

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Medy's ARCH II</b>	<b>CHAPTER 100.1</b>
<b>Address: 1229 Ala Pili Loop, Honolulu, Hawaii 96818</b>	<b>Inspection Date: June 6, 2024 Annual</b>

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

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

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

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><b>FINDINGS</b> Residents were not served ½ cup of sweet potato, 1 cup of iced tea, and 1 cup of water, as stated on the lunch menu during inspection</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>24 JUN 25 PM 2:05</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u> Residents were not served ½ cup of sweet potato, 1 cup of iced tea, and 1 cup of water, as stated on the lunch menu during inspection</p> <p style="text-align: right;">24 JUN 25 P 2:05</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <ol style="list-style-type: none"> <li>1. SCY is reminded to check menus daily and follow the menu as written.</li> <li>2. SCY shall be reminded to serve the items as written in the menu for the day.</li> <li>3. SCY shall be reminded to check the menu plan a week in advance before the scheduled menu.</li> <li>4. SCY shall be reminded/instructed to list down the food items needed for the following weeks menu and inform the PCB so items could be included in the weekly grocery list.</li> <li>5. SCY shall be reminded/instructed to inform the PCB food items missing in the following weeks menu so they could be purchased and available on the day the item is due to be served.</li> </ol>	<p style="text-align: center;">6/10/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><b><u>FINDINGS</u></b> Diet menus not posted in kitchen</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>A w/c cycle menu was posted in the kitchen on 6/7/24.</i></p>	<p><i>6/7/24</i></p> <p>24 JUN 25 P2:05</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><b><u>FINDINGS</u></b> Diet menus not posted in kitchen</p>	<p style="text-align: center;"><b>PLAN OF CORRECTION</b></p> <p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>1. Menu shall be posted in the kitchen and dining area always for the residents and the dept. to review readily.</p> <p>2. The SCB shall be instructed to always have a duplicate copy of the menu posted in the kitchen to replace it just in case it gets soiled.</p> <p>3. The SCB will be reminded/instructed to check that a copy of the menu is posted in the kitchen at all times.</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>	<p style="text-align: right;">6/7/24</p> <p style="text-align: right;">24 JUN 25 P 2:05</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (b) All foods shall be stored in covered containers.</p> <p><b>FINDINGS</b> Uncovered plate containing two slices of wheat bread and two slices of chicken stored in refrigerator</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>The two slices of wheat bread and two slices of chicken stored in the refrigerator were covered immediately soon after the SC# was cited.</p>	<p style="text-align: right;">6/6/24</p> <p style="text-align: right;">24 JUN 25 P 2:05</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (b) All foods shall be stored in covered containers.</p> <p><b><u>FINDINGS</u></b> Uncovered plate containing two slices of wheat bread and two slices of chicken stored in refrigerator</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>1. In the future all food items stored in the ref. will be covered at all times to avoid contamination.</p> <p>2. SCB will be reminded/instructed to check and make sure that all foods stored in the ref. are kept in covered containers.</p> <p>3. SCB shall be reminded/instructed to check that food in the ref. are not left uncovered when checking the ref. temp., sanitizing the ref., check left over food items in the ref. daily</p>	<p style="text-align: right;">6/6/24</p> <p style="text-align: right;">24 JUN 25 P2:05</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><b><u>FINDINGS</u></b>  Unlabeled bottle of Kirkland acetaminophen 500mg (500 count) stored in medication cabinet</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Unlabeled bottle of Acetaminophen 500mg. (500 count) was removed from the residents' medicine cabinet.</i></p>	<p style="text-align: center;"><i>6/7/24</i></p> <p style="text-align: right; font-size: small;">24 JUN 25 P 2:05</p>



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<input checked="" type="checkbox"/> 24 JUN 25 PM 66 STATE OF MISSOURI	<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>            Unlabeled bottle of Kirkland acetaminophen 500mg (500 count) stored in medication cabinet</p>	<p style="text-align: center;"><b>PLAN OF CORRECTION</b></p> <p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <ol style="list-style-type: none"> <li>1. In the future all medications stored in the residents' medicine cabinet shall be properly labeled with the resident's name, prescription order, dosage/frequency of the medication, ordering Dr's name, date when ordered and also expiration date of the med.</li> <li>2. Only medications and treatments belonging to the residents shall be stored in the residents medicine cabinet intended for the residents use only</li> <li>3. Remind/instruct caregiver to check medicine cabinet daily to ensure that only medications belonging to the residents are kept in the residents medicine cabinet.</li> </ol>	<p style="text-align: center;">6/7/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b)            Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u>            Medication bin in refrigerator stored unsecured</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Padlock in the medication storage bin in the ref., was locked soon after citation.</i></p>	<p style="text-align: center;"><i>6/6/24</i></p> <p style="text-align: center;">24 JUN 25 P 2:06</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b)            Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u>            Medication bin in refrigerator stored unsecured</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <ol style="list-style-type: none"> <li>1. In the future, separate medication bin in the ref. will be kept secured and locked at all times.</li> <li>2. SCH shall be reminded/instructed to lock padlock immediately after taking medication from ref. medication bin.</li> <li>3. SCH shall be reminded/instructed to check that the padlock is locked properly after each use.</li> <li>4. SCH shall be instructed/reminded to replace worn out padlocks immediately.</li> </ol>	<p style="text-align: center;">6/6/24</p> <p style="text-align: right;">24 JUN 25 P2:06</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications. (c)</u>            Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><b><u>FINDINGS</u></b>            Resident #1 – Bottle of latanoprost (external use medication) stored together in same bin as internal use medications</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Bottle of latanoprost was placed in a ziploc (plastic) bag and labeled bag (external medication) to separate it from p.o. medications in the bin.</i></p>	<p style="text-align: center;"><i>6/7/24</i></p> <p style="text-align: center;">24 JUN 25 P2:06</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (c)            Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><u>FINDINGS</u>            Resident #1 – Bottle of latanoprost (external use medication) stored together in same bin as internal use medications</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>In the future all external meds will be segregated/separated from internal meds by doing the ff.</i></p> <p><i>a. Remind SCA to keep all external meds in a separate bin/container, mark the bin "external meds" with the patient's name on it or place external meds in a ziploc bag and mark the bag "external meds."</i></p> <p><i>b. Remind/instruct SCA to place external meds back to the ziploc bag or separate bin after each use.</i></p>	<p style="text-align: right;"><i>6/7/24</i></p> <p style="text-align: right;">24 JUN 25 P2:06</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician’s order dated 4/26/24 states, “Ensure 1-2 cans daily”; however, resident being provided Premier Protein shake (vanilla flavored)</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Dr's. office was informed of residents preference for Premier Prot. instead of Ensure. PCP changed the order to Premier Prot. 1-2 cans daily to supplement diet on 6/12/24.</i></p>	<p style="text-align: right;"><i>6/12/24</i></p> <p style="text-align: right;">24 JUN 25 P2:06</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician’s order dated 4/26/24 states, “Ensure 1-2 cans daily”; however, resident being provided Premier Protein shake (vanilla flavored)</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <ol style="list-style-type: none"> <li>1. As a reminder for myself, I'll flag the doctor's original order, post a memo/ note at the front cover of the resident's folder to call the dr's <del>office</del> <sup>office</sup> re-resident's supplement preference.</li> <li>2. Write a reminder in the calendar to call the Dr's. office &amp; put a ✓ mark if it's done. If not done, put it down in the calendar again until it's done.</li> <li>3. Obtain a tel. order.</li> <li>4. Upon receiving the new supplement order I'll transcribe it right away, document change in the flow sheet, Rx sheet and Progress Note</li> <li>5. Flag the "new" order" for the Dr. to sign at the next dr's visit or sooner.</li> </ol>	<p style="text-align: right;">24 AUG 14 PM 1:18</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken: Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Per physician's visit reports and care plan from 5/2023, resident has been experiencing insomnia; however, no documented evidence in progress notes that resident has been experiencing sleeping issues</p> <p>Resident #1 – Per physician's visit report dated 10/17/23, nocturia issues were addressed; however, no documented evidence in progress notes that resident has been experiencing nocturia issues</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>24 JUN 25 P2:06</p>



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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4)            General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b>FINDINGS</b>            Resident #1 Admission assessment incomplete and does not include signature by resident/POA</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>24 JUN 25 P2:06</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Admission assessment incomplete and does not include signature by resident/POA</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <ol style="list-style-type: none"> <li>1. In the future I'll make <del>the</del> an "Admission Checklist" for each residents, admission &amp; post it on the <sup>front of the table</sup> front of the table.</li> <li>2. In the checklist, I'll put a date, ✓ mark once the item <del>is</del> in the list is completed, including signatures completed.</li> <li>3. I'll go over the checklist and check which items still need to be completed daily and on monthly chart review until everything <del>is</del> is checked off, all spaces filled up.</li> </ol>	<p style="text-align: right;">24 AUG 14 P 1:18</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4)            General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b><u>FINDINGS</u></b>            Resident #1 – Allergy to trosprum not reflected on resident emergency information sheet</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Allergy to Trosprum was entered in the Resident Information Sheet on 6/7/24</i></p>	<p style="text-align: center;"><i>6/7/24</i></p> <p style="text-align: center;">24 JUN 25 P 2:06</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p><b>FINDINGS</b> Resident #1-3 – Three (3) non-self-preserving (NSP) residents residing in facility; exceeding maximum (2 NSP residents) permitted</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>#3 ARCH resident who is ambulatory and self preserving but had been mistakenly checked by PCP by putting alk mark on the "non self preserving box" had been "Recertified as "Self Preserving" by her PCP. Copy of "Recertification" attached.</p>	<p>6/18/24</p> <p style="text-align: right;">24 JUN 25 P2:06</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p><b>FINDINGS</b> Resident #1-3 – Three (3) non-self-preserving (NSP) residents residing in facility; exceeding maximum (2 NSP residents) permitted</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <ol style="list-style-type: none"> <li>1. In the future during their annual P.F. I'll go over, over the physicians notes after their visit to check that the SP Section is filled up correctly.</li> <li>2. I'll highlight and flag <sup>any</sup> item that's not filled up correctly.</li> <li>3. I'll post a note on the front cover of the resident's folder to inform the dr's office if not correctly filled up or take the folder to the dr's office for correction.</li> <li>4. I'll <del>make</del> <sup>enter</sup> the <del>calendar</del> <sup>calendar</sup> enter it in the calendar when to inform the dr's office and check the calendar every day until it's done.</li> <li>5. I'll put a ✓ mark on the calendar / put a date on the front notice of the place on the front of the chart when it's completed.</li> <li>6. In the event the SP resident becomes NSP and the home becomes over capacity I'll provide / hire additional responsible adult to meet the requirement of one responsible adult for each NSP resident in the facility.</li> <li>7. In the event, I could not provide additional staff I'll inform the residents family to seek alternative placement in the community.</li> <li>8. I'll assist the residents family to find a licensed alternative care facility that meets the residents needs.</li> </ol>	<p style="text-align: center;">8</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I)(i) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident;</p> <p><b>FINDINGS</b> Three (3) NSP residents present and residing in home with only two (2) responsible adults present in the facility at the start of inspection</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>24 JUN 25 P 2:07</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I)(i) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident;</p> <p><u>FINDINGS</u> Three (3) NSP residents present and residing in home with only two (2) responsible adults present in the facility at the start of inspection</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <ol style="list-style-type: none"> <li>1. In the future, I'll go over the physician's notes after their visit to check that the SP section is filled up correctly, taking into acct. that the facility is allowed only 2 NSP residents at a time.</li> <li>2. I'll go over the "Residents Register" and check that the facility has only 2 NSP residents.</li> <li>3. In our day to day mtng. w/ the staff when we review/discuss the ADL/Mobility needs of each resident, I'll remind them that only 2 NSP residents are allowed in the home.</li> <li>4. I'll inform the staff to alert the writer in the future when the SP needs of the resident becomes NSP.</li> <li>5. In the event the SP resident becomes NSP and the home becomes over capacity, the writer will hire/provide additional responsible adult to meet the requirement of one responsible adult for each NSP resident in the facility.</li> <li>6. In the event, I could not provide additional staff, I'll inform the residents family to seek alternative placement in the community.</li> <li>7. I'll assist the residents family to find a licensed alternative CIL facility that meets the residents needs.</li> </ol>	<p style="text-align: right;">24 14 P1:18</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documented evidence case manager provided training on resident’s personal and specialized care to caregivers</p> <p>Submit a copy of completed training for caregivers with plan of correction.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Case Managers training on resident #1 personal and specialized care to caregivers had been mistakenly purged with the residents old record. Case Managers training to caregivers had been pulled out from her old record and filed in her chart. Attached are copies of training provided by the RN/CM.</i></p>	<p style="text-align: right;"><i>6/8/24</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documented evidence case manager provided training on resident’s personal and specialized care to caregivers</p> <p>Submit a copy of completed training for caregivers with plan of correction.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <ol style="list-style-type: none"> <li>1. In the future, I'll go over and review the care plan before the scheduled case manager's visit.</li> <li>2. I'll make a list of the items that needs to be updated and reviewed including personal care of the resident and specialized training needs of the caregivers provided by the case manager to meet the individualized need of the resident.</li> <li>3. Post the list on the front cover of the residents folder w/ a note <u>Attention to CMA</u></li> <li>4. Go over the list with the case manager during the visit including copies of training provided to staff are on file in the residents folder.</li> </ol>	<p style="text-align: right;">24 AUG 14 P 1:19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 – Care plan dated 5/14/24 states, "side rails up ½ as ordered"; however, no current physician's order available for restraint</p> <p>Submit a copy of updated care plan or physician's order for bed rail with plan of correction.</p>	<p style="text-align: center;"><b>PLAN OF CORRECTION</b></p> <p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <ol style="list-style-type: none"> <li>1. Went over the "Physician's Order" after the resident's visit on 4/26/24 for her annual P.E. Noted that the "side rail" ½ rail was ordered. (Copy of Dr's order attached)</li> <li>2. I left a note on the front cover of the resident's folder <sup>for the CM</sup> about the order before the case manager's scheduled visit on May 14. The case manager entered (added it) in the care plan during her visit on May 14, 2024. Copy of Care Plan attached. Also copy of CM's visit in May attached.</li> <li>3. To remind myself and ensure that all dr's order are filed in the resident's folder I'll flag the dr's order upon receipt and <sup>post</sup> <del>pin</del> the paper on the front of the resident's folder.</li> <li>4. After review, carry out and transcribing the order, I remove the flag and immediately file it in the resident's folder.</li> </ol>	<p>6/7/24</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><b>FINDINGS</b> Resident #1 - Care plan dated 5/14/24 states, "side rails up ½ as ordered"; however, no current physician's order available for restraint</p> <p>Submit a copy of updated care plan or physician's order for bed rail with plan of correction.</p>	<p style="text-align: center;"><b>PLAN OF CORRECTION</b></p> <p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <ol style="list-style-type: none"> <li>1. In the future, I'll go over the <sup>NO</sup> <del>care</del> review the care plan before the scheduled case manager's <del>visit</del> <sup>visit</sup> monthly visit</li> <li>2. I'll make a list of the items that needs to be updated and reviewed in the care plan including residents most current visit with <del>the</del> <sup>the</sup> and new orders from the doctor. Post a note with the list for the case manager on the front cover of the folder.</li> <li>3. Go over the list with the case manager during her monthly visit.</li> </ol>	<p style="text-align: right;">24 AUG 14 P 1:19</p>

Licensee's/Administrator's Signature: Mediatrix De Lara

Print Name: Mediatrix De Lara

Date: 8/10/24

STATE OF TEXAS  
REAL ESTATE  
LICENSING

24 AUG 14 P 1:19