Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Island Ohana Care	**CHAPTER 100.1**
Address: **3846 Noeau Street, Honolulu, Hawaii 96816**	**Inspection Date: October 27, 2023 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-3 Licensing. (b)(1)(I) Application. In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application: Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law; **FINDINGS** Substitute Care Giver (SCG) #1, SCG #2, and SCG #3 – No current documented evidence stating aforementioned care givers have no prior felony or abuse convictions in a court of law.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** *SCG 1 obtained fieldprint results on 03/04/2024* *SCG 2 obtained fieldprint results on 09/06/2023* *SCG 3 obtained fieldprint results on 02/26/2024* *All 3 SCGs received a green light.*	03/04/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-3 Licensing. (b)(1)(I) Application. In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application: Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law; **FINDINGS** Substitute Care Giver (SCG) #1, SCG #2, and SCG #3 – No current documented evidence stating aforementioned care givers have no prior felony or abuse convictions in a court of law.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *A tracking system has been developed and implemented by PCG which will focus on reviewing and reminding staff members when yearly licensing requirements is approaching due dates to ensure that no clearances/credentials are missed. The review will be conducted every month mid-month (15th of each month, noted on a digital calendar to serve as a reminder for the PCG) by the PCG. The reminders will be sent out weekly until a proof of the said clearances/credentials are submitted to PCG.*	03/04/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. **FINDINGS** SCG #1, SCG #3 – No current physical examination assessment done by physician or advanced practice registered nurse (APRN).	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** *SCG 1 received a physical examination on: 03/11/2024* *SCG 2 received a physical examination on: 03/27/2024*	03/27/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. **FINDINGS** SCG #1, SCG #3 – No current physical examination assessment done by physician or advanced practice registered nurse (APRN).	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *A tracking system has been developed and implemented by PCG which will focus on reviewing and reminding staff members when yearly licensing requirements is approaching due dates to ensure that no clearances/credentials are missed. The review will be conducted every month mid-month (15th of each month, noted on a digital calendar to serve as a reminder for the PCG) by the PCG. The reminders will be sent out weekly until a proof of the said clearances/credentials are submitted to PCG.*	03/27/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **FINDINGS** SCG #3 – No current tuberculosis assessment done by physician or advanced practice registered nurse (APRN).	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** *SCG 3 TB clearance obtained on: 03/27/2024* *Results were negative (0 mm induration) on 03/27/2024*	03/27/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **FINDINGS** SCG #3 – No current tuberculosis assessment done by physician or advanced practice registered nurse (APRN).	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *A tracking system has been developed and implemented by PCG which will focus on reviewing and reminding staff members when yearly licensing requirements is approaching due dates to ensure that no clearances/credentials are missed. The review will be conducted every month mid-month (15th of each month, noted on a digital calendar to serve as a reminder for the PCG) by the PCG. The reminders will be sent out weekly until a proof of the said clearances/credentials are submitted to PCG.*	03/27/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(4) The substitute care giver who provides coverage for a period less than four hours shall: Be trained by the primary care giver to make prescribed medications available to residents and properly record such action. **FINDINGS** SCG #4 – No documented evidence for PCG training to make medications available.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** *SCG 4 was trained to make medications available using the State of Hawaii Office of Healthcare Assurance Form ARCH I R 40.* *Documents can be found in the staff credentials binder(pink).* *SCG 4 trained on: 04/01/2024*	04/01/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(4) The substitute care giver who provides coverage for a period less than four hours shall: Be trained by the primary care giver to make prescribed medications available to residents and properly record such action. **FINDINGS** SCG #4 – No documented evidence for PCG training to make medications available.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *A tracking system has been developed and implemented by PCG which will focus on reviewing and reminding staff members when yearly licensing requirements is approaching due dates to ensure that no clearances/credentials are missed. The reminders will be sent out weekly until a proof of the said clearances/credentials are submitted to PCG.*	04/01/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (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. **FINDINGS** Unable to determine if meals served meet the daily nutritional needs of residents as there are no serving sizes included on the menu.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** *Yes. The menu has been revised to include serving sizes.*	03/01/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (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. **FINDINGS** Unable to determine if meals served meet the daily nutritional needs of residents as there are no serving sizes included on the menu.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *A menu template was made and is constantly being revised to meet the residents' nutritional needs. Meal planning, grocery shopping and scheduling routine has been developed and implemented.* *All staff has been trained to follow the menu along with the serving sizes (weighing/portioning of food servings).* *Random audits by PCG are being done to ensure menus are posted and that they contain all required information along with random mealtime audits to ensure that the menu is being followed as appropriate.*	03/01/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (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. **FINDINGS** Lunch menu for today (Friday) = chicken sandwich, garden salad with ranch dressing. Lunch served was a honey ham sandwich. Lunch menu not followed.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (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. **FINDINGS** Lunch menu for today (Friday) = chicken sandwich, garden salad with ranch dressing. Lunch served was a honey ham sandwich. Lunch menu not followed.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *Weekly random audits by PCG are being done to ensure menus are posted and that they contain all required information along with random mealtime audits to ensure that the menu is being followed as appropriate.*	03/01/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. € Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented. **FINDINGS** No substitution menu available.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** *Yes. A menu substitution record has been made available and the staff was trained as to how to fill out the menu substitution record for compliance.*	03/01/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented. **FINDINGS** No substitution menu available.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *The staff has been trained on how to document food substitutions on the menu substitution record.* *This will also be included to the random weekly audits of the PCG to ensure that the process is being followed and the substitutions menus will be filed at the end of each month and will be placed in the carehome binder..*	03/01/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (g) There shall be on the premises a minimum of three days' food supply, adequate to serve the number of individuals who reside at the ARCH or expanded ARCH. **FINDINGS** Observed inadequate emergency food supply for at least three days on the premises for five (5) residents and at least one (1) staff.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** *Yes. Adequate emergency food and water supply for at least three days was provided and stored in the facility to cover five (5) residents and at least one (1) staff.* *The grocery list was also updated to provide/supply adequate emergency food and water.*	03/01/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (g) There shall be on the premises a minimum of three days' food supply, adequate to serve the number of individuals who reside at the ARCH or expanded ARCH. **FINDINGS** Observed inadequate emergency food supply for at least three days on the premises for five (5) residents and at least one (1) staff.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *A list of emergency food supplies have been made.* *An inventory process of emergency food supply will be done monthly to check for adequacy and expiration dates. This way if the emergency food supply is low or has been tapped into for menu substitutions, we can include the necessary items to the monthly grocery list.* *This inventory process will be carried out by the PCG.*	03/01/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit. **FINDINGS** Resident #3 – No documented evidence of a current annual diet order.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** *Yes. MD was notified of the oversight and ordered a current annual diet order.* *The updated diet order is written on the annual physical examination form under "Physical Examination" Tab* *Resident 3's diet order was received on 04/05/2024 and the diet order is Regular.*	04/05/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit. **FINDINGS** Resident #3 – No documented evidence of a current annual diet order.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *A routine monthly review of all resident binders will be conducted to monitor for expiring physician orders, diet orders, physical exams, TB clearances, progress notes, monthly weights and MAR reconciliation.* *The PCG will be responsible for executing this process monthly and as needed.* *The review will be conducted every month mid-month (15th of each month, noted on a digital calendar to serve as a reminder for the PCG) by the PCG.* *SCGs are also trained to execute this process however, this will be primarily done by the PCG.*	04/05/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets. **FINDINGS** Resident #5 – Physician order dated 8/1/23 for "Regular, chopped texture. Thin liquids" diet. However, the facility does not have a special diet menu for regular chopped.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** *A special diet menu was provided in accordance with §11-100.1-13 Nutrition. (l).*	03/01/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets. **FINDINGS** Resident #5 – Physician order dated 8/1/23 for "Regular, chopped texture. Thin liquids" diet. However, the facility does not have a special diet menu for regular chopped.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *A routine monthly review of all resident binders will be conducted to monitor for expiring physician orders, diet orders and menus, physical exams, TB clearances, progress notes, monthly weights and MAR reconciliation.* *The PCG will be responsible for executing this process monthly and as needed.* *The review will be conducted every month mid-month (15th of each month, noted on a digital calendar to serve as a reminder for the PCG) by the PCG.* *SCGs are also trained to execute this process however, this will be primarily done by the PCG.*	03/01/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms. **FINDINGS** Resident #1 – Medication **order** for Morphine Concentrate 20 mg/ml = 5 mg po/sl q1 hour PRN mild pain or shortness of breath; 10 mg po/sl q1 hour PRN moderate pain or shortness of breath; 20 po/sl q1 hour PRN severe pain or shortness of breath. Medication **label** for Morphine Concentrate 20 mg/ml = 2.5 mg po/sl q1 hour PRN mild pain or shortness of breath; 5 mg po/sl q1 hour PRN moderate pain or shortness of breath; 10 po/sl q1 hour PRN severe pain or shortness of breath. Medication label does not accurately reflect medication order.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** *Yes. Hospice RN was notified about this medication label discrepancy. A new order was issued by Hospice to match the label. Please see below.* *Morphine Concentrate 20 mg/ml:* - *2.5 mg po/sl q1 hour PRN mild pain or shortness of breath* - *5 mg po/sl q1 hour PRN moderate pain or shortness of breath* - *10 mg po/sl q1 hour PRN severe pain or shortness of breath*	04/29/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms. **FINDINGS** Resident #1 – Medication **order** for Morphine Concentrate 20 mg/ml = 5 mg po/sl q1 hour PRN mild pain or shortness of breath; 10 mg po/sl q1 hour PRN moderate pain or shortness of breath; 20 po/sl q1 hour PRN severe pain or shortness of breath. Medication **label** for Morphine Concentrate 20 mg/ml = 2.5 mg po/sl q1 hour PRN mild pain or shortness of breath; 5 mg po/sl q1 hour PRN moderate pain or shortness of breath; 10 po/sl q1 hour PRN severe pain or shortness of breath. Medication label does not accurately reflect medication order.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *All orders will be reviewed and reconciled upon admission and/or upon receiving a new order. The PCG will be responsible in reconciling these medication orders and update the MAR as appropriate.* *Medication labels will also be reviewed upon receiving the medication from pharmacy to ensure that the order, MAR and medication labels match.* *Medication refills will also be verified before putting away in the medication cabinet to ensure that proper labels are attached.* *Medication reconciliation (Orders, Med labels and MAR) will be done every month and is noted on a digital calendar to be done every 15th day of each month by the PCG.*	04/29/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a) 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: **FINDINGS** Resident #1 – No admission assessment by the primary care giver for resident's readmission on 4/22/2023.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a) 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: **FINDINGS** Resident #1 – No admission assessment by the primary care giver for resident's readmission on 4/22/2023.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *An admission process and checklist has been developed and implemented for all residents to go through during admission and readmission.* *This will be carried out by 2 staff members for every admission or readmission. A PCG and SCG must be present upon every admission to successfully carry out the process. PCG to accomplish all documents, assess the resident reconcile orders and create the MAR. Then an SCG or a secondary PCG will review all documents, be a second pair of eyes for the assessment, review orders and match the MAR to the resident's medications.*	03/01/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(4) 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: A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies; **FINDINGS** Resident #1 – No annual tuberculosis clearance available.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** *Yes. Hospice RN has been notified that an annual TB clearance is required.* *A new TB clearance was obtained on: 04/12/2024* *With a result of: Negative (0 mm induration) for TB*	04/12/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(4) 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: A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies; **FINDINGS** Resident #1 – No annual tuberculosis clearance available.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *A routine monthly review of all resident binders will be conducted to monitor for expiring physician orders, diet orders, physical exams, TB clearances, progress notes, monthly weights and MAR reconciliation.* *The PCG will be responsible for executing this process monthly and as needed.* *SCGs are also trained to execute this process however, this will be primarily done by the PCG.* *The review will be conducted every month mid-month (15th of each month, noted on a digital calendar to serve as a reminder for the PCG).*	04/12/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(8) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: A current inventory of money and valuables. **FINDINGS** Resident #2 – No inventory of belongings in resident's record upon admission on 2/17/2023.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** *An inventory of belongings was made for resident 2.*	11/01/2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(8) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: A current inventory of money and valuables. **FINDINGS** Resident #2 – No inventory of belongings in resident's record upon admission on 2/17/2023.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *An admission process and checklist has been developed and implemented for all residents to go through during admission and readmission.* *This will be carried out by 2 staff members for every admission or readmission. A PCG and SCG must be present upon every admission to successfully carry out the process. PCG to accomplish all documents, assess the resident reconcile orders and create the MAR. Then an SCG or a secondary PCG will review all documents(including annually maintained documents such as resident belongings), be a second pair of eyes for the assessment, review orders and match the MAR to the resident's medications.* *A review will be conducted every month mid-month (15th of each month, noted on a digital calendar to serve as a reminder for the PCG).*	11/01/2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; **FINDINGS** Resident #3 – No current annual physical exam.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** *MD was notified of the oversight and an appointment was made to have resident 3 be assessed and an annual physical exam be issued as appropriate.* *Physical exam was done on 03/15/2024. Please see "Physical Exam" tab on resident's binder.*	03/15/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; **FINDINGS** Resident #3 – No current annual physical exam.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *A routine monthly review of all resident binders will be conducted to monitor for expiring physician orders, diet orders, physical exams, TB clearances, progress notes, monthly weights and MAR reconciliation.* *The PCG will be responsible for executing this process monthly and as needed.* *SCGs are also trained to execute this process however, this will be primarily done by the PCG.*	**03/15/2024**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; **FINDINGS** Resident #3, and #4 – No current annual tuberculosis assessment.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** *MD was notified of the oversight and appointments were made to have resident 3 be assessed for TB and TB clearance be issued as appropriate.* *The TB Clearance was issued in 04/04/2024 and is located in the "TB Clearance" tab.* *Resident 4 was discharged to ER 12/08/2023. And never returned to the care home.*	04/04/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; **FINDINGS** Resident #3, and #4 – No current annual tuberculosis assessment.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *A routine monthly review of all resident binders will be conducted to monitor for expiring physician orders, diet orders, physical exams, TB clearances, progress notes, monthly weights and MAR reconciliation.* *The PCG will be responsible for executing this process monthly and as needed.* *SCGs are also trained to execute this process however, this will be primarily done by the PCG.*	04/04/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; **FINDINGS** Resident #1 – No monthly progress notes available for August and September 2023.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	04/01/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; **FINDINGS** Resident #1 – No monthly progress notes available for August and September 2023.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *A routine monthly review of all resident binders will be conducted to monitor for expiring physician orders, diet orders, physical exams, TB clearances, progress notes, monthly weights and MAR reconciliation.* *The PCG will be responsible for executing this process monthly and as needed.* *SCGs are also trained to execute this process however, this will be primarily done by the PCG.* *A review will be conducted every month mid-month (15th of each month, noted on a digital calendar to serve as a reminder for the PCG).*	04/01/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(7) During residence, records shall include: Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency; **FINDINGS** Resident #1 – No monthly weight recorded from May 2023 to October 2023.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	04/01/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(7) During residence, records shall include: Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency; **FINDINGS** Resident #1 – No monthly weight recorded from May 2023 to October 2023.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *A routine monthly review of all resident binders will be conducted to monitor for expiring physician orders, diet orders, physical exams, TB clearances, progress notes, monthly weights and MAR reconciliation.* *The PCG will be responsible for executing this process monthly and as needed.* *SCGs are also trained to execute this process however, this will be primarily done by the PCG.* *A review will be conducted every month mid-month (15th of each month, noted on a digital calendar to serve as a reminder for the PCG).*	04/01/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (f)(4) General rules regarding records: All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency. **FINDINGS** Resident #2 – Permanent Resident Register birth date column written as "February 17, 2023," which is same as admission date. Resident's birthday is December.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** *Yes. Resident 2's records were corrected as appropriate.* *This record can be found in the "Home Binder"(blue) under "Resident Register" tab.*	04/01/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (f)(4) General rules regarding records: All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency. **FINDINGS** Resident #2 – Permanent Resident Register birth date column written as "February 17, 2023," which is same as admission date. Resident's birthday is December.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *An admission process and checklist has been developed and implemented for all residents to go through during admission and readmission.* *This will be carried out by 2 staff members for every admission or readmission. A PCG and SCG must be present upon every admission to successfully carry out the process. PCG to accomplish all documents, assess the resident reconcile orders and create the MAR. Then an SCG or a secondary PCG will review all documents, be a second pair of eyes for the assessment, review orders and match the MAR to the resident's medications.* *A review will be conducted every month mid-month (15th of each month, noted on a digital calendar to serve as a reminder for the PCG).*	04/01/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-20 Resident health care standards. (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain. **FINDINGS** Resident #1 – Per 10/3/2022 progress note, PRN Quetiapine and Trazodone doesn't work. Physician not notified until 12/5/2022, two (2) months later.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** *MD was notified and was asked for recommendations or new orders on 12/05/2022.* *Trazodone was increased to 150mg after dinner. No adjustments for Quetuapine.*	12/05/2022

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-20 Resident health care standards. (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain. **FINDINGS** Resident #1 – Per 10/3/2022 progress note, PRN Quetiapine and Trazodone doesn't work. Physician not notified until 12/5/2022, two (2) months later.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *SCG have been trained notify PCG immediately of resident and medication issues or concerns. Overnight events will be addressed during normal business hours if resident is stable. If resident not stable, is the issue regarding Airway? Breathing? Circulation? Vital signs? If yes, activate emergency response (911).* *If resident is stable, PCG then to address with MD during normal business hours.* *PCG will be responsible to ensure issues or concerns with residents and medications are reported immediately at least via phone call (within 24 hours).*	12/05/2022

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(D) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request; **FINDINGS** Quarterly fire drills conducted within the last twelve (12) months were only done during the daytime hours between 9:00 am and 11:30 am.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** *Yes. A quarterly fire drill was scheduled and to be executed at 1000-1100(after breakfast) for quarter 1 of each year, 1200-1300(after lunch) for quarter 2 of each year, 1800-1900(after dinner) for quarter 3 and 0600-0700 for quarter 4 of each year.*	04/01/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(D) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request; **FINDINGS** Quarterly fire drills conducted within the last twelve (12) months were only done during the daytime hours between 9:00 am and 11:30 am.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *We will develop and implement a set-scheduled quarterly fire drills to prevent oversights like this in the future.*	04/01/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(I)(i) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: 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: For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident; **FINDINGS** Resident #4 designated as "self-preserving" by physician; however, resident is blind and unable to get out of his chair without human assistance. There are two (2) non-self preserving residents in home, but only one (1) care giver present.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** *Yes. Arrangements were made for a second SCG to be present 24 hours a day.*	11/01/2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(I)(i) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: 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: For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident; **FINDINGS** Resident #4 designated as "self-preserving" by physician; however, resident is blind and unable to get out of his chair without human assistance. There are two (2) non-self preserving residents in home, but only one (1) care giver present.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *A routine monthly assessment, review and verification process to keep track of each resident's level of care and self-preservation status was implemented. This way, once a resident's self-preservation level changes, appropriate measures will be executed in a timely manner (i.e. notify MD regarding the concern to update Self-Preservation Form).* *This assessment/review will be conducted every month mid-month by the PCG every 15th of each month, noted on a digital calendar to serve as a reminder for the PCG and as needed.*	11/01/2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. ® Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes. **FINDINGS** Resident #5 – Physician order dated 8/30/23 for "PRN oxygen to use if saturation <90%." No signage in front of facility to notify public that oxygen is being used in home.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** *A signage was posted as appropriate.*	03/01/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. ® Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes. **FINDINGS** Resident #5 – Physician order dated 8/30/23 for "PRN oxygen to use if saturation <90%." No signage in front of facility to notify public that oxygen is being used in home.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *Every new order will be reviewed to assess for appropriateness of the facility to comply with the order. Close attention will be given to orders that pertains to interventions that would require essential signages such as "Oxygen in Use" and "No Smoking" when there are orders for residents to use supplemental oxygen. This way, the said essential signages will be posted as soon as the orders are received.* *The PCG will be responsible for executing this process monthly and as needed.* *SCGs are also trained to execute this process however, this will be primarily done by the PCG.*	03/01/2024

Licensee's/Administrator's Signature: _____

Print Name: NINAN BARNES

Date: 05/31/2024