: Caregiver should check and clarify all orders, that is match with written order and what is stated by the family member , to prevent any error in the future.</p> <p><i>⇒ I will review physicians order at least once a month if clarification is needed contact physician within 24hrs.</i></p>	<p>05/21/2024</p> <p style="text-align: center;">JUL 23 P 1:06</p> <p style="text-align: right;"><i>7/24/24</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(G) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system;</p> <p><b><u>FINDINGS</u></b> No record that smoke detectors were tested.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>'24 JUL 23 P 1:07</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(G) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary caregiver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system;</p> <p><b><u>FINDINGS</u></b> No record that smoke detectors were tested.</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>Smoke Detector= Consultant found were not recorded on the day of inspections. Smoke detectors shall be provided in accordance with NFPA and all Type 1 Arch shall be in compliance with the Fire prevention Protection. PCG cannot find the forms for smoke detector monthly record, however on the day of inspection caregiver check and test all smoke alarms and its all working fine. Consultant provided a blank form for the caregiver to write and record the date it was tested .</p> <p>For future Plan: Caregiver should have a calendar note marking reminder ,or a monthly reminder on your phone or email notification.</p>	<p>05/21/2024</p> <p style="text-align: right;">24 JUL 23 P1:07</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p><b><u>FINDINGS</u></b> Resident #3 – Self preservation statement dated 2/15/2024 stated the resident is “Capable to following directions and taking appropriate action for self-preservation under emergency conditions.” However, whether the resident is ambulatory was not recorded.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Resident#3 The self preservation statement forms its was signed by her PCP on 02/15/2024 but the resident is ambulatory box was un marked .How ever client is capable of following directions and taking appropriate action for self preservation under the emergency conditions . POA took the Doh forms to the MD's clinic and ask him a favor to sign the un marked Doh Self Preservation form dated and signed on 05/15/2024 and returned it back to caregiver the same day .</p>	<p>05/21/2024</p> <p style="text-align: right;">24 JUL 23 P 1 :07</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p><b><u>FINDINGS</u></b> Resident #3 – Self preservation statement dated 2/15/2024 stated the resident is “Capable to following directions and taking appropriate action for self-preservation under emergency conditions.” However, whether the resident is ambulatory was not recorded.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN</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>Resident#3 On this findings the Self Preservation Statement form dated 2/15/2024 that was signed by Pcp forgot to mark the box for the resident is ambulatory , how ever she is capable to following directions and taking appropriate action under emergency conditions. POA take the forms and ask MD if he can initial and dated the form that was leave un marked on 05/15/2024 and returned it back to caregiver.</p> <p>For future plan: Caregiver should remind family or Poa whoever brings the residents to their PCP for DOH forms filling/signing out they should check the forms if its correct and complete before they leave DR.'s office.</p> <p><i>I will review the document once a month and if clarification is needed I will contact physician within 24 hrs.</i></p>	<p>05/21/2024</p>
		<p><i>7/23/2024</i></p> <p style="text-align: right;">STATE OF MARYLAND STATE LICENSING</p>	<p>24 JUL 23 P1 107</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><b><u>FINDINGS</u></b> Signaling device in bathroom inside resident's room A03 was turned off. PCG turned the power on during inspection.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: right;">24 JUL 23 P1:07</p> <p style="text-align: right; font-size: small;">STATE OF MARYLAND DEPARTMENT OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><b><u>FINDINGS</u></b> Signaling device in bathroom inside resident's room A03 was turned off. PCG turned the power on during inspection.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN</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>Room #A03 This room the residents is alert and oriented ,her call button was turn off that was found by the consultant on the day of inspection . She is capable on turning on and off , but besides her call button she also have another one as she is using the lanyard call button ,she claims she prefers that one . PCG is aware that all signaling devices shall be on all the time inside the bathroom and on the bedside of each residents . For future Plan: Primary caregiver should always check every now and then to make sure that all signaling devices are all operational. And make sure that it doesn't happen again.</p> <p>⇒ I would test the signaling device at least once a month. And I will train the SCG's to check as needed.</p>	<p>05/20/2024</p>
			<p>24 JUL 23 P 1:07</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">STATE OF MAH STATE LICENSING</p>

Licensee's/Administrator's Signature: MYRA NAVARRA *Myra Navarra* 7/23/2024

Print Name: MYRA NAVARRA

Date: May 23, 2024

STATE OF MICHIGAN  
DEPT. OF REVENUE  
STATE LICENSING

24 JUL 23 P 1:07