

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Leila's Care Home LLC	CHAPTER 100.1
Address: 1467 Haloa Drive, Honolulu, Hawaii 96818	Inspection Date: November 15, 2023 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements.</p> <p>(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><b>FINDINGS</b> Substitute Care Giver #1 - No current annual physical examination (PE) assessment done by physician or advanced practice registered nurse (APRN). Last PE dated 10/12/22.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Obtained annual physical examination assessment by M.D.</i></p>	<p><i>APR 04 2024</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u>  (a)  All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><b><u>FINDINGS</u></b>  Substitute Care Giver #1 - No current annual physical examination (PE) assessment done by physician or advanced practice registered nurse (APRN). Last PE dated 10/12/22.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;">In the future, I will call doctor a week before the expiration of the physical exam of my SCG. I will make a note and place it in front of refrigerator as a reminder. I will also noted in my calendar to remind me of the requirements for physical exam.</p>	<p style="text-align: right;">FEB 07 2024</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> Household Member – No documented evidence of an initial Tuberculosis (TB) 2-step skin test.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Obtained tuberculosis 2-step skin test from Lanakila.</p> <p>Step 1. 1-6-23 Step 2. 11-8-23</p>	<p>APR 04 2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><b><u>FINDINGS</u></b> Household Member – No documented evidence of an initial Tuberculosis (TB) 2-step skin test.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>For a new household member, I will ensure to do a tuberculosis 2-step skin test. I will use a calendar / my cell phone as a tool to remind me whenever I have a new household member.</p>	<p>APR 04 2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p><del>§11-100.1-9 Personnel, staffing and family requirements.</del> (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><b>FINDINGS</b> Substitute Care Giver (SCG) #2 -- No current First Aid certification. First Aid certification on file expired 8/2023.</p>	<p style="text-align: center;"><b>PART I</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">Able to secure first aide certification from for SCG #2</p>	<p style="text-align: center;">FEB 07 2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><b><u>FINDINGS</u></b> Substitute Care Giver (SCG) #2 -- No current First Aid certification. First Aid certification on file expired 8/2023.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>I will go over the binder or care home folder every week to make sure that the first aide certification for my SCG #2 are current. I will make sure post note on my calendar as a reminder. I will secure first aide certification two weeks prior to expiration.</p>	<p style="text-align: right;">FEB 07 2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a)  Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p><u>FINDINGS</u>  Resident #1 – Physical examination performed by physician on 7/28/23. Level of care evaluation noted by physician was "Independent." Facility is a Type I ARCH.</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;">Unable to correct deficiency.  Resident expired 11-6-22.</p>	<p style="text-align: center;">APR 04 2024</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a)  Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Physical examination performed by physician on 7/28/23. Level of care evaluation noted by physician was "Independent." Facility is a Type I ARCH.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future, I will review the level of care form or P.E. form before leaving the doctor's office.  I will put a reminder on my phone to make sure the level of care properly check by M.D.  If its not properly check, ask the doctor to correct the form.  I will check my reminder during the Dr's visit.</p>	<p style="text-align: right;">7-17-24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f)            Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><b>FINDINGS</b>            Observed three (3) bottles of Lysol disinfecting spray in bathroom #1 and two (2) bottles of Lysol Toilet cleaner in bathroom #2 unsecured. PCG secured all cleaning agents during the inspection.</p>	<p>PART I</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><b><u>FINDINGS</u></b> Observed three (3) bottles of Lysol disinfecting spray in bathroom #1 and two (2) bottles of Lysol Toilet cleaner in bathroom #2 unsecured. PCG secured all cleaning agents during the inspection.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;">I have made a sign that says... "Lock all chemicals / cleaning agents after used"</p>	<p style="text-align: center;">7-17-24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (b)            Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><b>FINDINGS</b>            Observed the following medications unsecured:</p> <ul style="list-style-type: none"> <li>- Latanoprost eye drops found in refrigerator door.</li> <li>- Prevagen for memory loss and Metamucil found in resident #1's bedroom closet.</li> </ul> <p>PCG secured medications during inspection.</p>	<p style="text-align: center;">PART I</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: right;">FEB 07 2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b)            Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><b><u>FINDINGS</u></b>            Observed the following medications unsecured:</p> <ul style="list-style-type: none"> <li>- Latanoprost eye drops found in refrigerator door.</li> <li>- Prevacen for memory loss and Metamucil found in resident #1's bedroom closet.</li> </ul>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>I have created a check list to be use when doing my daily rounds.</p> <p>My check list will include that medication will be locked at all times.</p>	<p style="text-align: right;">7-17-24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (b)            Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><b><u>FINDINGS</u></b>            Resident #1 – Observed unlabeled bottle of “Vitamin B12 1000mcg” in resident’s medication bin.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">Labeled OTC medication with name, medication, frequency and route &amp; dose.</p>	<p>APR 04 2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (b)            Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u>            Resident #1 – Observed unlabeled bottle of “Vitamin B12 1000mcg” in resident’s medication bin.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;">I will ask M.D. to sent prescription to the pharmacy for accurate labeling. For OTC medications. I will label bottle immediately with resident's name, medication, dosage, route &amp; frequency.</p> <p style="text-align: center;">I will inservice caregivers to label OTC medications immediately with name, dosage, medications, route, &amp; frequency</p>	<p>APR 04 2024</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 – No physician order observed for supplements found in resident's bedroom (Prevagen and Metamucil).</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">Removed supplements from resident's room. Obtain orders from physician for supplements and keep in locked cabinet. (client transferred to another care home on 1/1/24).</p>	<p style="text-align: center;">APR 04 2024</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><b><u>FINDINGS</u></b> Resident #1 – No physician order observed for supplements found in resident's bedroom (Prevagen and Metamucil).</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>I made a sign and posted the client cabinet. "All medications/Supplements need to be given to caregivers at all times.</p> <p>If given to caregivers then we will check for M.D. order. If no MD order I will get one.</p>	<p style="text-align: right;">7-17-24</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><b><u>FINDINGS</u></b> Resident #1 - Physician order dated 7/28/23 for medications are incomplete. For example, order is written as "B12 1000mg OTC." Physician order does not include dose to be given, frequency, and route." No documentation that PCG obtained clarification from physician.</p>	<p style="text-align: center;"><b>PART I</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>I called the doctor's office to correct the order for the medication error but the doctor is <del>not</del> out of town during that time. The resident was transferred to another <del>case manager</del> care home 1/1/24. The need for medication correction was endorse to the new care home operator.</p>	<p style="text-align: right;">FEB 07 2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician order dated 7/28/23 for medications are incomplete. For example, order is written as “B12 1000mcg OTC.” Physician order does not include dose to be given, frequency, and route.” No documentation that PCG obtained clarification from physician.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>I will review physician's order before leaving office to include dose, frequency and route.</p> <p>I will refer a note on my cellphone that to remind me what to look for with medications order using the 5 <del>signs</del><sup>rights</sup>.</p>	<p style="text-align: center;">7-17-24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (e)</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b>  Resident #1 - Physician order for "Robitussin DM 1-2 tspn PO QID cough" ordered 1/17/23, and 5/16/23. No documented evidence that medication is being made available to resident as ordered by physician. Medication order is not reflected in Medication Administration Record (MAR) from January 2023 to May 2023.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Updated my PRN medication into my MAR - 11/20/23</p>	<p>FEB 07 2024</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><b><u>FINDINGS</u></b> Resident #1 - Physician order for "Robitussin DM 1-2 tspn PO QID cough" ordered 1/17/23, and 5/16/23. No documented evidence that medication is being made available to resident as ordered by physician. Medication order is not reflected in Medication Administration Record (MAR) from January 2023 to May 2023.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;">When the doctor gives me new orders for medication, I will write it on the MAR immediately. I put a note on my cellphone for reminder.</p>	<p style="text-align: center;">7-17-24</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><b><u>FINDINGS</u></b> Resident #1 - Physician order for "Robitussin DM 1-2 tspn PO QID cough" ordered 1/17/23, and 5/16/23. Robitussin DM cough syrup is not available in resident's medication bin. No documented evidence of a discontinued order.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Obtained order from MD to discontinue medication because medication no longer need.</i></p>	<p style="text-align: center;"><i>7-17-24</i></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><b><u>FINDINGS</u></b> Resident #1 - Physician order for "Robitussin DM 1-2 tspn PO QID cough" ordered 1/17/23, and 5/16/23. Robitussin DM cough syrup is not available in resident's medication bin. No documented evidence of a discontinued order.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;">In the future will make sure to have all medication order by the Dr. I will included in my check list of daily rounds to check resident medications against Dr's order.</p>	<p style="text-align: center;">7-17-24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b>FINDINGS</b> Resident #1 – Physician order dated 1/17/23 for “Amlodipine 2.5mg oral tab. Give 1 tab PO if Systolic Blood Pressure (BP) is greater than 130.” Medication initiated as taken daily in the past ten (10) months, despite BP reading falling below parameter. For example, the following blood pressures were:</p> <ul style="list-style-type: none"> <li>- 1/20/23 – 107/61</li> <li>- 1/28/23 – No BP reading recorded</li> <li>- 2/5/23 – 108/58</li> <li>- 3/16/23 – 111/66</li> <li>- 4/13/23 – 101/66</li> <li>- 6/2/23 – No BP reading recorded</li> <li>- 6/3/23 – No BP reading recorded</li> <li>- 6/5/23 – No BP reading recorded</li> <li>- 9/27/23 – 128/73</li> <li>- 11/13/23 – 120/70</li> </ul>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: center;">FEB 07 2024</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><b><u>FINDINGS</u></b> Resident #1 – Physician order dated 1/17/23 for “Amlodipine 2.5mg oral tab. Give 1 tab PO if Systolic Blood Pressure (BP) is greater than 130.” Medication initiated as taken daily in the past ten (10) months, despite BP reading falling below parameter. For example, the following blood pressures were:</p> <ul style="list-style-type: none"> <li>- 1/20/23 – 107/61</li> <li>- 2/5/23 – 108/58</li> <li>- 3/16/23 – 111/66</li> <li>- 4/13/23 – 101/66</li> <li>- 9/27/23 – 128/73</li> <li>- 11/13/23 – 120/70</li> </ul>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <ol style="list-style-type: none"> <li>1. Review medication order.</li> <li>2. Take B/P reading and record.</li> <li>3. Review medication order for parameter.</li> <li>4. Give medication if indicated per MD's order.</li> </ol> <p style="text-align: center;">Put a reminder notes in front of resident's binder of my process as written above.</p>	<p style="text-align: right;">7-17-24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p><u>§11-100.1-15 Medications (e)</u> All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 - Physician order for "Amlodipine 2.5mg oral tab. Give 1 tab PO if Systolic Blood Pressure is greater than 130. No documentation of blood pressure being taken on 1/28/23, 6/2/23, 6/3/23, and 6/5/23. However, MAR is initialed as administered for those days.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>FEB 07 2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 - Physician order for "Amlodipine 2.5mg oral tab. Give 1 tab PO if Systolic Blood Pressure is greater than 130. No documentation of blood pressure being taken on 1/28/23, 6/2/23, 6/3/23, and 6/5/23. However, MAR is initialed as administered for those days.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>I will take B/P reading and immediately document on MAR before giving medication. I will check m/d's order before giving medication to resident. I will inform SCG to do the same. Put a reminder notes in front of resident's binder to included documenting immediately.</p>	<p style="text-align: right;">7-17-24</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><b>FINDINGS</b> Resident #1 - Physician order for "Amlodipine 2.5mg oral tab. Give 1 tab PO if Systolic Blood Pressure is greater than 130. No documentation of blood pressure being taken on 1/28/23, 6/2/23, 6/3/23, and 6/5/23. However, MAR is initialed as administered for those days.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;">I will obtain B/P prior to giving medication and enter on medication record immediately.</p>	APR 04 2024

	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><b>FINDINGS</b>  Resident #1 – MAR not initialed by caregiver for 10/30/23 and 10/31/23 for the following medications:</p> <ul style="list-style-type: none"> <li>• Losartan</li> <li>• Atorvastatin</li> <li>• Amlodipine</li> <li>• Calcium</li> <li>• Sodium Chloride</li> </ul>	<p style="text-align: center;">PART I</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: center;">FEB 07 2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications. (m)</u>  All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u>  Resident #1 – MAR not initialed by caregiver for 10/30/23 and 10/31/23 for the following medications:</p> <ul style="list-style-type: none"> <li>• Losartan</li> <li>• Atorvastatin</li> <li>• Amlodipine</li> <li>• Calcium</li> <li>• Sodium Chloride</li> </ul>	<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;">In the future, I will initial MAR immediately after medication given. I will double check twice if initial is completed. I will inservice my SCS to initial all given medications immediately.</p>	<p style="text-align: right;">APR 04 2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1)  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u>  Resident #1 – No PCG assessment observed upon resident's readmission on 12/1/22.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>The resident moved to  Another carehome on 1/1/24</p>	<p>APR 04 2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1)  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u>  Resident #1 – No PCG assessment observed upon resident's readmission on 12/1/22.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;">In the future, I will perform readmission assessment upon readmission. I will follow the admission guide line.</p>	<p style="text-align: center;">APR 04 2024</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p><u>§11-106.1-17 Records and reports. (a)(6)</u>  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Physician or APRN signed orders for diet, medications, and treatments;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – No medication order upon readmission on 12/1/22. Next available order on record dated 1/17/23.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: center;">FEB 07 2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(6)            The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Physician or APRN signed orders for diet, medications, and treatments;</p> <p><b><u>FINDINGS</u></b>            Resident #1 - No medication order upon readmission on 12/1/22. Next available order on record dated 1/17/23.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>In the future I will secure all medication order when a resident re-admitted. I will make a note in front of the folder as a reminder to avoid from happening again.</i></p>	<p><b>FEB 07 2024</b></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><b><u>FINDINGS</u></b>            Resident #1 – Monthly progress notes does not consistently document resident's response to medication for the past twelve months.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>FEB 07 2024</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><b><u>FINDINGS</u></b> Resident #1 – Monthly progress notes does not consistently document resident's response to medication for the past twelve months.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;">In the future, I will document any outcome or response from giving resident medication. I will also make a note in my chart to avoid this event from happening again.</p>	<p>FEB 07 2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports, (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b>FINDINGS</b> Resident #1 – Observed that Sodium Chloride 1gm was held from 12/16/22 to 12/31/22. No documentation for reason medication was held.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>FEB 07 2024</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><b><u>FINDINGS</u></b> Resident #1 – Observed that Sodium Chloride 1gm was held from 12/16/22 to 12/31/22. No documentation for reason medication was held.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;">In the future, I will call the doctor if Sodium Chloride 1gm is still needed or not. I will make a note in my chart to make sure this error will not happen again.</p>	<p style="text-align: right;">FEB 07 2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17. <del>Records and reports.</del> (b)(4)            During residence, records shall include:</p> <p>Entries describing treatments and services rendered;"</p> <p><b><u>FINDINGS</u></b>            Resident #1 - Physician order for "Amlodipine 2.5mg oral tab. Give 1 tab PO if Systolic Blood Pressure is greater than 130. On 1/28/23, 6/2/23, 6/3/23, and 6/5/23 there were no documentation of blood pressure readings. Medication is initialed as taken by the resident.</p>	<p>PART I</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>FEB 07 2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;"</p> <p><b><u>FINDINGS</u></b> Resident #1 - Physician order for "Amlodipine 2.5mg oral tab. Give 1 tab PO if Systolic Blood Pressure is greater than 130. On 1/28/23, 6/2/23, 6/3/23, and 6/5/23 there were no documentation of blood pressure readings. Medication is initialed as taken by the resident.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;">In the future, I will make sure to document the vital signs in the flow sheet right after taking it. I will also make a note in the chart as a reminder to avoid this mistake from happening again.</p>	<p>FEB 07 2024</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (f)(1)</p> <p>General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><b>FINDINGS:</b> Fire Drills and Resident #1's inventory of belonging observed written in pencil.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>FEB 07 2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1)            General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><b><u>FINDINGS</u></b>            Fire Drills and Resident #1's inventory of belonging observed written in pencil.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future, I will use black ink pen to record fire drills and inventory of belongings. I will inservice scg to document with black ink pen at all times.</p>	<p>APR 04 2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards. (c)</u>  The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p><u>FINDINGS</u>  Resident #2 – Observed monthly weight is being recorded via arm circumference for October and November 2023. No documented evidence that resident's physician was notified of recent changes that necessitated an alternate way of monitoring resident's weight.</p>	<p style="text-align: center;"><b>PART I</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">Obtained order from M.D.  to check weight via arm  circumference.</p>	<p style="text-align: center;">APR 14 2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-20 Resident health care standards, (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p><b><u>FINDINGS</u></b> Resident #2 -- Observed monthly weight is being recorded via arm circumference for October and November 2023. No documented evidence that resident's physician was notified of recent changes that necessitated an alternate way of monitoring resident's weight.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;">In the future I will immediately report and document any significant changes to the resident condition.</p> <p style="text-align: center;">I included a reminder on my cellphone and will check reminder daily or monthly.</p>	<p style="text-align: center;">7/17/24</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><b>FINDINGS</b> Resident #1 – General Operational Policy (GOP) contract agreement observed not signed by resident, resident's family and/or surrogate.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Obtained signature from resident's family for general operational policy contract</i></p>	<p><i>APR 04 2024</i></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><b>FINDINGS</b> Resident #1 – General Operational Policy (GOP) contract agreement observed not signed by resident, resident's family and/or surrogate.</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>In the future, I will make sure to go over the General Operational Policy (GOP) Contract with the residence, resident family or surrogate and have <sup>Operational</sup> Operational Policy (GOP) Contract signed. I will make a note in my chart so that this error will not happened again.</p>	<p>FEB 07 2024</p>

---

Licensee's/Administrator's Signature: Josephine J. Cabalo

Print Name: Josephine J. Cabalo

Date: 2-7-24

---

Licensee's/Administrator's Signature: Josephine J. Cabalo  
Print Name: Josephine J. Cabalo  
Date: APR 04 2024



Licensee's/Administrator's Signature: Josephine J. Cabalo  
Print Name: Josephine J. Cabalo  
Date: MAY 29 2024

Licensee's/Administrator's Signature: Josephine Cabalo  
Print Name: Josephine Cabalo  
Date: 7-17-24