

State Licensing Section

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<b>Facility's Name: Saladino's Adult Residential Care Home LLC</b>	<b>CHAPTER 100.1</b>
<b>Address: 91-1011 Pailani Street, Ewa Beach, Hawaii 96706</b>	<b>Inspection Date: November 20, 2023 Annual</b>

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

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

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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>FINDINGS</b> Substitute Care Giver (SCG) #1 – Negative symptom screening for tuberculosis (TB) was done on 2/18/2023. No evidence that PPD skin test was positive. Thus, there is no initial TB clearance.</p> <p>Please submit a copy with your plan of correction.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>SCG #1 do not remembered where she kept her PPD skin test positive result document. Larabila Advised SCG #1 to have an X-ray (chest) as her Initial TB clearance SCG #1 completed TB initial clearance @ Larabila See attachment</p>	<p>1/19/2024</p> <p style="text-align: right;">JAN 23 03:34</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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> Substitute Care Giver (SCG) #1 – Negative symptom screening for tuberculosis (TB) was done on 2/18/2023. No evidence that PPD skin test was positive. Thus, there is no initial TB clearance.</p> <p>Please submit a copy with your plan of correction.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Will ensure all caregivers to submit PPD skin test positive documents or an initial TB clearance before starting to care with residents. Will also ensure that all caregivers will submit an updated TB clearances annually. I will use the SCG <sup>new</sup> checklist as a reminder</p>	<p>1/19/2024</p> <p style="text-align: right;">24 JAN 23 P 3:34</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (g) There shall be on the premises a minimum of three days' food supply, adequate to serve the number of individuals who reside at the ARCH or expanded ARCH.</p> <p><b><u>FINDINGS</u></b> Inadequate fresh vegetable and fruit supply for three (3) days for five (5) residents. There were approximately four (4) cups of cut romaine lettuce and a half bag of fresh celery ribs in refrigerator.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">Immediately Restocked food supplies (fresh vegetables and fruit supplies) enough for 3 days and more for 5 residents.</p> <p style="text-align: right;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>	<p>1/19/2024</p> <p style="text-align: right;">24 JAN 23 P 3:34</p>



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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (g)            There shall be on the premises a minimum of three days' food supply, adequate to serve the number of individuals who reside at the ARCH or expanded ARCH.</p> <p><b><u>FINDINGS</u></b>            Inadequate fresh vegetable and fruit supply for three (3) days for five (5) residents. There were approximately four (4) cups of cut romaine lettuce and a half bag of fresh celery ribs in refrigerator.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PGC and SCC will check food supplies daily and to ensure that food supplies have <sup>more than</sup> enough for 5 clients in 3 days or more. By checking ice box and food storages.</p> <p>We will make an schedule for grocery shopping and on the menus</p>	<p>1/19/2024</p> <p style="text-align: right;">24 JAN 23 P3:34</p> <p style="text-align: right; color: blue;">STATE OF HAWAII            DEPARTMENT OF HEALTH            STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (i)  Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Physician's notes dated 5/26/2023 stated, "Reg., Low Salt, Low Chol-Sat/Fat, No conc. Sweet, Low Calorie, uptake in Fiber." Diet order was not clarified.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">Clarified with the Physician about the changes in Resident diet order. Regular diet order was received.</p> <p style="text-align: right;">STATE OF HAWAII  DEPARTMENT OF HEALTH  STATE ENGINEERING</p>	<p>1/19/2024</p> <p style="text-align: right;">24 JAN 23 P 3:34</p>

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2, will discuss diet order w/ the PCP depending on Resident preferences



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (1)  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>FINDINGS</b>  Resident #1 – Physician’s notes dated 9/6/2023 and 9/18/2023 stated “Avoid simple carbs and concentrated sweets, focus on more proteins and vegetables” and “continue on current altered texture diet/liquids and aspiration precautions during po intake.” Regular diet was served for lunch on the inspection day. Please clarify with 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 style="text-align: center;">Clarified with the physician about the Physician's notes dated 9/6/2023 and 9/18/2023 about the new order.  Regular diet order obtained</p> <p style="text-align: center;">See attachment</p>	<p>1/19/2024</p> <p style="text-align: right;">24 JAN 23 P3:34</p>

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
STATE LICENSING



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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> Clorox and cleaning supplies were stored in an unlocked cabinet under kitchen sink.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">A lock was placed on the cabinet under the sink where clorox and cleaning supplies are stored for safety of the residents and caregivers</p>	<p>1/19/2024</p> <p style="text-align: right;">24 JAN 23 P 3:34</p> <p style="text-align: right; color: blue;">STATE OF MARYLAND BALTIMORE STATE DEFENDING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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> Clorox and cleaning supplies were stored in an unlocked cabinet under kitchen sink.</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>Will inspect daily that all locked cabinets remains locked. Will educate and enforce caregivers to lock, All cabinets/drawers after opening them for safety reasons. Cabinets and drawers not locked remains closed at all times. Keys must be place in safe place.</p>	<p>1/19/2024</p> <p style="text-align: right;">24 JAN 23 P3:34</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><b><u>FINDINGS</u></b>            Medication cabinet was not locked upon department arrival.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">Unlocked medication was locked right away for safety. Keys was kept in safe place.</p>	<p>1/19/2024</p> <p style="text-align: right;">24 JAN 23 13:04</p> <p style="text-align: right; font-size: small;">STATE OF WASH            DEPARTMENT OF            LICENSING</p>



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STATE OF ILLINOIS  
 DEPARTMENT OF HEALTH  
 DIVISION OF INSURANCE

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician’s order at admission on 4/25/2023 was “Losartan-take 1 tab by mouth daily, hold for SBP&lt;100.” No record that BP was taken from 4/26/2023 to 4/30/2023 before administering the medication.</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> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>	<p>1/19/2024</p> <p style="text-align: right;">24 JAN 23 P 3:33</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(6)  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Physician or APRN signed orders for diet, medications, and treatments;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Physician's order at admission on 4/25/2023 was "Losartan-take 1 tab by mouth daily, hold for SBP&lt;100." Dosage was not included. Complete order was obtained on 5/10/2023.</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>	<p>1/19/2024</p> <p style="text-align: right;">24 JAN 23 P3:33</p> <p style="text-align: right; font-size: small;">STATE OF IOWA  DEPARTMENT OF HEALTH  STATE LICENSING</p>



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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(6)  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Physician or APRN signed orders for diet, medications, and treatments;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Physician's order at admission on 4/25/2023 was "Losartan-take 1 tab by mouth daily, hold for SBP&lt;100." Dosage was not included. Complete order was obtained on 5/10/2023.</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 style="text-align: center;">Will ensure that all new orders are complete and any lack of information shall be clarified with the physician and recorded immediately. I will review all record within one week of Admission</p> <div style="text-align: right;">  </div>	<p>1/19/2024</p> <p style="text-align: right;">24 JAN 23 P 3:33</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><b><u>FINDINGS</u></b> Resident #2 – No record for standard information for physical exam. Last documented evidence that physical exam was done was on 8/16/2022. Thus, there is no current physical exam.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">An Annual Physical Examination was completed and recorded for Resident #2</p>	<p style="text-align: center;">1/19/2024</p> <p style="text-align: center;">24 JAN 23 P 3:33</p> <p style="text-align: center;">STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b>FINDINGS</b> Resident #1 – Response to diet was not recorded in progress notes in September 2023 and October 2023. Physician documented “Dysphagia, unspecified type” in 9/6/2023 and 9/18/2023 notes.</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> <p style="text-align: right;">STATE LICENSING</p>	<p style="text-align: center;">24 JAN 23 P 3:33</p>



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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b><u>FINDINGS</u></b> Resident #1 – In medication administration record (MAR), 11/8/2023, 11/9/2023, 9/8/2023-9/10/2023 were initialed in blue ink.</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> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>	<p style="text-align: right;">11/9/2024</p> <p style="text-align: right; font-size: small;">24 JAN 23 P 3:33</p>

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STATE OF MAINE  
DEPARTMENT OF  
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><b><u>FINDINGS</u></b> Two (2) urinals with urine inside were left hanging on the bedrail in resident's bedroom #1.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">Empty Urinals right. To maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and caregivers</p>	<p>1/19/2024</p> <p style="text-align: right;">24 JAN 23 P 3:33</p>

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><b><u>FINDINGS</u></b> Two (2) urinals with urine inside were left hanging on the bedrail in resident's bedroom #1.</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>Will remind caregivers to routinely inspect Residents room for any needs they might have. also will educate caregivers to empty urinals as soon as it is noted w/ urine. And to maintain Healthy/Safety Physical Environment, to minimize hazards to resident and caregivers</p> <p>Will also Encourage Residents to call for any needs, including emptying urinals</p>	<p>1/19/2024</p> <p style="text-align: right;">24 JAN 23 P3:33</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (i)(2)  All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure.</p> <p>Windows shall have screens having no less than sixteen meshes per inch.</p> <p><b><u>FINDINGS</u></b>  There was a 4 x 3cm hole in the window screen in resident bedroom #3.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">Window screen in resident bedroom #3 was assessed and hole was patched up</p>	<p>1/19/2024</p> <p style="text-align: right;">24 JAN 23 P3:33</p>

STATE ARCH  
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (i)(2) All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure.</p> <p>Windows shall have screens having no less than sixteen meshes per inch.</p> <p><b><u>FINDINGS</u></b> There was a 4 x 3cm hole in the window screen in resident bedroom #3.</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>Will inspect the facility regularly for anything that needs replacement or repairs. Will also encourage caregivers to report (alterations, repairs, replacement and others) <sup>from</sup> problems right away, that way can fix it promptly. I will environmental check when I clean every afternoon. If there is an issue I will address within 24 hours.</p>	<p>1/19/2024</p> <p style="text-align: right;">24 JAN 23 P 3:33</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><b>FINDINGS</b> Resident #1 – No record that the care manager provided care giver training for fall precaution, aspiration precaution, choking prevention, special diet, diabetes management, blood glucose check, skin integrity management, and wheelchair use.</p> <p>Please submit evidence that training is provided to the care givers.</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>Case manager has provided training for fall precaution, aspiration precaution, choking precaution, special diet, diabetes management, blood glucose check, skin integrity management and wheelchair use. All caregivers are trained see attachment</p> <div style="text-align: right;">  </div>	<p>1/19/2024</p> <p style="text-align: right;">24 JAN 23 P 3:32</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><b><u>FINDINGS</u></b> Resident #1 – No record that the care manager provided care giver training for fall precaution, aspiration precaution, choking prevention, special diet, diabetes management, blood glucose check, skin integrity management, and wheelchair use.</p> <p>Please submit evidence that training is provided to the care givers.</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>Will coordinate with care management to ensure that all necessary training and teachings are given to caregivers in a timely manner. Will also make sure that these training and teachings are documented.</p>	<p>1/19/2024</p> <p style="text-align: right;">24 JAN 23 P 3:32</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(1) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Comprehensive assessment at admission was incomplete. Assessments for mental, psychological, social and spiritual aspects were not included.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p>STATE OF HAWAII STATE LICENSING</p>	<p>1/19/2024</p> <p>24 JAN 23 P 3:31</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(1)  Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Comprehensive assessment at admission was incomplete. Assessments for mental, psychological, social and spiritual aspects were not included.</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 style="text-align: center;">STATE LICENSING</p> <p>Will work together w/ Case management And making absolutely sure that Comprehensive Assessment for mental, psychological Social And spiritual Aspects were obtained And documented prior to Resident Admission to ARCH.</p>	<p>1/19/2024</p> <p>24 JAN 23 P3:32</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2)            Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><b><u>FINDINGS</u></b>            Resident #1- Current medication order was not listed in care plan for identified problems.</p> <p>Please submit updated care plan with your POC.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Updated care plan for identified problem to include current medication order</i></p> <p style="text-align: center;"><i>see attachment</i></p>	<p><i>1/19/2024</i></p> <p style="text-align: right;">24 JAN 23 P 3:31</p> <p style="text-align: right; color: blue; font-size: small;">STATE OF CONNECTICUT        DEPARTMENT OF REGULATION        STATE LICENSING</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2)            Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><b>FINDINGS</b>            Resident #1 – Care plan for “Risk for complications of Diabetes” included hyperglycemia and hypoglycemia only. Other possible complications were not included.</p> <p>Please submit updated care plan with your POC.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p> <i>Contacted Resident #1 Case manager to update care plan with POC. Case manager also provided education and training along with other updated care plans for a Risk for complications of Diabetes. See attachment</i> </p>	<p>1/19/2024</p> <p style="text-align: right;">24 JAN 23 P 3:31</p>



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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2)  Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – No care plan for choking. PCG stated that resident eats very fast. PCG often tells the resident to slow down. PCG also documented in progress notes "Client almost choke. Advised client not to rush on eating."</p> <p>Please submit updated care plan with your POC.</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>Caregiver will report observation pertaining to resident's health to the physician and care management for them to develop a care plan that addresses resident's needs. Caregivers will make sure an updated care plan includes the new observation in timely manner.</p>	<p>1/19/2024</p> <p style="text-align: right;">24 JAN 23 P 3:31</p> <p style="text-align: right; color: blue;">STATE OF HAWAII  DEPARTMENT OF HEALTH  STATE LICENSING</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2)            Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – No care plan for choking. PCG stated that resident eats very fast. PCG often tells the resident to slow down. PCG also documented in progress notes "Client almost choke. Advised client not to rush on eating."</p> <p>Please submit updated care plan with your POC.</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 style="text-align: center;"> <i>Contracted Case management to have education and training for Choking precautions and to update Plan of Care for Resident #1 &amp; will go over care plan w/ the CM at least once a month.</i> </p>	<p style="text-align: center;"><i>1/19/2024</i></p> <p style="text-align: right;"> <small>STATE OF HAWAII            STATE LICENSING</small>  <b>24 JAN 23 P3:31</b> </p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(10)            Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate;</p> <p><b>FINDINGS</b>            Resident #1 – Comprehensive assessment due in October 2023 was incomplete. Assessments for mental, psychological, social and spiritual aspects were not included.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">A Completed Comprehensive Assessment in October 2023 already filed on Resident # 1 Binder by the Case management Services.. A Completed Comprehensive Assessment Includes mental, psychological, social and spiritual Aspects</p>	<p style="text-align: right;">11/29/2024            11/23 P3:31</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(10)            Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – Comprehensive assessment due in October 2023 was incomplete. Assessments for mental, psychological, social and spiritual aspects were not included.</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 style="text-align: center;"> <i>shall ensure that Case management conduct comprehensive reassessment of the E-ARCT resident every six months or sooner. Assessments will include mental, psychological, social and spiritual were included. Will check and remind CM about a</i> </p>	<p style="text-align: right;"><i>1/19/2024</i></p> <p style="text-align: right;"><i>24</i></p> <p style="text-align: right;"><i>JAN 23 3:31</i></p>

*complete comprehensive  
 39 assessments in timely manner is needed.*

Licensee's/Administrator's Signature: Elma Z. Saladino

Print Name: Elma Saladino

Date: 1/19/2024

5/6/2024 Elma Saladino

STATE OF HAWAII  
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