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Office of Health Care Assurance

State Licensing Section

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Mercy Full Care Giving, LLC</b>	<b>CHAPTER 100.1</b>
<b>Address: 98-1488 Hoomahie Loop, Pearl City, Hawaii 96782</b>	<b>Inspection Date: March 12, 2024 Annual</b>

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

**YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS 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).**

24  
MAY 24  
3:34

	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 (SCG) #1 – Physical exam form dated 10/23/23 was for household member and non-direct care staff. Correct form for SCG was not used. Thus, no current annual physical exam.</p> <p>Please submit a copy with your plan of correction (POC).</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>Correct form was used on June 5, 2024</b></p> <p style="text-align: center;"><i>copy attached</i></p>	<p style="text-align: right;">24 AUG 20 P 3:34</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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 (SCG) #1 – Physical exam form dated 10/23/23 was for household member and non-direct care staff. Correct form for SCG was not used. Thus, no current annual physical exam.</p> <p>Please submit a copy with your plan of correction (POC).</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>Correct form was used on June 5, 2024</b></p> <p><i>8</i></p> <p><i>I have a correct form then I will provide the form for the Doctor to fill.</i></p>	<p style="text-align: center;"><i>8/20/24</i></p> <p style="text-align: right;"><i>24 AUG 20 P 3:24</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> (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> -Primary Care Giver (PCG) – No annual tuberculosis (TB) clearance. -SCG #2 – No initial TB clearance. Step 1 PPD skin test result was read on 11/4/2022 and step 2 result was read on 11/8/2023, which was over 12 months apart. -SCG #3 – Record showed PPD skin test was positive on 1/10/2024. The available chest x-ray result was not dated. Thus, chest x-ray result was not available.</p> <p>Please submit copies with your POC.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>PCG TB Clearance June 5, 2024</b> <b>SCG #2 Initial TB Clearance Obtained May 3, 2010</b> <b>SCG #3 X-Ray result date Jan 19, 2024</b></p> <p style="text-align: center;"><i>copy attached</i></p>	<p style="text-align: center;"><i>8/20/24</i></p> <p style="text-align: center;">24 AUG 20 P 3:34</p>

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☒	<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> -Primary Care Giver (PCG) – No annual tuberculosis (TB) clearance. -SCG #2 – No initial TB clearance. Step 1 PPD skin test result was read on 11/4/2022 and step 2 result was read on 11/8/2023, which was over 12 months apart. -SCG #3 – Record showed PPD skin test was positive on 1/10/2024. The available chest x-ray result was not dated. Thus, chest x-ray result was not available.</p> <p>Please submit copies with your POC.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>Will remind staff to provide results before deadlines and make sure proper documents are provided.</b></p> <p>- I will use a calendar as a reminder to obtain annual TB clearance.</p> <p>- I will use SCG checklist to obtain initial TB clearance</p>	<p style="text-align: center;">8/20/24</p> <p style="text-align: center;">24 AUG 20 P 3:34</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p><b><u>FINDINGS</u></b> Resident #1 owns a walker, it was not recorded in a list of resident's valuables brought to care home.</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>Walker has been recorded in valuables</b></p>	<p style="text-align: center;">8/20/24</p> <p style="text-align: center;">*24 AUG 20 P 3:34</p> <p style="text-align: center;">STATE LICENSING</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p><b><u>FINDINGS</u></b> Resident #1 owns a walker, it was not recorded in a list of resident's valuables brought to care home.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>Staff will make sure valuables are properly recorded.</b></p> <p><i>I will use Admission check list as a reminder to complete inventory of valuables at admission.</i></p>	<p><i>8/20/24</i></p> <p>24 AUG 20 P 3:34</p> <p>STATE OF MICHIGAN STATE Licensure</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (c)  The licensee shall conduct regular quarterly rehearsals of emergency evacuation plans for staff and residents to follow in case of fire, explosion, or other civil emergency occurring in or within the environs of the facility.</p> <p><b><u>FINDINGS</u></b>  Fire drills were conducted between 9:50am and 10:53 am only.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: right;">24 AUG 20 P 3:34</p> <p style="text-align: right; font-size: small;">STATE OF MARYLAND  STATE LICENSING</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (a)  The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><b><u>FINDINGS</u></b>  Resident #3 eats all meals in her room. There was no physician's order to allow the resident to eat meals in her room.</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>Resident is no longer with us</b></p> <p style="text-align: center;"><i>client been discharge 4/1/24</i></p>	<p style="text-align: center;"><i>8/20/24</i></p> <p style="text-align: center;">24 AUG 20 P 3:34</p> <p style="text-align: center;">STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>, (e)  Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p><b><u>FINDINGS</u></b>  Lunch menu was "Baked Salmon w/Mayo (Salmon, Mayo, Lemon, Mixed Vege Salad, Rice, Pear)." Lunch provided was tuna sandwich and cut nectarine. No menu substitution recorded.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: right;">24 JUN 20 13:35</p>

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	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><b><u>FINDINGS</u></b>  Resident #1 – A bottle of Centrum Silver Women 50+ was not labeled with the resident's name. Corrected during inspection.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: right;">24 AUG 20 P 3:35</p>



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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b)            Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><b><u>FINDINGS</u></b>            A bottle of unlabeled Magnesium was found in the bedside stand in Resident #3's room.</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;">removed from residents room and secured.</p>	<p style="text-align: center;">8/20/21</p> <p style="text-align: center;">24 AUG 20 12:25</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Lisinopril 5mg was discontinued on 1/25/2024. Medication administration record (MAR) was initialed as given until 2/20/2024. The physician's order and MAR did not match.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: right;">24 AUG 20 13:35</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m)  All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Month and year were not recorded in MAR, except March 2024 MAR.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: center;">24 AUG 20 P 3:35</p> <p style="text-align: center;">STATE LICENSING</p>



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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m)  All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Mirtazapine 15mg, take 0.5 tabs by mouth every night at bedtime was ordered on 11/29/2023 at hospital discharge. In November 2023 MAR, the previous order Mirtazapine 3.75mg 1 tab Bedtime continued to be listed until 11/30/2023. Correct order was recorded from December 2023 MAR to current.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p style="text-align: right; font-size: small;"> <small>STATE OF CONNECTICUT  DEPARTMENT OF SOCIAL SERVICES  STATE LITIGATING</small> </p>	<p style="text-align: right; font-size: small;">24 AUG 20 P 3:35</p>

	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><u>FINDINGS</u></b> Resident #1 – Mirtazapine 15mg, take 0.5 tabs by mouth every night at bedtime was ordered on 11/29/2023 at hospital discharge. In November 2023 MAR, the previous order Mirtazapine 3.75mg 1 tab Bedtime continued to be listed until 11/30/2023. Correct order was recorded from December 2023 MAR to current.</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>Retrain staff to update MAR when new orders have been given by providers</b></p> <p><i>When the resident was discharge from hospital I will review all records with in one week of re-admission. I will update records as needed.</i></p>	<p style="text-align: center;"><i>8/20/24</i></p> <p style="text-align: center;">*24 AUG 20 P 3:35</p> <p style="text-align: center;">STATE LICENSING</p>

	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><u>FINDINGS</u></b>  Resident #1 – Physician’s order dated 11/29/2023 was Acetaminophen 500mg tablet, 1 tab by mouth every 4 hours as needed for pain. In December 2023, January 2024, and February 2024 MAR, the previous order dated 10/2/2023 “Acetaminophen 500mh, 2 tab, q6hrs PRN” was listed. MAR was corrected in March 2024.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: right;">24 MIS 20 03:36</p>

	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><u>FINDINGS</u></b>            Resident #1 – Physician’s order dated 11/29/2023 was Acetaminophen 500mg tablet, 1 tab by mouth every 4 hours as needed for pain. In December 2023, January 2024, and February 2024 MAR, the previous order dated 10/2/2023 “Acetaminophen 500mh, 2 tab, q6hrs PRN” was listed. MAR was corrected in March 2024.</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>Retrain staff to update MAR when new orders have been given by providers</b></p> <p style="text-align: center;"><i>I will review physicians order and MAR at least once a month to make sure they are consistent.</i></p>	<p style="text-align: center;"><i>8/20/24</i></p> <p style="text-align: right; vertical-align: bottom;">24 AUG 27 P 3:36</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (n)            Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN. Written procedures shall be available for storage, monitoring and documentation.</p> <p><b><u>FINDINGS</u></b>            Resident #3 self-administers and keeps Magnesium in her room. There was no physician's order to self-administer and keep the medication at bedside. No policy for monitoring, storage, and documentation.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>Will no longer allow residents to self administer without physician's order</b></p> <p><i>Resident was discharged April 6, 2024</i></p>	<p><i>8/20/24</i></p> <p style="text-align: right;">24 AUG 20 P 3:36</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (n)  Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN. Written procedures shall be available for storage, monitoring and documentation.</p> <p><b><u>FINDINGS</u></b>  Resident #3 self-administers and keeps Magnesium in her room. There was no physician's order to self-administer and keep the medication at bedside. No policy for monitoring, storage, and documentation.</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>Will only let residents self administer when given orders from physician and will put medication in proper storage</b></p> <p style="text-align: center;"><i>Currently the care home does not allowed medication self administration.</i></p>	<p style="text-align: right;"><i>8/20/24</i></p> <p style="text-align: right;">24 AUG 20 P 3:26</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h)  A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – No plan of care and activities schedule.</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>Plan of care and Activities scedule has been created</b></p>	<p style="text-align: right;">24 Nov 2013 13:36</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h)  A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – No plan of care and activities schedule.</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>Plan of Care and Activities Schedule has been created</b></p> <p style="text-align: center;"><i>I will use Administration check list as a reminder to create plan of care.</i></p>	<p style="text-align: center;"><i>8/20/24</i></p> <p style="text-align: center;">24  8  P3:36</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><b><u>FINDINGS</u></b>  Resident #1 – Readmission assessment was not done at readmission on 11/29/2023 after hospitalization.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: right;">24 11 29 2023</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><b><u>FINDINGS</u></b>  Resident #1 – Readmission assessment was not done at readmission on 11/29/2023 after hospitalization.</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>readmission will be conducted after residents return from hospitalization</b></p> <p><i>I will use Admissem check list as a reminder to complete admissem assessment.</i></p>	<p style="text-align: center;"><i>8/20/24</i></p> <p style="text-align: center;">24 / 1 13:36</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> Recorded weights for Residents #1 and #2 are following,</p> <p>Resident #1 March 2024: 93.3 lbs. February 2024: 101.9lbs. January 2024: 99.7 lbs. December 2023: 105.1 lbs. November 2023: 105 October 2023: 106</p> <p>Resident #2 March 2024: 143.8 lbs. February 2024: 139.6 lbs. January 2024: 136.3 lbs.</p> <p>No record for PCG's observation of the changes in weight. No record that weight changes were reported to physicians.</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>24 / 1 / 2024 P 3:36</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> Recorded weights for Residents #1 and #2 are following,</p> <p>Resident #1 March 2024: 93.3 lbs. February 2024: 101.9lbs. January 2024: 99.7 lbs. December 2023: 105.1 lbs. November 2023: 105 October 2023: 106</p> <p>Resident #2 March 2024: 143.8 lbs. February 2024: 139.6 lbs. January 2024: 136.3 lbs.</p> <p>No record for PCG's observation of the changes in weight. No record that weight changes were reported to physicians.</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>Will retrain staff to report any changes of residents conditions in documentation so we can notify the physicians</b></p> <p><i>I will review all records at least once a month if any changes that need to be reported I will contact the physician as soon as possible and document.</i></p>	<p style="text-align: center;"><i>8/20/24</i></p> <p style="text-align: center;">24 P3:36</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 – Per PCG, Lisinopril 5mg was discontinued on 1/25/2024 due to low blood pressure. PCG checked blood pressure daily before the medication discontinuation, but PCG’s observation was not recorded in progress notes.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: right;">24 MAY 20 P 3:36</p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN STATE LICENSING</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 – Per PCG, Lisinopril 5mg was discontinued on 1/25/2024 due to low blood pressure. PCG checked blood pressure daily before the medication discontinuation, but PCG's observation was not recorded in progress notes.</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>Retrained staff to add observations of residents in progress notes</b></p> <p style="text-align: center;"><i>I will review all records at least once a month and up date as needed.</i></p>	<p style="text-align: center;"><i>8/20/24</i></p> <p style="text-align: center;">24 AUG 20 P 3:36 STATE LICENSING</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 – No January 2024 progress notes.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: right;">24 AUG 29 P 3:36</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 – No January 2024 progress notes.</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>retrained staff to complete progress notes daily</b></p> <p>I will document in progress notes on the 15<sup>th</sup> and 30<sup>th</sup> every month.</p>	<p style="text-align: right;">8/20/24</p> <p style="text-align: right;">24 AUG 29 P 3:36</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2)            General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – “H” was written in February 2024 MAR. No legend was provided.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p style="text-align: center;"><b>will make sure staff will provide legends to any abbreviations</b></p> <p style="text-align: center;"><i>legend was created H - hold</i></p>	<p style="text-align: center;"><i>8/20/24</i></p> <p style="text-align: right;">24 AUG 20 P 3:36</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2)            General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – “H” was written in February 2024 MAR. No legend was provided.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN</b></p> <p style="text-align: center;"><b>retrain staff to provide clear notes</b></p> <p><i>I will review MAR for the next month at the end of the month. to make sure legend are recorded.</i></p>	<p style="text-align: center;"><i>8/20/24</i></p> <p style="text-align: center;">24 AUG 20 13:26</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(3)            General rules regarding records:</p> <p>An area shall be provided for safe and secure storage of resident's records which must be retained in the ARCH for periods prescribed by state law;</p> <p><b><u>FINDINGS</u></b>            Cabinet holding residents' binders was not locked upon department arrival. Corrected during inspection.</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;">24 AUG 20 P 3:36</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(3)            General rules regarding records:</p> <p>An area shall be provided for safe and secure storage of resident's records which must be retained in the ARCH for periods prescribed by state law;</p> <p><b><u>FINDINGS</u></b>            Cabinet holding residents' binders was not locked upon department arrival. Corrected during inspection.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN</b></p> <p style="text-align: center;"><b>will make sure to lock cabinet holding resident binders after every use</b></p> <p><i>I will make sure that the cabinet is locked every morning once a day</i></p>	<p style="text-align: center;"><i>8/20/24</i></p> <p style="text-align: center;">24 AUG 20 13:36</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Medication list in Emergency Information sheet was not up to date.</p>	<p><b>PART 1</b></p> <p><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p><b>Updated medication list</b></p>	<p>8/20/24</p> <p>24 AUG 20 P 3:36</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4)            General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b><u>FINDINGS</u></b>            Resident #1 – Medication list in Emergency Information sheet was not up to date.</p>	<p><b>PART 2</b></p> <p><b>FUTURE PLAN</b></p> <p><b>retrained staff to update medication list in every info sheet when changes have been made</b></p> <p><i>I will review Emergency Information sheet after every physician after visit.</i></p>	<p><i>8/20/24</i></p> <p>STATE OF ILLINOIS            STATE OF ILLINOIS            24 AUG 20 P 3:37</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p><b><u>FINDINGS</u></b> Resident #4 uses Oxygen as needed. No sign for Oxygen in use was posted.</p>	<p><b>PART 1</b></p> <p><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p><b>posted oxygen being used</b></p> <p>Signed was posted on the resident's room and main entrance.</p>	<p>8/20/24</p> <p>24 AUG 20 P 3:37</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p><b><u>FINDINGS</u></b> Resident #4 uses Oxygen as needed. No sign for Oxygen in use was posted.</p>	<p><b>PART 2</b></p> <p><b>FUTURE PLAN</b></p> <p><b>make sure equipment residents use are properly posted</b></p> <p><i>I have a sign on hand to be posted.</i></p>	<p><i>8/20/24</i></p>
			<p>24 AUG 20 P 3:37</p> <p>SEARCHING</p>

Licensee's/Administrator's Signature: *M N D*

Print Name: Mercy Nepomuceno

Date: July 24, 2024 8/20/24

STATE OF MARYLAND  
STATE LICENSING

24 AUG 20 P 3:37