

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Ilima at Leihano</b>	<b>CHAPTER 900</b>
<b>Address: 739 Leihano Street, Kapolei, Hawaii 96797</b>	<b>Inspection Date: May 14 &amp; 15, 2024 Annual</b>

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

**YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-6 <u>General policies, practices, and administration.</u> (d) The facility shall have written policies and procedures which incorporate the assisted living principles of individuality, independence, dignity, privacy, choice, and home-like environment.</p> <p><b><u>FINDINGS</u></b> Facility policy #5-3.09 Accountability of Controlled Medications states, "Two signatures are required for counting all controlled medications each time responsibility for the cart changes (keys exchange persons) generally each shift change." However, the narcotic binder in memory care and assisted living units shows multiple missing two signatures on shift changes. <i>Retrain staff about your policy and submit documentation with your Plan of Correction (POC).</i></p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>A mass email was sent on 5/16/2024 to all Nurses and Medication Technicians stating the requirement of two (2) signatures for counting controlled medications each shift. Between 5/16 - 18/2024 the Assisted Living Director had in-person reviews of these procedures with the Nurses and Medication Technicians.</p>	<p>05/18/24</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-90-6 <u>General policies, practices, and administration.</u> (d) The facility shall have written policies and procedures which incorporate the assisted living principles of individuality, independence, dignity, privacy, choice, and home-like environment.</p> <p><b><u>FINDINGS</u></b> Facility policy #5-3.09 Accountability of Controlled Medications states, "Two signatures are required for counting all controlled medications each time responsibility for the cart changes (keys exchange persons) generally each shift change." However, the narcotic binder in memory care and assisted living units shows multiple missing two signatures on shift changes. <i>Retrain staff about your policy and submit documentation with your Plan of Correction (POC).</i></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>The incoming Nurse for each shift to check the previous shift's controlled medications count log for the 2-signatures.</p> <p>Assisted Living Director notified the Nurses by email on 05/18/2024 of the requirement for the 2-signatures for counting controlled medications by shift. Assisted Living Director to conduct an In-service for the Nurses by 08/12/2024 on the 2-signatures requirement. Assisted Living Director to complete an audit on a weekly basis of the 2-signatures log by shift.</p>	08/12/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (a)(1) Service plan.</p> <p>The assisted living facility staff shall conduct a comprehensive assessment of each resident's needs, plan and implement responsive services, maintain and update resident records as needed, and periodically evaluate results of the plan. The plan shall reflect the assessed needs of the resident and resident choices, including resident's level of involvement; support principles of dignity, privacy, choice, individuality, independence, and home-like environment; and shall include significant others who participate in the delivery of services;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Current (May 2024) QuickMAR shows Ensure drink 1 can by mouth twice daily for nutrition *Resident Able to take ***self*ordered in 7/2/21. However, resident's consistency was changed to nectar/honey on 1/30/24, and no documentation the facility assessed the resident's ability to take Ensure ***self with modified consistency.</p> <p>Resident #1 – Current (May 2024) QuickMAR shows resident may self-administer PRN Lidocaine 5% Patch and Nystatin 100,000 powder. No documentation the facility assessed the resident's ability to self-administer medications safely and appropriately. <i>Reassess the resident and submit documentation with your POC.</i></p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>The Assisted Living Director clarified with Resident's PCP (primary care physician) that she has not been taking the Ensure drink since Feb '24, our records have been updated as of 5/19/2024 (when PCP responded). The Resident's consistency change to nectar/honey of 1/30/2024 confirmed by PCP.</p> <p>The Assisted Living Director clarified with the resident's PCP that the Lidocaine and Nystatin powder was discontinued on 5/26/2024 via a faxed response from the PCP on 5/20/2024.</p>	5/20/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (a)(1) Service plan.</p> <p>The assisted living facility staff shall conduct a comprehensive assessment of each resident's needs, plan and implement responsive services, maintain and update resident records as needed, and periodically evaluate results of the plan. The plan shall reflect the assessed needs of the resident and resident choices, including resident's level of involvement; support principles of dignity, privacy, choice, individuality, independence, and home-like environment; and shall include significant others who participate in the delivery of services;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Current (May 2024) QuickMAR shows Ensure drink 1 can by mouth twice daily for nutrition *Resident Able to take ***self*ordered in 7/2/21. However, resident's consistency was changed to nectar/honey on 1/30/24, and no documentation the facility assessed the resident's ability to take Ensure ***self with modified consistency.</p> <p>Resident #1 – Current (May 2024) QuickMAR shows resident may self-administer PRN Lidocaine 5% Patch and Nystatin 100,000 powder. No documentation the facility assessed the resident's ability to self-administer medications safely and appropriately. <i>Reassess the resident and submit documentation with your POC.</i></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>Assisted Living Director or Nurse to ensure our EMar and Care Plan records are updated per Resident's PCP orders.</p> <p>Assisted Living Director notified the Nurses by email on 05/20/2024 of the requirement for the EMar to match the Care Plan. After receiving the physician's orders, these orders are faxed to the pharmacy to update the EMar while the Nurses update the Care Plan based on the same physician's written orders.</p> <p>Assisted Living Director to complete a quarterly audit of the physician's order against the EMar for all residents. Executive Director to spot check 10-residents' records on a quarterly basis to ensure the EMar and Care Plan match each other.</p>	<p>08/06/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-90-8 <u>Range of services.</u> (a)(2) Service plan.</p> <p>A service plan shall be developed and followed for each resident consistent with the resident's unique physical, psychological, and social needs, along with recognition of that resident's capabilities and preferences. The plan shall include a written description of what services will be provided, who will provide the services, when the services will be provided, how often services will be provided, and the expected outcome. Each resident shall actively participate in the development of the service plan to the extent possible;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Current service plan does not reflect resident self-administering the following treatment orders as noted in current (May 2024) QuickMAR:</p> <ul style="list-style-type: none"> <li>• Ensure drink 1 can by mouth twice daily for nutrition *Resident Able to take ***self*</li> <li>• Lidocaine 5% patch apply 1 patch topically to affected area QD 12 hours ON, 12 HOURS OFF PRN localized pain *Resident can self administer*</li> <li>• Nystatin 100,000 unit/gm powder apply topically to groin/inner thighs and under folds BID PRN itching or rash *Resident wants to administer medication on *** own*</li> </ul>	<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>The Assisted Living Director clarified with Resident's PCP (primary care physician) that she has not been taking the Ensure drink since Feb '24, our records have been updated as of 5/19/2024 (when PCP responded).</p> <p>The Assisted Living Director clarified with the Resident's PCP that the Lidocaine and Nystatin powder was discontinued on 05/26/2024 via a faxed response from the PCP on 05/20/2024.</p> <p>Current service plan will not include orders for Ensure drink, Lidocaine patch or Nystatin powder as they have been discontinued per Resident's PCP.</p>	<p>5/20/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (a)(2) Service plan.</p> <p>A service plan shall be developed and followed for each resident consistent with the resident's unique physical, psychological, and social needs, along with recognition of that resident's capabilities and preferences. The plan shall include a written description of what services will be provided, who will provide the services, when the services will be provided, how often services will be provided, and the expected outcome. Each resident shall actively participate in the development of the service plan to the extent possible.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Current service plan does not reflect resident self-administering the following treatment orders as noted in current (May 2024) QuickMAR:</p> <ul style="list-style-type: none"> <li>• Ensure drink 1 can by mouth twice daily for nutrition *Resident Able to take ***self*</li> <li>• Lidocaine 5% patch apply 1 patch topically to affected area QD 12 hours ON, 12 HOURS OFF PRN localized pain *Resident can self administer*</li> <li>• Nystatin 100,000 unit/gm powder apply topically to groin/inner thighs and under folds BID PRN itching or rash *Resident wants to administer medication on *** own*</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>Assisted Living Director or Nurse to ensure our EMar and Care Plan records are updated per resident's PCP orders.</p> <p>Assisted Living Director notified the Nurses by email on 05/20/2024 of the requirement for the EMar to match the Care Plan. After receiving the physician's orders, these orders are faxed to the pharmacy to update the EMar while the Nurses update the Care Plan based on the same physician's written orders.</p> <p>Assisted Living Director to complete a quarterly audit of the physician's order against the EMar for all residents. Executive Director to spot check 10-residents' records on a quarterly basis to ensure the EMar and Care Plan match each other.</p>	<p>08/06/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing;</p> <p><b><u>FINDINGS</u></b>  Resident #1 -- Unlabeled Over-the-counter (OTC) medication bottles (ClearLAX Polyethylene powder and Antacid tabs) and cream (Aspercreme) were found unsecured on the resident's kitchen counter. Resident is receiving medication management from the facility.</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>Assisted Living Director removed the OTC medication bottles (ClearLAX Polyethylene powder and Antacid tabs) from Resident's apartment. Asked Resident's PCP if the OTC medications are approved for use which was confirmed on 05/26/2024, then included the medications with her other managed medications.</p>	<p>5/15/24</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing:</p> <p><b>FINDINGS</b> Resident #1 – Unlabeled Over-the-counter (OTC) medication bottles (ClearLAX Polyethylene powder and Antacid tabs) and cream (Aspercreme) were found unsecured on the resident's kitchen counter. Resident is receiving medication management from the facility.</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>During the daily care in the Resident's apartment Nurse or RA (Resident Assistant/Care Staff) to check for OTC and prescription medications, in plain sight, and if such medications are present the Nurse will remove the medications and check with Resident's PCP if approved for use and if confirmed, will include the medications with her other managed medications.</p> <p>Assisted Living Director notified the Nurses by email on 05/15/2024 that no OTC or prescription medications (in plain sight) allowed in the resident's apartment who are on medication management. Assisted Living Director to hold an in-service training for all Care Staff by 08/12/2024 that Residents on medication management may not have OTC or prescription medications in their apartment. Assisted Living Director and Nurses to ensure this requirement is followed.</p> <p>Assisted Living Director or Nurses to complete a monthly check of residents' apartments to ensure Residents receiving medication management do not have OTC or prescription medications (in plain sight) in their apartments.</p>	<p>08/06/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing:</p> <p><b>FINDINGS</b>  Resident #1 -- physician ordered a barium swallow test due to a history of choking episodes, and resident was scheduled on 2/14/24. Nursing staff was unaware of the scheduled test and did not follow up with the resident until 5/15/24. Resident has canceled the appointment.  <i>Please update the physician on the canceled appointment and submit documentation (with physician's response) with your POC.</i></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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing;</p> <p><b><u>FINDINGS</u></b>  Resident had Physician ordered a barium swallow test due to a history of choking episodes, and resident was scheduled on 2/14/24. Nursing staff was unaware of the scheduled test and did not follow up with the resident until 5/15/24. Resident has canceled the appointment.  <i>Please update the physician on the canceled appointment and submit documentation (with physician's response) with your POC.</i></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>Nurse to review the PCP/hospital After Visit Summary report for follow up appointment and if any, track appointment for confirmation it was completed. If appointment completed than the After Visit Summary report to be placed in Resident's file. If appointment was not completed than resident or family member (POA) to advise reason which we will document.</p> <p>Assisted Living Director notified the Nurses by email on 05/29/2024 of the requirement for physician appointments to be completed by Resident or a reason why it was not. Executive Director will send a reminder letter to Residents (POAs) of the need to let the Assisted Living Director or Nurse know when the resident cancels or reschedules an appointment so we may document the reason for the cancellation or note the rescheduled appointment and expectation to receive a copy of the After Visit Summary.</p>	<p>08/06/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – No documented evidence that the facility monitored outside foods that may pose a choking risk for the resident on a dysphagia pureed diet (1/30/24). Cookies and crème filled sandwich crackers were found in the resident's unit.</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>Assisted Living Director removed and disposed of the outside foods on 5/14/2024.</p>	<p>5/14/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing:</p> <p><b><u>FINDINGS</u></b>  Resident #1 – No documented evidence that the facility monitored outside foods that may pose a choking risk for the resident on a dysphagia pureed diet (1/30/24). Cookies and crème filled sandwich crackers were found in the resident's unit.</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>Assisted Living Director called Resident's daughter on 05/14/2024 to advise them that no outside food is allowed in the apartment due to the choking risk. Executive Director spoke with the two (2) daughters, in person, on 05/19/2024 to remind them that no outside food is allowed in the apartment due to the choking risk.</p> <p>During the daily care in the resident's apartment, Nurses and RAs (Resident Assistants/Care Staff) to check for outside foods, in plain sight, and remove and discard.</p> <p>Assisted Living Director notified the Nurses by email on 05/14/2024 and Nurses communicated the same to RAs that no outside foods (in plain sight) allowed in the resident's apartment due to the choking risk.</p> <p>Assisted Living Director or Nurses to complete a monthly check of residents' apartments to ensure Residents on a special diet (i.e. pureed diet) does not have outside food (in plain sight) in their apartments.</p>	<p>05/14/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing;</p> <p><b>FINDINGS</b>  Resident #1... conflicting liquid consistency order was not clarified with the physician – nectar and honey liquid consistency ordered on 1/30/24.  <i>Please clarify with the physician and submit documentation with your POC.</i></p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Assisted Living Director faxed PCP on 5/16/2024 requesting clarification on liquid consistency order and received the signed order from PCP on 5/19/2024 stating food texture pureed with nectar consistency liquid.</p>	<p>5/19/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing;</p> <p><b><u>FINDINGS</u></b>  Resident #. - Conflicting liquid consistency order was not clarified with the physician – nectar and honey liquid consistency ordered on 1/30/24.  <i>Please clarify with the physician and submit documentation with your POC.</i></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>Assisted Living Director or Nurse to Ensure our Care Plan records are updated per resident's PCP orders.</p> <p>Assisted Living Director notified the Nurses by email on 05/19/2024 of the requirement for the PCP orders to match the Care Plan. After receiving the physician's orders, the Nurses update the Care Plan based on the PCP orders.</p> <p>Assisted Living Director to complete a quarterly audit of the physician's orders against the Care Plan for all residents. Executive Director to spot check 10-residents' records on a quarterly basis to ensure the PCP orders and Care Plan match each other.</p>	<p>08/06/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(3)(B)(i) Services.</p> <p>The assisted living facility shall have policies and procedures relating to medications to include but not be limited to:</p> <p>Administration of medication:</p> <p>Prescription and non-prescription medications which the facility has responsibility for administering to a resident must be identified in the resident's record and must be prescribed in writing for the resident by a physician or prescribing advanced practice registered nurse;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Unlabeled Over the counter (OTC) medication bottle (ClearLAX Polyethylene powder) and cream (Aspercreme) found in resident's unit were not identified in the resident's records.  <i>Submit documentation with your POC.</i></p> <p>Resident #2 – Unlabeled Over the counter (OTC) medications (CVS Health Sore Throat and cough Lozenges Benzocaine 7.5 mg and DM HBr 5mg) found in resident's medication inventory were not identified in the resident's records.  <i>Submit documentation with your POC.</i></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 #1 - Assisted Living Director clarified with the resident's PCP that the ClearLAX Polyethylene powder and Aspercreme was discontinued on 5/29/2024 via a faxed response from the PCP on 5/29/2024.</p> <p>Resident #2 - Assisted Living Director contacted the Resident's PCP to ask if the OTC medications (CVS Health Sore Throat and cough Lozenges Benzocaine 7.5 mg and DM HBr 5mg) are approved for use. Received a signed order from PCP on 05/16/2024 that both medications are being used as needed (PRN).</p>	<p>5/29/24</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(3)(B)(i) Services.</p> <p>The assisted living facility shall have policies and procedures relating to medications to include but not be limited to:</p> <p>Administration of medication:</p> <p>Prescription and non-prescription medications which the facility has responsibility for administering to a resident must be identified in the resident's record and must be prescribed in writing for the resident by a physician or prescribing advanced practice registered nurse:</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Unlabeled Over the counter (OTC) medication bottle (ClearLAX Polyethylene powder) and cream (Aspercreme) found in resident's unit were not identified in the resident's records.  <i>Submit documentation with your POC.</i></p> <p>Resident #2 – Unlabeled Over the counter (OTC) medications (CVS Health Sore Throat and cough Lozenges Benzocaine 7.5 mg and DM HBr 5mg) found in resident's medication inventory were not identified in the resident's records.  <i>Submit documentation with your POC.</i></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>Assisted Living Director or Nurse to ensure our EMar and Care Plan records are updated per resident's PCP orders.</p> <p>Assisted Living Director notified the Nurses by email on 05/29/2024 that no OTC or prescription medications (in plain sight) allowed in the resident's apartment who are on medication management. Assisted Living Director to hold an in-service training for all Care Staff by 08/12/2024 that Residents on medication management may not have OTC or prescription medications in their apartment. Only physician approved/ordered medications allowed and must match the EMar and Care Plan.</p> <p>Assisted Living Director or Nurses to complete a monthly check of residents' apartments to ensure Residents receiving medication management do not have OTC or prescription medications in their apartments.</p> <p>Assisted Living Director to complete a quarterly audit of the medications in the EMar against the residents' Service Plan. Executive Director to spot check 10-residents' records on a quarterly basis to ensure the EMar and Care Plan match each other.</p>	08/12/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(3)(B)(ii) Services.</p> <p>The assisted living facility shall have policies and procedures relating to medications to include but not be limited to:</p> <p>Administration of medication:</p> <p>The facility shall provide and implement policies and procedures which assure that all medications administered by the facility are reviewed at least once every 90 days by a registered nurse or physician, and is in compliance with applicable state laws and administrative rules.</p> <p><b><u>FINDINGS</u></b>  Resident #2 – Current (May 2024) QuickMAR states (ordered on 3/2/24) Fluticasone 50 mcg/act spr use 2 sprays in each nostril at bedtime. However, medication label states (filled on 3/22/24) Fluticasone 50 mcg/act spr use 1 spray into each nostril BID.  <i>Please clarify the order with the physician and submit documentation with your POC.</i></p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Assisted Living Director faxed the Resident's PCP on 5/16/2024 for clarification on use of the Fluticasone 50 mcg/act spr use of 2 sprays in each nostril at bedtime which differs from the medication label noting Fluticasone 50 mcg/act spr use of 1 spray in each nostril. Received the signed order from PCP on 5/17/2024 for 2 sprays in each nostril at bedtime.</p>	<p>5/17/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(3)(B)(ii) Services.</p> <p>The assisted living facility shall have policies and procedures relating to medications to include but not be limited to:</p> <p>Administration of medication:</p> <p>The facility shall provide and implement policies and procedures which assure that all medications administered by the facility are reviewed at least once every 90 days by a registered nurse or physician, and is in compliance with applicable state laws and administrative rules.</p> <p><b><u>FINDINGS</u></b>  Resident #2 – Current (May 2024) QuickMAR states (ordered on 3/2/24) Fluticasone 50 mcg/act spr use <u>2 sprays in each nostril at bedtime.</u> However, medication label states (filled on 3/22/24) Fluticasone 50 mcg/act spr use <u>1 spray into each nostril BID.</u>  <i>Please clarify the order with the physician and submit documentation with your POC.</i></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>Assisted Living Director or Nurse to ensure out EMar record matches the medication label.</p> <p>Assisted Living Director notified the Nurses by email on 05/17/2024 of the requirement for the EMar physician orders to match the Care Plan. After receiving the physician's orders, these orders are faxed to the pharmacy to update the EMar while the Nurses update the Care Plan based on the same physician's written orders.</p> <p>Assisted Living Director to complete a quarterly audit of the physician's order against the EMar for all residents. Executive Director to spot check 10-residents' records on a quarterly basis to ensure the EMar and Care Plan match each other.</p>	<p>08/06/24</p>

Licensee's/Administrator's Signature: Mark Tsuda

Print Name: Mark Tsuda

Date: 08/12/2024

Licensee's/Administrator's Signature: Mark Tsuda

Print Name: Mark Tsuda

Date: 06/03/2024