

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ruby Paradise Wellness Care Inc.	CHAPTER 100.1
Address: 46-329 Kumoo Loop, Kaneohe, Hawaii 96744	Inspection Date: March 6, 2024 Initial

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).

STATE OF HAWAII
STATE LICENSING
24 JUN 19 P4:12

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>, (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><u>FINDINGS</u> Substitute Care Giver (SCG) #1 – Fieldprint result dated 7/22/2021 was available. No current result. SCG #2 and #3 - No current Fieldprint.</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>Deficiencies have been corrected. New SCGs 2 and 3 have been staffed. Please see attached copy of Fieldprint results for all SCGs.</p> <p style="text-align: center;"><i>SCG # 2 # 3</i> <i>No longer works at the care home</i></p>	<p>04/05/2021</p> <p><i>06/19/24</i></p>
	<p>Please submit a copy with your plan of correction (POC).</p>		<p style="text-align: right;">STATE OF MICHIGAN DEPARTMENT OF STATE LICENSING</p> <p style="text-align: right;">24 JUN 19 P4:12</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><u>FINDINGS</u> Substitute Care Giver (SCG) #1 – Fieldprint result dated 7/22/2021 was available. No current result. SCG #2 and #3 - No current Fieldprint.</p> <p>Please submit a copy with your plan of correction (POC).</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>Separate electronic and hard copy personnel folders have been created to ensure this information is documented, organized, and tracked. To ensure results remain current, a schedule reminder has been set to alert the PCG when renewals are due. Also a bi-annual review of personnel files/records has been implemented to ensure information is complete and current. This review will occur in June and January of each year.</p>	<p style="text-align: center;">04/05/24</p> <p style="text-align: right;"> STATE OF ILLINOIS DEPARTMENT OF STATE LICENSING 24 JUN 19 4:12 </p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> Primary Care Giver (PCG), SCG #1, SCG #2, and SCG #3 had no current physical exams.</p> <p>Please submit copies with your POC.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Deficiencies have been corrected. All staff completed physical/wellness exams at Minute Clinic</p> <p>SCG #2</p> <p>SCG #3</p> <p style="text-align: center;">Are no longer walk at the Carehome</p> <p>SCG #1</p> <p style="text-align: center;">PE ATTACHED</p>	<p style="text-align: center;">04/18/24</p>
		<p style="text-align: center;">6/19/24</p> <p style="text-align: center;">6/19/24</p> <p style="text-align: center;">6/19/24</p>	<p style="text-align: center;">24 JUN 19 12:12</p> <p style="text-align: center;">6/19/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> Primary Care Giver (PCG), SCG #1, SCG #2, and SCG #3 had no current physical exam.</p> <p>Please submit copies with your POC.</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>Separate electronic and hard copy personnel folders have been created to ensure this information is documented, organized, and tracked. To ensure results remain current, a schedule reminder has been set to alert the PCG when renewals are due. Also a bi-annual review of personnel files/records has been implemented to ensure information is complete and current. This review will occur in June and January of each year.</p>	<p>04/18/24</p>
			<p style="text-align: right;">24 JUN 19 P4:12 STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> SCG #2 and #3 – No first aid certification.</p> <p>Please submit a copy with your POC.</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>Deficiencies have been corrected. New SCGs 2 and 3 have been staffed. Please see attached certifications.</p> <p>SCG # 2</p> <p>SCG # 3 are no longer works at the care home</p> <p>First Aid Cert. cant be obtain.</p>	<p>04/05/24</p>
			<p>6/19/24</p> <p>24 JUN 19 P 4:13</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">STATE OF MARYLAND DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> SCG #2 and #3 – No first aid certification.</p> <p>Please submit a copy with your POC.</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>Separate electronic and hard copy personnel folders have been created to ensure this information is documented, organized, and tracked. To ensure results remain current, a schedule reminder has been set to alert the PCG when renewals are due. Also a bi-annual review of personnel files/records has been implemented to ensure information is complete and current. This review will occur in June and January of each year.</p>	<p style="text-align: center;">04/05/24</p> <p style="text-align: right;">24 JUN 19 P4:13</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p>FINDINGS No record that PCG trained SCGs to make prescribed medication available to residents.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Deficiency has been corrected. PCG provided new SCGs with medication administrations training when hired.</p> <p style="text-align: center;"><i>Training was Documented 6/19/24</i></p>	<p style="text-align: center;">04/05/24</p> <p style="text-align: center;"><i>24 JUN 19 P4:13</i></p> <p style="text-align: center;">STATE OF GEORGIA DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> No record that PCG trained SCGs to make prescribed medication available to residents.</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 PCG will provide medication administration training to all new SCGs prior to staffing, and in conjunction with other staff training and orientations. The PCG will also conduct bi-annual refresher medication trainings, and conduct additional trainings as needed (e.g., when changes to resident's medications occur).</p> <p>Updated copies of PCG/SCG trainings checklist will be kept in electronic and hard copy personnel folder/file.</p>	<p style="text-align: center;">04/05/24</p> <p style="text-align: right;">24 JUN 19 P 4:13</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> SCG #2 and #3 – No cardiopulmonary resuscitation certification.</p> <p>Please submit a copy with your POC.</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>Deficiencies have been corrected. New SCGs 2 and 3 have been staffed. Please see attached certifications.</p> <p><i>SCG # 2</i> <i>SCG # 3</i></p> <p><i>are no longer works at the care home</i></p> <p><i>CPR can't be obtain</i></p>	<p>04/05/24</p>
		<p><i>6/19/24</i></p> <p><i>24 JUN 19 P4:13</i></p> <p>STATE OF ILLINOIS DEPARTMENT OF STATE STATE LICENSING</p>	<p><i>6/19/24</i></p> <p><i>24 JUN 19 P4:13</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> SCG #2 and #3 – No cardiopulmonary resuscitation certification.</p> <p>Please submit a copy with your POC.</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>Separate electronic and hard copy personnel folders have been created to ensure this information is documented, organized, and tracked. To ensure results remain current, a schedule reminder has been set to alert the PCG when renewals are due. Also a bi-annual review of personnel files/records has been implemented to ensure information is complete and current. This review will occur in June and January of each year.</p>	<p style="text-align: center;">04/05/24</p>

STATE OF ILLINOIS
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STATE LICENSING
24 JUN 19 P4:13

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p>FINDINGS Resident #2 owns hearing aids and a walker, which was not listed in personal items brought to care home.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Deficiency has been corrected. Resident #2's personal property list has been updated to include these items.</p>	<p style="text-align: center;">03/08/24</p>
			<p style="text-align: right;">24 JUN 19 P 4:13 STATE OF HAWAII DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p><u>FINDINGS</u> Resident #2 owns hearing aids and a walker, which was not listed in personal items brought to care home.</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>Inventory of resident's personal property will be completed on the day of admission, and additional items will be added on the day they come into the facility. -Inventory will be signed by PCG and Resident and/or Resident's Representative.</p>	<p>03/08/24</p>
		<p><i>I will Review all docs. within one week of the my admission.</i></p>	<p><i>6/19/24</i></p> <p style="text-align: right;">24 JUN 19 P4:13 STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><u>FINDINGS</u> No evidence that menus meet the nutritional needs of the residents. Menus are not based on current national dietary guidelines.</p> <p>Please submit weekly regular diet menus (7 days) for department 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>Deficiency has been corrected. The PCG has constructed a new menu for the facility that reflects national dietary guidelines as well as the the meal preferences of the residents. The menu has both serving sizes and calorie counts for each menu item.</p> <p><i>I am scheduled to take my diet class in August. I am in contact with OHA Nutritionist.</i></p>	<p style="text-align: center;">03/16/24</p> <p style="text-align: right;"><i>6/19/24</i></p> <p style="text-align: right;">24 JUN 19 P 4:13</p> <p style="text-align: right; font-size: small;">STATE OF MARYLAND DEPT. OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>, (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><u>FINDINGS</u> No evidence that menus meet the nutritional needs of the residents. Menus are not based on current national dietary guidelines.</p> <p>Please submit weekly regular diet menus (7 days) for department review.</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>The PCG will construct both regular and alternative menus</p> <p>The PCG will update the menus quarterly or as needed.</p> <p>The PCG will complete dietary/nutrition training.</p>	<p>03/16/24</p> <p>Dietary class pending</p> <p style="text-align: right;">24 JUN 19 P4:13</p> <p style="text-align: right; font-size: small;">STATE OF ALABAMA DON SARA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>, (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p>FINDINGS Posted lunch menu was “Ham (75g) & Cheese (25g) on a whole grain bagel with lettuce, cream of mushroom soup (made with milk) (1c), ww crackers (10), Apple (1), Milk (1/2c).” Lunch provided was egg salad sandwich with whole wheat bread, sliced bananas, strawberries, grapes, Jell-o cup, soup with udon or lobster bisque. No menu substitution recorded. The form was not available at home.</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>	<p style="text-align: right;">24 JUN 19 P4:13</p> <p style="text-align: right; font-size: small;">STATE OF ILLINOIS DOM-0104 STATE PUBLISHING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>, (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p><u>FINDINGS</u> Posted lunch menu was "Ham (75g) & Cheese (25g) on a whole grain bagel with lettuce, cream of mushroom soup (made with milk) (1c), ww crackers (10), Apple (1), Milk (1/2c)." Lunch provided was egg salad sandwich with whole wheat bread, sliced bananas, strawberries, grapes, Jell-o cup, soup with udon or lobster bisque. No menu substitution recorded. The form was not available at home.</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>Deficiency has been corrected. The PCG has constructed new menus. Including both regular and substitute menus.</p> <p><i>Menu substitution Form will be posted on the fridge and will provide training to my SSC to document if meal is diff from the menu so given to the residents.</i></p>	<p>03/16/24</p> <p><i>6/19/24</i></p> <p style="text-align: right;">24 JUN 19 P4:13</p>

STATE OF MARYLAND
DORIS G. STANLEY
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Residents' medication was stored in the care giver's office. The door to the office was left open when no one was in the office.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Deficiency has been corrected, and a new policy has been implemented.</p> <p style="text-align: center;"><i>The door is always <u>locked.</u></i></p>	<p>03/08/24</p> <p><i>6/19/24</i></p>
			<p style="text-align: right;">24 JUN 19 P4:13</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Residents' medication was stored in the care giver's office. The door to the office was left open when no one was in the office.</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>PCG has updated staff handbook to reflect the duty of all SCGs to ensure office door is closed and locked when unoccupied.</p> <p>Additionally, PCG and SCG will work collaboratively to ensure compliance (e.g., friendly reminders, closing the door if noticing the office is unoccupied).</p>	<p>03/16/24</p> <p>04/05/24</p> <p style="text-align: right;">24 JUN 19 P4:13</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Resident #2 – There was a pill minder that contains medication stored in the same container with current medication.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Deficiency has been corrected. Use of pill minder has been discontinued and removed from medications storage area.</p>	<p style="text-align: center;">03/08/24</p> <p style="text-align: center;">24 JUN 19 PM 13</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Resident #2 – There was a pill minder that contains medication stored in the same container with current medication.</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 use of pill reminders has been discontinued.</p> <p>All medications will remain in their original container with only single dosages removed at the time of administration.</p>	<p style="text-align: center;">03/08/24</p> <p style="text-align: right; font-size: small;">24 JUN 19 P 4:13</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Resident #2 – Opened insulin pens were stored in refrigerator. The container said to store at room temperature.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center; margin-top: 100px;">Deficiency has been corrected. Open insulin pen is stored at room temperature in Resident's medication lock box.</p>	<p style="text-align: center; vertical-align: middle;">03/06/24</p> <p style="text-align: right; font-size: small;">STATE OF MARYLAND JUN 19 4:13 PM '24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Resident #2 – Opened insulin pens were stored in refrigerator. The container said to store at room temperature.</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>PCG will provide ongoing training and daily oversight of medication storage practices.</p> <p><i>I will review the medication @/19/24 orders and labels at least @me a month to make sure medication is handled correctly.</i></p>	<p>03/06/24</p> <p style="text-align: right;">24 JUN 19 P4:13</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #2 – Amlodipine Besylate 1tab 10mg PO QD CID was listed in medication administration record (MAR). No physician’s order on file. The medication was stored with current medication. Please obtain a physician’s written order.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Deficiency has been corrected. Physician was contacted and an updated medication orders received.</p>	<p style="text-align: center;">03/16/24</p>
			<p style="text-align: center;">STATE OF MICHIGAN DEPARTMENT OF STATE LICENSING JUN 19 4:13 PM '24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #2 – Amlodipine Besylate 1tab 10mg PO QD CID was listed in medication administration record (MAR). No physician's order on file. The medication was stored with current medication. Please obtain a physician's written order.</p>	<p align="center">PART 2</p> <p align="center"><u>FUTURE PLAN</u></p> <p 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 PCG will ensure that each resident's MAR reflects orders through daily review and oversight of documentation. The PCG will work with each resident's PCP to ensure medication orders are current and reflected in the MAR. Additionally, the PCG has provided SCGs with training on medication administration and will conduct regular documentation quality reviews and refresher trainings to prevent this from re-occurring.</p>	<p align="center">03/16/24</p> <p align="right">24 JUN 19 P4:13</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Topical analgesic (manufacturer’s label was partially dissolved) was stored with current medication. No physician’s order, no pharmacy label. The medication was removed during inspection.</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>	<p>24 JUN 19 P4:13</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Topical analgesic (manufacturer’s label was partially dissolved) was stored with current medication. No physician’s order, no pharmacy label. The medication was removed during inspection.</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 PCG has trained SCGs on PRN medication storage, administration, and documentation. The PCG will conduct regular quality reviews and refresher trainings to ensure compliance and prevent this from re-occurring.</p> <p style="text-align: right;"><i>Reviews will be done weekly 6/19/24</i></p>	<p style="text-align: center;">04/05/24</p> <p style="text-align: right;">24 JUN 19 P 4:14</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order stated “Ok to pick up Icy hot over the counter cream for your back” but did not include the frequency. A tube of Icy hot was completely used; however, the medication record indicated the cream was applied three (3) days only on 2/3/2024, 2/4/2024, and 2/5/2024. There was an empty box of Icy hot patches with current medication. No physician’s order on file. The medication was not recorded. The box was removed during inspection.</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>	<p style="text-align: right;">24 JUN 19 P4:14 STATE OF HAWAII DEPT OF HEALTH STATE BILLBOARD</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order stated “Ok to pick up Icy hot over the counter cream for your back” but did not include the frequency. A tube of Icy hot was completely used; however, the medication record indicated the cream was applied three (3) days only on 2/3/2024, 2/4/2024, and 2/5/2024. There was an empty box of Icy hot patches with current medication. No physician’s order on file. The medication was not recorded. The box was removed during inspection.</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 PCG has trained SCGs on PRN medication storage, administration, and documentation. The PCG will conduct regular quality reviews and refresher trainings to ensure compliance and prevent this from re-occurring. To ensure proper administration and recording, the PCG and SCG will make a progress note for the reason and response to PRN medications.</p> <p><i>if clarification is needed contact the PCP within 24 hours.</i></p>	<p><i>order of need for</i> 03/16/24</p> <p>04/05/24</p> <p style="text-align: right;">24 JUN 19 P4:14</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #2 – Order dated 11/21/2023 was “CALCIUM (AS CARBONATE)-VITAMIN D 500MG-400 INTL UNITS ORAL TABLET CHEWABLE sig: ONE TABLET BID”. MAR listed “CALCIUM-VITAMIN: 1 TAB 600/20MG PO QD.” Medication order and MAR do not match.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Deficiency has been corrected. Physician was contacted and an updated medication orders received.</p>	<p style="text-align: center;">03/16/24</p> <p style="text-align: right; font-size: small;">24 JUN 19 P4:14</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #2 – Order dated 11/21/2023 was “CALCIUM (AS CARBONATE)-VITAMIN D 500MG-400 INTL UNITS ORAL TABLET CHEWABLE sig: ONE TABLET BID”. MAR listed “CALCIUM-VITAMIN: 1 TAB 600/20MG PO QD.” Medication order and MAR do not match.</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 PCG will ensure that each resident's MAR reflects orders through daily review and oversight of documentation. Additionally, the PCG has provided SCGs with training on medication administration and will conduct regular documentation quality reviews and refresher trainings to prevent this from re-occurring.</p> <p style="text-align: center;"><i>mi Do a</i></p>	<p style="text-align: center;">03/16/24</p> <p style="text-align: center;">04/05/24</p> <div style="text-align: right; margin-top: 20px;"> <p>STATE OF HAWAII DEPARTMENT OF HEALTH STATE LIAISON</p> <p>24 JUN 19 P 4:14</p> </div>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #2 – MAR listed CENTRUM-VITAMIN: 1 TAB PO QD. There was no physician's order.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Deficiency has been corrected. Physician was contacted and an updated medication orders received.</p>	<p style="text-align: center;">03/16/24</p> <p style="text-align: right; font-size: small;">24 JUN 19 P 4:14</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #2 – MAR listed CENTRUM-VITAMIN: 1 TAB PO QD. There was no physician's order.</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 PCG will ensure that each resident's MAR reflects orders through daily review and oversight of documentation. The PCG will work with each resident's PCP to ensure medication orders are current and reflected in the MAR. Additionally, the PCG has provided SCGs with training on medication administration and will conduct regular documentation quality reviews and refresher trainings to prevent this from re-occurring.</p> <p><i>If Clarification is needed, contact the <u>PCP</u> or their Def Atty</i></p>	<p>03/16/24</p> <p>04/05/24</p> <p style="text-align: right;">24 JUN 19 P4:14</p> <p style="text-align: right; font-size: small;">STATE OF MARYLAND JON-PAUL STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #2 – Order dated 11/21/2023 included Pro Air HFA, 2 puffs q6hr prn wheezing. MAR was initialed as given daily; however, the medication was not available at home. Per resident’s family who was present at the time of inspection, the resident has not used the medication for a long time. Please clarify with physician.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Deficiency has been corrected. Physician was contacted and an updated medication orders received.</p>	<p style="text-align: center;">03/16/24</p> <p style="text-align: right; font-size: small;">STATE OF ILLINOIS DEPARTMENT OF STATE LICENSING JUN 19 4:14 PM '24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #2 – Order dated 11/21/2023 included Pro Air HFA, 2 puffs q6hr prn wheezing. MAR was initialed as given daily; however, the medication was not available at home. Per resident’s family who was present at the time of inspection, the resident has not used the medication for a long time. Please clarify with 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>The PCG will ensure that each resident's MAR reflects orders through daily review and oversight of documentation. The PCG will work with each resident's PCP to ensure medication orders are current and reflected in the MAR. This includes ensuring that all medications listed on the MAR match orders in terms of dosage and frequency of administration. Additionally, the PCG has provided SCGs with training on medication administration and will conduct regular documentation quality reviews and refresher trainings to prevent this from re-occurring.</p>	<p style="text-align: right; color: blue;">24 JUN 19 P4:14</p> <p style="text-align: right; color: blue;">STATE OF HAWAII STATE LICENSING</p> <p style="text-align: right;">03/16/24</p>
		<p>this from re-occurring:</p> <p><i>If clarification is needed Contact PCP within 24 hrs</i></p>	<p style="text-align: right;">04/05/24</p> <p style="text-align: right;"><i>6/19/24</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – Irbesartan was not initialed in 3/5/2024 MAR.</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>	<p style="text-align: right;">STATE OF HAWAII DOSH-REGISTRATION STATE LICENSING</p> <p style="text-align: right;">24 JUN 19 P 4:14</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – Irbesartan was not initialed in 3/5/2024 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>The PCG will ensure that each resident's MAR reflects orders through daily review and oversight of documentation. The PCG will work with each resident's PCP to ensure medication orders are current and reflected in the MAR. This includes ensuring that all medications listed on the MAR match orders in terms of dosage and frequency of administration. Additionally, the PCG has provided SCGs with training on medication administration and will conduct regular documentation quality reviews and refresher trainings to prevent this from re-occurring.</p> <p style="text-align: right;"><i>The MAR will be initialed right after the medication is given</i></p>	<p style="text-align: right;">24 JUN 19 P 4:14</p> <p style="text-align: right;">03/08/24</p> <p style="text-align: right;">04/05/24</p> <p style="text-align: right;"><i>6/19/24</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #2 – Order dated 11/21/2023 included Pro Air HFA, 2 puffs q6hr prn wheezing. Indication for prn use was not listed 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;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Deficiency has been corrected. Physician was contacted and an updated medication orders received.</p>	<p style="text-align: center;">03/16/24</p>
			<p style="text-align: right;">24 JUN 19 P 4:14 STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (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 #2 – Order dated 11/21/2023 included Pro Air HFA, 2 puffs q6hr prn wheezing. Indication for prn use was not listed 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>The PCG will ensure that each resident's MAR reflects orders through daily review and oversight of documentation. The PCG will work with each resident's PCP to ensure medication orders are current and reflected in the MAR. This includes ensuring that all medications listed on the MAR match orders in terms of dosage and frequency of administration. Additionally, the PCG has provided SCGs with training on medication administration and will conduct regular documentation quality reviews and refresher trainings to prevent this from re-occurring.</p> <p><i>I will Review the MAR before starting for the future months</i></p>	<p style="text-align: right;">24 JUN 19 P 4:14</p> <p style="text-align: center;">STATE OF MAHARISHI HOSPITAL STATE LICENSING</p> <p style="text-align: right;">03/16/24</p> <p style="text-align: right;">04/05/24</p> <p style="text-align: right;"><i>6/19/24</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #2 – MAR was last initialed for all medication on 3/3/2024. From 3/4/2024 to 3/6/2024, MAR was initialed partially.</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>	<p style="text-align: right;">STATE OF HAWAII DOH-0001 STATE LICENSING 24 JUN 19 P4:14</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #2 – MAR was last initialed for all medication on 3/3/2024. From 3/4/2024 to 3/6/2024, MAR was initialed partially.</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 PCG will ensure that each resident's MAR reflects orders through daily review and oversight of documentation. The PCG will work with each resident's PCP to ensure medication orders are current and reflected in the MAR. This includes ensuring that all medications listed on the MAR match orders in terms of dosage and frequency of administration. Additionally, the PCG has provided SCGs with training on medication administration and will conduct regular documentation quality reviews and refresher trainings to prevent this from re-occurring.</p>	<p style="text-align: center;">03/23/24</p> <p style="text-align: center;">04/05/24</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p> <p style="text-align: right; font-size: small;">24 JUN 19 P 4:14</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 and #2 – In MAR, dosing time was recorded as “Before Breakfast,” “Lunch Time,” “After Dinner,” and “as needed.” Specific dosing time was not recorded.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Deficient has been corrected. SCG changed MAR to reflect actual times for administration.</p>	<p style="text-align: center;">03/16/24</p>
			<p style="text-align: center;">24 JUN 19 P 4:14</p> <p style="text-align: center;">STATE OF GEORGIA DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 and #2 – In MAR, dosing time was recorded as “Before Breakfast,” “Lunch Time,” “After Dinner,” and “as needed.” Specific dosing time was not recorded.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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>For administration times, the PCG has corrected each residents MAR to reflect the actual time medication is to-be-administered. Also, the PCG will ensure that each resident's MAR reflects orders through daily review and oversight of documentation. The PCG will work with each resident's PCP to ensure medication orders are current and reflected in the MAR. This includes ensuring that all medications listed on the MAR match orders in terms of dosage and frequency of administration. Additionally, the PCG has provided SCGs with training on medication administration and will conduct regular documentation quality reviews and refresher trainings to prevent this from re-occurring.</p>	<p style="text-align: center;">03/23/24</p> <p style="text-align: center;">04/05/24</p> <p style="text-align: center;">24 JUN 19 P4:14</p> <p style="text-align: center; font-size: small;">STATE OF ILLINOIS DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #2 – In MAR, “Pro Air: 2 puffs 108MCG/ACT PRN” was initialed as given from 2/2/2024-2/29/2024. Per resident’s family who was present at the time of inspection, the resident has not used the medication for a long time.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Deficiency has been corrected. Physician was contacted and an updated medication order is pending follow up appointment.</p> <p style="text-align: center;"><i>Telephone order to discontinue was received and documented.</i></p>	<p style="text-align: center;">03/16/24</p> <p style="text-align: center;"><i>6/19/24</i></p> <p style="text-align: center;">24 JUN 19 P 4:14</p> <p style="text-align: center;">STATE OF CONNECTICUT DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p>FINDINGS Resident #2 – In MAR, “Pro Air: 2 puffs 108MCG/ACT PRN” was initialed as given from 2/2/2024-2/29/2024. Per resident’s family who was present at the time of inspection, the resident has not used the medication for a long time.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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 PCG will ensure that each resident's MAR reflects orders through daily review and oversight of documentation. The PCG will work with each resident's PCP to ensure medication orders are current and reflected in the MAR. This includes ensuring that all medications listed on the MAR match orders in terms of dosage and frequency of administration. Additionally, the PCG has provided SCGs with training on medication administration and will conduct regular documentation quality reviews and refresher trainings to prevent this from re-occurring.</p> <p style="text-align: right;"><i>If clarification is needed contact PCP within 6/19/24</i></p>	<p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p> <p style="text-align: center;">24 JUN 19 P 4:14</p> <p>03/16/24</p> <p>04/05/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 #2 – Plan of care and activities schedule included “10:30-11:30 GAMES/TRIVIA.” The scheduled activity was not offered to the resident. Resident was escorted back to the room to lay down.</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>	<p style="text-align: center;">24 JUN 19 P4:14</p> <p style="text-align: center; font-size: small;">STATE OF MICHIGAN DEPT. OF HEALTH LICENSING STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 #2 – Plan of care and activities schedule included “10:30-11:30 GAMES/TRIVIA.” The scheduled activity was not offered to the resident. Resident was escorted back to the room to lay down.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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 PCG has provided SCGs with training on implementing resident care plans, to include offering, conducting and documenting activities.</p> <p>All SCGs will offer activities as described in each resident's care plan and</p>	<p style="text-align: center;">04/05/24</p>
			<p style="text-align: center;">24 JUN 19 P 4:14</p> <p style="text-align: center;">STATE OF ILLINOIS DCR-DRCA STATE LICENSING</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 #1 – The admission assessment did not address the resident's need for assistance with bathing, dressing, and level of pain.</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>	<p style="text-align: center;">24 JUN 19 P4:15</p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</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 #1 – The admission assessment did not address the resident's need for assistance with bathing, dressing, and level of pain.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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 PCG will ensure admissions assessments are completed at the time of referral and at the time of admission. The PCG will review the PCP examination and assessment and care plan upon referral, and then confirm at the time of admission. Changes This includes ensuring the referral agency and PCP provide a fully completed documentation.</p> <p><i>I will review all records within one week of admission</i></p>	<p style="text-align: right;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE RECORDS DIVISION</p> <p style="text-align: right;">24 JUN 19 P 4:15</p> <p style="text-align: right;">03/23/24</p> <p style="text-align: right;"><i>6/19/24</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) 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 report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #1 – There was a record that tuberculosis symptom screening was done on 11/30/2023. But there was no record for 2 step PPD skin test result, PPD positive result, or chest x-ray result. Thus, no initial tuberculosis clearance.</p> <p>Resident #2 – No initial tuberculosis clearance.</p> <p>Please submit a copy with your POC.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Attempts to obtain documents through referral agency has been unsuccessful. Therefore, correction pending appointments at Windward Health Center with the following schedule: 04/23/24 - Step 1 Administration 04/30/24 - Step 1 Check & Step 2 Administration 05/02/24 - Step 2 Check</p> <p>Deficiency corrected and copy of Resident 2-step results attached.</p>	<p style="text-align: center;">05/02/24</p>
			<p style="text-align: right;">24 JUN 19 P 4:15 STATE OF OHIO DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) 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 report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #1 – There was a record that tuberculosis symptom screening was done on 11/30/2023. But there was no record for 2 step PPD skin test result, PPD positive result, or chest x-ray result. Thus, no initial tuberculosis clearance.</p> <p>Resident #2 – No initial tuberculosis clearance.</p> <p>Please submit a copy with your POC.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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 PCG will ensure that resident's TB clearance is provided prior to admission. Residents will not be admitted to the ARCH facility without TB clearance.</p>	<p style="text-align: center;">04/14/24</p>
		<p><i>I will use Admission Check lists as a reminder to obtain required documents prior to admission.</i></p>	<p style="text-align: center;"><i>6/19/24</i></p> <p style="text-align: center;">*24 JUN 19 P4:15</p> <p style="text-align: center;">STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES STATE LICENSING</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>FINDINGS Resident #1 – No progress notes documenting the resident's use of Icy hot on 2/3/2024, 2/4/2024, and 2/5/2024 and response to the medication.</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>	<p style="text-align: right;">24 JUN 19 P4:15</p> <p style="text-align: right; font-size: small;">STATE REGULATORY DIVISION STATE LICENSING</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 progress notes documenting the resident’s use of Icy hot on 2/3/2024, 2/4/2024, and 2/5/2024 and response to the medication.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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 PCG has provided all SCGs on procedures for completing resident's progress notes. The PCG will conduct daily quality reviews of resident progress notes to ensure they reflect up-to-date information, including the reason and response to PRN medications.</p>	<p>03/16/24</p> <p>04/05/24</p>
			<p style="text-align: right;">24 JUN 19 P4:15</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPT. OF SOCIAL SERVICES STATE INTELLIGENCE</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 #2 – Order dated 11/21/2023 included Pro Air HFA, 2 puffs q6hr prn wheezing. Per MAR, the medication was given daily. Reasons for daily use and resident’s response to the medication were not recorded in progress notes.</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>	<p style="text-align: right;">24 JUN 19 P4:15</p> <p style="text-align: right; font-size: small;">STATE LICENSING JUN 19 2024 STATE LICENSING</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 #2 – Order dated 11/21/2023 included Pro Air HFA, 2 puffs q6hr prn wheezing. Per MAR, the medication was given daily. Reasons for daily use and resident’s response to the medication were not recorded in progress notes.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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 PCG has provided training for all SCGs on procedures for completing resident's progress notes. The PCG will conduct daily quality reviews of resident progress notes to ensure they reflect up-to-date information, including the purpose for administration and response to PRN medications.</p>	<p style="text-align: center;">04/05/24</p>
			<p style="text-align: center;">24 JUN 19 P4:15</p> <p style="text-align: center;">STATE OF MICHIGAN DEPT. OF HEALTH STATE LICENSING</p>

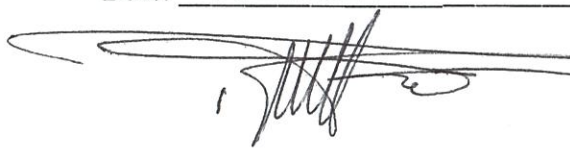
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(3) General rules regarding records:</p> <p>An area shall be provided for safe and secure storage of resident's records which must be retained in the ARCH for periods prescribed by state law;</p> <p><u>FINDINGS</u> Residents' records were stored in the care giver's office. The door to the office was left open when care givers were not in the office.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Deficiency has been corrected. Office door to be closed when unoccupied.</p>	<p style="text-align: center;">03/08/24</p> <p style="text-align: right; font-size: small;">STATE OF ILLINOIS DEPARTMENT OF STATE LICENSING</p> <p style="text-align: right; font-size: small;">24 JUN 19 P4:15</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(3) General rules regarding records:</p> <p>An area shall be provided for safe and secure storage of resident's records which must be retained in the ARCH for periods prescribed by state law;</p> <p><u>FINDINGS</u> Residents' records were stored in the care giver's office. The door to the office was left open when care givers were not in the office.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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>PCG has updated staff handbook to reflect the duty of all SCGs to ensure office door is closed and locked when unoccupied.</p> <p>Additionally, PCG and SCG will work collaboratively to ensure compliance (e.g., friendly reminders, closing the door if noticing the office is unoccupied).</p> <p>The PCG is in the process of identifying a new storage area in the facility that makes it easier to ensure medications are locked and secured appropriately.</p>	<p style="text-align: center;">03/16/24</p> <p style="text-align: center;">04/05/24</p> <p style="text-align: center;">24 JUN 19 P 4:15</p> <p style="text-align: center;">STATE OF HAWAII DEPT. OF HEALTH STATE LIBRARIANS</p>

Licensee's/Administrator's Signature: Ruby A. Endres

Print Name: Ruby A. Endres

Date: 04/22/2024

~~ 6/19/24~~

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING

24 JUN 19 P4:15