

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Lunalilo Home	CHAPTER 100.1
Address: 501 Kekauluohi Street, Honolulu, Hawaii 96825	Inspection Date: February 9, 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).

RECEIVED

APR 29 2024

	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><u>FINDINGS</u> Substitute Caregiver (SCG) #1 – Fieldprint report dated 5/1/23 is incomplete, does not state fingerprint completed.</p> <p>Submit an updated copy that includes fingerprint process completed.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Incorrect CG. provided list & given to OHCA</p> <p style="text-align: center;">SCG #1 not an employee of Care Home.</p>	<p style="text-align: right;">4/29/24</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><u>FINDINGS</u> Substitute Caregiver (SCG) #1 – Fieldprint report dated 5/1/23 is incomplete, does not state fingerprint completed.</p> <p>Submit an updated copy that includes fingerprint process completed.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">In service to HR staff was completed. Staff notified to separate ADC from Care Home</p>	<p style="text-align: right;">4/29/24</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><u>FINDINGS</u> SCG #2-4 – Current Fieldprint clearance 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 style="text-align: center;">SCG # 3 & 4 - is out on fieldprint obtained. See attached</p> <p style="text-align: center;">SCG # 2 - is out on leave & no RTW date. Will be required to complete prior to return.</p>	<p style="text-align: center;">4/29/24</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><u>FINDINGS</u> SCG #2-4 – Current Fieldprint clearance 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 style="text-align: center;">Create a fieldprint log for all employees to include 1st two consecutive years & every other year thereafter.</p> <p style="text-align: center;">Log will be reviewed monthly by HR.</p>	<p style="text-align: center;">4/29/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> SCG #4 – Current physical exam 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 style="text-align: center;"><i>PE obtained from employee see attached document.</i></p>	<p style="text-align: center;"><i>4/29/24</i></p>

RECEIVED
APR 29 2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> SCG #4 – Current physical exam 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 style="text-align: center;"><i>for will create a PE log for all employees. to Log will be reviewed by HR.</i></p>	<p style="text-align: center;">4/29/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Primary Caregiver (PCG), SCG #1-7 – Initial tuberculosis (TB) clearance 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 style="text-align: center;">Incorrect CG provider list given to OHCA</p> <p style="text-align: center;">SCG # is not an employee of Lualaba Home.</p> <p style="text-align: center;">SCG # 2, 4, 6 & 7, Initial TB Clearance obtained</p> <p style="text-align: center;">SCG # 3, & 5 - will need to obtain TB Clearance. Appointments pending.</p>	<p style="text-align: center;">4/29/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Primary Caregiver (PCG), SCG #1-7 – Initial tuberculosis (TB) clearance 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>SCG #1 Interview & HR staff was completed. Staff notified to separate ADC employee list from Punahio Home employee list</p> <p style="text-align: center;">TB</p> <p>SCG # 2-7, create log for all employees to be reviewed by HR to be reviewed every month. Log will include initials & clearance ^{annual} clearances.</p>	<p>4/29/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> SCG #5 – Current annual TB clearance 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>SCG #5 TB Clearance appt pending</p> <p>SCG to confirm date</p>	<p>4/29/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> SCG #5 – Current annual TB clearance 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>SCG #5 create TB log for all employees to be reviewed by HR every month.</p> <p>Log will include initial & annual clearances.</p>	<p>4/29/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> SCG #1-7 – PCG training to make prescribed medications available to residents was unavailable for review.</p> <p>Submit a copy of PCG training completed 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>None of the SCC listed (1-7) are authorized to give medications. Only LPNs, RNs, and DON are trained and authorized to provide medications and or treatments.</p>	02/09/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> SCG #1-7 – PCG training to make prescribed medications available to residents was unavailable for review.</p> <p>Submit a copy of PCG training completed 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 style="text-align: center;">will provide OHCA w a list of approved staff who can pass medications @ time of inspection.</p>	<p style="text-align: center;">4/29/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> SCG #4 – Current certification in cardiopulmonary resuscitation (CPR) 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 style="text-align: center;">SCG # 4 CPR Card obtained see attached</p>	<p style="text-align: center;">4/29/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> SCG #4 – Current certification in cardiopulmonary resuscitation (CPR) 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 style="text-align: center;">Create CPR certification log for all employees. HR to Review monthly.</p>	<p style="text-align: center;">4/29/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #1 – Diet order dated 9/22/23 states, “Regular, regular consistency, DASH, thin liquids diet”; however, no documented evidence this diet order was clarified with physician as conflicting diet orders are included in the same order.</p> <p>Resident #3 – Diet order dated 4/30/23 states, “Regular, 2 g sodium, regular consistency, thin liquids diet”; however, no documented evidence this diet order was clarified with physician as conflicting diet orders are included in the same order.</p> <p>Submit a copy of clarified diet orders 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>Deficiency corrected.</p> <p>Resident #3--diet order clarified with PCP & updated. Updated diet order reviewed with nursing and kitchen staff. Copy of diet order added to EMR, copy provided to kitchen staff and copy placed in resident's records.</p> <p>Resident # 1 diet order clarified with PCP. Copy attached.</p>	<p style="text-align: center;">02/15/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u> (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #1 – Diet order dated 9/22/23 states, “Regular, regular consistency, DASH, thin liquids diet”; however, no documented evidence this diet order was clarified with physician as conflicting diet orders are included in the same order.</p> <p>Resident #3 – Diet order dated 4/30/23 states, “Regular, 2 g sodium, regular consistency, thin liquids diet”; however, no documented evidence this diet order was clarified with physician as conflicting diet orders are included in the same order.</p> <p>Submit a copy of clarified diet orders 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 resident admission/readmission checklist has been updated to require a specific section for clarifying the resident's Diet Order for their PCP. According to Lunalilo Home's policy, residents who return from the hospital must see their PCP for a follow-up visit within 7 days of their discharge. The updated checklist must be shown to the PCP during this follow-up appointment. This procedure must be carried out and completed within 7 days of the resident's admission or readmission.</p>	<p style="text-align: center;">02/22/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #2,3 – Over the counter (OTC) medications do not include proper labeling on the bottle.</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>Deficiency corrected.</p> <p>Labels placed on all OTC medications including: Resident name OTC name Dosage Type --pill, capsule, gummy etc. MD ordered Opened date expiration date</p>	<p style="text-align: center;">02/19/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #2,3 – Over the counter (OTC) medications do not include proper labeling on the bottle.</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>Labels created for all OTC medications.</p> <p>Training provided by DON to all nurses how to label OTC medications.</p> <p>Labeling OTC medications added to SCG checklist.</p>	<p style="text-align: center;">02/12/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 9/22/23 states, “Calmoseptine 0.44-20.6% ointment Apply 2g topically four times a day as needed”; however, PRN indication not included. Medication order incomplete.</p> <p>Submit an updated and complete medication order 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 style="text-align: center;"><i>Calmoseptine order updated to include PRN indication</i></p>	<p style="text-align: center;"><i>4/19/24</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 9/22/23 states, “Calmoseptine 0.44-20.6% ointment Apply 2g topically four times a day as needed”; however, PRN indication not included. Medication order incomplete.</p> <p>Submit an updated and complete medication order 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>Continue to maintain up to date medication orders.</p> <p>Copy of Medication review report attached.</p> <p><i>Staff in-serviced on reviewing medications orders daily. & assessing for completeness. Emphasized PRN indications</i></p>	<p style="text-align: right;"><i>02/09/2024</i> <i>for</i></p> <p style="text-align: right;"><i>4/29/24</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications. (e)</u> All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 Physician's order dated 9/22/23 states, "Calmoseptine 0.44-20.6% ointment Apply 2g topically four times a day as needed"; however, medication in not reflected on medication administration record (MAR) as being available for administration.</p> <p>Submit a revised copy of resident's MAR 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>No current order for Calmoseptine. This Calmoseptine order was a paper MAR which was discontinued.</p> <p>Current order dated 10/29/23 for Calprotect states: "Apply a thin layer topically to affected area of skin up to 4 times a day as need for skin integrity." Indications for use: Skin integrity. Order attached. Calprotect is listed on the TAR (treatment administration record).</p> <p>Indications for use noted in EMR for "skin integrity."</p>	<p>02/09/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 9/22/23 states, “Calmoseptine 0.44-20.6% ointment Apply 2g topically four times a day as needed”; however, medication in not reflected on medication administration record (MAR) as being available for administration.</p> <p>Submit a revised copy of resident’s MAR 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>Staff underserved on reviewing the MAR orders daily & assessing for completeness.</p> <p>Emphasized reviewing all medication & TAR orders.</p>	<p style="text-align: center;">4/29/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #3 – Physician’s order discontinued on 7/28/23 states, “Vitamin D3 50mcg [1] tab PO daily”; however, MAR shows medication administered daily on 9/9/23-9/30/23, and full months of 10/2023, 12/2023, and 1/2024.</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>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #3 – Physician’s order discontinued on 7/28/23 states, “Vitamin D3 50mcg [1] tab PO daily”; however, MAR shows medication administered daily on 9/9/23-9/30/23, and full months of 10/2023, 12/2023, and 1/2024.</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>DON provided education ^{to} at all nurses on the medication discontinuation process. [;] assuring the MAR is renewed [;] Dic meds are # Removed.</p>	<p style="text-align: right;">4/29/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #3 – Physician’s order states, “Furosemide 20mg tab. Give [1] tab by mouth daily in the morning – Hold if SBP <120 & Pulse <60”; however, medications were either held or administered when SBP or Pulse reading was outside acceptable parameters on the following dates:</p> <ul style="list-style-type: none"> • 4/23/23 – Pulse: 59; medication administered • 6/2/23 – Pulse: 51; medication administered • 7/5/23 – Pulse: 61; medication withheld 	<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>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #3 – Physician’s order states, “Furosemide 20mg tab. Give [1] tab by mouth daily in the morning – Hold if SBP <120 & Pulse <60”; however, medications were either held or administered when SBP or Pulse reading was outside acceptable parameters on the following dates:</p> <ul style="list-style-type: none"> • 4/23/23 – Pulse: 59; medication administered • 6/2/23 – Pulse: 51; medication administered • 7/5/23 – Pulse: 61; medication withheld 	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">DON provided an inservice to all nurses who pass medications on administering meds @ w prescribed parameters.</p>	<p style="text-align: right;">4/29/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #3 – NeilMed Sinus Rinse Kit and saline rinse packets unavailable in medication inventory.</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>Deficiency corrected.</p> <p>Family notified of medication ordered vs medication received. PCP notified with request to clarify order.</p> <p>Nurses were educated to not accept any medication not on PCP order. Nursing was also educated on 5-Rights of medication administration.</p>	<p style="text-align: center;">02/12/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #3 – NeilMed Sinus Rinse Kit and saline rinse packets unavailable in medication inventory.</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>DON provided training to nurses on the importance of clarification of medications orders versus what the family delivers to the facility.</p> <p>Nurses will review and verify all received medications for:</p> <ol style="list-style-type: none"> 1. correct resident 2. correct medication 3. correct time of med due 4. correct dose 5. correct route of administration 	<p style="text-align: center;">02/12/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #3 – Physician’s order dated 12/22/23 states, “NeilMed Sinus Rinse Kit Use twice daily as directed (indications for use: nasal congestion)”; however, staff nurse reports nasal mist is being used instead of prescribed NeilMed Rinse Kit.</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>Deficiency corrected.</p> <p>Family notified of medication ordered vs medication received. PCP notified with request to clarify order. Change as needed.</p> <p>Nurses were educated on 5-Rights of medication administration.</p>	<p style="text-align: center;">02/12/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-15 <u>Medications.</u> (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #3 – Physician’s order dated 12/22/23 states, “NeilMed Sinus Rinse Kit Use twice daily as directed (indications for use: nasal congestion)”; however, staff nurse reports nasal mist is being used instead of prescribed NeilMed Rinse Kit.</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>DON provided training to nurses on the importance of clarification of medications orders versus what the family delivers to the facility.</p> <p>Nurses will review and verify all received medications for:</p> <ol style="list-style-type: none"> 1. correct resident 2. correct medication 3. correct time of med due 4. correct dose 5. correct route of administration <p><i>Med error form to be used if wrong medication is provided to facility.</i></p>	<p style="text-align: center;">02/12/2024</p> <p style="text-align: right;"><i>4/29/24</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #3 – Bottle of “Sterile nasal mist Sodium Chloride 3.0%” in resident’s medication inventory despite no physician’s order for administration.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Deficiency corrected.</p> <p>Family notified of medication ordered vs medication received. PCP notified with request to clarify order. Change as needed.</p> <p>Nurses were educated on 5-Rights of medication administration.</p>	<p style="text-align: center;">02/12/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #3 -- Bottle of "Sterile nasal mist Sodium Chloride 3.0%" in resident's medication inventory despite no physician's order for administration.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>DON provided training to nurses on the importance of clarification of medications orders versus what the family delivers to the facility.</p> <p>Nurses will review and verify all received medications for:</p> <ol style="list-style-type: none"> 1. correct resident 2. correct medication 3. correct time of med due 4. correct dose 5. correct route of administration <p><i>med error form to be used if wrong medication is provided to facility</i></p>	<p style="text-align: center;">02/12/2024</p> <p style="text-align: right;"><i>4/29/24</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 1/7/23 states, “Arginaid Pak Orange Mix 1 packet to 4-6 fl ounces of water, then drink by mouth twice daily as needed for skin integrity”; however, medication not available in medication inventory.</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>Deficiency corrected.</p> <p>Order for Arginaid discontinued by PCP. New order received. A copy of the discontinued and new orders is attached.</p>	<p style="text-align: center;">02/10/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 1/7/23 states, “Arginaid Pak Orange Mix 1 packet to 4-6 fl ounces of water, then drink by mouth twice daily as needed for skin integrity”; however, medication not available in medication inventory.</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>Training provided on 2/20/2024 by DON to all nurses on the importance of making available of all medications and supplements as ordered by the PCP. DON will provide the same training for all new hires.</p> <p>Every shift, the oncoming and off-going nurse will verify any new and renewed medication and supplement PCP orders for accuracy.</p> <p>All resident records were reviewed by the DON for compliance with PCP orders. Any orders out of compliance were followed up with the PCP.</p>	<p style="text-align: center;">02/20/2024</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><u>FINDINGS</u> Resident #1 – Medications not evaluated by physician every four (4) months in a timely manner between 1/2023-1/2024. Last medication reevaluation by physician dated 9/22/23.</p> <p>Submit a copy of updated medication orders 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 style="text-align: center;"><i>medication orders obtained for Resident #1. See attached</i></p>	<p style="text-align: center;"><i>4/29/24</i></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><u>FINDINGS</u> Resident #1 – Medications not evaluated by physician every four (4) months in a timely manner between 1/2023-1/2024. Last medication reevaluation by physician dated 9/22/23.</p> <p>Submit a copy of updated medication orders 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 style="text-align: center;">DON provided education to nurses that all residents require PCP review every 4 months regardless and \bar{c} any orders or medication changes.</p>	<p style="text-align: center;">4/29/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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><u>FINDINGS</u> Resident #3 – On 9/29/23, MAR was not filled out, thus, no determination could be made if the following medication was administered, withheld, or refused:</p> <ul style="list-style-type: none"> • “Lisinopril 40mg tab – Take 1 tab by mouth once daily” 	<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>§11-100.1-15 <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><u>FINDINGS</u> Resident #3 – On 9/29/23, MAR was not filled out, thus, no determination could be made if the following medication was administered, withheld, or refused:</p> <ul style="list-style-type: none"> • “Lisinopril 40mg tab – Take 1 tab by mouth once daily” 	<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>Implementation of EMR completed in 11/2023. EMR icons turn red for any medication that is late or overdue.</p> <p>All staff including agency staff were provided EMR training.</p> <p>DON to monitor MAR monthly for accuracy and completeness.</p>	<p style="text-align: center;">02/09/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(7) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Height and weight measurements taken;</p> <p><u>FINDINGS</u> Resident #2 – No documented evidence body weight was measured at the time of admission on 12/22/23.</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> (a)(7) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Height and weight measurements taken;</p> <p><u>FINDINGS</u> Resident #2 – No documented evidence body weight was measured at the time of admission on 12/22/23.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Revised the admission/readmission checklist to include a mandatory field for admission weight. This updated checklist will be used by all staff involved in the admission process to ensure no critical information, including weight, is overlooked. Policy was revised to ensure admit weight is obtained and recorded for every resident upon their arrival.</p>	02/22/2024

RECEIVED
APR 29 2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><u>FINDINGS</u> Resident #1 – Podiatry visits on 2/17/23, 4/13/23, 6/9/23, 8/19/23, 10/19/23, and 12/14/23, were not documented in the progress notes.</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> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><u>FINDINGS</u> Resident #1 – Podiatry visits on 2/17/23, 4/13/23, 6/9/23, 8/19/23, 10/19/23, and 12/14/23, were not documented in the progress notes.</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>Aii podiatry visits are documented.</p> <p>Podiatry progress notes located in EMR for dates 8/19/23, 10/19/23, & 12/14/23.</p> <p>AVS found in paper medical record under "podiatry tab" for resident #1 and all residents.</p> <p>DON provided education to nursing staff regarding progress note documentation after podiatry visits.</p> <p>DON to audit progress notes following podiatry visit for accurate documentation.</p>	02/12/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> Resident #1 – Progress note dated 1/21/24 stated, “found [resident’s name] on the floor this morning...”; however, incident report unavailable.</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.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> Resident #1 – Progress note dated 1/21/24 stated, “found [resident’s name] on the floor this morning...”; however, incident report unavailable.</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>Incident report completed.</p> <p>DON provided education to staff on the importance of completing an incident report in EMR and on paper.</p> <p>DON reviews incident reports daily.</p>	<p style="text-align: center;">02/16/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><u>FINDINGS</u> Resident #3 – 1/2024 MAR observed utilizing the letter “g” in medication administration field; however, no legend available to explain what “g” represents.</p> <p>Submit a revised MAR 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><i>Technical issues. message sent to EMR Company. to show entire legend on MAR printout.</i></p>	<p><i>4/29/24</i></p>

RECEIVED
 APR 29 2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><u>FINDINGS</u> Resident #3 – 1/2024 MAR observed utilizing the letter “g” in medication administration field; however, no legend available to explain what “g” represents.</p> <p>Submit a revised MAR 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>DON provided education on correct documentation process.</p> <p>EMR allows multiple options for holding medication that will also direct you to a progress note.</p> <p>DON provided education on which option to select.</p> <p><i>Staff were should not use code # 9</i></p>	<p style="text-align: center;">02/09/2024</p> <p style="text-align: right;"><i>4/29/24</i></p>

RECEIVED
APR 29 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 #2 – Signed financial agreement between resident and facility unavailable for review.</p> <p>Submit a copy of signed financial agreement 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>Deficiency corrected.</p> <p>Located Financial Agreement--attached.</p>	<p style="text-align: right;">02/12/2024</p>

	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 #2 – Signed financial agreement between resident and facility unavailable for review.</p> <p>Submit a copy of signed financial agreement 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 style="text-align: center;"><i>Admission team unvoiced on insuring financial agreements are signed at the time of admission</i></p>	<p style="text-align: right;"><i>4/29/24</i></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) 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><u>FINDINGS</u> Resident #2 – No documented evidence resident was informed of their rights and responsibilities at the time of admission on 12/22/23.</p> <p>Submit a signed copy of contract agreement that includes resident's rights and responsibilities 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's Agreement, Rights, & Responsibilities located. Signed copy attached.</p>	<p style="text-align: center;">02/18/2024</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) 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><u>FINDINGS</u> Resident #2 – No documented evidence resident was informed of their rights and responsibilities at the time of admission on 12/22/23.</p> <p>Submit a signed copy of contract agreement that includes resident's rights and responsibilities 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 style="text-align: center;">Admission's team was unserved on assuring residents rights & responsibilities are reviewed & signed at time of admission.</p>	<p style="text-align: right;">4/29/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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 #2 – No documented evidence resident was informed of services available and related charges at the time of admission on 12/22/23.</p> <p>Submit a signed copy of contract agreement that includes charge rate for services 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>Copy of services provided and charges for services to resident located. Signed copy attached.</p>	<p style="text-align: center;">02/18/2024</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>FINDINGS Resident #2 – No documented evidence resident was informed of services available and related charges at the time of admission on 12/22/23.</p> <p>Submit a signed copy of contract agreement that includes charge rate for services 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 style="text-align: center;"><i>Admissions team was unswayed on assuring rates for services is signed at the time of admission.</i></p>	<p style="text-align: center;"><i>4/29/24</i></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 performed on 3/10/23, 4/28/23, 6/21/23, 8/20/23, 9/9/23, 10/8/23, 11/28/23, 12/27/23 did not include resident participation.</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>§11-100.1-23 <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 performed on 3/10/23, 4/28/23, 6/21/23, 8/20/23, 9/9/23, 10/8/23, 11/28/23, 12/27/23 did not include resident participation.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">all staff were provided re-education on fire drill procedures & reminding staff that resident participation is required.</p>	<p style="text-align: center;">4/29/24</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 performed between 2/2023-1/2024 (except for 4/2023 and 7/2023) did not include a documented duration of time taken to complete the fire drill.</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>§11-100.1-23 <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 performed between 2/2023-1/2024 (except for 4/2023 and 7/2023) did not include a documented duration of time taken to complete the fire drill.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"> <i>All staff were provided re-education on fire drill procedures & reminded staff that duration of fire drill must be documented.</i> </p>	<p style="text-align: right;"><i>4/29/24</i></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> No documented evidence any monthly fire drills were performed during hours of darkness between 2/2023-1/2024.</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>§11-100.1-23 <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> No documented evidence any monthly fire drills were performed during hours of darkness between 2/2023-1/2024.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>all staff were provided inservice education on fire drill procedures & reminded staff at least 1 annual fire drill is must be performed during hours of darkness</i></p>	<p style="text-align: center;"><i>4/29/24</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-23 <u>Physical environment.</u> (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p><u>FINDINGS</u> Bedroom #219 – Hold in window frame due to broken window handle covering. Plastic cover was cracked and separated from window frame, allowing entry of insects from exterior of building.</p> <p>Bedroom #110 – Window screen frame was bent and disfigured, creating a gap between the window frame and window screen frame, allowing entry of insects from exterior of building.</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>Room 219--New crank shaft in process of being ordered.</p> <p>Room 110--Window frame in process of being replaced.</p>	02/22/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p><u>FINDINGS</u> Bedroom #219 – Hold in window frame due to broken window handle covering. Plastic cover was cracked and separated from window frame, allowing entry of insects from exterior of building.</p> <p>Bedroom #110 – Window screen frame was bent and disfigured, creating a gap between the window frame and window screen frame, allowing entry of insects from exterior of building.</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>Facilities manager will conduct quarterly room inspections for any areas of disrepair.</p> <p>Nursing staff to alert DON/facilities of any resident room issues.</p> <p><i>Facility Staff & Nursing Staff unneeded on this.</i></p>	<p style="text-align: center;">02/12/2024</p> <p style="text-align: center;"><i>4/29/24</i></p>

RECEIVED

APR 29 2024

RECEIVED

APR 29

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(2)(B) Bedrooms:</p> <p>Floor space:</p> <p>Beds shall be placed at least three feet apart in multiple occupant bedrooms;</p> <p><u>FINDINGS</u> Bedroom #201 – Two (2) beds placed less than three feet apart from each other</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>Deficiency corrected.</p> <p>One bed removed from room to be in compliance of 3-foot apart rule.</p>	<p style="text-align: center;">02/12/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(2)(B) Bedrooms:</p> <p>Floor space:</p> <p>Beds shall be placed at least three feet apart in multiple occupant bedrooms;</p> <p><u>FINDINGS</u> Bedroom #201 – Two (2) beds placed less than three feet apart from each other</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">Admission team notified that Room 201 can only be used for single use.</p> <p style="text-align: right;">RECEIVED APR 29 2024</p>	<p style="text-align: center;">4/29/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><u>FINDINGS</u> Signaling devices not working in the following areas:</p> <ul style="list-style-type: none"> • Bedrooms: #112, 201, 207, 209, 220, 221 • Bathrooms (in bedroom): #201, 207 	<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>Deficiency correction in process.</p> <p>Signaling device replacement parts were already on order. Each occupied room without a working signaling device is issued a cow bell for staff notification.</p> <p>Staff were educated on completing 30-minute checks for all residents in their rooms throughout the day/night.</p>	<p>02/09/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><u>FINDINGS</u> Signaling devices not working in the following areas:</p> <ul style="list-style-type: none"> • Bedrooms: #112, 201, 207, 209, 220, 221 • Bathrooms (in bedroom): #201, 207 	<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>Facility Staff inserted on monitoring signaling devices monthly.</p> <p>Staff will test each signaling device monthly.</p>	<p>4/29/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-55 <u>Nutrition and food sanitation.</u> (1) In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs:</p> <p>A registered dietitian shall be utilized to assist in the planning of menus, and provide nutritional assessments for those residents identified to be at nutritional risk or on special diets. All consultations shall be documented;</p> <p><u>FINDINGS</u> Resident #1,3 – No documented evidence that the facility utilized the consultant registered dietitian to provide nutrition assessments for residents on special diets.</p> <ul style="list-style-type: none"> • Resident #1 – Regular, regular consistency, DASH, thin liquids diet (9/22/23) • Resident #3 – Regular, regular consistency, 2g sodium, thin liquids diet (4/30/23) <p>Submit documented evidence a nutrition consult with the registered dietitian was initiated 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>Deficiency Corrected</p> <p>RD notified and updated.</p> <p>Resident #1--PCP notified of diet order discrepancy. New diet order requested.</p> <p>Resident #3. PCP notified of diet order discrepancy. New diet order clarified and received.</p>	<p style="text-align: center;">02/15/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-55 <u>Nutrition and food sanitation.</u> (1) In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs:</p> <p>A registered dietitian shall be utilized to assist in the planning of menus, and provide nutritional assessments for those residents identified to be at nutritional risk or on special diets. All consultations shall be documented;</p> <p><u>FINDINGS</u> Resident #1,3 – No documented evidence that the facility utilized the consultant registered dietitian to provide nutrition assessments for residents on special diets.</p> <ul style="list-style-type: none"> • Resident #1 – Regular, regular consistency, DASH, thin liquids diet (9/22/23) • Resident #3 – Regular, regular consistency, 2g sodium, thin liquids diet (4/30/23) <p>Submit documented evidence a nutrition consult with the registered dietitian was initiated 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 style="text-align: center;"><i>DON created a reminder notification to update RD when conflicting diet orders are received.</i></p>	<p style="text-align: center;"><i>4/29/24</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p>FINDINGS PCG, SCG #1-7 – No documented evidence twelve (12) hours of annual continuing education was completed.</p> <p>Submit proof of twelve (12) hours of continuing education completed. These hours will be credited toward the 2024 annual inspection only.</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>SCG#1 Incorrect CG list provided to OTHCA.</p> <p>SCG#1 is not a care home employee</p> <p>PCG #1 SCG #2-7 12 CE hours completed. See attached</p>	<p>4/29/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> PCG, SCG #1-7 – No documented evidence twelve (12) hours of annual continuing education was completed.</p> <p>Submit proof of twelve (12) hours of continuing education completed. These hours will be credited toward the 2024 annual inspection only.</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>HR staff will succeed on training (CE's) process for for assuring records are always available for OHCIA review.</p>	<p>4/29/24</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 1/14/24 did not accurately reflect the specific needs of the resident. Care plan included plan of care for dysphagia and procedures for mid upper arm circumference (MUAC); however, resident does not have a diagnosis for dysphagia or a need for MUAC.</p> <p>Submit 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>Deficiency corrected.</p> <p>CM was informed of the error and care plan was corrected to reflect the accurate documentation is place in the correct chart.</p>	02/22/2024

RECEIVED

APR 29 2024

	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 – Current care plan dated 1/14/24 did not accurately reflect the specific needs of the resident. Care plan included plan of care for dysphagia and procedures for mid upper arm circumference (MUAC); however, resident does not have a diagnosis for dysphagia or a need for MUAC.</p> <p>Submit 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>Quarterly regular audits of resident charts will be conducted by DON to ensure documentation accurately reflects resident's specific needs. We will implement a system of random checks in addition to scheduled audits to identify errors or inaccuracies in the documentation.</p>	<p>02/22/2024</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 – Diagnosis of onychomycosis and routine treatment of painful toes are not reflected in the resident's care plan.</p> <p>Submit a revised copy of 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>Deficiency corrected.</p> <p>CP updated to include treatment for onychomycosis and routine treatment for pain toes.</p>	02/23/2024

	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 – Diagnosis of onychomycosis and routine treatment of painful toes are not reflected in the resident's care plan.</p> <p>Submit a revised copy of 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>Quarterly regular audits of resident charts will be conducted by DON to ensure documentation accurately reflects resident's specific needs. We will implement a system of random checks in addition to scheduled audits to identify errors or inaccuracies in the documentation.</p>	02/22/2024

RECEIVED

APR 29 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 1/14/24 states, “check incontinence pad every as needed”; however, plan of care directive unclear and incomplete.</p> <p>Submit a revised copy of 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>Deficiency corrected.</p> <p>CM updated on CP requirements.</p> <p>CM was provided education on the required specificity of CP for each individual resident.</p> <p><i>care plan updated to reflect specific instructions on incontinent treatments</i></p>	<p>02/22/2024</p> <p>4/29/24</p>

RECEIVED

APR 29 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 1/14/24 states, "check incontinence pad every as needed"; however, plan of care directive unclear and incomplete.</p> <p>Submit a revised copy of 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>Quarterly regular audits of resident charts will be conducted by DON to ensure documentation accurately reflects resident's specific needs. We will implement a system of random checks in addition to scheduled audits to identify errors or inaccuracies in the documentation.</p> <p><i>Time sensitive tasks will also be reviewed for completeness</i></p>	<p style="text-align: center;">02/22/2024</p> <p style="text-align: right;"><i>4/29/24</i></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 1/14/24 does not include the following current medication orders:</p> <ul style="list-style-type: none"> • Vitamin D3 2000unit cap Take 1 softgel by mouth once daily (9/22/23) • Calmoseptine 0.44-20.6% ointment Apply 2g topically four times a day as needed (9/22/23) <p>Submit a revised copy of 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 style="text-align: center;"><i>Care plan updated to include current medications</i></p>	<p style="text-align: center;"><i>4/29/24</i></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>FINDINGS Resident #1 – Current care plan dated 1/14/24 does not include the following current medication orders:</p> <ul style="list-style-type: none"> • Vitamin D3 2000unit cap Take 1 softgel by mouth once daily (9/22/23) • Calmoseptine 0.44-20.6% ointment Apply 2g topically four times a day as needed (9/22/23) <p>Submit a revised copy of 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>Quarterly regular audits of resident charts will be conducted by DON to ensure documentation accurately reflects resident's specific needs. We will implement a system of random checks in addition to scheduled audits to identify errors or inaccuracies in the documentation.</p> <p>Copy of updated CP attached</p> <p><i>no Current medication orders will be comp reviewed & compared to care plan, monthly to assure all are accurate</i></p>	<p>02/22/2024</p> <p><i>4/29/24</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p>FINDINGS Resident #1 – Care plan dated 1/14/24 states, “Give patient the following medications daily...Stimulant laxative plus 8.6-50mg tab taker 1 soft gel orally daily for constipation”; however, medication order was discontinued on 7/17/23.</p> <p>Submit a revised copy of 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 style="font-size: 1.2em;">Medication order removed from care plan.</p> <p style="font-size: 1.2em;">CP attached</p>	<p style="font-size: 1.2em;">4/29/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p>FINDINGS Resident #1 – Care plan dated 1/14/24 states, “Give patient the following medications daily...Stimulant laxative plus 8.6-50mg tab taker 1 soft gel orally daily for constipation”; however, medication order was discontinued on 7/17/23.</p> <p>Submit a revised copy of 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>Quarterly regular audits of resident charts will be conducted by DON to ensure documentation accurately reflects resident's specific needs. We will implement a system of random checks in addition to scheduled audits to identify errors or inaccuracies in the documentation.</p> <p>Copy of updated CP attached</p> <p><i>Current medication orders will be reviewed; compared to CP, monthly to assure discontinued medications are removed from the CP/MAR</i></p>	<p>02/22/2024</p> <p><i>4/29/24</i></p>

Licensee's/Administrator's Signature: Sheri Richards

Print Name: Sheri Richards

Date: 4/29/24

RECEIVED

APR 29 2024