

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Living Manoa Gardens	CHAPTER 100.1
Address: 2385 Beckwith Street, Honolulu, Hawaii 96822	Inspection Date: February 2, 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.

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>§11-100.1-14 <u>Food sanitation.</u> (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation.</p> <p><u>FINDINGS</u> Staff member reports cooking food, chicken to 160°F, and beef to 140-145°F. Cooking temperatures reported are below minimum safe cooking temperature of 165°F.</p>	<p>PART 1</p> <p>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>§11-100.1-14 <u>Food sanitation.</u> (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation.</p> <p><u>FINDINGS</u> Staff member reports cooking food, chicken to 160°F, and beef to 140-145°F. Cooking temperatures reported are below minimum safe cooking temperature of 165°F.</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>The Home has reminded staff that although cooking meat and poultry is outsourced to a 3rd party care facility, knowledge and awareness of safe cooking temperatures is mandatory and has updated its policy that when staff prepare eggs and other potentially hazardous foods shall use the food thermometer to ensure a temperature of at least 165°F. The Administrator has conducted re-training on safe cooking temperatures and safe holding temperatures to all employees in addition to food service staff. The Home's staffing manager is responsible to ensure that annual food safety training is conducted at least annually for all caregivers.</p>	<p>03/15/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 – Monthly progress notes from 3/2023-10/2023 state resident’s monthly weight as “3/28/23 = 156.6”; however, monthly weight record indicates resident’s weight ranged from 150-160lbs during this time period.</p> <p>Resident #2 – Monthly progress notes from 2/2023-9/2023 state resident’s monthly weight as “3/28/23 = 156.6”; however, monthly weight record indicates resident’s weight ranged from 79.6-90.6lbs during this time period.</p>	<p>PART 1</p> <p>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>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 – Monthly progress notes from 3/2023-10/2023 state resident’s monthly weight as “3/28/23 = 156.6”; however, monthly weight record indicates resident’s weight ranged from 150-160lbs during this time period.</p> <p>Resident #2 – Monthly progress notes from 2/2023-9/2023 state resident’s monthly weight as “3/28/23 = 156.6”; however, monthly weight record indicates resident’s weight ranged from 79.6-90.6lbs during this time period.</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>The Home has implemented new clinical software as of January 2024 that eliminates the potential for human error to report incorrect resident's weights across different residents and to replicate the error upon multiple entries. The Home's caregivers have been trained to use the new software, and the Home's Clinical Care Supervisor team is responsible to ensure that vital signs data entry is conducted according to policy.</p>	02/19/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u> Resident #2 – White correction tape used on Resident Emergency Information Sheet</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>§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u> Resident #2 – White correction tape used on Resident Emergency Information Sheet</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>The Home has notified families of the Rules, and the Primary Care Giver has trained caregivers not to accept any documentation from families that contains correction tape, non-black ink, or other modifications that are out of compliance with the Rules. The Home's Clinical Care Supervisor team is responsible to ensure that documents and records comply with the Rules.</p>	02/19/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><u>FINDINGS</u> Resident #1 – Signed financial agreement unavailable for admission on 3/20/23.</p> <p>Submit a copy with plan of correction.</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 discharged to hospital on March 1, 2024. The Home obtained an updated acknowledgment of the financial agreement from the Resident's Responsible Party upon readmission on March 8, 2024. Documentation submitted to the Office separately from this Plan of Correction.</p>	03/15/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><u>FINDINGS</u> Resident #1 – Signed financial agreement unavailable for admission on 3/20/23.</p> <p>Submit a copy with plan of correction.</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>To prevent a similar deficiency from occurring again, the Home has updated its policies to require signed acknowledgement by residents' families of its financial agreement upon readmission in addition to new admission, and the Home has updated its readmission checklist to include signed acknowledgement of the financial agreement. The Home's Clinical Care Supervisor team shall be responsible for ensuring that residents provide signed acknowledgments of the financial agreement upon readmission. The Home's Clinical Care Supervisor team has been informed of the new requirement and shall obtain updated acknowledgement of the financial agreement by utilizing the Home's readmission checklist during the readmission process.</p>	<p style="text-align: center;">03/15/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(A) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally or in writing, prior to or at the time of admission, of these rights and of all rules governing resident conduct. There shall be documentation signed by the resident that this procedure has been carried out;</p> <p><u>FINDINGS</u> Resident #1 – Documentation signed that resident has been fully informed orally or in writing at the time of admission of resident's rights and rules governing resident conduct for admission on 3/20/23 was unavailable for review.</p> <p>Submit a copy with plan of correction.</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 discharged to hospital on March 1, 2024. The Home obtained an updated acknowledgement of receipt of residents' rights and responsibilities from the Resident's Responsible Party upon readmission on March 8, 2024. Documentation submitted to the Office separately from this Plan of Correction.</p>	<p style="text-align: center;">03/15/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(A) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally or in writing, prior to or at the time of admission, of these rights and of all rules governing resident conduct. There shall be documentation signed by the resident that this procedure has been carried out;</p> <p><u>FINDINGS</u> Resident #1 – Documentation signed that resident has been fully informed orally or in writing at the time of admission of resident's rights and rules governing resident conduct for admission on 3/20/23 was unavailable for review.</p> <p>Submit a copy with plan of correction.</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>To prevent a similar deficiency from occurring again, the Home has updated its policies to require signed acknowledgement by residents' Responsible Party of residents rights and responsibilities upon readmission in addition to new admission, and the Home has updated its readmission checklist to include signed acknowledgement of residents rights and responsibilities. The Home's Clinical Care Supervisor team shall be responsible for ensuring that residents provide updated signed acknowledgments of residents rights and responsibilities upon readmission. The Home's Clinical Care Supervisor team has been informed of the new requirement and shall obtain updated acknowledgement by utilizing the Home's readmission checklist during the readmission process.</p>	<p style="text-align: center;">03/15/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence the resident was fully informed orally and in writing, prior to or at the time of admission, of services available and of related charges for admission on 3/20/23.</p> <p>Submit a copy with plan of correction.</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 discharged to hospital on March 1, 2024. The Home obtained an updated acknowledgement of receipt of Services Provided from the Resident's Responsible Party upon readmission on March 8, 2024. Documentation submitted to the Office separately from this Plan of Correction.</p>	03/15/2024

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<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence the resident was fully informed orally and in writing, prior to or at the time of admission, of services available and of related charges for admission on 3/20/23.</p> <p>Submit a copy with plan of correction.</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>To prevent a similar deficiency from occurring again, the Home has updated its policies to require signed acknowledgement by residents' Responsible Party of Services Provided upon readmission in addition to new admission, and the Home has updated its readmission checklist to include signed acknowledgement of Services Provided. The Home's Clinical Care Supervisor team shall be responsible for ensuring that residents provide signed acknowledgments of Services Provided upon readmission. The Home's Clinical Care Supervisor team has been informed of the new requirement and shall obtain updated acknowledgement of Services Provided by utilizing the Home's readmission checklist during the readmission process.</p>	<p style="text-align: center;">03/15/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><u>FINDINGS</u> Monthly fire drills do not include participation of residents</p>	<p>PART 1</p> <p>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>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><u>FINDINGS</u> Monthly fire drills do not include participation of residents</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>To prevent a similar deficiency from occurring again, the Home has updated its policy that all residents must participate in a fire drill at least once per year. If residents refused participation with the fire drill, the person conducting the fire drill shall document that refusal. The Home's Facilities Manager is responsible to ensure that residents participate in the fire drills.</p>	<p>02/19/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><u>FINDINGS</u> Bedrooms #2,7,8 – Resident pillows did not include plastic pillow protectors or resident initials</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>Initials added to Residents #2, 7, and 8's pillows.</p>	<p style="text-align: center;">02/19/2024</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><u>FINDINGS</u> Bedrooms #2,7,8 – Resident pillows did not include plastic pillow protectors or resident initials</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>The Home has reminded residents of the Rules and has requested that residents' families write initials on personal property, including pillows, and that families shall notify the Home when bringing in new pillows and other property. The Facility Manager shall be responsible that residents' pillows are audited for initials or plastic pillow protectors not less than Quarterly. The Home has added the pillows protector audit to its electronic calendar to remind the Facility Manager to to conduct the audit. The Facility Manager has been informed of the requirement and shall use the electronic calendar and routine facility audit checklist.</p>	<p style="text-align: center;">03/15/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence resident’s case manager provided training on daily personal care and specialized care (e.g., preparing texture diet, preparing thickened liquids, safe swallow guidelines, signs/symptoms of hyper-/hypoglycemia, applying Ocusoft Lid Scrub, administering crushed medications)</p> <p>Submit documented evidence of training completed by case manager to caregivers with plan of correction.</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>Documentation of Case Manager training submitted to the Office separately from this Plan of Correction.</p>	<p style="text-align: center;">02/13/2024</p>

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☒	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence resident’s case manager provided training on daily personal care and specialized care (e.g., preparing texture diet, preparing thickened liquids, safe swallow guidelines, signs/symptoms of hyper-/hypoglycemia, applying Ocusoft Lid Scrub, administering crushed medications)</p> <p>Submit documented evidence of training completed by case manager to caregivers with plan of correction.</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>To prevent a similar deficiency from occurring again, the Home has reminded the Primary Care Giver and Clinical Care Supervisors that only documents (such as training records) dated prior the previous year's survey shall be eligible for archiving. The Primary Care Giver is responsible to ensure that only applicable documents are archived. Furthermore, the Home has notified the Resident's 3rd party Case Manager of the citation, and the Case Manager shall revise her forms and updated her procedures to require a separate signature sheet for each delegated skill, and to include dates for each individual caregiver who completes the training.</p>	<p style="text-align: center;">05/01/2024</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)(1) 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>Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence a pre-admission comprehensive assessment was completed by the case manager prior to admission into the facility on 3/20/24.</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>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(1) 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>Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence a pre-admission comprehensive assessment was completed by the case manager prior to admission into the facility on 3/20/24.</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>To prevent a similar deficiency from occurring again, the Home has notified the Resident's 3rd party Case Manager of the citation and need to conduct a comprehensive assessment prior to readmission, and the Home shall not allow readmission for expanded care residents before the Case Manager completes a comprehensive assessment. The Home's Clinical Care Supervisor team is responsible to ensure that expanded care Case Manager comprehensive assessments are completed prior to readmission. A line item has been added to the Home's internal readmission checklist to confirm that the expanded care Case Manager has completed the comprehensive assessment prior to admission. The Home's Clinical Care Supervisor team has been informed of the new requirements and shall use the Home's readmission checklist to ensure compliance.</p>	<p style="text-align: center;">03/15/2024</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 – The following medication orders dated 12/22/23 were not reflected in the current care plan (dated 1/16/24):</p> <ul style="list-style-type: none"> • Fluticasone propionate 50mcg/act – 2 sprays in both nostrils one time a day • Lactobacillus acidoph-L. bulgaricus 1 million cell tablet – 1 tab by mouth daily for 360 days <p>Submit a revised care plan with plan of correction.</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>Case Manager has revised care plan to include medication orders listed.</p>	<p style="text-align: center;">02/13/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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 – The following medication orders dated 12/22/23 were not reflected in the current care plan (dated 1/16/24):</p> <ul style="list-style-type: none"> • Fluticasone propionate 50mcg/act – 2 sprays in both nostrils one time a day • Lactobacillus acidoph-L. bulgaricus 1 million cell tablet – 1 tab by mouth daily for 360 days <p>Submit a revised care plan with plan of correction.</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>The Home has notified the Resident's 3rd party Case Manager of the citation. To prevent a similar deficiency from occurring again, the Case Manager shall not list Resident's medications on the front page summary sheet but rather on each problem sheet of the care plan that the medication is related to. The Home has also reminded the Case Manager of the requirement to update the Care Plan in a timely manner. The Home's Clinical Care Supervisor team is responsible to double-check and ensure that the care plan complies with the Rules and the Office's requirements for the location of where medications are listed on the care plan. A line item has been added to the Home's routine audit checklist to confirm that the expanded care Case Manager has included medication orders, and upon discovery that it does not, notify the expanded care Case Manager. The Home's Clinical Care Supervisor team has been reminded of requirements and shall use the Home's checklist to ensure compliance.</p>	03/15/2024

	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 – Current care plan dated 1/16/24 states, “8/16: pyridium 100mg Q12° for dysuria”; however, physician’s order dated 12/22/23 states, “Phenazopyridine HCL 100mg Tabs – 1 tab by mouth every 12 hours as needed for dysuria”. Care plan does not reflect physician’s order.</p> <p>Submit a revised care plan with plan of correction.</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>Case Manager has revised care plan to include medication orders listed.</p>	<p>02/13/2024</p>

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☒	<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 – Current care plan dated 1/16/24 states, “8/16: pyridium 100mg Q12° for dysuria”; however, physician’s order dated 12/22/23 states, “Phenazopyridine HCL 100mg Tabs – 1 tab by mouth every 12 hours as needed for dysuria”. Care plan does not reflect physician’s order.</p> <p>Submit a revised care plan with plan of correction.</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>To prevent a similar deficiency from occurring again, the Home has notified the Resident's 3rd party Case Manager of the citation and the requirement to update the Care Plan in a timely manner. The Home's Clinical Care Supervisor team is responsible to ensure that the care plan complies with the Rules. A line item has been added to the Home's routine audit checklist to confirm that the expanded care Case Manager has included current medication orders, and upon discovery that it does not, notify the expanded care Case Manager. The Home's Clinical Care Supervisor team has been reminded of requirements and shall use the Home's checklist to ensure compliance.</p>	<p style="text-align: center;">03/24/2024</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 – Current care plan dated 1/16/24 states, “3/30: sodium chloride 1000mg [1] tablet PO BID”; however, physician’s order dated 12/22/23 states, “sodium chloride 1gm tabs – 1 tab by mouth 3 times a day”. Care plan does not reflect physician’s order.</p> <p>Submit a revised care plan with plan of correction.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Case Manager has revised care plan to include medication orders listed.</p>	<p>02/13/2024</p>

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	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 – Current care plan dated 1/16/24 states, "Carvedilol 6.25mg BID hold for SBP <110 or HR <55" ; however, physician's order dated 12/22/23 states hold parameter as, "Hold if SBP less than 100 or HR less than 55". Care plan does not reflect physician's order.</p> <p>Submit a revised care plan with plan of correction.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Case Manager has revised care plan to included medication orders listed.</p>	<p>02/10/2024</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 – Current care plan dated 1/16/24 states, "Carvedilol 6.25mg BID hold for SBP <110 or HR <55" ; however, physician's order dated 12/22/23 states hold parameter as, "Hold if SBP less than 100 or HR less than 55". Care plan does not reflect physician's order.</p> <p>Submit a revised care plan with plan of correction.</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>To prevent a similar deficiency from occurring again, the Home has notified the Resident's 3rd party Case Manager of the citation and the requirement to update the Care Plan in a timely manner. The Home's Clinical Care Supervisor team is responsible to ensure that the care plan complies with the Rules. A line item has been added to the Home's routine audit checklist to confirm that the expanded care Case Manager has included current medication orders, and upon discovery that it does not, notify the expanded care Case Manager. The Home's Clinical Care Supervisor team has been reminded of requirements and shall use the Home's checklist to ensure compliance.</p>	<p>03/15/2024</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)(8) 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>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence a monthly face-to-face visit was conducted by the case manager with the resident for the months of 3/2023 and 4/2023.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-88 <u>Case management qualifications and services. (c)(8)</u> 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>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence a monthly face-to-face visit was conducted by the case manager with the resident for the months of 3/2023 and 4/2023.</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>To prevent a similar deficiency from occurring again, the Home has reminded the Primary Care Giver and Clinical Care Supervisors that only documents dated prior the previous year's survey (in this case prior to February 2023) shall be eligible for archiving. The Home shall also use multiple binders and/or a larger binder when a resident's documents does not fit into its standard 3.5in binder. The Primary Care Giver is responsible to ensure that only applicable documents are archived.</p>	02/19/2024

Licensee's/Administrator's Signature: Todd Pang

Print Name: Todd Pang

Date: 03/15/2024
