

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Jesusa Quinabo ARCH #11	CHAPTER 100.1
Address: 1805 Hookupa Street, Pearl City, Hawaii 96782	Inspection Date: June 18, 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
<p>§11-100.1-3 <u>Licensing</u>, (b)(1)(D) 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> Primary Caregiver (PCG), Substitute Caregivers (SCG) #1, #2 and #3 - Current FieldPrint background check clearance unavailable for review. <i>Submit a copy with plan of correction</i></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>PCG #1 and SCG #2 scheduled FieldPrint on July 10, 2024 at 2:20p to 2:40pm</p> <p>SCG #3 and SCG #4 scheduled FieldPrint July 11,2024 at 11:20-11:40am</p> <p>(Please find attached are the results)</p>	<p>//10/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>, (b)(1)(c) 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> Primary Caregiver (PCG), Substitute Caregivers (SCG) #1, #2, and #3 - Current FieldPrint background check clearance unavailable for review.</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 included Fieldprint in my checklist. I will utilize the checklist before my yearly inspection to ensure all required documents are completed. I will post the checklist on the back of my filing cabinets' door. I will have a copy of results filed in my CH folder.</p>	<p>6/27/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> SCG #3 – PCG training unavailable for review. <i>Submit a copy with plan of correction.</i></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>SCG training was initiated right after the inspection Documented satisfactory training by SCG #3 Basic Training Form is now filed in the Care Home Folder.</p>	<p>6/18/24</p>

	PLAN OF CORRECTION	Completion Date
<p data-bbox="506 224 800 256" style="text-align: center;">RULES (CRITERIA)</p> <p data-bbox="272 297 304 329">☐</p> <p data-bbox="331 297 936 354">§11-100.1-9 Personnel, staffing and family requirements. (c)(1)</p> <p data-bbox="331 354 963 410">The substitute care giver who provides coverage for a period less than four hours shall:</p> <p data-bbox="331 443 953 532">Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p data-bbox="331 565 463 589"><u>FINDINGS</u></p> <p data-bbox="331 589 819 613">SCG 13 - PCG training unavailable for review</p>	<p data-bbox="1183 224 1540 248" style="text-align: center;">PLAN OF CORRECTION</p> <p data-bbox="1306 297 1417 321" style="text-align: center;">PART 2</p> <p data-bbox="1251 362 1472 386" style="text-align: center;"><u>FUTURE PLAN</u></p> <p data-bbox="1012 435 1715 532" 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 data-bbox="1006 557 1538 621">Included SCG Training in my checklist for newly hired employees.</p> <p data-bbox="1006 630 1561 703">I will utilize the checklist for all newly hired employees</p> <p data-bbox="1006 711 1683 776">I will post checklist on the back of my filing cabinets' door.</p> <p data-bbox="1006 784 1676 816">I will keep a completed document on my CH folder.</p>	<p data-bbox="1740 337 1853 362">6/18/24</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><u>FINDINGS</u> Pillboxes with medications dispensed for the week were noted in the resident's medication 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>Administered the one day remaining medications on the pill boxes. Discarded pill boxes in the trash immediately</p>	<p>6/19/24</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><u>FINDINGS</u> Pillboxes with medications dispensed for the week were noted in the resident's medication 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> <ol style="list-style-type: none"> 1.) All medications will be taken out from each medication containers per administration. 2.) Retrained SCG the direct application of prescribed medication to patient following the "5 RIGHTS OF MEDICATION ADMINISTRATION" 3.) Posted a reminder guideline on the medication cabinet. 	<p>6/19/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician order dated 4/16/24 reads, “Discontinue Glipizide 5 mg.” However, April 2024 MAR shows medication was administered until 4/30/24.</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>	

RULES (CRITERIA)



§11-100-1.15 Medications, (c)
All medications and supplements, such as vitamins, minerals,
and formulas, shall be made available as ordered by a
physician or APRN.

FINDINGS

Resident #1 - Physician order dated 4/16/24 reads:
"Discontinue Ciliprside 5 mg." However, April 2024 MAR
shows medication was administered until 4/30/24.

PLAN OF CORRECTION

PART 2

FUTURE PLAN

**USE THIS SPACE TO EXPLAIN YOUR FUTURE
PLAN: WHAT WILL YOU DO TO ENSURE THAT
IT DOESN'T HAPPEN AGAIN?**

Check time and time again about medication orders
from the Physician Notes. Medication Orders will be
transcribed in MAR according to Physician Orders
right away.

Inform SCG about the change in medication orders
Discard discontinued medications by mixing
medicines with used ground coffee.

**Completion
Date**

6/19/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p>FINDINGS Resident #1 – May 2024 progress notes show Tylenol was administered for arthritic pain (fingers) but not documented on medication administration record (MAR).</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 – May 2024 progress notes show Tylenol was administered for arthritic pain (fingers) but not documented on medication administration record (MAR).</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>1.)Made a memo that states: "TO SIGN OFF ALL MEDICATIONS AFTER EACH ADMINISTRATION" and posted it at the medication cabinet to remind staff JCCG about the task.</p> <p>2.)Spot checks on MAR during the week before filling it to the chart at the end of the month.</p>	6/19/24

RULES (CRITERIA)



§11-100 1-17 Records and reports. (a)(1)

The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review

Documentation of primary care giver's assessment of resident upon admission:

FINDINGS

Resident #2 was readmitted to the care home on 5/27/24, but no PCG assessment was completed.

Submit document with your plan of correction

PLAN OF CORRECTION

PART 1

DID YOU CORRECT THE DEFICIENCY?

USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY

Completed Admission Assessment Form right after the inspection.

Discussed with client and family about the form.

Had Client and POA signed the form

Completed document is now kept in the client's folder.

Completion Date

6/19/2024

	<p style="text-align: center;">RULES (CRITERIA)</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 style="text-align: center;">Completion Date</p>
2	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review.</p> <p>Documentation of primary care giver's assessment of resident upon admission.</p> <p><u>FINDINGS</u> Resident #2 was readmitted to the care home on 5/17/24 but no PCG assessment was completed</p>	<p>Organized a folder that contain DOH OHCA Admission Assessment Form that I can utilize immediately when readmitting Clients in the Home</p>	<p style="text-align: center;">6/19/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(8) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A current inventory of money and valuables.</p> <p><u>FINDINGS</u> Resident #1 – List of valuables/possessions did not include eyeglasses. <i>Submit documentation with plan of correction.</i></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>Recorded and added eyeglasses on resident's valuable form</p>	<p>6/18/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(8) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A current inventory of money and valuables.</p> <p><u>FINDINGS</u> Resident #1 – List of valuables/possessions did not include eyeglasses.</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>On the day of admission, I will:</p> <ol style="list-style-type: none"> 1.) Assess patient is she uses eyeglasses 2.) If patient is non cooperative or confuse, I will ask the family members 3.) Document on patient's valuable form right away and keep on patient's chart 4.) I will review with family or POA all valuable belongings on their next visit to the Home. 	<p>6/27/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports</u>, (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs:</p> <p><u>FINDINGS</u> June 2023 progress notes for Resident #2, Resident #3 unavailable for review.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Rechecked old charts and found Progress Notes from June 2022 - June 2023 for 2 Residents.</p>	<p>6/27/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs.</p> <p><u>FINDINGS</u> June 2023 progress notes for Resident #2, Resident #3 unavailable for review</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will retain records of 1 year, beginning June to June of the following year in patient's chart. SCG will check with PCG that old charts are intact</p>	<p>6/27/24</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><u>FINDINGS</u> The permanent register was not updated to reflect Resident #2's discharge (5/23/24) from and readmission (5/27/24) into the care home. <i>Submit a copy of updated register with your plan of correction.</i></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>Written the corrected update of resident #2 on the Resident Register Form right after the inspection.</p>	<p>6/18/24</p>

RULES (CRITERIA)



§ 31-100.1-17. Records and reports (b)(1)
Miscellaneous records:

A permanent general register shall be maintained to record all admissions and discharges of residents.

FINDINGS

The permanent register was not updated to reflect Resident 1's discharge (5/23/24) from and readmission (5/27/24) into the care home.

PLAN OF CORRECTION

PART 2

FUTURE PLAN

USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?

Created a Discharge and Re-admission checklist that also includes the DOH OHCA Register Form to utilize when circumstances occur.

Completion Date

6/27/24

RULES (CRITERIA)



§11-100.1-86 Fire safety, CCR3
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:

Fire drills shall be conducted and documented at least monthly under varied conditions and times of day.

FINDINGS

No documented evidence a fire drill was conducted in May 2024

PLAN OF CORRECTION

PART 2

FUTURE PLAN

USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?

Assigned a specific day in my calendar to execute fire drills. I will document right after drill and file it in my care home folder.
SCG will double check that Fire Drills are executed and recorded.

Completion Date

6/28/24

RULES (CRITERIA)



§11-100.1-88 Case management qualifications and services, (CCH)

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:

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.

FINDINGS

Resident "E" No documentation of an initial comprehensive assessment was completed by the RN case manager (CM) prior to admission into the care home.

PLAN OF CORRECTION

PART 2

FUTURE PLAN

USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN; WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?

Made a checklist for CM that includes the initial comprehensive assessment prior to admission
I will utilize the checklist prior to EARCH Client admission in the Home
I will make sure to have all requirements from CM prior to admission of the client.

Completion Date

11/24/24

	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 #1 – No documentation of interim care plan completed by the RN CM within 48 hours of admission on 4/12/24.</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>	

RULES (CRITERIA)



§11-100.1-88 Case management qualifications and services, (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:

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.

FINDINGS

Resident #1 - No documentation of interim care plan completed by the RN/CM within 48 hours of admission on 4/12/24.

PLAN OF CORRECTION

PART 2

FUTURE PLAN

USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?

Made a checklist for CM for EARCH admission
Interim careplan within 48 hours of admission is included in the checklist
I will utilize the checklist for future EARCH admission
I will make sure to have all requirements from CM prior to admission of the client.

Completion Date

6/24/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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 #1 -- Care plan dated 4/19/24 included blood glucose check/monitoring and intervention to check blood glucose BID; however, there's no physician order to obtain blood glucose check. <i>Submit revised care plan with the plan of correction.</i></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>1.)Made an appointment with CM 2.)Presented and reviewed Care Plan during the visit 3.)CM made necessary corrections on the Care Plan</p>	6/24/24

RULES (CRITERIA)

☐

§11-100.1-88 Case management qualifications and services:
(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:

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.

FINDINGS

Resident -1 Care plan dated 4/19/24 included blood glucose check monitoring and intervention to check blood glucose BID; however, there's no physician order to obtain blood glucose check.

PLAN OF CORRECTION

PART 2

FUTURE PLAN

USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?

During initial visit of CM with client, I will review with CM about physician orders to make sure they correlate.

I will include this in my CM checklist

I will utilize checklist in my new EARCH client's admission to make sure I have all the requirements from CM prior to admission.

Completion Date

6/24/24

	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 #1— Care plan dated 4/19/24 does not address the resident's recreational, dental, spiritual, and ADL needs. <i>Submit documentation with plan of correction.</i></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>Obtained a new Care Plan that addressed the Resident's recreational, dental, spiritual and ADL needs from CM</p>	6/24/24

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p><input type="checkbox"/> §11-100.1-88 <u>Case management qualifications and services</u> (CR2)</p> <p>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 #1 Care plan dated 4/19/24 does not address the resident's recreational, dental, spiritual, and ADL needs.</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>Made a checklist for CM that includes ways to address the resident's recreational, dental, spiritual and ADL needs in the care plan. I will utilize this checklist prior to EARCH client's admission and make sure that I have all the requirements from CM prior to client's admission.</p>	<p style="text-align: center;">1/18/24</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)(3) 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>Review the care plan monthly, or sooner as appropriate;</p> <p><u>FINDINGS</u> Resident #1 – RN CM initiated the care plan on 4/19/24; no documentation C: was reviewed for the month of May 2024</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>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p data-bbox="321 310 959 375">§11-100.1-88 <u>Case management qualifications and services</u> (C065)</p> <p data-bbox="321 370 981 500">Case management services for each expanded MRCH 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 data-bbox="321 516 910 557">Review the care plan monthly, or sooner as appropriate.</p> <p data-bbox="321 586 470 613"><u>FINDINGS</u></p> <p data-bbox="321 605 974 670">Resident #1: RN, CM initiated the care plan on 4/19/24, no documentation CP was reviewed for the month of May '24</p>	<p data-bbox="1300 305 1421 329">PART 2</p> <p data-bbox="1251 375 1470 402"><u>FUTURE PLAN</u></p> <p data-bbox="1002 440 1719 548">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p data-bbox="1002 553 1676 630">I will recheck the Careplan if it was reviewed by the CM on her monthly visit.</p> <p data-bbox="1002 630 1708 703">I will remind CM to initial Careplan prior to leaving the Carehome.</p>	6/24/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(8) 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>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities:</p> <p>FINDINGS Resident #1 – No documentation of face-to-face contact performed by RN CM for the month of May 2024.</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>	

RULES (CRITERIA)

11-100.1-88 Case management qualifications and services (C08)

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:

Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities.

FINDINGS

Resident 1 - No documentation of face-to-face contact performed by RN CM for the month of May 2024

PLAN OF CORRECTION

PART 2

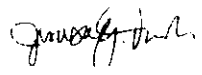
FUTURE PLAN

USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?

After every visit of the CM to client, I will review with the CM the Progress Notes and other recommendations of care for the month, and make sure that CM leaves copies of her documentations prior to leaving the Carehome. I will include this task in my CM checklist, and will utilize it monthly.

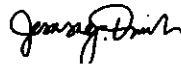
Completion Date

1/18/24

Licensee's Administrator's Signature: 

Print Name: Jesusa G. Quinabo

Date: 09/18/2024

Licensee's/Administrator's Signature: 

Print Name: Jesusa G. Quinabo

Date: 07/19/2024