

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: My Kind Heart	CHAPTER 100.1
Address: 98-034 Kuleana Placa, Pearl City, Hawaii 96782	Inspection Date: March 12, 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 PER HAR 11-100.1-3(e)(2). 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>. (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><u>FINDINGS</u> Resident #1— Diet order dated 4/11/23 indicates minced. However, per PCG, the resident is being served smoothies for lunch and dinner. <i>Clarify the diet order and submit a copy with your plan of correction (POC).</i></p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>YES</p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> <p>Diet order clarified as Dr. made order on 4/ 11 23 .</p> <p>Diet: regular diet</p> <p>Texture: Minced. can alternate to smoothies</p> <p>Liquid: Honey thicken liquid</p> </div>	<p>03/16/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><u>FINDINGS</u> Resident #1-- Diet order dated 4/11/23 indicates minced. However, per PCG, the resident is being served smoothies for lunch and dinner.</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>When I need a change in diet, I need to communicate with PCP about the changes needed and obtain a written confirmation. On resident's diet plan, I need to update any diet changes or restrictions as ordered by the PCP, and record it.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation</u>, (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> The small refrigerator for snacks did not have a thermometer to check whether the temperature was maintained at 45°F or lower.</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;">YES USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I placed a thermometer inside of snack refrigerator and set the temperature at 45 degree F.</p> <p>I also posted a monthly sheet on the door of refrigerator to record daily temperature.</p> <p>If temperature is not correct, I will set temperature correctly.</p>	<p style="text-align: center;">03/16/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> The small refrigerator for snacks did not have a thermometer to check whether the temperature was maintained at 45°F or lower.</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 will check temperature of refrigerator daily at same time and record on the sheet placed on the door of refrigerator.</p> <p>If temperature is not correct, I will set temperature correctly</p>	03/16/2024

	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>FINDINGS Resident #1—PCG stated resident consumes Boost Plus chocolate 2 cans daily. However, the order states, “Boost Plus chocolate <u>one can</u> po daily.” <i>Clarify the order with the physician and submit a copy with your POC.</i></p>	<p style="text-align: center;">PART I</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">YES</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I took written order of supplement of boost Plus chocolate to give twice a day Dr. signed. and transcript on MAR to give it twice a day by PCG and other SCGs. I delegated and taught to SCG to carry the order correctly.</p>	<p>03/16/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<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 #1—PCG stated resident consumes Boost Plus chocolate 2 cans daily. However, the order states, “Boost Plus chocolate <u>one can</u> po daily.”</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 will make a to do list what I have to follow when Dr.'s order is changed either medicine or/and nutritional supplement to carry of Dr.'s order correctly. as like Dr.'s order sheet, recording on MAR, and PCG progress.</p> <p style="text-align: center;">I will delegate all change and teach to SCG.</p>	03/16/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 –The following pharmacy-labeled medications found in the resident's medication bin were not recorded on MAR:</p> <ul style="list-style-type: none"> • Hydromorphone 1 mg/ml oral liquid administer 1 mL by mouth/under the tongue every 2 hours as needed for mild to moderate pain/SOB; administer 2 ML by mouth/under the tongue every 2 hours as needed for severe pain/SOB • Lorazepam 1 mg tablet administer 1 tab by mouth every 4 hours as needed for restlessness/anxiety. • Haloperidol lactate 2mg/ml oral concentrate administer 0.5 mL every 6 hours as needed for delirium, agitation or nausea. • Prochlorperazine 10 mg tablet administer 1 tablet by mouth every 6 hours as needed for nausea or vomiting. • Hyoscyamine sulfate 0.125 mg tablet administer 1 tab by mouth or under the tongue every 4 hours as needed for excessive secretions not to exceed 1.5 mg (12 tabs) per day. • Bisacodyl 10 mg suppository unwrap and insert 1 suppository rectally every day as needed for constipation. 	<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;">YES</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">I recorded all medicines as labeled on the bottle of medicines into MAR. with name of medicine, dose, frequency, time , and date ordered by doctor to right resident.</p>	<p>03/16/2024</p>

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☒	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 –The following pharmacy-labeled medications found in the resident's medication bin were not recorded on MAR:</p> <ul style="list-style-type: none"> • Hydromorphone 1 mg/ml oral liquid administer 1 mL by mouth/under the tongue every 2 hours as needed for mild to moderate pain/SOB; administer 2 ML by mouth/under the tongue every 2 hours as needed for severe pain/SOB • Lorazepam 1 mg tablet administer 1 tab by mouth every 4 hours as needed for restlessness/anxiety. • Haloperidol lactate 2mg/ml oral concentrate administer 0.5 mL every 6 hours as needed for delirium, agitation or nausea. • Prochlorperazine 10 mg tablet administer 1 tablet by mouth every 6 hours as needed for nausea or vomiting. • Hyoscyamine sulfate 0.125 mg tablet administer 1 tab by mouth or under the tongue every 4 hours as needed for excessive secretions not to exceed 1.5 mg (12 tabs) per day. • Bisacodyl 10 mg suppository unwrap and insert 1 suppository rectally every day as needed for constipation. 	<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>When I receive medicines brought per family or from pharmacy, I will compare with Dr's order for order correction. I will document all medicine ordered on medication flow sheet. Then I will have to do list with carrying medicine order to mark on check box as I finish carrying order to confirm if all work done completely.</p>	03/16/2024

	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 were not reviewed and signed by the doctor every four (4) months.</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>§11-100.1-15 <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 were not reviewed and signed by the doctor every four (4) months.</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, PCG, will communicate with PCP regarding rules that medication orders need to be reevaluated and signed by the physician every four months. Every doctor's visit, I will make a post-it note reminder on my wall calendar to have the physician review and sign the medication list. After the appointment I will double check the medication list and compare with doctor's orders make sure they are the same and signed. Once verified, I will cross out my post-it notes indicating it's completed.</p>	

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<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 #1 – Physician order dated 4/11/23 for Supplement Boost Plus chocolate one can po daily not recorded in MAR.</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;">YES</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PCG recorded Supplement Boost Plus chocolate one can po daily on MAR 4/11/ 2023 as late entry as given daily and signed.</p>	03/16/2024

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<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 #1 – Physician order dated 4/11/23 for Supplement Boost Plus chocolate one can po daily not recorded in MAR.</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>When there's a new order for supplement, I need to write the order right away in the resident's MAR so it's not missed. Every time me or my SCG administer the supplement, we shall record it in the MAR right away with our initials with the date and time. I will double check the MAR every day to check we didn't miss anything.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><u>FINDINGS</u> Resident #1 and Resident #2 – Plan of Care and activities do not reflect the residents’ meal schedule. Per PCG, residents have different meal schedules for breakfast, lunch, and dinner. <i>Submit a copy of the revised plan of care and activities with your POC.</i></p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u> YES USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I recorded specific meal time on the schedule for #1 and #2 resident as both residents identified for their personal meal service rather to be provided as needed.</p>	<p>03/16/2024</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><u>FINDINGS</u> Resident #1 and Resident #2 – Plan of Care and activities do not reflect the residents’ meal schedule. Per PCG, residents have different meal schedules for breakfast, lunch, and dinner.</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 have developed and implemented a unique schedule of activities for each resident. If a resident's meal schedule changes, I need to update the schedule of activities accordingly. I will train my SCG to follow the plan.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) 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>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> Resident #2 – No PCG assessment upon readmission on 1/10/24. <i>Submit a copy of the PCG assessment with your POC.</i></p>	<p>PART I</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u> YES USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I, PCG filled up assesment sheet had to be done on 1/10/2024 for #2 resident's readmission.</p>	<p>03/16/2024</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) 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>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> Resident #2 – No PCG assessment upon readmission on 1/10/24. <i>Submit a copy of the PCG assessment with your POC.</i></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>There is check list sheet placed front of resident's chart regarding what kind of note should be made then filed into each resident's chart.</p> <p>I, PCG will prepare all admission note according to all record list in front of the chart.</p> <p>Specially, after fill up all question upon assesment of newly admitted resident, PCG will review the note with resident or with family.</p> <p>Depend on agreement both family and PCG will sign together before file the paper into resident's chart.</p>	<p>03/16/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(6) 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>Physician or APRN signed orders for diet, medications, and treatments;</p> <p>FINDINGS Resident #1 - No signed physician orders were obtained for the following pharmacy-labeled medications found in the resident's medication bin:</p> <ul style="list-style-type: none"> • Hydromorphone 1 mg/ml oral liquid administer 1 mL by mouth/under the tongue every 2 hours as needed for mild to moderate pain/SOB; administer 2 ML by mouth/under the tongue every 2 hours as needed for severe pain/SOB • Lorazepam 1 mg tablet administer 1 tab by mouth every 4 hours as needed for restlessness/anxiety. • Haloperidol lactate 2mg/ml oral concentrate administer 0.5 mL every 6 hours as needed for delirium, agitation or nausea. • Prochlorperazine 10 mg tablet administer 1 tablet by mouth every 6 hours as needed for nausea or vomiting. • Hyoscyamine sulfate 0.125 mg tablet administer 1 tab by mouth or under the tongue every 4 hours as needed for excessive secretions not to exceed 1.5 mg (12 tabs) per day. • Bisacodyl 10 mg suppository unwrap and insert 1 suppository rectally every day as needed for constipation. <p><i>Submit a copy of the signed orders with your POC.</i></p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">YES USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I obtained sign on physician order sheet of all medicines,diet,and Tx</p>	<p>03/16/2024</p>

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☒	<p>§11-100.1-17 <u>Records and reports.</u> (a)(6) 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>Physician or APRN signed orders for diet, medications, and treatments;</p> <p><u>FINDINGS</u> Resident #1 – No signed physician orders were obtained for the following pharmacy-labeled medications found in the resident's medication bin:</p> <ul style="list-style-type: none"> • Hydromorphone 1 mg/ml oral liquid administer 1 mL by mouth/under the tongue every 2 hours as needed for mild to moderate pain/SOB; administer 2 ML by mouth/under the tongue every 2 hours as needed for severe pain/SOB • Lorazepam 1 mg tablet administer 1 tab by mouth every 4 hours as needed for restlessness/anxiety. • Haloperidol lactate 2mg/ml oral concentrate administer 0.5 mL every 6 hours as needed for delirium, agitation or nausea. • Prochlorperazine 10 mg tablet administer 1 tablet by mouth every 6 hours as needed for nausea or vomiting. • Hyoscyamine sulfate 0.125 mg tablet administer 1 tab by mouth or under the tongue every 4 hours as needed for excessive secretions not to exceed 1.5 mg (12 tabs) per day. • Bisacodyl 10 mg suppository unwrap and insert 1 suppository rectally every day as needed for constipation. 	<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, PCG will fill up all medicine order given per Dr. or APRN on Dr.'s order sheet when resident admit to my facility and bring it to PCP to get sign on order sheet. and I, PCG will transcript all medicine list on MAR to carry the order of Dr.and will mark on to do list to confirm if this nursing responsibility is all done. I, PCG will delegate and teach to SCG.</p>	03/16/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(8) 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>A current inventory of money and valuables.</p> <p><u>FINDINGS</u> Resident #1 and Resident #2 – Valuables and belongings were not current. <i>Submit a copy of the revised valuables and belongings form with your POC.</i></p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">YES</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I, PCG updated the sheet of valuables and belongings as matched currently for #1 and #2 residents.</p>	03/16/2024

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(8) 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>A current inventory of money and valuables.</p> <p><u>FINDINGS</u> Resident #1 and Resident #2 – Valuables and belongings were not current.</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, PCG will continue to up date periodically or annually the list of resident's all valuables and belongings.</p> <p>If family bring more stuff, PCG or SCG will add the list on related sheet and document on care giver progress note.</p> <p>I, PCG will delegate and teach to SCG.</p>	<p>03/16/2024</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><u>FINDINGS</u> Resident #1 – Progress notes do not reflect the response to crushed oral medications, toleration of minced diet, and toleration of consuming smoothies for meals.</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;">YES</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I, PCG added evaluation note how effective with crushed oral medication and tolerance with minced diet and smooties from the status of reason why #1 resident needed and progress note.</p>	03/16/2024

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<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><u>FINDINGS</u> Resident #1 – Progress notes do not reflect the response to crushed oral medications, toleration of minced diet, and toleration of consuming smoothies for meals.</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 have created a post-it notes to remind me to document in the progress notes resident's response to new medication, any special preparation to administer medication (to crush meds), toleration of special diet. This post-it notes are posted on my wall calendar and medication cabinet and check these notes everyday in the morning. Once completed, I crossed out my notes.</p>	

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<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><u>FINDINGS</u> Resident #1 – No documentation in the progress notes for response to oral antibiotic treatment due to infection, as ordered on 2/11/24.</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)(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><u>FINDINGS</u> Resident #1 – No documentation in the progress notes for response to oral antibiotic treatment due to infection, as ordered on 2/11/24.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, if I have a resident that will be on antibiotic treatment, I will create a post-it notes to remind me to document in the progress notes resident's response to antibiotic treatment. This post-it note is posted on my wall calendar and medication cabinet and check this note everyday in the morning. Once completed, I crossed out my notes.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports</u>, (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #1—Per PCG, the resident has been drinking the Boost Plus supplement; however, there is no documentation that it has been given as indicated since the supplement was ordered on 4/11/23.</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;">YES</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I, PCG entered late entry documentation on MAR and signed according to order how many can and how often per day since ordered date on 4/11/23.</p>	03/16/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #1—Per PCG, the resident has been drinking the Boost Plus supplement; however, there is no documentation that it has been given as indicated since the supplement was ordered on 4/11/23.</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>When there's a new order for supplement, I need to write the order right away in the resident's MAR so it's not missed. Every time me or my SCG administer the supplement, we shall record it in the MAR right away with our initials with the date and time. I will double check the MAR every day to check we didn't miss anything.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 -- Emergency form was not updated to include current medications. Last completed 5/31/21.</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;">YES</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I, PCG renewed and updated the note of Emergency of #1 resident to current date.</p>	<p>03/16/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 – Emergency form was not updated to include current medications. Last completed 5/31/21.</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 have created a checklist to include checking the emergency form to make sure it's updated and I refer to the checklist everyday and update it accordingly –for example change in medication. I also set a reminder on my phone to review this checklist to ensure I complete this task.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> Permanent register was not updated to reflect Resident #1's readmission on 1/10/24. <i>Submit a copy of the updated register with your POC.</i></p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> YES USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I, PCG updated permanent register for #1 resident on readmission date to 1/10/2024</p>	<p>03/16/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p>FINDINGS Permanent register was not updated to reflect Resident #1's readmission on 1/10/24. <i>Submit a copy of the updated register with your POC.</i></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 will have task list what I have to follow with all house hold paper work.</p> <p>whenever there is event about resident.</p> <p>Regarding admission, discharge, Transfer etc.</p> <p>These list should be placed in very front of resident's chart</p> <p>and mark X as I made work done.</p>	<p>6/13/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards</u>, (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 is receiving hospice care at the facility, but the hospice plan of care prescribed by the physician is unavailable for review. <i>Submit a copy of the signed hospice plan of care with your POC.</i></p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">YES</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I, PCG obtained Hopice plan of care from physician and filed in #1 resident's chart.</p>	<p>03/16/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 is receiving hospice care at the facility, but the hospice plan of care prescribed by the physician is unavailable for review.</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 have created a checklist to include requesting the plan of care from the hospice nurse. I refer to the checklist when I admit a hospice resident. When the document is obtained from hospice, I cross out the task indicating I completed, and I should file the document in the resident's binder.</p>	

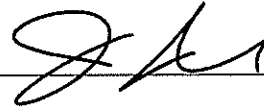
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Per PCG, resident's medications are crushed and mixed into the food, but no physician order was obtained to prepare medications as indicated. <i>Submit a copy of the physician order with your POC.</i></p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> YES</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I,PCG obtained order of crushing medicine and mixed into the food for #1 resident from physician.</p> <p>and I PCG delegated and taught to SCG.</p>	<p>03/16/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Per PCG, resident's medications are crushed and mixed into the food, but no physician order was obtained to prepare medications as indicated. <i>Submit a copy of the physician order with your POC.</i></p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, if residents' medications need to be crushed due to swallowing issues or refusal to take them, I will notify the doctor and obtain an order to crush the medications and determine whether it's okay and safe to mix them with food. I will document these observations and discussions with the physician in the progress notes.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards</u>, (d) When the resident has experienced a significant change in mental or physical well-being, a prompt report shall be made and provided to the resident's physician or APRN, by the primary or substitute caregiver. Any change in physician or APRN orders shall be promptly carried out.</p> <p><u>FINDINGS</u> Resident #1 – Progress notes entered by PCG on 2/13/24-2/16/24 indicated small clot and blood with urine on resident's pull ups but no documentation that this observation was reported to the physician.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> YES</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>As I , PCG documented on monthly progress note regarding blood clots with urine on # 1 resident's pull up that I ,PCG reported to RN and physician on the date when I found between 2/13/2024 and 2/16/2024.</p> <p>There were no specific order from physician but observation.</p> <p>No blood in urine observed in further.</p>	03/16/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (d) When the resident has experienced a significant change in mental or physical well-being, a prompt report shall be made and provided to the resident's physician or APRN, by the primary or substitute caregiver. Any change in physician or APRN orders shall be promptly carried out.</p> <p><u>FINDINGS</u> Resident #1 – Progress notes entered by PCG on 2/13/24-2/16/24 indicated small clot and blood with urine on resident's pull ups but no documentation that this observation was reported to the physician.</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, PCG will continue to document on both care giver's progress notes and monthly progress notes which was reported to physician any change occurred on resident and any new order received from Dr.</p> <p>I , PCG will delegate and teach what to do to SCG.</p>	03/16/2024

Licensee's/Administrator's Signature:



Print Name: Imelda Hyde

Date: 06/24/24

Licensee's/Administrator's Signature: Imelda P. Hyde

Print Name: Imelda P. Hyde

Date: 03/16/2024