

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Pacific Care LLC	CHAPTER 100.1
Address: 381 Wanaao Road, Kailua, Hawaii 96734	Inspection Date: March 8, 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>§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law.</p> <p><b><u>FINDINGS</u></b> Household Member (HM) #1 and HM #2 – No documented evidence stating that the family members living in the expanded ARCH have no prior felony or abuse convictions in a court of law.</p> <p><b>Please submit copies of Fieldprint results with your 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> <p>To correct this deficiency HM # 1 and HM # 2 obtained a field print and the results are now filed in the care home binder for the inspector to see.</p>	<p>04/05/24</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law.</p> <p><b><u>FINDINGS</u></b> Household Member (HM) #1 and HM #2 – No documented evidence stating that the family members living in the expanded ARCH have no prior felony or abuse convictions in a court of law.</p> <p><b>Please submit copies of Fieldprint results with your 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>To prevent this incident from happening again, Pacific Care LLC initiated a checklist for that required all household members regardless if they are not providing care to the residents in the ARCH , that they undergo criminal background requirement via fieldprint.</p> <p>This checklist will be utilized by the PCG every year to make sure all household members in the ARCH will undergo criminal background check.</p>	04/05/24

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u>            (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><b><u>FINDINGS</u></b></p> <ol style="list-style-type: none"> <li>1. Primary Caregiver (PCG)- No documented evidence of an annual tuberculosis clearance.</li> <li>2. HM #1- No documented evidence of an initial and annual tuberculosis clearance.</li> <li>3. HM #2- No documented evidence of an initial tuberculosis clearance.</li> </ol> <p><b>Please submit copies of tuberculosis clearance with your 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. PCG- obtained an annual Tuberculosis clearance to correct the deficiency</li> <li>2. HM# 1 obtained a 2 step TB skin test to correct the deficiency</li> <li>3. HM # 2 obtained a copy of his initial TB assessment and filled a new TB clearance</li> </ol>	04/24/24

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u>            (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><b><u>FINDINGS</u></b></p> <ol style="list-style-type: none"> <li>1. Primary Caregiver (PCG)- No documented evidence of an annual tuberculosis clearance.</li> <li>2. HM #1- No documented evidence of an initial and annual tuberculosis clearance.</li> <li>3. HM #2- No documented evidence of an initial tuberculosis clearance.</li> </ol> <p><b>Please submit copies of tuberculosis clearance with your 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. To prevent this from happening again, PCG will utilize the OCHA annual TB clearance and not utilized other health Care Facilities TB clearance process to be in compliance</li> <li>2. A checklist was initiated that is required for them to stay in the ARCH, one of the requirements are initial and annual TB clearances.</li> <li>3. A checklist was initiated that is required for them to stay in the ARCH, one of the requirements are initial and annual TB clearances.</li> </ol>	04/24/24

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (l)  Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><b><u>FINDINGS</u></b>  Resident #1- No documented evidence that the regular diet order and low purine diet was clarified with the physician.</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>This deficiency is being corrected by contacting the Resident # 1 primary care physician and obtained the correct diet order. A regular diet order is the resident's chart now.</p>	04/03/24

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	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><b><u>FINDINGS</u></b> Bathroom #1- One bottle of Windex Glass Cleaner and one bottle of Clorox spray were found in sink cabinet 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>This corrected by placing locks in all cabinets underneath the sinks. To make all cleaning chemicals will be safely secured.</p> <p>The PCG spoke to all caregivers the importance of the proper storage of cleaning supplies.</p>	<p>04/04/24</p>



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<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>  Resident #1- Physician ordered on 6/30/23 for "Claritin 10 mg Take 1 tablet by mouth daily PRN"; however, PRN indication not provided on the medication label.</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>This is corrected by placing the indication in medication label. Which is in this case, Resident # 1 is taking the medication for seasonal allergies .</p>	04/04/24

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<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>  Resident #1- Physician ordered on 6/30/23 for "Claritin 10 mg Take 1 tablet by mouth daily PRN"; however, PRN indication not provided on the medication label.</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>To prevent this incident from happening again, the PCG checked all PRN medications that are ordered in all the residents that indications are clearly written in the medication label.</p> <p style="padding-left: 40px;">If a new PRN medication is ordered, the medication label will be checked by the PCG to make sure indication for the medication is clearly marked.</p>	03/08/24

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<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>  Resident #1- Physician ordered on 9/19/23 for "Losartan Potassium 50 mg Take 1 tablet by mouth daily (Hold if SBP&lt;110)"; however, "Hold if SBP&lt;110" not provided on the medication label.</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>This is corrected by indicating in the medication label the parameters that is being set in the order. The medication label for Losartan is now showing to hold medication if SBP &lt;110 for the all caregivers to see.</p>	03/08/24

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	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><b><u>FINDINGS</u></b></p> <ol style="list-style-type: none"> <li>1. Resident #2- One bottle of Calamine spray with no label was found on the resident's dresser.</li> <li>2. Resident #4- One bottle of Refresh Tear Drops with no label was found on the resident's dresser.</li> </ol> <p>PCG removed and secured the medication during the time of inspection.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></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>FINDINGS</b> Resident #1- Physician ordered on 6/30/23 for “Prednisone 2.5 mg Take 1 tablet by mouth once daily”; however, medication was transcribed and given in the September 2023 medication administration record (MAR) as “Prednisone 0.5 mg Take 1 tablet by mouth two times a day”. Physician order and MAR transcription does not match.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></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 discontinued order on 11/30/23 for Pregabalin Capsules 75 mg; however, medication appeared on December 2023, January 2024, February 2024, and March 2024 MARs.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <b>Medications.</b> (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><b><u>FINDINGS</u></b> Resident #1-</p> <ul style="list-style-type: none"> <li>• Physician ordered on 11/30/23 for "Tylenol 325 mg Take 2 tablets three times a day PRN for pain"; however, medication was not listed on the November 2023 MAR.</li> <li>• Physician orderd on 11/30/23 for "Hydrocodone/Acetaminophen 5/325 mg Take 1 tablet QID PRN for severe pain #30 tablets"; however, medication was not listed on the December 2023 MAR.</li> </ul>	<p><b>PART 1</b></p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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☒	<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><b><u>FINDINGS</u></b> Resident #1-</p> <ul style="list-style-type: none"> <li>• Physician ordered on 6/30/23 for "Claritin 10 mg Take 1 tablet daily PRN"; however, no PRN indication provided between June 2023 to March 2024 MARs.</li> <li>• Physician ordered on 6/30/23 for "Omeprazole delayed capsules 40 mg Take 1 capsule a day PRN"; however, no PRN indication provided between June 2023 to March 2024 MARs.</li> </ul>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></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><b><u>FINDINGS</u></b> Resident #1-</p> <ul style="list-style-type: none"> <li>• Physician ordered on 6/30/23 for "Claritin 10 mg Take 1 tablet daily PRN"; however, no PRN indication provided between June 2023 to March 2024 MARs.</li> <li>• Physician ordered on 6/30/23 for "Omeprazole delayed capsules 40 mg Take 1 capsule a day PRN"; however, no PRN indication provided between June 2023 to March 2024 MARs.</li> </ul>	<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>To ensure that this incident will not happen again in the future, the PCG will transcribe the medication orders the MAR . This task will not be delegated to any caregiver.</p> <p style="padding-left: 40px;">This includes a check to make sure all indications for the medication is clearly marked in the medical label and the MAR.</p>	<p>03/08/24</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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><b><u>FINDINGS</u></b>  No current inventory of money and valuables for Resident #2 (last inventory dated 9/1/21), Resident #3 (last inventory dated 2/13/22), and Resident #4 (last inventory dated 2/22/22).</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>This is corrected by immediate creation of inventory of money and valuables for the above mentioned residents.</p>	<p>03/08/24</p>



	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><b><u>FINDINGS</u></b>  No current inventory of money and valuables for Resident #2 (last inventory dated 9/1/21), Resident #3 (last inventory dated 2/13/22), and Resident #4 (last inventory dated 2/22/22).</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>To ensure that this incident does not happen again , the money and valuable inventory is added to the resident checklist that needed to be completed annually.</p>	<p>03/15/24</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><b><u>FINDINGS</u></b> Resident #1- September 2023 monthly progress note was transcribed in blue ink. The September 2023 and December 2023 MARs was transcribed in blue ink.</p>	<p><b>PART 1</b></p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><b><u>FINDINGS</u></b> Resident #1- September 2023 monthly progress note was transcribed in blue ink. The September 2023 and December 2023 MARS was transcribed in blue ink.</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>To ensure that this incident does not happen again, the PCG will continue to do monthly check on all entries in the resident's chart are written in black ink.</p> <p style="padding-left: 40px;">This process will be added to the monthly chart audit that the PCG conducts.</p>	03/14/24

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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- Financial statement incomplete, no PCG name and signature.</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>To correct this deficiency , the PCG signed signed the Financial statement.</p>	<p>03/15/24</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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- Financial statement incomplete, no PCG name and signature.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To ensure this incident does not happen again the PCG will continue to utilize the admission checklist and make sure all forms are signed appropriately .</p>	<p>03/15/24</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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 #2- Self preservation form incomplete, no name for the resident and was left blank.</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>To correct this deficiency, the PCG filled the Self preservation form with the resident's name and filed in the chart.</p>	03/08/24

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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 #2- Self preservation form incomplete, no name for the resident and was left blank.</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>To ensure that this incident will not happen again, the PCG will review the forms to be completed by the Physician's during annual visit. The forms to be filled including the self preservation form is accurately filled</p>	03/08/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-17 <u>Records and reports. (g)</u>  All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><b><u>FINDINGS</u></b>  Resident #1- White out was used to make changes in the July 2023 MAR and October 2023 monthly progress note.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	



	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
☒	<p>§11-100.1-17 <u>Records and reports. (g)</u>  All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><b><u>FINDINGS</u></b>  Resident #1- White out was used to make changes in the July 2023 MAR and October 2023 monthly progress note.</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>To ensure that this incident does not happen again , the PCG conducted a review of policy with all caregivers that no white will be used in any documents in the ARCH.</p> <p>In addition the PCG will conduct a more thorough review of all entries in the resident's chart. If any white out is noticed a verbal warning will be given to the particular care giver prior to any disciplinary action taken.</p>	<p>03/08/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><b><u>FINDINGS</u></b></p> <ol style="list-style-type: none"> <li>1. PCG completed four (4) of the required twelve (12) hours of annual continuing education hours.</li> <li>2. Substitute Caregiver (SCG) #1 completed eight (8) of the required 12 hours of annual continuing education hours.</li> <li>3. SCG #2 completed 4 of the required 12 hours of annual continuing education hours.</li> </ol> <p><b>Please complete the additional hours of continuing education and submit verification with your plan of correction to be counted towards your 2024 annual inspection.</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> <p>To correct this deficiency the PCG, obtained a copy of more CEUs completed at his place of employment and completed more continuing education hrs. SCG # 1 and SCG # 2 also required to complete more continuing education hours . Both SCG completed more continuing education hours.</p>	<p>05/01/24</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><b><u>FINDINGS</u></b></p> <ol style="list-style-type: none"> <li>1. PCG completed four (4) of the required twelve (12) hours of annual continuing education hours.</li> <li>2. Substitute Caregiver (SCG) #1 completed eight (8) of the required 12 hours of annual continuing education hours.</li> <li>3. SCG #2 completed 4 of the required 12 hours of annual continuing education hours.</li> </ol> <p><b>Please complete the additional hours of continuing education and submit verification with your plan of correction to be counted towards your 2024 annual inspection.</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>To ensure that this incident does not happen again, the PCG make sure that all continuing educational hours obtained will be filed in the Care Home binder.</p> <p>In addition, all SCG will be required to complete at 12 hours of continuing educational hours by December 31 of each year. Otherwise they won't be allowed to continue working in the ARCH. This is to ensure that all SCG will be in compliance</p>	05/01/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(4)  A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Hard wired smoke detectors shall be approved by a nationally recognized testing laboratory and all shall be tested at least monthly to assure working order;</p> <p><b><u>FINDINGS</u></b>  Five (5) out of the ten (10) hard wired smoke detectors were only tested on 12/10/23 to assure working order.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(4)  A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Hard wired smoke detectors shall be approved by a nationally recognized testing laboratory and all shall be tested at least monthly to assure working order;</p> <p><b><u>FINDINGS</u></b>  Five (5) out of the ten (10) hard wired smoke detectors were only tested on 12/10/23 to assure working order.</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>To ensure that this incident does not happen again, the fire drill form is updated that reflects 10 smoke fire detectors to be tested monthly as part of the fire drill.</p>	03/10/24

Licensee's/Administrator's Signature: OTILIO GIMANG JR, RN (PCG)

Print Name: OTILIO GIMANG JR, RN (PCG)

Date: May 7, 2024