

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: ORI-2C	CHAPTER 89
Address: 64-1510 Kamehameha Highway, Wahiawa, Hawaii 96786	Inspection Date: August 29, 2023 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-3 <u>Licensure</u>. (d)(2) The caregiver and administrator shall also complete clearances from:</p> <p>Hawaii criminal justice data center - Federal bureau of investigation fingerprinting clearance.</p> <p><u>FINDINGS</u> The following staff do not have a current APS, CAN, Fingerprint report for 2023:</p> <ul style="list-style-type: none"> • CCG #1, CCG #2, CCG #3, CCG #4, RA #1 – observed Fieldprint report from 2021. • RA #2, RA #3, RA #4 – observed Fieldprint reports from 2018. 	<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>The deficiency have been corrected, all the staffs that needed fingerprint have been fingerprinted on 09.26.2023 and 09.28.2023.</p>	<p>09/26/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-3 <u>Licensure.</u> (d)(2) The caregiver and administrator shall also complete clearances from:</p> <p>Hawaii criminal justice data center - Federal bureau of investigation fingerprinting clearance.</p> <p><u>FINDINGS</u> The following staff do not have a current APS, CAN, Fingerprint report for 2023:</p> <ul style="list-style-type: none"> • CCG #1, CCG #2, CCG #3, CCG #4, RA #1 – observed Fieldprint report from 2021. • RA #2, RA #3, RA #4 – observed Fieldprint reports from 2018. 	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this deficiency from happening in the future, the ORI case manager and/or HR department will keep track and double check that all requirements for new hired/present staff are obtained.</p> <p>The ORI case manager and/or HR department will follow-up with staff annually and ensure that their requirements are up-to date.</p>	<p>09/26/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-7 <u>Qualifications of caregiver and administrator.</u> (a)(2) The caregiver of a facility shall:</p> <p>Be CPR and first aid trained;</p> <p><u>FINDINGS</u> CCG #2 – No CPR and First Aid certification.</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>The deficiency have been corrected, CCG#2's CPR First Aid have been submitted. The CPR/First Aid dated 02.23.2023 and valid for 2 years.</p>	<p>08/30/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-7 <u>Qualifications of caregiver and administrator.</u> (a)(2) The caregiver of a facility shall:</p> <p>Be CPR and first aid trained;</p> <p><u>FINDINGS</u> CCG #2 – No CPR and First Aid certification.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this deficiency from happening in the future, the ORI case manager and/or HR department will keep track and double check that all requirements for new hired/present staff are obtained.</p> <p>The ORI case manager and/or HR department will follow-up with staff annually and ensure that their requirements are up-to date.</p>	<p>08/30/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-9 <u>General staff health requirements.</u> (a)(2) All individuals living in the facility including those who provide services directly to residents shall have documented evidence that they have had examination by a physician prior to their first contact with the residents of the home and thereafter as frequently as the department deems necessary. The examination shall be specifically oriented to rule out communicable disease and shall include tests for tuberculosis.</p> <p>If a tuberculin skin test is positive, a standard chest x-ray and appropriate medical follow-up shall be obtained. A satisfactory chest x-ray shall be required yearly thereafter for three successive years.</p> <p><u>FINDINGS</u> RA #1, RA #2, RA #4 – No documented evidence of a current tuberculosis (TB) clearance.</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>The deficiency have been corrected, TB clearance have been submitted for the 3 staffs.</p>	<p>09/01/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-9 <u>General staff health requirements.</u> (a)(2) All individuals living in the facility including those who provide services directly to residents shall have documented evidence that they have had examination by a physician prior to their first contact with the residents of the home and thereafter as frequently as the department deems necessary. The examination shall be specifically oriented to rule out communicable disease and shall include tests for tuberculosis.</p> <p>If a tuberculin skin test is positive, a standard chest x-ray and appropriate medical follow-up shall be obtained. A satisfactory chest x-ray shall be required yearly thereafter for three successive years.</p> <p><u>FINDINGS</u> RA #1, RA #2, RA #4 – No documented evidence of a current tuberculosis (TB) clearance.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this deficiency from happening in the future, the ORI case manager and/or HR department will keep track and double check that all requirements for new hired/present staff are obtained.</p> <p>The ORI case manager and/or HR department will follow-up with staff annually and ensure that their requirements are up-to date.</p>	<p>09/01/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-9 <u>General staff health requirements.</u> (f)(3) Responsible adults shall be capable of managing any emergency occurring in the facility as well as the caregiver could have managed had he or she been present. At a minimum, the responsible adult shall have the following skills during the periods of absence of the certified caregiver. This does not preclude the temporary transfer of the residents to another suitable certified and licensed facility.</p> <p>Be CPR certified.</p> <p><u>FINDINGS</u> RA #1, RA #2, RA #4 – No CPR certification observed.</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>The deficiency have been corrected, CPR certificate for the 3 staffs have been provided. RA#1 and RA#2's CPR certificates dated 07.06.2023 and valid for 2 years, RA#3 CPR certificate is dated 05.23.2023 and also valid for 2 years.</p>	09/01/2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-9 <u>General staff health requirements.</u> (f)(3) Responsible adults shall be capable of managing any emergency occurring in the facility as well as the caregiver could have managed had he or she been present. At a minimum, the responsible adult shall have the following skills during the periods of absence of the certified caregiver. This does not preclude the temporary transfer of the residents to another suitable certified and licensed facility.</p> <p>Be CPR certified.</p> <p><u>FINDINGS</u> RA #1, RA #2, RA #4 – No CPR certification observed.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this deficiency from happening in the future, the ORI case manager and/or HR department will keep track and double check that all requirements for new hired/present staff are obtained.</p> <p>The ORI case manager and/or HR department will follow-up with staff annually and ensure that their requirements are up-to date.</p>	<p>09/01/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-9 <u>General staff health requirements.</u> (f)(4) Responsible adults shall be capable of managing any emergency occurring in the facility as well as the caregiver could have managed had he or she been present. At a minimum, the responsible adult shall have the following skills during the periods of absence of the certified caregiver. This does not preclude the temporary transfer of the residents to another suitable certified and licensed facility.</p> <p>Have a valid certificate in first aid training.</p> <p><u>FINDINGS</u> RA #1, RA #2, RA #4 – No First Aid certification observed</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>The deficiency have been corrected, First Aid certificate for the 3 staffs have been provided. RA#1 and RA#2's First Aid certificates dated 07.06.2023 and valid for 2 years, RA#3 First Aid certificate is dated 05.23.2023 and also valid for 2 years.</p>	09/01/2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-9 <u>General staff health requirements.</u> (f)(4) Responsible adults shall be capable of managing any emergency occurring in the facility as well as the caregiver could have managed had he or she been present. At a minimum, the responsible adult shall have the following skills during the periods of absence of the certified caregiver. This does not preclude the temporary transfer of the residents to another suitable certified and licensed facility.</p> <p>Have a valid certificate in first aid training.</p> <p><u>FINDINGS</u> RA #1, RA #2, RA #4 – No First Aid certification observed</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this deficiency from happening in the future, the ORI case manager and/or HR department will keep track and double check that all requirements for new hired/present staff are obtained.</p> <p>The ORI case manager and/or HR department will follow-up with staff annually and ensure that their requirements are up-to date.</p>	<p>09/01/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><u>FINDINGS</u> Vanity Cabinet in bathroom is in disrepair.</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>The deficiency have been corrected, the Vanity Cabinet have been replaced.</p>	<p>09/12/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><u>FINDINGS</u> Vanity Cabinet in bathroom is in disrepair.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this deficiency from happening in the future. The ORI case manager will keep track by checking the homes at least quarterly ensuring that the homes are maintained in good condition in compliance with state zoning.</p>	<p>09/12/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> Resident #1 - On 8/9/22, MD ordered, "Metronidazole 500mg". Order is incomplete. There is no documented evidence that order was clarified.</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>The deficiency have been corrected, physicians was informed about the deficiency and clarified. Metronidazole 500mg tablet, take 1 tablet twice a day for 10 days.</p>	08/31/2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> Resident #1 - On 8/9/22, MD ordered, "Metronidazole 500mg". Order is incomplete. There is no documented evidence that order was clarified.</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>Medication was already finished during the site visit on August 29, 2023, therefore; the ORI case manager was advised that in the future ensure that any new medication prescribed to the client from the physician, there is a clarification of when to be given and how many times a day it will be administer.</p> <p>The case manager will keep track of all clients going to a doctor's visit and immediately clarify from the physician for any incomplete medication order.</p>	<p>08/31/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> Resident #1 - On 10/14/22 and renewed on 1/12/23, 4/12/23 and 7/11/23, MD signed order reads, "Ferrous Sulfate take 1 tab by mouth every day", however, there is no dose provided.</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>The deficiency have been corrected for the Ferrous Sulfate. The medication 90-day update for the Ferrous Sulfate were already indicated the dosage of the said medication on the Oct. 09. 2023 90-day update and so on.</p>	<p>10/09/2023</p>

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<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> Resident #1 - On 10/14/22 and renewed on 1/12/23, 4/12/23 and 7/11/23, MD signed order reads, "Ferrous Sulfate take 1 tab by mouth every day", however, there is no dose provided.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this deficiency from happening again in the future, the case manager will keep track the 90-day update ensuring that all medication dosages will be included in the update.</p>	<p>10/09/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> Resident #1 - On 1/26/23 MD signed order reads, "Scrub BID with H2O2 and alcohol + triple antibiotic", however, treatment was discontinued with no MD signed discontinue order available for review.</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>The deficiency have been corrected. MD clarified that he/she discontinues the medication orally on 03.16.23 during Resident #1 visit and did not provide discontinue order.</p>	<p>09/12/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> Resident #1 - On 1/26/23 MD signed order reads, "Scrub BID with H2O2 and alcohol + triple antibiotic", however, treatment was discontinued with no MD signed discontinue order available 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>To prevent the deficiency from happening in the future. The ORI case manager and/or caregiver must request a progress report or discontinue order for any discontinued medications.</p> <p>The ORI case manager will keep track on all doctor's visit ensuring that all doctor's visit and any order from the physician must have a documentation for review.</p>	<p>09/12/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(1) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Copies of physician's initial, annual and other periodic examinations, evaluations, medical progress notes, relevant laboratory reports, and a report of re-examination of tuberculosis;</p> <p><u>FINDINGS</u> Resident #3 – No documented results for second step tuberculosis (TB) skin test placed on 10/25/22.</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>The deficiency have been corrected. Verified with the nurse who administered the TB test and admitted documentation is overlook and the result is negative as evidence her TB test on 10.19.2023 is also negative.</p>	<p>10/19/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(1) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Copies of physician's initial, annual and other periodic examinations, evaluations, medical progress notes, relevant laboratory reports, and a report of re-examination of tuberculosis;</p> <p><u>FINDINGS</u> Resident #3 – No documented results for second step tuberculosis (TB) skin test placed on 10/25/22.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this deficiency from happening in the future. The nurse will keep a tracking log for TB testing ensuring that it is being read and documented.</p> <p>The ORI case manager will also keep track on all the resident's TB testing result ensuring it is being read and documented.</p>	10/19/2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><u>FINDINGS</u> Progress notes in general are egregiously incomplete and often do not contain the basic elements required in the Chapter rule</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><u>FINDINGS</u> Progress notes in general are egregiously incomplete and often do not contain the basic elements required in the Chapter rule</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 caregiver will be given training quarterly specifically on the monthly observation.</p> <p>They will be trained how to observe the residents under their care and what is the significant event that will be included in the monthly observation and etc.</p> <p>The ORI case manager will keep track or make a checklist to include a reminder to crosscheck the monthly observation coming from the caregiver to ensure that all the significant event happens to the residents were included on the monthly observation report.</p>	<p>08/31/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(3) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Entries by the caregiver describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #2 – Consultation Registered Dietician (RD) assessment on 7/14/23 included recommendations for diet type and texture, however recommendations were not followed up with the physician until 8/7/23.</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;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The deficiency have been corrected.</p>	<p>08/30/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(3) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Entries by the caregiver describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #2 – Consultation RD assessment on 7/14/23 included recommendations for diet type and texture, however recommendations were not followed up with the physician until 8/7/23.</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>To prevent this deficiency from happening in the future, the ORI case manager will keep track on all the annual nutritional assessment to ensure that the physician will be able to make the recommendation on time.</p>	<p>08/30/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(3) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Entries by the caregiver describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #1 - On 5/11/23 and renewed on 6/7/23, MD ordered, "1 cu tonic H2O hs", however, tonic water is stored in resident's closet and there is no documented evidence residents use is being monitored. Per care giver, use is not monitored.</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>The deficiency have been corrected, the 1 cu tonic H2O hs have been added in the MAR.</p>	<p>08/30/2023</p>

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<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(3) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Entries by the caregiver describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #1 - On 5/11/23 and renewed on 6/7/23, MD ordered, "1 cu tonic H2O hs", however, tonic water is stored in resident's closet and there is no documented evidence residents use is being monitored. Per care giver, use is not monitored.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this deficiency from happening again in the future, the ORI case manager will keep track and crosscheck on all the physician's order to ensure that the orders is being documented and monitored.</p>	<p>08/30/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(3) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Entries by the caregiver describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #1 - On 5/11/23 and renewed on 6/7/23, MD ordered, "1 cu tonic H2O hs", however, tonic water is stored in resident's closet and residents use is not being monitored. Resident is a diabetic and there is 29g of sugar in each bottle of tonic water. Order needs to be clarified.</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>The deficiency have been corrected, the physician recommended continuing the tonic. Resident #1 glucose is being check daily before breakfast, the sugar level is between 102 and 115 which the physician's doesn't think the tonic water need to be discontinued which resident #1 really enjoyed drinking.</p>	<p>08/30/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(3) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Entries by the caregiver describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #1 - On 5/11/23 and renewed on 6/7/23, MD ordered, "1 cu tonic H2O hs", however, tonic water is stored in resident's closet and residents use is not being monitored. Resident is a diabetic and there is 29g of sugar in each bottle of tonic water. Order needs to be clarified.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this deficiency from happening in the future, the ORI case manager will clarify with the physician and crosscheck the order to ensure that all residents will benefit from all physician's prescribed intake/medication/etc.</p>	<p>08/30/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(3) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Entries by the caregiver describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #1 - On 5/11/23 and renewed on 6/7/23, MD ordered, "Sleep on back with pillow behind knees or on side with pillow between knees", however, there is no documented evidence that this is being monitored. Per caregiver, use is not being monitored.</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>The deficiency have been corrected, the caregiver monitors the use of pillow behind knee or on side with pillow between knee and was documented on the monthly observation report.</p>	<p>09/12/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(3) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Entries by the caregiver describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #1 - On 5/11/23 and renewed on 6/7/23, MD ordered, "Sleep on back with pillow behind knees or on side with pillow between knees", however, there is no documented evidence that this is being monitored. Per caregiver, use is not being monitored.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this deficiency from happening in the future, the ORI case manager will crosscheck the monthly observation report to ensure that every physician's order is being documented.</p>	<p>09/12/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(3) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Entries by the caregiver describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #1 - On 6/7/23, MD ordered, "Leg exercises x5 count at least TID", however, there is no documented evidence that this is being monitored. Per care giver, use is not being monitored.</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>The deficiency have been corrected, the caregiver monitors resident #1 leg exercises and was documented on the monthly observation report.</p>	<p>09/12/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(3) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Entries by the caregiver describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #1 - On 6/7/23, MD ordered, "Leg exercises x5 count at least TID", however, there is no documented evidence that this is being monitored. Per care giver, use is not being monitored.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this deficiency from happening in the future, the ORI case manager will crosscheck the monthly observation report to ensure that every physician's order is being documented.</p>	<p>09/12/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(3) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Entries by the caregiver describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #1 - On 3/16/23, MD ordered, "Check toilet water after each bowel movement". Also, on 3/30/23, MD ordered, "Watch stool for blood". There is no documented evidence that this is being monitored. Per care giver it is not being monitored.</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>The deficiency have been corrected, the caregiver monitors resident #1 stool and was documented on the monthly observation report until order discontinued.</p>	<p>09/12/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(3) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Entries by the caregiver describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #1 - On 3/16/23, MD ordered, "Check toilet water after each bowel movement". Also, on 3/30/23, MD ordered, "Watch stool for blood". There is no documented evidence that this is being monitored. Per care giver it is not being monitored.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this deficiency from happening in the future, the ORI case manager will crosscheck the monthly observation report to ensure that every physician's order is being documented.</p>	<p>09/12/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition.</u> (a) Meals shall be well-balanced and sufficient in quantity, quality, and variety to meet nutritional requirements of residents and shall be in accordance with the national research council of the national academy of sciences most current recommended dietary allowance (RDA), and adjusted to age, sex, activity, and disability.</p> <p><u>FINDINGS</u> Resident #1 - No documented evidence that the meals met the nutritional needs of the resident. The diet order for "controlled carbohydrate and NAS diet, offer only calorie-free or low-calories beverages for wt control" was not clarified with the physician to include grams of carbohydrates allowed per meal or number of calories per day.</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>The deficiency have been corrected, the caregiver providing an individual menu for resident #1 and followed what is the recommendation from the dietician and a recommendation from the physician and documented on the monthly observation report.</p>	<p>08/30/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition.</u> (a) Meals shall be well-balanced and sufficient in quantity, quality, and variety to meet nutritional requirements of residents and shall be in accordance with the national research council of the national academy of sciences most current recommended dietary allowance (RDA), and adjusted to age, sex, activity, and disability.</p> <p><u>FINDINGS</u> Resident #1 - No documented evidence that the meals met the nutritional needs of the resident. The diet order for “controlled carbohydrate and NAS diet, offer only calorie-free or low-calories beverages for wt control” was not clarified with the physician to include grams of carbohydrates allowed per meal or number of calories per day.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this deficiency from happening in the future, the ORI case manager will crosscheck the monthly observation report to ensure that every physician's order and/or recommendation is being documented on the monthly observation form and/or MAR.</p>	<p>08/30/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition.</u> (a) Meals shall be well-balanced and sufficient in quantity, quality, and variety to meet nutritional requirements of residents and shall be in accordance with the national research council of the national academy of sciences most current recommended dietary allowance (RDA), and adjusted to age, sex, activity, and disability.</p> <p><u>FINDINGS</u> Resident #1 - On 10/14/22 and renewed on 1/12/23, MD signed diet order reads, "Controlled Carbohydrate and NAS diet". On 2/9/23 MD signed diet order reads, "Regular diet". On 4/12/23 and renewed on 7/11/23, MD signed diet order converts back to "Controlled Carbohydrate and NAS diet". There is no documented evidence that the Regular Diet order on 2/9/23 was clarified at the time it was written.</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>§11-89-19 <u>Nutrition.</u> (a) Meals shall be well-balanced and sufficient in quantity, quality, and variety to meet nutritional requirements of residents and shall be in accordance with the national research council of the national academy of sciences most current recommended dietary allowance (RDA), and adjusted to age, sex, activity, and disability.</p> <p><u>FINDINGS</u> Resident #1 - On 10/14/22 and renewed on 1/12/23, MD signed diet order reads, "Controlled Carbohydrate and NAS diet". On 2/9/23 MD signed diet order reads, "Regular diet". On 4/12/23 and renewed on 7/11/23, MD signed diet order converts back to "Controlled Carbohydrate and NAS diet". There is no documented evidence that the Regular Diet order on 2/9/23 was clarified at the time it was written.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this deficiency from happening in the future, the ORI case manager will crosscheck the PE form and the diet order from the dietician ensuring that the physician agreed with the dietician's order. If not, clarify with the physician and clarify with the dietician as well.</p>	<p>08/30/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition.</u> (a) Meals shall be well-balanced and sufficient in quantity, quality, and variety to meet nutritional requirements of residents and shall be in accordance with the national research council of the national academy of sciences most current recommended dietary allowance (RDA), and adjusted to age, sex, activity, and disability.</p> <p><u>FINDINGS</u> Resident #1 – Resident’s diet order on 10/14/22, 1/12/23, 4/12/23, 7/11/23 for controlled carbohydrate, NAS diet, however no special diet menus were available in the residence. Also, Resident’s #2 and 4 are also ordered special diets, however, there are not appropriate diet menus for these diets in the residence.</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>The deficiency have been corrected, the caregiver providing an individual menu for resident #1, resident #2 and resident #4 and followed what is the recommendation from the dietician and a recommendation from the physician and documented on the monthly observation report.</p>	<p>08/30/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition.</u> (a) Meals shall be well-balanced and sufficient in quantity, quality, and variety to meet nutritional requirements of residents and shall be in accordance with the national research council of the national academy of sciences most current recommended dietary allowance (RDA), and adjusted to age, sex, activity, and disability.</p> <p><u>FINDINGS</u> Resident #1 – Resident’s diet order on 10/14/22, 1/12/23, 4/12/23, 7/11/23 for controlled carbohydrate, NAS diet, however no special diet menus were available in the residence. Also, Resident’s #2 and 4 are also ordered special diets, however, there are not appropriate diet menus for these diets in the residence.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this from happening in the future, the ORI case manager will crosscheck the diet order for each resident annually ensuring that all diet order from the dietician is met in accordance with the national research council of the national academy of sciences (RDA).</p>	<p>08/30/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition.</u> (a) Meals shall be well-balanced and sufficient in quantity, quality, and variety to meet nutritional requirements of residents and shall be in accordance with the national research council of the national academy of sciences most current recommended dietary allowance (RDA), and adjusted to age, sex, activity, and disability.</p> <p><u>FINDINGS</u> No documented evidence that meals are sufficient in quantity as menu did not include portion sizes.</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>The deficiency have been corrected, the caregiver is weighing or measuring every food they are serving with each resident.</p> <p>The caregiver were given re-training on how to measure and weigh the food that they serve for each resident, they were provided with measuring cups and scale.</p>	<p>08/30/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition.</u> (a) Meals shall be well-balanced and sufficient in quantity, quality, and variety to meet nutritional requirements of residents and shall be in accordance with the national research council of the national academy of sciences most current recommended dietary allowance (RDA), and adjusted to age, sex, activity, and disability.</p> <p><u>FINDINGS</u> No documented evidence that meals are sufficient in quantity as menu did not include portion sizes.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this deficiency from happening in the future, the ORI case manager will check the menus monthly when the caregiver submitted the menus, ensuring measurement and weight for the food being serve was documented on the menu.</p>	<p>08/30/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition.</u> (a) Meals shall be well-balanced and sufficient in quantity, quality, and variety to meet nutritional requirements of residents and shall be in accordance with the national research council of the national academy of sciences most current recommended dietary allowance (RDA), and adjusted to age, sex, activity, and disability.</p> <p><u>FINDINGS</u> No documented evidence that the menus meet current nutritional guidelines. Care giver creates menus. There is a signature line on the bottom of the menu that says, "Verified by:", but it is not signed. Care home has Registered Dietician who can be used as a resource.</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>The deficiency have been corrected, all menus being submitted by the caregiver is now verified and signed by the ORI case manager.</p>	<p>08/30/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition.</u> (a) Meals shall be well-balanced and sufficient in quantity, quality, and variety to meet nutritional requirements of residents and shall be in accordance with the national research council of the national academy of sciences most current recommended dietary allowance (RDA), and adjusted to age, sex, activity, and disability.</p> <p><u>FINDINGS</u> No documented evidence that the menus meet current nutritional guidelines. Care giver creates menus. There is a signature line on the bottom of the menu that says, "Verified by:", but it is not signed. Care home has Registered Dietician who can be used as a resource.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this deficiency from happening in the future, the ORI case manager will review and sign the menus upon submission.</p>	<p>08/30/2023</p>

Licensee's/Administrator's Signature: Susan Hudson for Susanna F. Cheung

Print Name: Susan Hudson for Susanna F. Cheung

Date: May 17, 2024