

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: Winmax Senior Care, L.L.C. | CHAPTER 100.1 |
| Address: 3808 Harding Avenue, Honolulu, Hawaii 96822 | Inspection Date: April 19, 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. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|--|---|---|
| <input checked="" type="checkbox"/> | <p>§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><u>FINDINGS</u> SCG #2 – Current Fieldprint clearance unavailable for review</p> <p>Submit a copy with 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>Current Fieldprint clearance completed on 4/26/2023, next due in the year of 2024</p> | <p style="text-align: center;">04/26/2023</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <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> SCG #2 – Current Fieldprint clearance unavailable for review</p> <p>Submit a copy with 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>Current Fieldprint clearance was completed and available to review. To ensure this doesn't happen again, DON/ADON/NM (PCG's) will meet with DOH Nurse Consultant before the end of the audit to go over citations and DON/ADON/NM will check to see if they can locate the document before DOH Nurse Consultant leaving Care Home being audited.</p> | 04/22/2024 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <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> SCG #1 – Current annual physical exam unavailable for review</p> <p>Submit a copy with plan of correction.</p> | <p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Annual physical exam performed 4/24/24</p> | <p>04/24/2024</p> |

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| <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> SCG #1 – Current annual physical exam unavailable for review</p> <p>Submit a copy with 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>To prevent further deficiency from occurring PCG (DON) reeducated SCG #1 on the need for annual physical per DOH guidelines. PCG (DON) will check staff qualifications on the first of each month to ensure all documents are accurate and complete per DOH, DO/HR will send quarterly updates to SCG's when staff qualifications are expiring or due at that time. SCG will receive a month's notice and have 1 month to return the staff qualification, if staff qualification is not obtained, 1 PPL will be deducted from their account, and no further PPL will be earned until staff qualification is completed. 1 PPL deduction is in the guidelines and benefits and all SCGs are educated at the time of hire and sign off that they understand. No in-service is necessary because PCG is PCG (DON) and (PCG) DON is writing this POC. HR will assist PCG (DON) with staff qualifications as needed, HR has been in-serviced on staff qualifications. HR is involved with employee onboarding and has been educated on the necessary staff qualifications per HAR.</p> <p>Policy: STAFF QUALIFICATIONS. A. Requirement for Employment. Staff Qualifications documents are required for employment. Employee is required to renew, prior to expiration, and provide admin with current and unexpired copies. The list of Staff Qualifications are as follows: -Fieldprint Background Check - 2 years in a row than every 2 years thereafter -CPR/First Aid every 2 years -Physical Exam Annually -2 part TB at hire, 1 part TB every year thereafter -Hepatitis Vaccine (optional); -Support documents; and -Nurse License. -12 hours of continuing education annually to be done in January and July</p> <p>B. Lapsed Documents. An Employee with Staff Qualifications that have lapsed can be removed from schedule until Employee has turned in copies to admin. For each day Employee has been removed from schedule, one (1) PPL will be automatically deducted. Failure to maintain Staff Qualifications will result in a deduction of 1 PPL day (12 hours) and will no longer earn PPL until qualifications are up to date.lapsed can be removed from schedule until Employee has turned in copies to admin. For each day Employee has been removed from schedule, one (1) PPL will be automatically deducted.</p> | <p>04/22/2024</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> SCG #1 – Current annual TB clearance unavailable for review</p> <p>Submit a copy with 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>Staff member is currently out on an extended leave of absence unsure of return date.</p> | <p style="text-align: right;">05/17/2024</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> SCG #1 – Current annual TB clearance unavailable for review</p> <p>Submit a copy with 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>To prevent further deficiency from occurring PCG (DON) reeducated SCG #1 on the need for initial 2-step documentation and 1-step annually thereafter per DOH guidelines. PCG (DOM) will check staff qualifications on the first of each month to ensure all documents are accurate and complete per DOH, DO/HR will send quarterly updates to SCG's when staff qualifications are expiring or due at that time. SCG will receive a month's notice and have 1 month to return the staff qualification, if staff qualification is not obtained, 1 PPL will be deducted from their account, and no further PPL will be earned until staff qualification is completed. 1 PPL deduction is in the guidelines and benefits and all SCGs are educated at the time of hire and sign off that they understand. No in-service is necessary because PCG is PCG (DON) and (PCG) DON is writing this POC. HR will assist PCG (DON) with staff qualifications as needed, HR has been in-serviced on staff qualifications. HR is involved with employee onboarding and has been educated on the necessary staff qualifications per HAR.</p> <p>Policy: STAFF QUALIFICATIONS. A. Requirement for Employment. Staff Qualifications documents are required for employment. Employee is required to renew, prior to expiration, and provide admin with current and unexpired copies. The list of Staff Qualifications are as follows: -Fieldprint Background Check - 2 years in a row then every 2 years thereafter -CPR/First Aid every 2 years -Physical Exam Annually -2 part TB at hire, 1 part TB every year thereafter -Hepatitis Vaccine (optional); -Support documents; and -Nurse License. -12 hours of continuing education annually to be done in January and July</p> <p>B. Lapsed Documents. An Employee with Staff Qualifications that have lapsed can be removed from schedule until Employee has turned in copies to admin. For each day Employee has been removed from schedule, one (1) PPL will be automatically deducted. Failure to maintain Staff Qualifications will result in a deduction of 1 PPL day (12 hours) and will no longer earn PPL until qualifications are up to date..</p> | <p style="text-align: center;">05/13/2024</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <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 #1 – Valid first-aid certification unavailable for review</p> <p>Submit a copy with 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>Staff member is currently out on an extended leave of absence unsure of return date.</p> | <p style="text-align: right;">05/17/2024</p> |

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| <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>FINDINGS SCG #1 – Valid first-aid certification unavailable for review</p> <p>Submit a copy with 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>To prevent further deficiency from occurring PCG (DON) reeducated SCG #1 on the need for First Aid certification per DOH guidelines. PCG (DON) will check staff qualifications on the first of each month to ensure all documents are accurate and complete per DOH, DO/HR will send quarterly updates to SCG's when staff qualifications are expiring or due at that time. SCG will receive a month's notice and have 1 month to return the staff qualification, if staff qualification is not obtained, 1 PPL will be deducted from their account, and no further PPL will be earned until staff qualification is completed. 1 PPL deduction is in the guidelines and benefits and all SCGs are educated at the time of hire and sign off that they understand. No in-service is necessary because PCG is PCG (DON) and (PCG) DON is writing this POC. HR will assist PCG (DON) with staff qualifications as needed, HR has been in-serviced on staff qualifications. HR is involved with employee onboarding and has been educated on the necessary staff qualifications per HAR.</p> <p>Policy: STAFF QUALIFICATIONS. A. Requirement for Employment. Staff Qualifications documents are required for employment. Employee is required to renew, prior to expiration, and provide admin with current and unexpired copies. The list of Staff Qualifications are as follows: -Fieldprint Background Check - 2 years in a row then every 2 years thereafter -CPR/First Aid every 2 years -Physical Exam Annually -2 part TB at hire, 1 part TB every year thereafter -Hepatitis Vaccine (optional); -Support documents; and -Nurse License. -12 hours of continuing education annually to be done in January and July</p> <p>B. Lapsed Documents. An Employee with Staff Qualifications that have lapsed can be removed from schedule until Employee has turned in copies to admin. For each day Employee has been removed from schedule, one (1) PPL will be automatically deducted. Failure to maintain Staff Qualifications will result in a deduction of 1 PPL day (12 hours) and will no longer earn PPL until qualifications are up to date..</p> | <p style="text-align: center;">05/13/2024</p> |

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| <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 (CPR);</p> <p><u>FINDINGS</u> SCG #1 – Valid CPR certification unavailable for review</p> <p>Submit a copy with 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>Staff member is currently out on an extended leave of absence unsure of return date.</p> | <p style="text-align: center;">05/17/2024</p> |

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| <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 (CPR);</p> <p><u>FINDINGS</u> SCG #1 – Valid CPR certification unavailable for review</p> <p>Submit a copy with 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>To prevent further deficiency from occurring PCG (DON) reeducated SCG #1 on the need for CPR certification per DOH guidelines. PCG (DON) will check staff qualifications on the first of each month to ensure all documents are accurate and complete per DOH, DO/HR will send quarterly updates to SCG's when staff qualifications are expiring or due at that time. SCG will receive a month's notice and have 1 month to return the staff qualification, if staff qualification is not obtained, 1 PPL will be deducted from their account, and no further PPL will be earned until staff qualification is completed. 1 PPL deduction is in the guidelines and benefits and all SCGs are educated at the time of hire and sign off that they understand. No in-service is necessary because PCG is PCG (DON) and (PCG) DON is writing this POC. HR will assist PCG (DON) with staff qualifications as needed, HR has been in-serviced on staff qualifications. HR is involved with employee onboarding and has been educated on the necessary staff qualifications per HAR.</p> <p>Policy: STAFF QUALIFICATIONS. A. Requirement for Employment. Staff Qualifications documents are required for employment. Employee is required to renew, prior to expiration, and provide admin with current and unexpired copies. The list of Staff Qualifications are as follows: -Fieldprint Background Check - 2 years in a row than every 2 years thereafter -CPR/First Aid every 2 years -Physical Exam Annually -2 part TB at hire, 1 part TB every year thereafter -Hepatitis Vaccine (optional); -Support documents; and -Nurse License. -12 hours of continuing education annually to be done in January and July</p> <p>B. Lapsed Documents. An Employee with Staff Qualifications that have lapsed can be removed from schedule until Employee has turned in copies to admin. For each day Employee has been removed from schedule, one (1) PPL will be automatically deducted. Failure to maintain Staff Qualifications will result in a deduction of 1 PPL day (12 hours) and will no longer earn PPL until qualifications are up to date..</p> | <p>05/13/2024</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-13 <u>Nutrition</u>. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u> Standardized serving utensils were not used to ensure correct portion sizes were served during lunch on 4/19/24</p> | <p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> | |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-13 <u>Nutrition</u>. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u> Standardized serving utensils were not used to ensure correct portion sizes were served during lunch on 4/19/24</p> | <p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To ensure this does not happen again, all staff will have initial training and orientation before serving food in the care home by their specific NA trainer and PCG (DON/ADON/NM), yearly education will be given on food service to keep the information fresh in their mind, yearly education is provided in January and July. To ensure all houses have standardized serving spoons PCG (DON) will have all 11 house supervisors (NA's/CNA's) - respond to a message stating they have the standardized, if they do not PCG will have an executive assistant order and replace at home. The standardized spoons will be labeled with 1 cup and 1/2 cup and placed in line of sight.</p> | <p style="text-align: center;">04/22/2024</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-13 <u>Nutrition</u>, (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u> Milk was included on lunch menu for 4/19/24; however, was not served to residents at mealtime .</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> | |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-13 <u>Nutrition</u>. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u> Milk was included on lunch menu for 4/19/24; however, was not served to residents at mealtime</p> | <p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To ensure this does not happen again DON (PCG) will reach out to our RD to discuss alternative sources of high-calcium foods and offer these alternative sources at mealtimes to residents who do not like milk.</p> | <p style="text-align: right;">04/26/2024</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> Box of chips stored on the floor in food pantry</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>Box of chips was moved off the floor and placed on a shelf.</p> | <p style="text-align: center;">04/19/2024</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> Box of chips stored on the floor in food pantry</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>DON (PCG) reeducated House Core staff (SCGs) on the regulation of proper food storage. Food cannot be stored on the ground, rather food has to be at least 2 inches from the floor. Moving forward to ensure this does not happen again all House Supervisors (CNA/NA SCG - supervisor of the Care Home) were educated and reminded to check to make sure that all food is stored and prepared properly. House Supervisors expressed understanding on the policy. DON (PCG) will have continuing follow up with House Supervisors to make sure policy is followed once weekly at house visits.</p> | <p>04/29/2024</p> |

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| <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> Lysol toilet bowl cleaner and Lysol disinfecting spray stored unsecured in bathroom</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>Lysol toilet bowl cleaner and Lysol disinfecting spray were removed from the unsecured bathroom and placed in a secure location.</p> | <p style="text-align: center;">04/19/2024</p> |

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| ☒ | <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> Lysol toilet bowl cleaner and Lysol disinfecting spray stored unsecured in bathroom</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>Core staff (SCGs) were re-educated by DON/NM (PCGs) on the importance of keeping toxic chemicals and cleaning agents in a secure area under lock and key. Core staff explained back the importance of keeping chemicals secure and the reduction of risk for injury to our residents. Staff showed understanding of the policy. While DON/ADON/NM (All PCGs) are in the Care Home for weekly visits will check the staff bathroom for chemicals and make sure that they are secure.</p> | <p style="text-align: right;">04/18/2024</p> |

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| <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> Bedroom #8 – Tube of Neosporin ointment stored in bathroom medicine cabinet</p> | <p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The tube of Neosporin was discarded on 4/19/24.</p> | <p style="text-align: right;">04/19/2024</p> |

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| <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> Bedroom #8 – Tube of Neosporin ointment stored in bathroom medicine cabinet</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>Core staff (SCGs) were reeducated on the importance of drugs being stored in a locked or secured cabinet/closet by DON (PCG). SCG to remind the family that if they bring in medications, they must bring them to the nurse first. All medications need physician orders and cannot be placed in the resident's room. Staff showed understanding of the policy.</p> | 04/19/2024 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|--|--|---|
| <input checked="" type="checkbox"/> | <p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><u>FINDINGS</u> Resident #1,2 – Resident financial agreement unavailable for review</p> <p>Submit a copy with 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>House provided 2 copies of the financial agreement for families to sign when they come to the care home.</p> | <p style="text-align: center;">04/19/2024</p> |

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|-------------------------------------|---|---|---|
| <input checked="" type="checkbox"/> | <p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p>FINDINGS Resident #1,2 – Resident financial agreement unavailable for review</p> <p>Submit a copy with 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>DON (PCG) spoke with Executive Assistant and Accountant and all families will receive a letter stating we are updating our system. Each family will receive the resident financial statement and be asked to sign and return it to the office. Moving forward MSC Executive Assistant was educated by DON (PCG) that all families need to fill out the Resident Financial Statement at the contract (agreement) signing before admission to the Care Home. Executive Assistant expressed understanding on the plan to go forward to ensure this doesn't happen again.</p> | <p style="text-align: center;">04/29/2024</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|--|---|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><u>FINDINGS</u> Duration of fire drills unavailable for the following dates: 6/18/23, 8/30/23, 2/15/24</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> | |

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|-------------------------------------|--|--|---|
| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment</u>, (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><u>FINDINGS</u> Duration of fire drills unavailable for the following dates: 6/18/23, 8/30/23, 2/15/24</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>DON reeducated Care Home staff on monthly fire drills and how they must be conducted each month at varying times of day. Additionally, the time it took to conduct the fire drills (duration) needs to be documented on the fire drill log. To ensure this does happen again, staff to review fire drill log each month when they do their monthly summary. DON/ADON/NM will conduct monthly audits of fire drill binders to be sure that policy is being followed and fire drills are not being missed.</p> | <p style="text-align: center;">04/21/2024</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> SCG #1 – Twelve hours of completed continuing education hours unavailable for review</p> <p>Submit twelve hours of completed continuing education hours with plan of correction. Completed hours will be credited towards the 2024 annual inspection only.</p> | <p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Staff member is currently out on an extended leave of absence unsure of return date.</p> | <p>05/17/2024</p> |

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|-------------------------------------|---|--|---|
| <input checked="" type="checkbox"/> | <p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> SCG #1 – Twelve hours of completed continuing education hours unavailable for review</p> <p>Submit twelve hours of completed continuing education hours with plan of correction. Completed hours will be credited towards the 2024 annual inspection only.</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>Educated staff on the 12 hours of communication sent via email to staff on 10/5/23 and 12/29/23.</p> <p>To prevent further deficiency from occurring PCG (DON) reeducated SCG #1 on the need for 12 hours of continuing education needed to be done annually per DOH guidelines. PCG (DON) will check staff qualifications on the first of each month to ensure all documents are accurate and complete per DOH, DO/HR will send quarterly updates to SCG's when staff qualifications are expiring or due at that time. SCG will receive a month's notice and have 1 month to return the staff qualification, if staff qualification is not obtained, 1 PPL will be deducted from their account, and no further PPL will be earned until staff qualification is completed. 1 PPL deduction is in the guidelines and benefits and all SCGs are educated at the time of hire and sign off that they understand. No in-service is necessary because PCG is PCG (DON) and (PCG) DON is writing this POC. HR will assist PCG (DON) with staff qualifications as needed, HR has been in-serviced on staff qualifications. HR is involved with employee onboarding and has been educated on the necessary staff qualifications per HAR.</p> <p>Policy: STAFF QUALIFICATIONS. A. Requirement for Employment. Staff Qualifications documents are required for employment. Employee is required to renew, prior to expiration, and provide admin with current and unexpired copies. The list of Staff Qualifications are as follows: -Fieldprint Background Check - 2 years in a row than every 2 years thereafter -CPR/First Aid every 2 years -Physical Exam Annually -2 part TB at hire, 1 part TB every year thereafter -Hepatitis Vaccine (optional); -Support documents; and -Nurse License. -12 hours of continuing education annually to be done in January and July</p> <p>B. Lapsed Documents. An Employee with Staff Qualifications that have lapsed can be removed from schedule until Employee has turned in copies to admin. For each day Employee has been removed from schedule, one (1) PPL will be automatically deducted. Failure to maintain Staff Qualifications will result in a deduction of 1 PPL day (12 hours) and will no longer earn PPL until qualifications are up to date..</p> | <p style="text-align: center;">05/13/2024</p> |

Licensee's/Administrator's Signature: JoAnna Vietor

Print Name: JoAnna Vietor

Date: 05/17/2024