

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATE LICENSING SECTION
24 JUN 19 PM 3:30

Facility's Name: Tangonan Adult Residential Care Home	CHAPTER 100.1
Address: 94-228 Moena Place Waipahu, Hawaii 96797	Inspection Date: May 17, 2024 Annual

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

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS PER HAR 11-100.1-3(e)(2). IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

FAILURE TO CORRECT CITED DEFICIENCIES AS PER THE PLAN OF CORRECTION COULD RESULT IN REFUSAL TO RENEW YOUR LICENSE PER HAR 11-100.1-3(e)(3).

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing.</u> (a)(4) No person, group of persons, or entity shall operate an ARCH or expanded ARCH without a license previously obtained under and in compliance with this chapter and chapter 321, HRS.</p> <p>The license issued by the department shall be posted in a conspicuous place visible to the public, on the premises of the ARCH or expanded ARCH;</p> <p><u>FINDINGS</u> License expired on 8/31/23 was posted in a conspicuous place during the time of inspection.</p> <p>Primary caregiver (PCG) corrected and placed the current license during the time of 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: center;">24 JUN 10 P3:30</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>, (a)(4) No person, group of persons, or entity shall operate an ARCH or expanded ARCH without a license previously obtained under and in compliance with this chapter and chapter 321, HRS.</p> <p>The license issued by the department shall be posted in a conspicuous place visible to the public, on the premises of the ARCH or expanded ARCH;</p> <p><u>FINDINGS</u> License expired on 8/31/23 was posted in a conspicuous place during the time of inspection.</p> <p>Primary caregiver (PCG) corrected and placed the current license during the time of 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 style="text-align: center;"><i>Once I received my new license, make one copy right away one for my folder, and one for the wall frame that can seen by my inspector for the next inspection, so I will not forget again.</i></p>	<p style="text-align: right;"><i>6-1-24</i></p> <p style="text-align: right;">24 JUN 10 P 3:30</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><u>FINDINGS</u> No documented evidence that the substitute caregiver (SCG) has an annual tuberculosis clearance since 4/17/23.</p> <p>Please provide a copy of the SCG annual TB clearance with your plan of correction.</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;"><i>Reminds my substitutes their requirements, before in due, substitute cannot perform to work without complete documents. 6-24</i></p> <p style="text-align: right; font-size: small;">STATE OF MARYLAND DEPARTMENT OF HEALTH & GENERAL SERVICES DIVISION OF LICENSING</p>	<p style="text-align: center;">24 JUN 10 P 3:30</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><u>FINDINGS</u> No documented evidence that the substitute caregiver (SCG) has an annual tuberculosis clearance since 4/17/23.</p> <p>Please provide a copy of the SCG annual TB clearance with your plan of correction.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>Substitute will give them a reminder and attraction that the requirements are due, for our patients safety to prevent happening again. I created a checklist will be placed in my calendar binder to remind me. I will use this next time audit, when I do my</i></p>	<p style="text-align: right;">24 JUN 10 P3:30</p> <p style="text-align: right;">STATE DIRECTOR</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department.</p> <p>FINDINGS Residents #1 to #5 were indicated as intermediate care facility (ICF) which indicates overcapacity:</p> <ul style="list-style-type: none"> • Resident #1- Level of Care Evaluation on 8/25/23 indicated ICF, however PCG stated resident is ARCH level. • Resident #5- Physician Examination on 5/6/24 indicated ICF, however Level of Care Evaluation on 4/7/20 indicated ARCH. PCG stated resident is ARCH level. <p>Please submit an updated level of care evaluation for Resident #1 and Resident #5 with your plan of correction.</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;"><i>Accurate level of care evaluation completed by PCG and recorded in chart.</i></p> <p style="text-align: center;"><i>Resident #1 ARCH level</i></p> <p style="text-align: center;"><i>Resident #5 ARCH level</i></p>	<p style="text-align: center;"><i>6-6-24</i></p> <p style="text-align: right;">24 JUN 10 P3:29</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department.</p> <p><u>FINDINGS</u> Residents #1 & #5 were indicated as intermediate care facility (ICF) which indicates overcapacity:</p> <ul style="list-style-type: none"> • Resident #1- Level of Care Evaluation on 8/25/23 indicated ICF, however PCG stated resident is ARCH level. • Resident #5- Physician Examination on 5/6/24 indicated ICF, however Level of Care Evaluation on 4/7/20 indicated ARCH. PCG stated resident is ARCH level. <p>Please submit an updated level of care evaluation for Resident #1 and Resident #5 with your plan of correction.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>With any future admissions, PCG will double check to ensure that all level of care evaluation forms are accurate and completed correctly. I will ensure that the level of care form is completely correct as part of admission documents from the hospital or emergency dept.</i></p>	<p style="text-align: right;">24 JUN 10 P3:29</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p>FINDINGS Resident #4- Physician ordered Fosamax oral tablet 70 mg "Take one tablet PO a day once per week"; however, medication label reads, "Please see attached for detailed directions". Physician order and medication label does 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 style="text-align: center;"><i>Pharmacy asked to correctly label medication as ordered by physician. medication label will read, Fosamax oral tablet 70mg, 1 tablet by mouth one day once per week. take with full glass of water and remain upright for atleast 30 minutes, do not eat, drink, or take other medication for 30 minutes.</i></p>	<p style="text-align: right;"><i>5/31/24</i></p> <p style="text-align: right;">74 JUN 10 P3:29</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <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> A box of labeled rectal suppositories and one syringe was left unsecured in the refrigerator.</p> <p>PCG stored and secured the suppositories and syringe during the time of 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: center;">24 JUN 10 P 3:29</p>

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	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 #4- Physician ordered on 12/21/23 for "Calcium + D + K"; however, medication bottle indicates Calcium 600 mg plus Vitamin D3 20 mcg. Physician order and medication bottle does 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 style="text-align: center;"><i>Physician clarified medication order: Calcium 600mg + Vitamin D3 20 mcg.</i></p> <p style="text-align: center;"><i>Progress note^{is} notes were accurate, requested for physician to update their medication list to reflect medication orders accurately, when medication list is updated by physician, progress note will be kept in chart.</i></p>	<p style="text-align: right;"><i>I- 31-24</i></p> <p style="text-align: right;">24 JUN 10 P3:29</p> <p style="text-align: right; font-size: small;">SIA STATE LIAISON</p>

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	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 #4- Physician ordered on 12/21/23 for "Calcium + D + K"; however, the medication administration record (MAR) was transcribed as "Calcium Carbonate 600 mg" from December 2023 to May 2024. Physician order and MAR transcription does 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 style="text-align: center;"><i>clarified medication order with physician. current physician order transcribed to correct MAR and now matches.</i></p>	<p style="text-align: right;"><i>6-1-24</i></p> <p style="text-align: center;">24 JUN 10 P 3:29</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #4- Physician ordered on 12/21/23 for "Levothyroxine Sodium 88 mcg Take 1 tablet by mouth once a day"; however, the MAR was transcribed as "Levothyroxine Sodium Take 1 tablet by mouth once a day" from December 2023 to May 2024. MARs did not have medication's strength.</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;"><i>Order corrected in previous and current MARs to reflect Levothyroxine Sodium 88 mcg (tab by mouth) once a day.</i></p>	<p style="text-align: right;"><i>6-2-24</i></p> <p style="text-align: right;">24 JUN 10 P 3:29</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #4- Physician ordered on 12/21/23 for "Levothyroxine Sodium 88 mcg Take 1 tablet by mouth once a day"; however, the MAR was transcribed as "Levothyroxine Sodium Take 1 tablet by mouth once a day" from December 2023 to May 2024. MARs did not have medication's strength.</p>	<p style="text-align: center;">PLAN OF CORRECTION</p> <p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>to prevent future deficiencies, I will ensure that all components of the MAR is complete, including date, name, dose, route and time.</i></p> <p><i>I will create a checklist with clients medication to match the DR order, I put this checklist in the clients folder. I will use this checklist to do my monthly audit.</i></p>	<p style="text-align: right;"><i>6-2-24</i></p> <p style="text-align: right;"><i>24 JUN 10 P3:28</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #4- Physician ordered on 12/21/23 for "Lisinopril 40 mg"; however, the MAR was transcribed as "Lisinopril 10 mg" from December 2023 to May 2024. Physician order and MARs did not match with the medication's strength.</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;"><i>current physician order transcribed to current MAR and now match, previous MAR were corrected to reflect the correct^{off} order.</i></p>	<p style="text-align: right;"><i>6-2-24</i></p> <p style="text-align: right;">24 JUN 10 P 3:28</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #4- Physician ordered on 12/21/23 for "Lisinopril 40 mg"; however, the MAR was transcribed as "Lisinopril 10 mg" from December 2023 to May 2024. Physician order and MARs did not match with the medication's strength.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>Care giver and care manager will ensure that all physician orders are correctly transcribed on the MAR. I will create a checklist each client's medication to match the Dr. order. I put this checklist in the client's folder. I will use this checklist to do my monthly audit.</i></p>	<p style="text-align: right;">6-4-24</p> <p style="text-align: right;">24 JUN 10 P3:28</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- No documented evidence of a tuberculosis report. Physician order on 8/25/23 indicated "PPD reading 8/27 at 1:30 pm", however no PPD reading was found in the resident's chart.</p> <p>Please provide a copy of Resident #1 TB result with your plan of correction.</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;"><i>Resident #1, on 5-28-24 Lanakila staff found that she do not need skin test only CXR, but unable to take CXR due to machine not working.</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH</p>	<p style="text-align: right;">24 JUN 10 P3:28</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- No documented evidence of a tuberculosis report. Physician order on 8/25/23 indicated "PPD reading 8/27 at 1:30 pm", however no PPD reading was found in the resident's chart.</p> <p>Please provide a copy of Resident #1 TB result with your plan of correction.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>Moving forward, I will ensure that annual TB test is scheduled ahead of time and completed timely. I will make sure that results are placed in chart.</i></p> <p><i>I created a posted note, this posted note will be placed in my client folder to remind me. I will use this when I do my monthly audit.</i></p>	<p style="text-align: right;"><i>6-6-24</i></p> <p style="text-align: right;"><i>24 JUN 10 P 3:28</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(7) 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>Height and weight measurements taken;</p> <p>FINDINGS No documented evidence that heights were taken in the registrar for Residents #2, #3, #4, and #5.</p> <p>Please submit a copy of the registrar with your plan of correction.</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;"><i>During admission is always taking height and weight while assessing the client the day of admission.</i></p>	<p style="text-align: right;"><i>10-1-24</i></p> <p style="text-align: right;">24 JUN 10 P 3:28</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(7) 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>Height and weight measurements taken;</p> <p><u>FINDINGS</u> No documented evidence that heights were taken in the registrar for Residents #2, #3, #4, and #5.</p> <p>Please submit a copy of the registrar with your plan of correction.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>Obtaining height and weight measurements will be added to admission checklist including for admissions and transfers.</i></p>	<p style="text-align: right;"><i>6-1-24</i></p> <p style="text-align: right; font-size: small;">24 JUN 10 P 3:28</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><u>FINDINGS</u> Resident #4-</p> <ul style="list-style-type: none"> • No legend to explain "H" used in December 2023, January 2024, and March 2024 MAR. • No legend to explain "R" used in April 2024 MAR. 	<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 10 P 3:28</p>

STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 STATE OFFICE

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p>FINDINGS Resident #4-</p> <ul style="list-style-type: none"> • No legend to explain "H" used in December 2023, January 2024, and March 2024 MAR. • No legend to explain "R" used in April 2024 MAR. 	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>Added to Legend on MAR</i> <i>H - Medication held</i> <i>R - medication refused</i> <i>These abbreviations will</i> <i>be added in legend</i> <i>on MAR each month. 4-1-24</i></p>	<p style="text-align: right;">24 JUN 10 P 3:28</p> <p style="text-align: right;">STATE CORRECTIONS</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p>FINDINGS Resident #4- No documented evidence that the general register was maintained to reflect discharge date on 11/9/23 and readmission on 12/21/23.</p> <p>Please submit an updated copy of the general register with your plan of correction.</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;"><i>General register for readmission on 12/21/2023 completed</i></p>	<p style="text-align: right;"><i>10-1-24</i></p> <p style="text-align: right;">24 JUN 10 P3:28</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p>FINDINGS Resident #4- No documented evidence that the general register was maintained to reflect discharge date on 11/9/23 and readmission on 12/21/23.</p> <p>Please submit an updated copy of the general register with your plan of correction.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>I will ensure general register is completed with each discharge and admission readmission. general register will be added to the admission checklist to make sure it is completed.</i></p>	<p style="text-align: right;"><i>5-29-24</i></p> <p style="text-align: right;">24 JUN 10 P3:28</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>FINDINGS Resident #4- No documented evidence of written policies established for admission dated 12/21/23. Last written policies dated 5/19/23.</p> <p>Please submit a copy of the updated written policies for Resident #4 with your plan of correction.</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;"><i>Written policies with rights and responsibilities were provided to resident and family, effective 12/21/2023. Documented reviewed and receipt of policies in current chart.</i></p>	<p style="text-align: right;"><i>6-6-24</i></p> <p style="text-align: right;">24 JUN 10 13:27</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>FINDINGS Resident #4- No documented evidence of written policies established for admission dated 12/21/23. Last written policies dated 5/19/23.</p> <p>Please submit a copy of the updated written policies for Resident #4 with your plan of correction.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>P.C.G. make a new admission assessment and care plan forms due to a readmission and change of level of care of the client, and have client rep-resentative to sign and give me copy.</i></p> <p><i>I will create a checklist of a new admission assessment or care plan. I put this checklist in the client's folder.</i></p>	<p style="text-align: right;"><i>6-6-24</i></p> <p style="text-align: right;"><small>SEARCHED SERIALIZED INDEXED FILED</small></p>

24 JUN 10 P 3:27

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><u>FINDINGS</u> Resident #4- No documented evidence of related charges, including any charges for services not covered in the resident's binder.</p> <p>Please provide a copy of the related charges in your plan of correction.</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;"><i>Accurate copies of related charges upon admission and throughout stay will be kept in residents or primary care procedure chart.</i></p>	<p style="text-align: right;"><i>6-8-24</i></p> <p style="text-align: right;">24 JUN 10 P 3:27</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p>FINDINGS Resident #4- No documented evidence of related charges, including any charges for services not covered in the resident's binder.</p> <p>Please provide a copy of the related charges in your plan of correction.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>Upon admission, residents or family will be informed of all services available and charges for services. Documentation will be kept in care home operator chart and will be updated accordingly.</i></p> <p><i>I create a checklist of a new admission attached on care plan. I put this checklist in the client folder.</i></p>	<p style="text-align: right;"><i>6-8-24</i></p> <p style="text-align: right;">24 JUN 10 P 3:27</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><u>FINDINGS</u> Resident #4- No documented evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP.</p> <p>Please provide a copy of Resident #4 current immunizations with your plan of correction.</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;"><i>Current immunization necessary will be kept in chart.</i></p>	<p style="text-align: right;"><i>6-1-24</i></p> <p style="text-align: right;">24 JUN 10 P3:27</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><u>FINDINGS</u> Resident #4- No documented evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP.</p> <p>Please provide a copy of Resident #4 current immunizations with your plan of correction.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>In the future, PEG will make the immunization forms and have them ready to request ^{it} as soon as immediately a current immunization record will be kept in chart.</i></p>	<p style="text-align: right;"><i>6-1-24</i></p> <p style="text-align: right; font-size: small;">24 JUN 10 13:27</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><u>FINDINGS</u> Fire drills from May 2023 to April 2024 were conducted and documented consistently from 10:00 AM to 5:00 PM. No times varied.</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 10 P3:26</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><u>FINDINGS</u> Fire drills from May 2023 to April 2024 were conducted and documented consistently from 10:00 AM to 5:00 PM. No times varied.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>Fire drills be conducted during various times of day, including evening and night hours, each month, the fire drills will not be conducted at the same times as the previous month.</i></p> <p style="text-align: center;"><i>I will create a note/posted note in my Couchoua Folder, to remind me, I use this note when I do my monthly ^{my} Drill.</i></p>	<p style="text-align: right;"><i>6-8-24</i></p> <p style="text-align: right;">24 JUN 10 P3:27</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><u>FINDINGS</u> Resident #4- Interim care plan contains medication errors. MARs transcription from December 2023 to May 2024 by the case management services contains medication errors. Case manager is to check that MARs are accurate.</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>Case manager ensured all medications were correct on current care plan. Case manager ensured caregiver has accurate MARs. Case manager will check MARS during monthly visits to ensure that it is accurate and contains all required information (date, drug name, route, dose, and time).</p>	<p style="text-align: right; vertical-align: middle;">6-1-24</p> <p style="text-align: right; vertical-align: bottom;">24 JUN 10 P 3:26</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>FINDINGS Resident #4- Interim care plan contains medication errors. MARs transcription from December 2023 to May 2024 by the case management services contains medication errors. Case manager is to check that MARs are accurate.</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>Upon admission, case manager will conduct medication reconciliation and ensure that all physician orders match medication labels and are transcribed on the MAR correctly. Case manager will continue to check MARs routinely each month to ensure that any new orders are transcribed carefully and accurately.</p>	<p style="text-align: right; vertical-align: middle;">6-1-24</p> <p style="text-align: right; vertical-align: bottom;">24 JUN 10 03:26</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-89 <u>Medications</u>. (2) in addition to the requirements in subchapter 2 and subchapter 3, the following shall apply to an expanded ARCH:</p> <p>The primary care giver shall obtain training, relevant information, and regular monitoring from the expanded ARCH resident's physician, a home health agency, or a registered nurse case manager for any and all specific medications that the expanded ARCH resident requires.</p> <p><u>FINDINGS</u> Resident #4- No regular monitoring by the PCG due to medication transcription errors on MARs from December 2023 to May 2024.</p>	<p style="text-align: center;">PART I</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>RN case manager will indicate that caregiver is being monitored monthly by reviewing and initialing MAR if complete and accurate.</p> <p>Medication administration is reviewed and delegated upon resident's admission.</p>	<p style="text-align: right;">6-1-24</p> <p style="text-align: right;">24 JUN 10 P 3:26</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-89 Medications. (2) In addition to the requirements in subchapter 2 and subchapter 3, the following shall apply to an expanded ARCH:</p> <p>The primary care giver shall obtain training, relevant information, and regular monitoring from the expanded ARCH resident's physician, a home health agency, or a registered nurse case manager for any and all specific medications that the expanded ARCH resident requires.</p> <p>FINDINGS Resident #4- No regular monitoring by the PCG due to medication transcription errors on MARs from December 2023 to May 2024.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Medication administration is reviewed and delegated upon resident's admission.</p> <p>RN case manager will indicate that caregiver is being monitored monthly by reviewing and initialing MAR if complete and accurate. RN case manager will add section on CM monthly note that indicates medication reconciliation was done and MAR has been reviewed.</p>	<p style="text-align: right;">6-1-24</p> <p style="text-align: right;">24 JUN 10 P 3:26</p>

Licensee's/Administrator's Signature: Edna Tangonan

Print Name: Edna Tangonan

Date: 6/10/24

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24 JUN 10 P 3:26