

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Lanialu Hale at Hawaii Kai</b>	<b>CHAPTER 100.1</b>
<b>Address: 1261 Lunalilo Home Road, Honolulu, Hawaii 96825</b>	<b>Inspection Date: August 3, 2023 Annual</b>

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

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

STATE OF HAWAII  
PSH-1600A  
STATE LICENSING

23 SEP 29 P1:24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>, (b)(1)(I) Application.</p> <p>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:</p> <p>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;</p> <p><b><u>FINDINGS</u></b>  Primary Care Giver (PCG) – Received a Fieldprint Red light determination background check result on 1/23/23. Per PCG an appeal has not been submitted. Per appeal instructions, an appeal request must be submitted within the thirty days following the fitness determination date.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>24 MAY 22 P 2:22</p> <p>STATE OF ILLINOIS  DOH #1101A  STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application.</p> <p>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:</p> <p>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;</p> <p><b><u>FINDINGS</u></b>  Primary Care Giver (PCG) – Received a Fieldprint Red light determination background check result on 1/23/23. Per PCG an appeal has not been submitted. Per appeal instructions, an appeal request must be submitted within the thirty days following the fitness determination date.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>When a caregiver receives a red-light determination, that caregiver shall follow the appeal process within the 30 days following the fitness determination date. The PCG will verify and ensure that the appeal process has been completed immediately within the specified time allowed.</p> <p>A new hire/annual checklist was newly created for all caregivers which includes all required clearances. All caregivers' clearances, including the field print background checks, will be reviewed every quarter by the PCG and SCG to ensure all requirements are complete and up to date. PCG will also follow-up on red-light determinations, to be sure the appeal process has been completed.</p>	<p style="text-align: center;">9/1/2023 On-Going</p> <p style="text-align: right; font-size: small;"> 24 MAY 22 P2:22  STATE OF ILLINOIS  DEPARTMENT OF  STATE LICENSING </p>



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<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application.</p> <p>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:</p> <p>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;</p> <p><b><u>FINDINGS</u></b>  Substitute Care Giver (SCG) #1 – Received a Fieldprint Red light determination background check result on 7/26/23. As of the date of this inspection, there is no documented evidence that an appeal has yet been submitted.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>When a caregiver receives a red-light determination, The PCG will ensure that the appeal process has been completed right away within the 30 days following the fitness determination date. A copy of the appeal documents will be kept in the caregivers file for review.</p> <p>A new hire/annual checklist was newly created for all caregivers which includes all required annual clearances, including the field print background check. The PCG will review all caregiver's clearances every quarter to ensure all requirements are completed and up to date. A SCG will also double check and verify the annual requirements for completeness. PCG will also follow-up on red-light determinations to ensure appeal process has been completed. Once the Appeal is approved by Fieldprint. PCG will place documentation in care home folder for review.</p>	<p>8/21/23 On-Going</p> <p style="text-align: right;">24 MAY 22 P2:22</p> <p style="text-align: right; font-size: small;">STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-13 <u>Nutrition.</u> (a)  The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><b><u>FINDINGS</u></b>  Resident #1 - Physician's signed diet order on 3/30/23 for "soft diet with nectar" is a non-standard order and needs to be clarified. (I.e. What type of soft diet? What is nectar a modifier for?)</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes, the appropriate diet order was clarified with the physician on 8/5/2023. Obtained the suitable diet to meet the needs of this patient. Corrected diet order: "Regular Diet, mechanical soft solids, nectar consistency thickened liquids using commercial food thickener". I also will document in the MAR and monthly progress notes on how the patient tolerates this diet and the amount consumed.</p>	<p style="text-align: center;">8/5/2023</p> <p style="text-align: center;">24 MAY 22 P 2:22</p> <p style="text-align: center; font-size: small;">STATE REGISTER  001-0504  STATE LIBRARIAN</p>

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	<p>§11-100.1-13 <u>Nutrition.</u> (a)  The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><b><u>FINDINGS</u></b>  Resident #1 - Physician's signed diet order on 3/30/23 for "soft diet with nectar" is a non-standard order and needs to be clarified. (I.e. What type of soft diet? What is nectar a modifier for?)</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent this from happening again, the PCG will clarify ALL and ANY discrepancies in orders. This includes diet, medications and treatments. If there are any diet discrepancies, the PCG may get recommendation of a registered dietician to ensure that the diet orders from the MD are correct and appropriate in its entirety for this patient. The PCG will review all incoming orders, including diet orders every quarter to ensure all requirements are completed and up to date. A SCG will also double check and verify the annual requirements for completeness.</p> <p>In addition, the current diet orders will be written on the MAR in order for all the caregivers to acknowledge the correct diet for each resident.</p> <p>The PCG will review the resident's MD visit notes thoroughly after each visit and will implement any changes made by the MD. The PCG will be sure to have the client's diet order in line with current orders, by reviewing all new orders again each month when the monthly progress notes are written.</p>	<p>8/5/2023  On-Going</p> <p style="text-align: right;">24 MAY 22 P2:22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – “Rivastigmine Tartrate 3mg, take 1 cap by mouth twice daily” has a Physician/APRN signed order on 8/1/22. Medication was discontinued on the MAR on 1/9/23, however, there is no Physician/APRN signed order to discontinue medication available for review.</p> <p>“Proscar 5mg tab, 1 tab daily by mouth” has a Physician/APRN signed order on 8/1/22. Medication was discontinued on the medication administration record (MAR) on 1/9/23, however, there is no Physician/APRN signed order to discontinue medication available for review.</p> <p>“Atorvastatin Calcium 40mg tab, 1 tab by mouth every day” has a Physician/APRN signed order on 8/1/22. Medication was discontinued from the MAR on 1/9/23, however there is no Physician/APRN signed order to discontinue medication available for review.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes. On 8/5/2023, I have obtained a doctor's order for changes in these medications (Rivastigmine, Proscar, and Atorvastatin) that were discontinued or changed. I have verified with the MD or APRN and transferred directly to the MAR. I will check all orders every month and quarterly. The new medication orders must match with the MAR.</p>	<p style="text-align: center;">8/5/2023</p> <p style="text-align: center;">24 MAY 22 P2:22</p> <p style="text-align: center; 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><b><u>FINDINGS</u></b> Resident #1 – “Rivastigmine Tartrate 3mg, take 1 cap by mouth twice daily” has a Physician/APRN signed order on 8/1/22. Medication was discontinued on the MAR on 1/9/23, however, there is no Physician/APRN signed order to discontinue medication available for review.</p> <p>“Proscar 5mg tab, 1 tab daily by mouth” has a Physician/APRN signed order on 8/1/22. Medication was discontinued on the medication administration record (MAR) on 1/9/23, however, there is no Physician/APRN signed order to discontinue medication available for review.</p> <p>“Atorvastatin Calcium 40mg tab, 1 tab by mouth every day” has a Physician/APRN signed order on 8/1/22. Medication was discontinued from the MAR on 1/9/23, however there is no Physician/APRN signed order to discontinue medication available for review.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Going forward, I will review my residents MD visit notes thoroughly after each appointment, and I will implement any changes made by MD. I will be sure to have my progress notes in line with current orders by reviewing all new orders again each month when I write my monthly progress notes. I will use a checklist to ensure all new medication changes and double check with the MAR.</p> <p>See attach Checklist</p>	<p>8/5/2023 On-Going</p> <p style="text-align: right;">24 MAY 22 P 2:22</p> <p style="text-align: right; font-size: small;">STATE OF TENNESSEE BOARD OF NURSING STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – “Aspirin low strength chewable 81mg, 1 tab by mouth every other day on Monday, Wednesday, and Friday” has Physician/APRN signed orders on 8/1/22, 12/6/22, and 1/5/23. Medication was discontinued on the MAR on 1/6/23, however, there is no Physician/APRN signed order to discontinue medication available for review.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes. On 8/5/2023, I have obtained a doctor's order for changes in this medication, (Aspirin Low Strength chewable 81mg) that were discontinued or changed. I verified with the MD or APRN and transferred directly to the MAR. I will check all orders every month and quarterly. The new medication orders must match the MAR.</p>	<p style="text-align: center; vertical-align: middle;">8/5/2023</p> <p style="text-align: right; vertical-align: bottom;">       24 MAY 22 P 2:21        STATE OF TENNESSEE        STATE LICENSING     </p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 -- "Cozaar 25mg tab ½ tab by mouth every day" has a Physician/APRN signed order on 8/1/22, 12/16/22, and 1/5/23. Medication was discontinued from the MAR on 2/10/23, however, there is no Physician/APRN signed order to discontinue medication available for review.</p> <p>"Lasix 20mg tab, 1 tab by mouth every day" has a Physician/APRN signed order on 8/1/22, 12/16/22, 1/5/23 and 3/30/23. Medication was discontinued from the MAR on 2/10/23, there is no Physician/APRN signed order to discontinue medication available for review.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes. On 8/5/2023 I have obtained a doctor's order for changes in these medications (Cozaar and Lasix), that were discontinued or changed. I have verified with the MD or APRN and transferred directly to the MAR. I will check all orders every month and quarterly. The new medication orders must match with the MAR</p>	<p style="text-align: center;">8/5/2023</p> <p style="text-align: right; color: blue;">24 MAY 22 P2:21</p> <p style="text-align: right; color: blue; font-size: small;">STATE OF HAWAII DEPT. OF HEALTH 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><b><u>FINDINGS</u></b> Resident #1 – “Senna S tab 8.6-50mg, 1 tab by mouth twice a day. Hold for loose stool.” has a Physician/APRN signed order on 8/1/22. Medication was then renewed by Physician/APRN signed order on 12/16/22, 1/5/23 and 3/30/23, however, medication does not appear on the MAR for the duration of the inspection year.</p> <p><b>Follow-up with Physician regarding whether or not medication should be administered is needed.</b></p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: center;">24 MAY 22 P2:21</p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF HEALTH 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><b><u>FINDINGS</u></b> Resident #1 – “Melatonin 3mg , 1 tab at bedtime PO” initially ordered on 8/1/22 and renewed on 12/16/22. On 1/5/23, Physician/APRN signed order changes medication to PRN for insomnia, however, change is not made to MAR until 1/9/23.</p> <p>“Esomeprazole Magnesium DR capsule 20mg, take 1 cap daily by mouth has a Physician/APRN signed order on 8/1/22. On 12/16/22, Physician’s signed order on changes medication to PRN for acid reflux, however, change is not made to MAR until 1/9/23.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: right;">24 MAY 22 P2:21</p> <p style="text-align: right; font-size: small;">STATE OF ILLINOIS JON BRONKHORST 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><b><u>FINDINGS</u></b> Resident #1 – “Melatonin 3mg , 1 tab at bedtime PO” initially ordered on 8/1/22 and renewed on 12/16/22. On 1/5/23, Physician/APRN signed order changes medication to PRN for insomnia, however, change is not made to MAR until 1/9/23.</p> <p>“Esomeprazole Magnesium DR capsule 20mg, take 1 cap daily by mouth has a Physician/APRN signed order on 8/1/22. On 12/16/22, Physician’s signed order on changes medication to PRN for acid reflux, however, change is not made to MAR until 1/9/23.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Going forward, I will review my residents MD visit notes thoroughly after each visit, and I will implement any changes made by MD. I will be sure to have my progress notes in line with current orders by reviewing all new orders again each month when I write my monthly progress notes. I will use a checklist to ensure all new medication changes and double check with the MAR. (See Attach Checklist)</p>	<p>8/5/2023 On-Going</p> <p style="text-align: right; color: purple;">24 MAY 22 P2:21</p> <p style="text-align: right; color: purple; font-size: small;">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><b><u>FINDINGS</u></b> Resident #1 – There is a Physician/APRN signed order on 1/5/23 for “Trazadone HCl 50mg, take 1 tab by mouth at bedtime”, however, medication is started on MAR on 12/23/23. There is no Physician/APRN signed order to start medication on 12/23/23 available for review.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes. On 9/1/2023, I have obtained a doctor's order for changes in this medication, trazadone, that were discontinued or changed. I have verified with the MD or APRN and transferred directly to the MAR. I will check all orders every month and quarterly. The new medication orders must match with the MAR</p>	<p style="text-align: center;">9/1/2023</p> <p style="text-align: center;">24 MAY 22 P2:21</p> <p style="text-align: center; font-size: small;">STATE LICENSING</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – There is a Physician/APRN signed order on 1/5/23 for “Trazadone HCl 50mg, take 1 tab by mouth at bedtime”, however, medication is started on MAR on 12/23/23. There is no Physician/APRN signed order to start medication on 12/23/23 available for review.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Going forward, I will review my residents MD visit notes thoroughly after each visit, and I will implement any changes made by MD. I will be sure to have my progress notes in line with current orders by reviewing all new orders again each month when I write my monthly progress notes. I will use a checklist to ensure all new medication changes and double check with the MAR. (See Attach Checklist)</p>	<p style="text-align: center;">8/5/2023 On-Going</p> <p style="text-align: right; color: blue;">24 MAY 22 P 2:21</p> <p style="text-align: right; color: blue; font-size: small;">STATE BOARD OF NURSING FOR MISSISSIPPI STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – “Cephalexin 500mg tab, take 1 tab by mouth every 12 hours for 5 days”, is initialed as given on the MAR from 2/23/23 thru 2/28/23, however, there is no Physician/APRN signed order to administer medication available for review.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes. On 8/5/2023, I have obtained a doctor’s order for this medication, Cephalexin. I have verified with the MD or APRN and transferred directly to the MAR. I will check all orders every month and quarterly. The new medication orders must match with the MAR</p>	<p style="text-align: center;">8/5/2023</p> <p style="text-align: right;">24 MAY 22 P2:20 STATE OF HAWAII DON STUBBINS STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – “Cephalexin 500mg tab, take 1 tab by mouth every 12 hours for 5 days”, is initialed as given on the MAR from 2/23/23 thru 2/28/23, however, there is no Physician/APRN signed order to administer medication available for review.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Going forward, I will review my residents MD visit notes thoroughly after each visit, and I will implement any changes made by MD. I will be sure to have my progress notes in line with current orders by reviewing all new orders again each month when I write my monthly progress notes. I will use a checklist to ensure all new medication changes and double check with the MAR. (See Attach Checklist)</p>	<p>8/5/2023 On-Going</p> <p style="text-align: right;">24 MAY 22 P 2:20</p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN BOH-31255 STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Progress notes dated 7/14/23 and 7/20/23 state that resident either drank Ensure or was offered Ensure, however, there is no Physician’s signed order for Ensure available for review.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes, I have obtained a doctor's order for the Ensure on 9/1/2023. Verified order with the APRN and transferred Ensure order directly to the MAR. The new orders must match with the MAR</p>	<p style="text-align: center;">9/1/2023</p> <p style="text-align: center;">24 MAY 22 P 2:20</p> <p style="text-align: center; font-size: small;">STATE OF MICHIGAN DEPT. OF REGULATION STATE LICENSING</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Progress notes dated 7/14/23 and 7/20/23 state that resident either drank Ensure or was offered Ensure, however, there is no Physician’s signed order for Ensure available for review.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN’T HAPPEN AGAIN?</b></p> <p>Going forward, I will review my residents MD visit notes thoroughly after each visit, and I will implement any changes made by MD. I will be sure to have my progress notes in line with current orders by reviewing all new orders again each month when I write my monthly progress notes. I will use a checklist to ensure all new diet changes, including supplemental drinks, and double check with the MAR quarterly. (See Attach Checklist)</p>	<p style="text-align: center;">9/1/2023 On-Going</p> <p style="text-align: center; color: purple;">24 MAY 22 P2:20</p> <p style="text-align: center; color: purple; font-size: small;">STATE OF MARYLAND DEPARTMENT OF HEALTH &amp; GENERAL SERVICES STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Progress note dated 3/1/23 notes that Resident was given antibiotics for a UTI, however, there is no Physician’s signed order for antibiotics for UTI available for review.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes. On 8/5/2023 I have obtained a doctor’s order for the antibiotics, Bactrim DS for the UTI. Verified antibiotics with the APRN and transferred order directly to the MAR. I will check all orders every month and quarterly. The new medication orders must match with the MAR</p>	<p style="text-align: center;">8/5/2023</p> <p style="text-align: center;">24 MAY 22 P 2:20</p> <p style="text-align: center; font-size: small;">STATE OF MICHIGAN DEPARTMENT OF HEALTH STATE LICENSING</p>



	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Progress note dated 3/1/23 notes that Resident was given antibiotics for a UTI, however, there is no Physician’s signed order for antibiotics for UTI available for review.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN’T HAPPEN AGAIN?</b></p> <p>Going forward, I will review my residents MD visit notes thoroughly after each appointment, and I will implement any changes made by MD. I will be sure to have my progress notes in line with current orders, by reviewing all new orders again each month when I write my monthly progress notes. I will use a checklist to ensure all new medication changes and double check with the MAR. (See Attach Checklist)</p>	<p style="text-align: center;">8/5/2023 On-Going</p> <p style="text-align: center; color: purple;">24 MAY 22 P 2:20</p> <p style="text-align: center; color: purple; font-size: small;">STATE OF ALABAMA NURSE PRACTICE STATE LICENSING</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><b><u>FINDINGS</u></b> Resident #1 – “Aspirin low strength chewable 81mg, 1 tab by mouth every other day on Monday, Wednesday, and Friday” has a Physician/APRN signed orders on 8/1/22, 12/6/22, and 1/5/23, however, the descriptor “chewable” does not appear on the MAR from 8/2022 through 1/2023, when it was discontinued on the MAR.</p> <p>“MiraLAX take 17gm packet, dissolve in 4-8oz of water daily by mouth. Hold if 2 BM/day” has a Physician/APRN signed order on 8/1/22, 12/16/22, and 1/5/23, however, the parameter, “hold if 2 BM/day”, does not appear on the MAR for the duration of the inspection year.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes. On 8/5/2023, I have obtained a doctor's order for changes in these medications (Aspirin and MiraLax) that were discontinued or changed. I have verified with the MD or APRN and transferred directly to the MAR. I will check all orders every month and quarterly. The new medication orders must match with the MAR</p>	<p style="text-align: center;">8/5/2023</p> <p style="text-align: right; color: blue;">24 MAY 22 P 2:20</p> <p style="text-align: right; color: blue; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF STATE LICENSING</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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><b><u>FINDINGS</u></b> Resident #1 – “Aspirin low strength chewable 81mg, 1 tab by mouth every other day on Monday, Wednesday, and Friday” has a Physician/APRN signed orders on 8/1/22, 12/6/22, and 1/5/23, however, the descriptor “chewable” does not appear on the MAR from 8/2022 through 1/2023, when it was discontinued on the MAR.</p> <p>“MiraLAX take 17gm packet, dissolve in 4-8oz of water daily by mouth. Hold if 2 BM/day” has a Physician/APRN signed order on 8/1/22, 12/16/22, and 1/5/23, however, the parameter, “hold if 2 BM/day”, does not appear on the MAR for the duration of the inspection year.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Going forward, I will review my residents MD visit notes thoroughly after each visit, and I will implement any changes made by MD. I will be sure to have my progress notes in line with current orders, by reviewing all new orders again each month when I write my monthly progress notes. I will use a checklist to ensure all new medication changes and double check with the MAR. (See Attach Checklist)</p>	<p style="text-align: center;">8/5/2023 On-Going</p> <p style="text-align: center;">*24 MAY 22 P2:20</p> <p style="text-align: center; font-size: small;">STATE OF MICHIGAN DEPARTMENT OF HEALTH STATE LICENSING</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><b><u>FINDINGS</u></b> Resident #1 – “Oxygen 1-4 liters per minute every day nasal cannula” has Physician signed orders on 8/1/22, 12/16/22, 1/5/23, and 3/30/23, however, medication does not appear on the MAR for the duration of the inspection year.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes. On 9/1/2023, I have obtained a doctor's order for the use of Oxygen PRN. I have verified with the MD or APRN and transferred directly to the MAR. I will check all orders every month and quarterly. The new medication orders must match with the MAR. PCG will place Oxygen order on MAR and document on Progress Notes how the resident tolerates it. Corrections made on MAR after the fact</p>	<p style="text-align: center;">9/1/2023</p> <p style="text-align: center;">24 MAY 22 P2:20</p> <p style="text-align: center; font-size: small;">STATE OF MICHIGAN DEPARTMENT OF STATE LICENSING</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><b><u>FINDINGS</u></b> Resident #1 – “Oxygen 1-4 liters per minute every day nasal cannula” has Physician signed orders on 8/1/22, 12/16/22, 1/5/23, and 3/30/23, however, medication does not appear on the MAR for the duration of the inspection year.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Going forward, I will review my residents MD visit notes thoroughly after each visit, and I will implement any changes made by MD. I will be sure to have my progress notes in line with current orders, by reviewing all new orders again each month when I write my monthly progress notes. I will use a checklist to ensure all new medication changes and double check with the MAR. (See Attach Checklist)</p>	<p>8/5/2023 On-Going</p> <p style="text-align: right;">24 MAY 22 P2:20</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> <p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><b><u>FINDINGS</u></b> Resident #1 – “Rivastigmine Tartrate 3mg, take 1 cap by mouth twice daily” has a Physician/APRN signed order on 8/1/22. It does not appear on Physician/APRN signed review and renew orders on 12/16/22 or 1/5/23. Medication continues to be listed on the MAR and initialed as given until 1/9/23. Medication was not reviewed and renewed every four months.</p> <p>“Proscar 5mg tab, 1 tab daily by mouth” has a Physician/APRN signed order on 8/1/22. It does not appear on Physician/APRN signed review and renew orders on 12/16/22 or 1/5/23. Medication continues to be listed on the MAR and initialed as given until 1/9/23. Medication was not reviewed and renewed every four months.</p> <p>“Atorvastatin Calcium 40mg tab, 1 tab by mouth every day” has a Physician/APRN signed order on 8/1/22. It does not appear on Physician/APRN signed review and renew orders on 12/16/22 or 1/5/23. Medication continues to be listed on the MAR and initialed as given until 1/9/23. Medication was not reviewed and renewed every four months.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes. On 8/5/2023 I have obtained a doctor's order for changes in these medications (Rivastigmine, Proscar, and Atorvastatin) that were discontinued or changed. I verified with the MD or APRN and transferred directly to the MAR. I will check all orders every month and quarterly. The new medication orders must match with the MAR</p>	<p style="text-align: center;">8/5/2023</p> <p style="text-align: center;">24 MAY 22 P 2:20</p> <p style="text-align: center; font-size: small;">STATE OF MARYLAND BOH-8900A STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><b><u>FINDINGS</u></b> Resident #1 – “Rivastigmine Tartrate 3mg, take 1 cap by mouth twice daily” has a Physician/APRN signed order on 8/1/22. It does not appear on Physician/APRN signed review and renew orders on 12/16/22 or 1/5/23. Medication continues to be listed on the MAR and initialed as given until 1/9/23. Medication was not reviewed and renewed every four months.</p> <p>“Proscar 5mg tab, 1 tab daily by mouth” has a Physician/APRN signed order on 8/1/22. It does not appear on Physician/APRN signed review and renew orders on 12/16/22 or 1/5/23. Medication continues to be listed on the MAR and initialed as given until 1/9/23. Medication was not reviewed and renewed every four months.</p> <p>“Atorvastatin Calcium 40mg tab, 1 tab by mouth every day” has a Physician/APRN signed order on 8/1/22. It does not appear on Physician/APRN signed review and renew orders on 12/16/22 or 1/5/23. Medication continues to be listed on the MAR and initialed as given until 1/9/23. Medication was not reviewed and renewed every four months.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Going forward, I will review my residents MD visit notes thoroughly after each visit, and I will implement any changes made by MD. I will be sure to have my progress notes in line with current orders, by reviewing all new orders again each month when I write my monthly progress notes. I will use a checklist to ensure all new medication changes and double check with the MAR. (See Attach Checklist)</p>	<p>8/5/2023 On-Going</p> <p style="text-align: right;">STATE OF MARYLAND DIVISION OF HEALTH CARE STATE LICENSING 24 MAY 22 P 2:20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Progress notes dated 7/14/23 and 7/20/23 state that resident either drank Ensure or was offered Ensure, however, Ensure is not recorded or initialed when taken on the MAR.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes, I have obtained a doctor's order for Ensure on 9/1/2023. I have verified order with the MD or APRN and transferred directly to the MAR. I will check all orders every month and quarterly. The new medication orders must match with the MAR</p>	<p style="text-align: center;">8/5/2023</p> <p style="text-align: right; font-size: small;">       STATE OF ALABAMA        DEPARTMENT OF        COMMUNITY        STATE LICENSING        24 MAY 22 P 2:20     </p>



RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> <p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Progress notes dated 7/14/23 and 7/20/23 state that resident either drank Ensure or was offered Ensure, however, Ensure is not recorded or initialed when taken on the MAR.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Going forward, I will review my residents MD visit notes thoroughly after each appointment and will implement any changes made by the MD. I will ensure to have my progress notes in line with current orders, by reviewing all new orders again each month when I write my monthly progress notes. I will use a checklist to ensure all medications changes and double check with the MAR (See Attach Checklist)</p>	<p>8/5/2023 On-Going</p> <p style="text-align: right;">24 MAY 22 P 2:20 STATE OF ALABAMA STATE BOARD OF NURSING STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m)  All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Progress note dated 3/1/23 notes that Resident was given antibiotics for a UTI, however, there are no antibiotics recorded or initialed when taken on the MAR in March of 2023.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes. On 8/5/2023 I have obtained a doctor's order for this medication, Bactrim DS for UTI. I will verify with the MD or APRN and transfer directly to the MAR. I will check all orders every month and quarterly. The new medication orders must match with the MAR. Corrections made on MAR after the fact.</p>	<p style="text-align: center;">8/5/2023</p> <p style="text-align: center;">24 MAY 22 P2:20</p> <p style="text-align: center; font-size: small;">STATE OF VIRGINIA  STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Progress note dated 3/1/23 notes that Resident was given antibiotics for a UTI, however, there are no antibiotics recorded or initialed when taken on the MAR in March of 2023.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Going forward, I will review my residents MD visit notes thoroughly after each visit, and I will implement any changes made by MD. I will be sure to have my progress notes in line with current orders by reviewing all new orders again each month when I write my monthly progress notes. I will use a checklist to ensure all new medication changes and double check with the MAR. (See Attach Checklist)</p>	<p>8/5/2023 On-Going</p> <p style="text-align: right;">24 MAY 22 P2:19</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><b><u>FINDINGS</u></b> Resident #1 – “Oxygen 1-4 liters per minute every day nasal cannula” has Physician signed orders on 8/1/22, 12/16/22, 1/5/23, and 3/30/23, however, nowhere in the record is resident’s response to the use or disuse of oxygen recorded.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>No. There's an order for use of Oxygen PRN for Shortness of Breath or Dyspnea. The resident has not been using Oxygen since he is asymptomatic. Since resident is under hospice care, it was made available for him if the need arises for Shortness of Breath or Dyspnea. If and When the resident uses the Oxygen via nasal cannula, the resident's response would be documented on the MAR and Progress Notes.</p>	<p>8/5/2023 On-Going</p> <p style="text-align: right;">24 MAY 22 P2:19</p>

STATE OF CALIFORNIA  
DEPARTMENT OF  
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><b><u>FINDINGS</u></b> Resident #1 – “Oxygen 1-4 liters per minute every day nasal cannula” has Physician signed orders on 8/1/22, 12/16/22, 1/5/23, and 3/30/23, however, nowhere in the record is resident’s response to the use or disuse of oxygen recorded.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Going forward, I will review my residents MD visit notes thoroughly after each visit, and I will implement any changes made by MD. When any resident on oxygen, I will be sure to have my progress notes in line with current orders by reviewing all new orders again each month when I write my monthly progress notes. I will ensure all residents using oxygen have the respiratory status properly documented including oxygen saturation written on the monthly progress notes and MAR</p>	<p>8/5/2023 On-Going</p> <p style="text-align: right;">24 MAY 22 P2:19</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEBRA A STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-17 <u>Records and reports.</u> (b)(5) During residence, records shall include:</p> <p>Entries detailing all medications administered or made available;</p> <p><b><u>FINDINGS</u></b> <b>Resident #2</b> – Need documented proof of positive tuberculosis history. If cannot locate actual measurement, resident will need a tuberculosis (TB) skin test.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>For resident's #2, I went to Lanakila TB clinic and obtained the written proof of positive PPD history and placed this record in the resident's chart for review. I updated the resident's TB record to reflect this change.</p>	<p>8/5/2023 On-Going</p> <p style="text-align: right;">24 MAY 22 P2:19</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-17 <u>Records and reports.</u> (b)(5) During residence, records shall include:</p> <p>Entries detailing all medications administered or made available;</p> <p><b><u>FINDINGS</u></b> <b>Resident #2</b> – Need documented proof of positive tuberculosis history. If cannot locate actual measurement, resident will need a tuberculosis (TB) skin test.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Future: I have created a TB checklist for each resident to keep track of annual TB requirements and ensure they are completed on time so that I am in compliance. I will have my secondary caregiver review my work to ensure that it is thorough and for completeness. See Attach TB Checklist</p>	<p>8/5/2023 On-Going</p> <p style="text-align: right;">24 MAY 22 P2:19</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><b><u>FINDINGS</u></b> No evidence of signage indicating "Oxygen in Use" posted outside the facility.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Signage posted outside the facility for oxygen use on 8/3/2023</p>	<p style="text-align: center;">8/3/2023</p> <p style="text-align: center;">24 MAY 22 P2:19</p> <p style="text-align: center;">STATE OF ILLINOIS DEPT. OF STATE LICENSING</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><u>FINDINGS</u> No evidence of signage indicating "Oxygen in Use" posted outside the facility.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Keep signage posted at all times. Do not remove it</p>	<p>8/5/2023 On-Going</p> <p style="text-align: right;">24 MAY 22 P2:19</p> <p style="text-align: right; font-size: small;">STATE LICENSING</p>

Licensee's/Administrator's Signature: 

Print Name: Anthony Defiesta

Date: 9/26/2023

23 SEP 29 P 1:22  
STATE OF HAWAII  
BOH-0054  
STATE LICENSING

Licensee's/Administrator's Signature: Anthony Defiesta

Print Name: Anthony Defiesta

Date: 5 / 22 / 2024

STATE OF HAWAII  
SOUTH HONOLULU  
STATE LICENSING

24 MAY 22 P2:19