

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kalakaua Gardens	CHAPTER 90
Address: 1723 Kalakaua Avenue, Honolulu, Hawaii 96826	Inspection Date: June 13 & 14, 2024 Annual

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

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

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-6 <u>General policies, practices, and administration.</u> (a)(3) The administrator or director of the assisted living facility shall:</p> <p>Be accountable for providing training for all facility staff in provision of services and principles of assisted living.</p> <p><u>FINDINGS</u> Resident #1 – Progress notes show Medication Aide (MA) collected a urine sample on 4/4/24. There is no documentation that MA received registered nurse (RN) delegation and training to collect and properly store urine specimens.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-6 <u>General policies, practices, and administration.</u> (a)(3) The administrator or director of the assisted living facility shall:</p> <p>Be accountable for providing training for all facility staff in provision of services and principles of assisted living.</p> <p><u>FINDINGS</u> Resident #1 – Progress notes show Medication Aide (MA) collected a urine sample on 4/4/24. There is no documentation that MA received registered nurse (RN) delegation and training to collect and properly store urine specimens.</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>In the future, to prevent a similar deficiency from recurring, the staff was in-serviced for training and delegation of collection and proper storage of a urine specimen by facility RNs. The AL RN, director and MC RN, director will be responsible for ensuring the same deficiency does not recur. New MAs will be trained during orientation and document training. The AL RN, director and MC, RN director will monitor training and competency by conducting an annual audit by using a calendar for tracking.</p>	<p>8/12/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-6 <u>General policies, practices, and administration.</u> (c) All staff shall be trained in cardiopulmonary resuscitation and first aid.</p> <p>FINDINGS Employee #1 – No documentation of first aid certification. <i>Submit documentation with your POC.</i></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>Employee #1 has been scheduled to attend First Aid Certification class on 6/28/2024.</p>	<p>6/28/24</p>

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<input checked="" type="checkbox"/>	<p>§11-90-6 <u>General policies, practices, and administration.</u> (c) All staff shall be trained in cardiopulmonary resuscitation and first aid.</p> <p><u>FINDINGS</u> Employee #1 – No documentation of first aid certification.</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>In the future, to prevent a similar deficiency from recurring, HR will review that the staff have First aid certifications. The First Aid certification will be audited by the HR department. HR will compile a list of employees and due dates for certification. HR will monitor and track certifications by using a clearance tracker for the completion of certifications semiannually using a calendar to ensure compliance.</p>	8/12/24

	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><u>FINDINGS</u> Facility policy #AL209 Narcotics Count & Documentation reads, "Counts done at least 3 times per day at every shift change. If the count reconciles, both sign the narcotic count sheet." However, the narcotic binders in memory care and assisted living units show multiple missing two signatures on shift change. <i>Retrain staff about your policy and submit documentation with your POC.</i></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>MA and nurses will be in-serviced on Narcotic Count & Documentation per facility policy and procedures. In the future, two signatures will be obtained by two Medication aid or one Medication aid and one nurse at shift change.</p>	<p>7/5/24</p>

	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>FINDINGS Facility policy #AL209 Narcotics Count & Documentation reads, "Counts done at least 3 times per day at every shift change. If the count reconciles, both sign the narcotic count sheet." However, the narcotic binders in memory care and assisted living units show multiple missing two signatures on shift change.</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>In the future, the AL RN, director and the MC RN, director will monitor and track the narcotic logs and medications. A calendar reminder will be created to conduct a monthly audit to check narcotic logs and medication counts. The policy was updated, and the staff has been in-serviced on 8/8/2024.</p>	<p>8/12/24</p>

	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><u>FINDINGS</u> Resident #1 – Comprehensive assessment dated 2/22/24 did not address skin problems/needs. Resident is incontinent of bladder/bowel, with history of open sores to buttocks, and has an active PRN order of Calmoseptine ointment to gluteal wound. <i>Reassess the resident and update the service plan to address skin needs and submit documentation with your POC.</i></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>Resident #1 - A comprehensive assessment and service plan was completed on 6/21/24. The service plan was updated to include skin needs.</p>	<p>6/21/24</p>

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<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><u>FINDINGS</u> Resident #1 – Comprehensive assessment dated 2/22/24 did not address skin problems/needs. Resident is incontinent of bladder/bowel, with history of open sores to buttocks, and has an active PRN order of Calmoseptine ointment to gluteal wound.</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>In the future, to prevent a similar deficiency from recurring, the facility RN will complete the skin assessment on all new skin issues. The facility RN will review the resident's medical history to include all previous skin assessments and check the resident's risks, history of skin breakdown, medications, etc. to ensure accuracy of the service plan. A calendar reminder will be created to conduct a bi-annual audit of the comprehensive skin assessment and service plan. The AL RN, director and MC, RN director will conduct an annual audit by using a calendar for tracking to ensure skin issues are documented.</p>	<p>8/12/24</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><u>FINDINGS</u> Resident #1 – Service plan includes medication management. Current (June 2024) eMAR shows Lidoderm Patch 4% apply to back or left chest pain topically every 24 hours as needed for pain and Simethicone tablet 80 mg by mouth every 6 hours as needed for diverticulosis/abdominal pain up to four times daily; however, supplies unavailable for PRN administration.</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>Resident #1 – Provider consulted, Lidocaine patch and Simethicone tab were discontinued as ordered.</p>	<p>7/5/24</p>

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<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><u>FINDINGS</u> Resident #1 – Service plan includes medication management. Current (June 2024) eMAR shows Lidoderm Patch 4% apply to back or left chest pain topically every 24 hours as needed for pain and Simethicone tablet 80 mg by mouth every 6 hours as needed for diverticulosis/abdominal pain up to four times daily; however, supplies unavailable for PRN administration.</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>In the future, to prevent a similar deficiency from recurring, staff was in-serviced by facility RNs the medication and treatment carts audit to ensure medications are available, including PRN medications by designee/MA. A calendar reminder for designee/MA will be used to conduct a monthly audit of the medication and treatment carts. The Medication Cart Audit form will be used.</p>	<p>8/12/24</p>

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<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><u>FINDINGS</u> Resident #2 – Service plan does not reflect self-administration of PRN Vagisil cream and the facility performing blood sugar checks.</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>In the future, to prevent a similar deficiency from recurring, the staff was in-serviced on by the facility RNs on the service plan and current medication/treatment orders will be reconciled for accuracy for resident services and the service plan by the AL RN, director and MC RN, director. A calendar reminder will be scheduled to conduct the monthly audit of applicable service plans to validate the resident service plan to include PRN treatments and daily blood sugar checks as ordered.</p>	<p>8/12/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (a)(3) Service plan.</p> <p>The initial service plan shall be developed prior to the time the resident moves into the facility and shall be revised if needed within 30 days. The service plan shall be reviewed and updated by the facility, the resident, and others as designated by the resident at least annually or more often as needed;</p> <p><u>FINDINGS</u> Resident #2 – Service plan was not updated to reflect the current diet order (5/16/23) regarding food texture, “Dysphagia ground/minced & moist level 5 texture.” Service plan stated “Regular/Regular level 7 texture.” <i>Submit a revised service plan with your POC.</i></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>Resident #2 – Service plan was updated to reflect the current diet order including food texture and fluid consistency. See attached revised service plan.</p>	6/27/24

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<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (a)(3) Service plan.</p> <p>The initial service plan shall be developed prior to the time the resident moves into the facility and shall be revised if needed within 30 days. The service plan shall be reviewed and updated by the facility, the resident, and others as designated by the resident at least annually or more often as needed;</p> <p><u>FINDINGS</u> Resident #2 - Service plan was not updated to reflect the current diet order (5/16/23) regarding food texture, "Dysphagia ground/minced & moist level 5 texture." Service plan stated "Regular/Regular level 7 texture."</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>In the future, to prevent a similar deficiency from recurring, the staff was in-serviced by facility RN and trained on the diet orders and the service plan by the AL RN, director and MC RN, director to include diet textures and fluid consistency. Diet orders and service plans will be monitored and tracked by a designated staff member. A calendar reminder will be scheduled to conduct the monthly audit of the diet textures and fluid consistency to ensure accuracy.</p>	8/12/24

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<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>FINDINGS Resident #1 -- Progress notes show MA administered Calmoseptine ointment PRN on resident's open sore on L buttocks on 5/12/24 at 0951; 5/13/24 at 1252 & 2054; 5/15/24 at 0628. However, there's no documentation MA received a delegation from an RN to administer the PRN medication and no documented evidence of RN assessment and evaluation of the resident following medication administration.</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>	

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<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><u>FINDINGS</u> Resident #1 - Progress notes show MA administered Calmoseptine ointment PRN on resident's open sore on L buttocks on 5/12/24 at 0951; 5/13/24 at 1252 & 2054; 5/15/24 at 0628. However, there's no documentation MA received a delegation from an RN to administer the PRN medication and no documented evidence of RN assessment and evaluation of the resident following medication administration.</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>In the future, to prevent a similar deficiency from recurring, the staff was in-serviced by facility RNs and trained on the procedure of delegation of administering PRN medications. The licensed nurse will reassess PRN medication before administration and follow up with documentation. A calendar reminder will be scheduled to conduct a monthly audit by AL RN, director and MC RN, director to ensure reassess and documentation of delegated administration of PRN medications.</p>	<p style="text-align: center;">8/12/24</p>

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<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><u>FINDINGS</u> Resident #1 - Progress notes entered by M.T. on 5/12/24 reads. "RCA reported Med-Tech that the resident has a bedsore on *** L-side buttock. Med-Tech cleans the affected area with s/s and pat dry... Will inform the morning Med-Tech to apply *** PRN Calmoseptine..." There was no documented evidence that the licensed staff was notified to properly assess the wound and provide appropriate treatment.</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>	

	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><u>FINDINGS</u> P. 10 def. #1 - Progress notes entered by MA on 5/12/24 reads, "RCA reported Med-Tech that the resident has a bedsore on *** L-side buttock. Med-Tech cleans the affected area with s/s and pat dry... Will inform the morning Med-Tech to apply *** PRN Calmoseptine..." There was no documented evidence that the licensed staff was notified to properly assess the wound and provide appropriate treatment.</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>In the future, to prevent a similar deficiency from recurring, the staff was in-serviced and trained by facility RNs to notify the licensed nurse of skin issues and the licensed nurse will assess and evaluate skin issues for appropriate treatment. The facility RN will review the resident's medical history to include all previous skin assessments and check the resident's risks, history of skin breakdown, medications, etc. to ensure accuracy of the service plan. A calendar reminder will be scheduled to conduct a monthly audit by AL RN, director and MC RN, director to ensure that skin issues are being reported to receive appropriate treatment by the licensed nurse.</p>	8/12/24

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<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(3)(A)(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>Self-medication:</p> <p>Residents able to handle their own medication regimen may keep prescription medications in their unit;</p> <p><u>FINDING.</u> Resident #2 - Physician order reads, "Vagisil Anti-Itch Crème Apply 1-inch strip topically to *** area every 8 hours as needed for itch ***May self-administer." Vagisil cream supplies were observed in the resident's bathroom. There is no documented evidence that a licensed nurse completed a resident self-administration assessment to determine the resident's ability to handle/manage own medication regimen, per facility policy #AL207 Self-Administration of medications. <i>Submit a copy of the assessment with your POC.</i></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>Resident #2 – Self-administration checklist was completed</p>	<p>6/27/24</p>

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<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(3)(A)(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>Self-medication:</p> <p>Residents able to handle their own medication regimen may keep prescription medications in their unit;</p> <p><u>INDINGS</u></p> <p>Resident #2 - Physician order reads, "Vagisil Anti-Itch Crème Apply 1-inch strip topically to *** area every 8 hours as needed for itch ***May self-administer." Vagisil cream supplies were observed in the resident's bathroom. There is no documented evidence that a licensed nurse completed a resident self-administration assessment to determine the resident's ability to handle/manage own medication regimen, per facility policy #AL207 Self-Administration of medications.</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>In the future, to prevent a similar deficiency from recurring, the licensed nurses were in-serviced by facility RN and trained to review the self-administration checklist every six months to ensure that the checklist is complete. A calendar reminder will be used by AL RN, director and MC RN, director to conduct a monthly audit to ensure that the checklist is completed.</p>	<p style="text-align: center;">8/12/24</p>

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<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><u>FINDINGS</u> Resident #2 – Current (June 2024) eMAR states, “Glucosamine-Chondroitin Tablet 500-400 mg give 1 tablet by mouth one time a day for supplement.” However, medication label (Drug Facts) shows 1 tablet of Glucosamine-Chondroitin contains 750-400 mg. <i>Please clarify the dosage with the physician and submit documentation with your POC.</i></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>Physician was contacted for dosage clarification by nurse or MA.</p>	<p>6/14/24</p>

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<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><u>FINDINGS</u> Resident #2 – Current (June 2024) eMAR states, "Glucosamine-Chondroitin Tablet 500-400 mg give 1 tablet by mouth one time a day for supplement." However, medication label (Drug Facts) shows 1 tablet of Glucosamine-Chondroitin contains 750-400 mg.</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>In the future, to prevent a similar deficiency from recurring, the AL RN, director and MC RN, director will be responsible for ensuring clarification of medication being brought in by the family. A calendar reminder will be scheduled to conduct a monthly audit to ensure compliance that the medication brought in by family accurately correlates with the physician's orders.</p>	<p>8/12/24</p>

Licensee's/Administrator's Signature: Kerwin Higashi

Print Name: Kerwin Higashi

Date: 06/27/2024

Licensee's/Administrator's Signature: Darrin Schadel on behalf of Kerwin Higashi

Print Name: Darrin Schadel on behalf of Kerwin Higashi

Date: 08/12/2024