

Office of Health Care Assurance

State Licensing Section

STATE OF HAWAII
DOR-CHCA
STATE LICENSING

24 MAR 19 AM 1:07

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ka Malama Home II	CHAPTER 100.1
Address: 45-332 Ka Hanahou Circle, Kaneohe, Hawaii 96744	Inspection Date: February 21, 2024 Annual

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

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

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

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.</p> <p><u>FINDINGS</u> Resident #1 – No physician order for thickening agent use (Thick It); resident is on nectar consistency.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>→ YES, the PCA immediately discussed with the POA (family member and a medical practitioner) and the RNCM of Res. #1 the need for a physician's order for the use of "thickening agent" (Thick-it). The family claimed that the patient has been using it for more than three (3) years now at home. However, PCA explained to the POA that there's a need for a new order from the PCP for the use of "thickening Agent" now that she's staying in a care home.</p> <p>→ The PCA obtained a written order from the PCP of Res. #1 for the use of "thickening Agent (Thick-it)" (Attached is a copy of the order).</p>	<p style="text-align: center;">STATE OF ILLINOIS DEPARTMENT OF HEALTH STATE LICENSING</p> <p style="text-align: right;">24 MAR 19 AM 1:00 Feb. 23/24</p>

24 MAR 19 AM 1:00

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.</p> <p><u>FINDINGS</u> Resident #1 – No physician order for thickening agent use (Thick It); resident is on nectar consistency.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>7 To ensure that this won't happen again in the future the PCA/SCG shall:</i></p> <ol style="list-style-type: none"> <i>1. Make a list of all the residents diet & order to include the date it was ordered & the liquid consistency if applicable and post it in the Residents Bulletin Board.</i> <i>2. Obtain a copy/written order as needed from the PCP</i> <i>3. Discuss with Family representative and caregivers / Kitchen staff during staff meetings for new diet orders as if there are changes in the diet & liquid consistency.</i> <i>4. Record it in the progress note and copy of the diet order & liquid consistency be filed on the Res. Folder</i> 	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">STATE OF ILLINOIS BOH-ORCA STATE LICENSING</p> <p style="text-align: right;"><i>Annually or As it arises</i></p> <p style="text-align: right;"><i>Annually or As needed</i></p> <p style="text-align: right;"><i>As it arises</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (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.</p> <p><u>FINDINGS</u> Resident #2 – Diet order was not clarified to indicate the grams of sodium; resident is on low salt diet (ordered 12/25/23).</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>7 YES, the PCP had a lengthy telephone consultation with the PCP of Res. #2 regarding the changes made on his diet from Cardiac Diet (ordered 1/30/23) to low salt diet (ordered 12/25/23). PCP claimed he was not clear about definition of low salt diet of the department. Needg. to PCP since the patient's diagnosis has to do with a lot of heart related problems he suggested to the PCP to strictly follow the 4 week menu developed by the Care Home Dietician Consultant (5/30/2023) previously submitted to the department.</p> <p>7 PCP of Res. #2 provided a written order to resume / go back to Cardiac Diet.</p> <p>(Attached is a copy of the New Diet order)</p>	<p>Feb. 24, 2024</p> <p>Feb. 28/24</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">STATE OF MARYLAND 094-021A STATE LICENSING</p>

24 MAR 19 AM 1:00

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (1) 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.</p> <p><u>FINDINGS</u> Resident #2 – Diet order was not clarified to indicate the grams of sodium; resident is on low salt diet (ordered 12/25/23).</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>To ensure that this won't happen again in the future the PCP/SCA shall:</i></p> <ol style="list-style-type: none"> <i>1. Review immediately the After-Visit Report from the Annual/Quarterly visits from the PCP</i> <i>2. List down new orders/treatment/recommendations from the PCP and post it on the Individual folders of each resident for follow up/review.</i> <i>3. Discuss the new orders/treatment/recommendations to the family member representative (PRA) and the Care Home staff during the monthly/Quarterly/Annual Meetings.</i> <i>4. Record it on the individual Resident's Progress Notes.</i> 	<p style="text-align: right;">24 MAR 19 AM 11:00</p> <p style="text-align: right;"> <i>Quarterly/Annually</i> <i>As it Arises</i> <i>Monthly/Quarterly/Annually</i> <i>As it Arises</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><u>FINDINGS</u> Resident #1 – Physician order dated 9/8/23 reads, “Trial Melatonin 3mg 1 tab po each bedtime.” However, medication administration record (MAR) indicated Melatonin <u>5 mg</u> 1 tab po each bedtime, and initialed by staff as given from 12/1/23-12/31/23. Subsequent MAR (January to February 2024) shows Melatonin <u>3mg</u> 1 tab po at bedtime.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: right;">24 MAR 19 AM 1:00</p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN DEPARTMENT OF STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician order dated 9/8/23 reads, “Trial Melatonin 3mg 1 tab po each bedtime.” However, medication administration record (MAR) indicated Melatonin <u>5 mg</u> 1 tab po each bedtime, and initialed by staff as given from 12/1/23-12/31/23. Subsequent MAR (January to February 2024) shows Melatonin <u>3mg</u> 1 tab po at bedtime.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>TO ensure that this won't happen again in the future the PCG/SCG shall:</i></p> <ol style="list-style-type: none"> <i>1. Review always the Medications order vis-a-vis MAR prepared monthly.</i> <i>2. Re-check it monthly to correct if there is topographical error in the MAR.</i> <i>3. Place an initial on the topographical error and write the date when the correction is made on the MAR.</i> <i>4. Record it on the Progress note to document the error & correction made.</i> 	<p style="text-align: center;">STATE OF MARYLAND DEPARTMENT OF STATE POLICE</p> <p style="text-align: right;">24 MAR 19 AM 1:00</p> <p style="text-align: right;"><i>Monthly as AS/ Needed</i></p> <p style="text-align: right;"><i>Monthly</i></p> <p style="text-align: right;"><i>As it arises</i></p> <p style="text-align: right;"><i>As it arises</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 – Physician order dated 6/12/23 for Senna S 8.6/50 mg 1 tab po QD PRN constipation was not transcribed in MAR until July 2023.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p style="text-align: right; font-size: small;">STATE OF OHIO DOR-ONCA STATE LICENSING</p>	<p style="text-align: center;">24 MAR 19 AM 1:00</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 – Physician order dated 6/12/23 for Senna S 8.6/50 mg 1 tab po QD PRN constipation was not transcribed in MAR until July 2023.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>To ensure that it will not happen again in the future the PCP/SCG shall:</i></p> <ol style="list-style-type: none"> <i>1. Review & write down immediately the MD/APRN orders from the "After-Visit-Report" (AVR) As it analyses</i> <i>2. Immediately prepare the MAR (Medication Administration Record) and ensure that the Five (5) Rights of Medication Administration are included. Place a post note the date it was ordered vis-a-vis the medicine started. As soon as it is ordered by PCP/APRN</i> <i>3. Use a checklist to double check the correctness of the MAR vis-a-vis the exact date the order made by the PCP/APRN As it analyses</i> <i>4. Assign the SCG that was trained to re-check the correctness of the MAR As it analyses</i> 	<p style="text-align: center;">24 MAR 19 AM 11:00</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (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:</p> <p>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;</p> <p><u>FINDINGS</u> Resident #2 – No documentation of initial tuberculosis (TB) clearance. Chest x-ray results with no evidence of positive PPD not acceptable.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>> YES, the following were done by the PCG and the SCG:</i></p> <ol style="list-style-type: none"> <i>Inquired from the family member/POA of Res. # 2 if an initial TB test was done at the hospital before the patient was discharged (1/30/2023) since only the negative (-) chest x-ray result was included in the discharged packet.</i> <i>(Attached is a copy of the Negative (-) chest X-ray result) 7/1/24/2023</i> <i>Since the chest X-ray result is not acceptable to the department, PCG & SCG inquired from the Hospital Medical Records Dept. if there was a TB test conducted to Res. # 2. We were able to obtain a copy of the order for TB test dated 1/25/2023 however, they found NO Result of the TB test in their system.</i> <i>(Attached is a copy of the TB test ordered 1/25/2023)</i> 	<p style="text-align: center;">24 MAR 19 AM 1:00</p>

STATE OF NEW YORK
DEPARTMENT OF HEALTH
STATE LICENSING

7 Feb-24 2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-17 <u>Records and reports.</u> (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:</p> <p>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;</p> <p><u>FINDINGS</u> Resident #2 – No documentation of initial tuberculosis (TB) clearance. Chest x-ray results with no evidence of positive PPD not acceptable.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>7. To ensure that this won't happen again in the future the PCG/SCG shall:</p> <ol style="list-style-type: none"> Utilize the checklist form that was developed by the Care Home for new Admission / re-admission / transfer. Include in the orientation session with the family representative/POT the discussion about the basic requirements for admission / re-admission / transfer of Residents & give emphasis the need to have an initial TB clearance documentation PCG/SCG shall get the documents, 1-2 at least 1-2 days before the admission of the resident. Hence no admission will be done unless the basic requirements are not submitted. 	<p>24 MAR 19 AM 11:00</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><u>FINDINGS</u> Resident #1 – Physician recommendation dated 2/10/24 indicated “avoid concentrated sweets.” No documentation in progress notes that diet restriction was acknowledged, clarified, and followed up. Resident on palliative care/comfort measure.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STAFF LICENSING</p> <p>7 YES, PCG made a "Late Entry" in the Progress Notes indicating the PCP recommendation dated 2/10/2024 "to avoid concentrated sweets" for Res. # 1</p> <p>7 PCG called the PCP and clarified his recommendation for Diet Restriction "Avoid concentrated sweets". 7 2/12/24</p> <p>7 After several discussions with the RNCS, PCP, the family member/POA and the PCG, it was agreed that since Res. #1 is on Palliative Care/comfort measures that PCP came up with a new order "NO Diet Restriction" (NDR) (Attached is a copy of the new order for the Diet of Res. #1)</p>	<p>24 MAR 19 AM 0:59</p>

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<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><u>FINDINGS</u> Resident #1 – Physician recommendation dated 2/10/24 indicated “avoid concentrated sweets.” No documentation in progress notes that diet restriction was acknowledged, clarified, and followed up. Resident on palliative care/comfort measure.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF STATE POLICING</p> <p><i>> To ensure that this won't happen again in the future, the PCG/SCG shall:</i></p> <ol style="list-style-type: none"> <i>1. Review the new orders / Recommendations in the "After Visit Report" (AVR) immediately after the consultation / check up of the Resident.</i> <i>2. Immediately record in the Progress notes for new orders / recommendations from PCP.</i> <i>3. Communicate to the PCP thru a written note for observations / residents' responses to the new orders / recommendations.</i> <i>4. Provide verbal feedbacks to the family member / PTA and Care team staff as appropriate regarding the new orders / recommendations of the PCP.</i> 	<p style="text-align: center;">24 MAR 19 AM 05:59</p> <p style="text-align: right;"><i>> Within the day after the MD visit / encounter.</i></p> <p style="text-align: right;"><i>As it arises</i></p> <p style="text-align: right;"><i>> Within a week or 2 weeks</i></p> <p style="text-align: right;"><i>> As Needed or during encounter with the PTA / Family member</i></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><u>FINDINGS</u> Resident #1 -No physician order to crush medications. Per PCG, the resident is unable to take medications whole, so they crush them.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>→ YES, the PCG called the PCP and discussed about the need to crush the medicines of Res. #1 due to her swallowing problems. the PCP and family member / POA (also a medical doctor) are aware and agreed to have the medicines crushed even when patient was still at home thru (3) years ago.</p> <p>• PCG requested the PCP to review again the medicines and to send a written order to the care home. the PCP sent a written order to the care home to crush all the medicines including Metoprolol ER 24 H.</p> <p>(Attached is a written order from PCP allowing all the meds of Res. #1 to be crushed including Metoprolol ER 24 H.)</p>	<p>→ Feb. 22, 2024</p> <p>→ Feb. 27, 2024</p> <p>MAR 19 AM 59</p>

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<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><u>FINDINGS</u> Resident #1 –No physician order to crush medications. Per PCG, the resident is unable to take medications whole, so they crush them.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>To ensure that this won't happen again in the future the PCG/SCG shall:</i></p> <ol style="list-style-type: none"> <i>1. Identify / list the names of the residents with swallowing problems and verify with the order form their per the correct route of Medication Administration if they are unable to take the whole medications.</i> <i>2. Obtain doctor's order if needed, to crush medicines if residents can not swallow whole meds.</i> <i>3. Request an in-service training / training instruction for all caregivers related to medication administration / delegation of administration of medication.</i> 	<p style="text-align: right;">As Needed</p> <p style="text-align: right;">24 MAR 19 A10:59</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 – Care plan did not address the following:</p> <ul style="list-style-type: none"> • Use of hoyer lift for transfers • Use of air mattress • Nectar thick liquid consistency • Crushing of medications 	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <div style="text-align: right; margin-right: 50px;"> <p>STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p> </div> <p style="text-align: right; margin-right: 50px;">24 MAR 19 AIO:59</p> <p>YES, PCG and RNCM met and discuss some issues / concerns needed to address in the Re. Used / updated CP of Res. # 1.</p> <p>• Care Plan was updated, reviewed 2/28/2024 and finalized</p> <p>• (Attached is a copy of the Revised / Updated Care Plan)</p>	<p style="text-align: right;">24 MAR 19 AIO:59</p> <p style="text-align: right;">Feb. 24/24</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 – Care plan did not address the following:</p> <ul style="list-style-type: none"> • Use of hooyer lift for transfers • Use of air mattress • Nectar thick liquid consistency • Crushing of medications 	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">STATE OF VERMONT DEPARTMENT OF STATE LICENSING</p> <p><i>To ensure that this won't happen again in the future the PCA in coordination with the RNCM shall:</i></p> <p><i>1. Review & list down the MD/APRN > Immediately after each visit / consultation check-ups. visits</i></p>	<p style="text-align: center;">24 MAR 19 AM 58</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p>FINDINGS Resident #1 – Care plan was last reviewed by the case manager on 1/31/24 but was not updated to reflect current medications:</p> <ul style="list-style-type: none"> • Amlodipine 5 mg was added on 1/3/24 • Docusate Sodium 100 mg was discontinued on 9/19/23. 	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>7 YES, PCG and SCG met and discussed with the RN CM about the findings of the Care Plans reviewed by the DPH Nurse Inspector.</i></p> <p><i>Together we reviewed the past and the new orders and agreed to incorporate / reflect it in the draft copy of the updated care plan.</i></p> <p><i>Afterwards, the draft copy was sent to the PCP, PAA and PCG for their comments / approval.</i></p> <p><i>(Attached is the final copy of the updated care plan)</i></p>	<p><i>2/24/24</i></p> <p><i>2/24/24</i></p> <p><i>2/26/24</i></p> <p><i>2/28/2024</i></p> <p>24 MAR 19 10:58</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p>FINDINGS Resident #1 – Care plan was last reviewed by the case manager on 1/31/24 but was not updated to reflect current medications:</p> <ul style="list-style-type: none"> • Amlodipine 5 mg was added on 1/3/24 • Docusate Sodium 100 mg was discontinued on 9/19/23. 	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>> To ensure that this will not happen again in the future the PCG and the SCG shall:</i></p> <ol style="list-style-type: none"> <i>1. Provide a copy of new orders/tx or recommendations to the RN CM every after MD/APRN visits encounter with the patient</i> <i>2. Incorporate the MD/APRN orders in the updated Care Plan to reflect the newly ordered meds.</i> <i>3. Place a post note on the items that has been incorporated/discontinued.</i> <i>4. Final copy of the updated Care Plan shall be noted by the PCP, PBA and PCG and to be filed in the resident's folder.</i> <p><i>(Attached is a copy of the updated Care Plan)</i></p>	<p style="text-align: center;">24 MAR 19 MO 58</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-89 Medications. (2) In addition to the requirements in subchapter 2 and subchapter 3, the following shall apply to an expanded ARCH:</p> <p>The primary care giver shall obtain training, relevant information, and regular monitoring from the expanded ARCH resident's physician, a home health agency, or a registered nurse case manager for any and all specific medications that the expanded ARCH resident requires.</p> <p>FINDINGS Proper training and instructions were not obtained to prepare and administer Metoprolol Succinate ER 24H for Resident #1. Per PCG, they crushed the resident's medication and Metoprolol Succinate cannot be crushed and must be administered whole.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: right; font-size: small;">STATE OF IOWA DIVISION OF PROFESSIONAL REGULATION</p> <p> <i>YES, the PCG in coordination with the RNEM was able to obtain training instruction in administering Metoprolol Succinate ER 24H. Also consulted the family member / POA of Res. #1 about the concerns of crushing the Metoprolol Succinate ER 24H and suggested to consult the PCP.</i> </p> <p> <i>Received a call for a new order from PCP instructing the PCG to crush all medicines including Metoprolol ER 24H.</i> </p> <p> <i>Attached is a copy of the written order from PCP dated 2/27/24 and a copy of the RN delegation for the administration of Crush Medication</i> </p>	<p>24 MAR 19 MO 5:58</p> <p>7 2/24/2024</p> <p>7 2/26/2024</p> <p>7 2/27/24</p> <p>7 Feb. 27, 2024</p>