

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Regency Hualalai	CHAPTER 90
Address: 75-181 Hualalai Road, Kailua-Kona Hawaii 96740	Inspection Date: April 16 & 17, 2024 Annual

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

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. 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>§11-90-2 <u>Definitions.</u> As used in this chapter:</p> <p>"Managed risk" means a formal process of negotiating and developing a plan to address resident needs, decisions, or preferences to reduce the probability of a poor outcome for the resident or of putting others at risk for adverse consequences.</p> <p><u>FINDINGS</u> Resident #1 -- No managed risk agreement was developed for bed rail use and having a 24-hour private caregiver provide total care and assistance with ADLs. <i>Submit a copy of the managed risk agreement with your plan of correction (POC).</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>Resident #1 was assessed via our "ALF Device with Restraining Qualities Assessment" on 03/05/2024. Resident's family requested a hospital bed with rails, risks & benefits were discussed with family. Resident is not At Risk for poor outcome at this time.</p>	03/05/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-2 <u>Definitions</u>. As used in this chapter:</p> <p>"Managed risk" means a formal process of negotiating and developing a plan to address resident needs, decisions, or preferences to reduce the probability of a poor outcome for the resident or of putting others at risk for adverse consequences.</p> <p><u>FINDINGS</u> Resident #1 -- No managed risk agreement was developed for bed rail use and having a 24-hour private caregiver provide total care and assistance with ADLs.</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>Please see attached policy Director of Nursing (AKA Wellness Director) will assess all residents with side-rails utilizing the "ALF Device with Restraining Qualities Assessment" upon a change of condition of resident or during their annual assessment. If resident is found to be At Risk for a poor outcome, Director of Nursing will initiate Managed Risk Agreement. Managed Risk Agreement will be provided to resident/family within (3) three days from risk factor(s) presenting itself. Managed Risk Agreement will outline the risk and benefits of these devices for families to assist in their decision making process. The Director of Nursing will audit residents on an annual basis to ensure all residents with bedrails have an assessment or Managed Risk Agreement.</p>	06/08/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-3 <u>Licensing</u> (o)(10)(D) Applications for licensure shall be made to the department on a form provided by the department and shall include full and complete information as follows:</p> <p>Evidence that the premises comply with state and county building, housing, fire, and other codes, ordinances, and laws for the type of occupancy to be licensed. Compliance shall include but not be limited to the following:</p> <p>Applicable state laws and administrative rules relating to sanitation, health, and environmental safety.</p> <p><u>FINDINGS</u> No documentation the following inspections were completed to ensure compliance with state and county building, housing, and fire codes or ordinances:</p> <ul style="list-style-type: none"> • Fire extinguisher • Rangehood system • Emergency generator • Elevator <p><i>Submit a copy of the inspection reports with your POC.</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> <ol style="list-style-type: none"> 1. Fire Extinguishers has been inspected 04/17/2024. 2. Rangehood system semi-annual inspection completed 05/22/2024. 3. Emergency Generator annual inspection completed 05/15/2024. 4. Elevators inspection has been completed' A-Building Elevator inspected 02/22/2024; C-Building Elevator inspected 01/02/2024. 	06/08/2024

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<input checked="" type="checkbox"/>	<p>§11-90-3 <u>Licensing</u> (o)(10)(D) Applications for licensure shall be made to the department on a form provided by the department and shall include full and complete information as follows:</p> <p>Evidence that the premises comply with state and county building, housing, fire, and other codes, ordinances, and laws for the type of occupancy to be licensed. Compliance shall include but not be limited to the following:</p> <p>Applicable state laws and administrative rules relating to sanitation, health, and environmental safety.</p> <p><u>FINDINGS</u> No documentation the following inspections were completed to ensure compliance with state and county building, housing, and fire codes or ordinances:</p> <ul style="list-style-type: none"> • Fire extinguisher • Rangehood system • Emergency generator • Elevator 	<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> <ol style="list-style-type: none"> 1. Fire extinguishers annual inspection task will be added to our building management system (TELS). Once completed, annual certificate will be uploaded to task. 2. Rangehood semi-annual inspection task will be added to our building management system (TELS). Once completed, semi-annual certificate will be uploaded to task. 3. Emergency generator annual inspection task will be added to our building management system (TELS). Once completed, annual certificate will be uploaded to task. 4. Elevator annual inspection task will be added to our building management system (TELS). Once completed, annual certificate will be uploaded to task. 5. Facilities Director has been in-serviced on the outlined process. 6. Executive Director/Designee will audit quarterly. 	<p>06/08/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-5 <u>Emergency care and disaster planning.</u> (a)(4) There shall be written policies and procedures to follow in an emergency which shall include provisions for the following:</p> <p>Quarterly rehearsal 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><u>FINDINGS</u> There is no documented evidence of a quarterly fire drill performed between April 2023 and April 2024.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-90-5 <u>Emergency care and disaster planning.</u> (a)(4) There shall be written policies and procedures to follow in an emergency which shall include provisions for the following:</p> <p>Quarterly rehearsal 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><u>FINDINGS</u> There is no documented evidence of a quarterly fire drill performed between April 2023 and April 2024.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <ol style="list-style-type: none"> 1. Red binder has been set-up and will be maintained by the Facilities Director. Binder will consist of quarterly fire drills. 2. A scheduled task will be set-up in our building management system (TELS) for these quarterly drills. 3. A sign-in sheet will be completed and signed by all staff present for drill and updated into our TELS system. 4. Facilities Director/team has been in-serviced on the requirements of quarterly fire drills. 5. Executive Director/Designee will audit binder quarterly for compliance. 	<p style="text-align: center;">06/08/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-7 <u>Inservice education.</u> (1) There shall be a staff inservice education program for the entire staff that includes:</p> <p>Orientation for all new employees to acquaint them with the philosophy, organization, practice, and goals of assisted living:</p> <p><u>FINDINGS</u> Employee #2 and Employee #3 - No documentation that employees completed the facility's general orientation to acquaint them with the philosophy, organization, practice, and goals of assisted living.</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> <ol style="list-style-type: none"> 1. Employee 2 and Employee 3 have completed New Hire Orientation. 2. Department Management team has been provided Skills Orientation Checklists for their roles & associates they oversee respectively. 3. Department Managers have been in-serviced on New Hire Orientation Policy and Procedures. 	<p style="text-align: center;">08/08/2024</p>

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<input checked="" type="checkbox"/>	<p>§11-90-7 <u>Inservice education.</u> (1) There shall be a staff inservice education program for the entire staff that includes:</p> <p>Orientation for all new employees to acquaint them with the philosophy, organization, practice, and goals of assisted living;</p> <p><u>FINDINGS</u> Employee #2 and Employee #3 – No documentation that employees completed the facility’s general orientation to acquaint them with the philosophy, organization, practice, and goals of assisted living.</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. New Hire Orientation has been implemented and is scheduled for the second Tuesday of each month. 2. Upon hire, employee and their supervisor will received a "Welcome Sheet" notifying supervisor and employee of orientation date. 3. Department Manager will complete the Skill Orientation Checklist within 30-days and turn into the Business Office to be filed in Personnel folder. 4. Department Managers have been in-serviced on New Hire Orientation. 5. Executive Director/Designee will audit for the next 60-days and then quarterly thereafter. 	<p style="text-align: center;">06/08/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-90-8 <u>Range of services.</u> (a)(1) Service plan.</p> <p>The assisted living facility staff shall conduct a comprehensive assessment of each resident's needs, plan and implement responsive services, maintain and update resident records as needed, and periodically evaluate results of the plan. The plan shall reflect the assessed needs of the resident and resident choices, including resident's level of involvement: support principles of dignity, privacy, choice, individuality, independence, and home-like environment; and shall include significant others who participate in the delivery of services;</p> <p><u>FINDINGS</u> Resident #1 –Services and Interventions/Tasks identified on the service plan were not reevaluated and updated to reflect the current needs of the resident. For example, the service plan states the following:</p> <ul style="list-style-type: none"> • Resident consumes alcohol socially, but resident is no longer consuming alcohol. • Evacuation – Guide or provide direction during evacuation. However, the resident is non-verbal and unable to follow directions or guidance. Resident needs total assistance with 2 person assist to evacuate. • Resident requires assistance with medication management – Med Tech manages and administers nose inhalants, more than once Daily *2*. However, resident not on nose inhalants. • Requires assistance with toileting – PCGVR will assist on and off the toilet. However, resident is totally dependent with toileting and does not use the toilet. • Transfers – Requires total assistance and use gait belt with transfers daily. However, per the private caregiver, resident has to be carried when transferring from the bed to the recliner. <p><i>Reassess the resident and submit a copy of the revised service plan with your POC.</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>Service Plan was updated to reflect the following:</p> <ol style="list-style-type: none"> 1) Consumption of alcoholic beverages was resolved. 2) Evacuation intervention now includes, "Guide or provide direction to resident's private caregiver" and "Resident is a total lift." 3) Administration of nasal inhalants was discontinued. 4) Following discussion with private caregiver, toileting intervention was updated to include transfer of Resident to BSC for bowel movements. 5) Following discussion with private caregiver, transfer intervention was updated to state private caregiver should call for assistance when transferring resident. Resident is a (2) two person transfer. <p>Once care evaluation is completed, Director of Nursing will conduct a service plan review to ensure accuracy.</p>	06/08/2024

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<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (a)(2) Service plan.</p> <p>A service plan shall be developed and followed for each resident consistent with the resident's unique physical, psychological, and social needs, along with recognition of that resident's capabilities and preferences. The plan shall include a written description of what services will be provided, who will provide the services, when the services will be provided, how often services will be provided, and the expected outcome. Each resident shall actively participate in the development of the service plan to the extent possible;</p> <p><u>FINDINGS</u> Resident #2 –Service plan (last reviewed 4/6/24) does not reflect how often the resident needs to be checked for incontinence care. The nursing assessment indicated that the resident is incontinent of bladder and bowel and to check incontinence 12x/day. April 2024 activity record shows staff has been checking the resident for toileting Q shift only. <i>Submit a copy of the revised service plan with your POC.</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>Service Plan was updated to include check for incontinence up to (12) twelve times daily.</p> <p>Once a care evaluation is completed, the Director of Nursing (AKA Wellness Director) will conduct a service plan review to ensure accuracy.</p>	<p>06/08/2024</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (a)(3) Service plan.</p> <p>The initial service plan shall be developed prior to the time the resident moves into the facility and shall be revised if needed within 30 days. The service plan shall be reviewed and updated by the facility, the resident, and others as designated by the resident at least annually or more often as needed;</p> <p><u>FINDINGS</u> Resident #1 – Service plan (last reviewed 2/26/24) was not updated to specify how often PCG should perform incontinence checks to ensure resident will remain clean and dry.</p> <p>Resident #1 - Service plan (last reviewed 2/26/24) was not updated to include health monitoring by an RN to perform weekly or monthly skin monitoring as the resident is totally dependent on a hired private caregiver for incontinence care.</p> <p><i>Submit a copy of the revised service plan with your POC.</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>Service Plan was updated to state "Private Caregiver should check resident for incontinence at least every (2) two hours and provide incontinence care as needed.</p> <p>Service Plan will include a skin check with all care and any identified issues will be reported to the Licensed Nurse (AKA Community Nurse) and Skin Assessment will follow.</p> <p>All Caregivers, Med Techs, and Private Caregivers will be in-serviced on this process.</p> <p>Once a care evaluation is completed, the Director of Nursing will conduct a service plan review to ensure accuracy.</p>	<p>06/08/2024</p>

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<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (a)(3) Service plan.</p> <p>The initial service plan shall be developed prior to the time the resident moves into the facility and shall be revised if needed within 30 days. The service plan shall be reviewed and updated by the facility, the resident, and others as designated by the resident at least annually or more often as needed;</p> <p><u>FINDINGS</u> Resident #1 – Service plan (last reviewed 2/26/24) was not updated to specify how often PCG should perform incontinence checks to ensure resident will remain clean and dry.</p> <p>Resident #1 - Service plan (last reviewed 2/26/24) was not updated to include health monitoring by an RN to perform weekly or monthly skin monitoring as the resident is totally dependent on a hired private caregiver for incontinence care.</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>Service Plan for incontinent residents will include a skin check with all care and any identified issues to be reported to the Licensed Nurse (AKA Community Nurse) .</p> <p>Private Caregivers will be in-serviced to check incontinent residents at least every (2) two hours and provide incontinence care as needed.</p> <p>Once a care evaluation is completed, the Director of Nursing (AKA Wellness Director) will conduct a service plan review to ensure accuracy.</p>	<p>06/08/2024</p>

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☒	<p>§11-90-8 <u>Range of services.</u> (a)(3) Service plan.</p> <p>The initial service plan shall be developed prior to the time the resident moves into the facility and shall be revised if needed within 30 days. The service plan shall be reviewed and updated by the facility, the resident, and others as designated by the resident at least annually or more often as needed;</p> <p><u>FINDINGS</u> Resident #2 – Service plan was not updated to reflect the current nutritional supplement order “Ensure two times a day for supplement with meals (9/29/22).” <i>Submit a copy of the revised service plan with your POC.</i></p> <p>Resident #2 – Service plan was not updated to reflect the thickened liquids order. Thick It powder, if needed, nectar/honey pudding consistency as appropriate PRN (1/12/24) <i>Facility clarified the order on 9/18/24 – D/C thick-It; only future plan is required.</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>Service Plan was updated to reflect current physician orders to include Ensure (2) two times per day.</p> <p>Thickened liquids were D.C.'d for non-use on 04/16/2024 of thickened liquids.</p>	06/08/2024

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<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing;</p> <p><u>FINDINGS</u> Resident #1 – No documentation the facility performed health monitoring following the 8/20/23 unusual occurrence incident. Progress notes show that the RN completed an assessment after the incident, but no additional monitoring was performed, and no documentation that the physician was updated.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing:</p> <p><u>FINDINGS</u> Resident #1 -- Registered dietician (RD) noted significant weight changes of -7.2 pounds from April to May 2023 on 5/24/2, and +12 pounds from May to November 2023 on 12/13/23 with a note "Follow-up will be completed by the facility clinical staff." Facility RN acknowledged the weight changes on 6/3/23, but the physician was not updated until 12/20/23.</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)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing;</p> <p><u>FINDINGS</u> Resident #1 – Registered dietician (RD) noted significant weight changes of -7.2 pounds from April to May 2023 on 5/24/2, and +12 pounds from May to November 2023 on 12/13/23 with a note “Follow-up will be completed by the facility clinical staff.” Facility RN acknowledged the weight changes on 6/3/23, but the physician was not updated until 12/20/23.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>The Director of Nursing (AKA Wellness Director) will review weights by the 15th of each month, A resident will be re-weighed if there is a significant weight change. If following a re-weight, the variance appears correct, a Licensed Nurse will conduct an assessment based off this change of condition. Family and Primary Care Provider will be notified of assessment findings and information. Notifications will be documented in the resident's electronic record.</p> <p>An RN will follow-up on all dietician notes by assessment and physician notifications if needed.</p> <p>The Licensed Nurse (AKA Community Nurse) and Resident Care Coordinator will be in-serviced on this process by the Director of Nursing.</p>	<p>06/08/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing;</p> <p><u>FINDINGS</u> Resident #2 - Physician order dated 9/28/22 for Ensure two times a day for supplement with meals was not clarified to indicate the amount or quantity to consume per day. <i>Clarify the order with the physician and submit a copy with your POC.</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>Request sent to Primary Care Provider to clarify Ensure order to include statement: 237 milliliters, or as much as resident will drink at each serving. Service plan will be updated.</p> <p>All new orders will be reviewed and checked through the 'Triple-Check' system, completed by the Resident Care Coordinator, the Licensed Nurse (AKA Community Nurse) and the Director of Nursing (AKA Wellness Director). Any identified issues will be corrected and further education provided as needed.</p>	06/08/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing;</p> <p><u>FINDINGS</u> Resident #2 - Physician order dated 9/28/22 for Ensure two times a day for supplement with meals was not clarified to indicate the amount or quantity to consume per day.</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>When an order for a nutritional supplement is received without specific instructions for an amount or quantity, the order will not be put into the electronic record until clarification is received from the physician.</p> <p>The Licensed Nurse (AKA Community Nurse), Resident Care Coordinator and Med Techs will be in-serviced on this process.</p> <p>All new orders are reviewed and checked through a 'Triple Check' system by the Resident Care Coordinator, Licensed Nurse, and Director of Nursing to ensure accuracy.</p>	06/08/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing;</p> <p><u>FINDINGS</u> Resident #2 - RN was not timely notified when resident fell on 8/9/23. Records show RN assessed the resident on 8/12/23.</p>	<p style="text-align: center;">PART I</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)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing:</p> <p><u>FINDINGS</u> Resident #2 - RN was not timely notified when resident fell on 8/9/23. Records show RN assessed the resident on 8/12/23.</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>When an incident occurs, it is policy, that the Licensed Nurse (AKA Community Nurse) is notified at the time of the incident in person or via telephone. This is documented under the "Action" tab of the incident report. If the Licensed Nurse is not in the facility, the nursing assessment should occur the next day the nurses in the building. The Licensed Nurse is always available by phone if a nurse is not present.</p> <p>The Director of Nursing (AKA Wellness Director) will review this process with the Licensed Nurse, Resident Care Coordinator and Med Techs.</p>	<p style="text-align: center;">06/08/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing;</p> <p><u>FINDINGS</u> Resident #2 - No RN assessment was completed when the resident returned to the facility on 10/26/23 (at 1550) from an ER visit due to a leg laceration and received nine stitches to close the wound.</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
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing;</p> <p><u>FINDINGS</u> Resident #2 - No RN assessment was completed when the resident returned to the facility on 10/26/23 (at 1550) from an ER visit due to a leg laceration and received nine stitches to close the wound.</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>When a resident returns from the hospital, an ISP (Intermittent Service Plan) is initiated to ensure the resident will be monitored and all documentation will be recorded in the electronic record. If a licensed nurse is not in the building at the time of the resident's return, the nurse will be notified via telephone. The nursing assessment will be completed the next day a nurse's present in the facility. The licensed nurse is always available by phone for concerns or questions.</p> <p>The Director of Nursing (AKA Wellness Director) will audit ISP's through a review of the 24-72 hour report to ensure that an ISP was initiated and accurate.</p>	<p>06/08/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(3)(B)(ii) Services.</p> <p>The assisted living facility shall have policies and procedures relating to medications to include but not be limited to:</p> <p>Administration of medication:</p> <p>The facility shall provide and implement policies and procedures which assure that all medications administered by the facility are reviewed at least once every 90 days by a registered nurse or physician, and is in compliance with applicable state laws and administrative rules.</p> <p><u>FINDINGS</u> Resident #1 and Resident #2 No documentation medications were reviewed at least once every 90 days by an RN or physician.</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)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(3)(B)(ii) Services.</p> <p>The assisted living facility shall have policies and procedures relating to medications to include but not be limited to:</p> <p>Administration of medication:</p> <p>The facility shall provide and implement policies and procedures which assure that all medications administered by the facility are reviewed at least once every 90 days by a registered nurse or physician, and is in compliance with applicable state laws and administrative rules.</p> <p><u>FINDINGS</u> Resident #1 and Resident #2: No documentation medications were reviewed at least once every 90 days by an RN or physician.</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>Registered pharmacist completes medication review for all residents quarterly. The Licensed Nurse (AKA Community Nurse) will review pharmacist report quarterly and complete recommended pharmacist recommendations. Licensed nurse to document quarterly review via progress note in resident's electronic record.</p> <p>The Director of Nursing (AKA Wellness Director) will ensure ongoing compliance by completing quarterly medication reviews.</p>	<p>06/08/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-9 <u>Record and reports system.</u> (a)(1) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following:</p> <p>Copy of a current physician or primary care provider's report of resident's physical examination which includes tuberculosis clearance and verification that the resident is free from other infectious or contagious diseases;</p> <p><u>FINDINGS</u> Resident #1 -- No current physical examination (PE); last PE was completed on 6/12/19. <i>Submit a copy of the documentation with your POC.</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>The Director of Nursing (AKA Wellness Director) has contacted the resident's primary care provider to request a copy of the most recent physical exam.</p> <p>The Director of Nursing has contacted the residents primary care provider and scheduled an appointment for Tuesday, May 21st at 1:00 PM.</p>	<p>06/08/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-9 <u>Record and reports system.</u> (a)(1) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following:</p> <p>Copy of a current physician or primary care provider's report of resident's physical examination which includes tuberculosis clearance and verification that the resident is free from other infectious or contagious diseases:</p> <p><u>FINDINGS</u> Resident #1 - No current physical examination (PE); last PE was completed on 6/12/19.</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>Each month, the Resident Care Coordinator will run a report of the residents due for their annual physical exam. This information will be faxed to the Primary Care Provider with a request for return documentation. If no response is received within two weeks, the Resident Care Coordinator will re-fax the request. If no response is received within three weeks of original fax, the Resident Care Coordinator will contact the medical office via telephone. The Resident Care Coordinator will schedule appointments as necessary.</p> <p>The Director of Nursing (AKA Wellness Director) will run monthly reports for physical exams to ensure ongoing compliance.</p>	<p>06/08/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-9 <u>Record and reports system.</u> (a)(1) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following:</p> <p>Copy of a current physician or primary care provider's report of resident's physical examination which includes tuberculosis clearance and verification that the resident is free from other infectious or contagious diseases:</p> <p><u>FINDINGS</u> Resident #6 – Admitted on 7/13/23. No documentation of TB clearance. <i>Submit a copy of the documentation with your POC.</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>When the Director of Nursing was notified that there was no TB Clearance available for this resident, a 2-step TB Skin Test was administered and read by a licensed nurse.</p> <p>Paperwork will be signed by Nurse Practitioner when she is next in the facility.</p>	06/08/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-9 <u>Record and reports system.</u> (a)(1) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following:</p> <p>Copy of a current physician or primary care provider's report of resident's physical examination which includes tuberculosis clearance and verification that the resident is free from other infectious or contagious diseases;</p> <p><u>FINDINGS</u> Resident #6 - Admitted on 7/13/23. No documentation of TB clearance.</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>All residents admitted to Regency Hualalai are required to have the following before admission: 2-step negative TB Skin test or Negative QuantiFERON Gold TB Test or Proof of positive TB skin test, CXR report of no active TB.</p> <p>Community Relations Director or designee is responsible for obtaining this information prior to resident admission.</p> <p>Community Relations Director and the Director of Nursing will maintain a double-check system to ensure TB test is completed before admission.</p> <p>The Community Relations Director, Community Relations Coordinator, Licensed Nurse and Resident Care Coordinator will be in-serviced on this process by the Director of Nursing.</p> <p>The Director of Nursing will review all admission paperwork to accuracy prior to each admission.</p>	<p>06/08/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-9 <u>Record and reports system.</u> (a)(3) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following:</p> <p>Contracts or other documents which set forth details of services to be delivered, charges, and other conditions agreed to between the resident and the facility;</p> <p><u>FINDINGS</u> Resident #6 -- Contracts which set forth details of services to be delivered, charges, and other conditions agreed to between facility unavailable for review. <i>Submit documentation with your POC.</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>Resident was provided a copy of their Agreement upon signing. Copy was received by the community and placed in administrative file.</p>	<p>06/08/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-9 <u>Record and reports system.</u> (a)(3) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following:</p> <p>Contracts or other documents which set forth details of services to be delivered, charges, and other conditions agreed to between the resident and the facility:</p> <p><u>FINDINGS</u> Resident #6 – Contracts which set forth details of services to be delivered, charges, and other conditions agreed to between facility 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>All new move-ins will receive & the following documents prior to move in. These documents will provide each resident with details of services to be delivered, charges and other conditions agreed to.</p> <ol style="list-style-type: none"> 1. Residency Agreement 2. Resident Handbook 3. Move-In Payment Worksheet 4. Service Plan, detailing the care provided as appropriate <p>Financial file will be audited by Sales team. Second check completed by Business Office Manager to ensure all documents have been signed.</p>	06/08/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-90-9 <u>Record and reports system.</u> (a)(4) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following:</p> <p>Incident reports of any bodily injury or other unusual circumstances affecting a resident which occurs within the facility, on the premises, or elsewhere, shall be retained by the facility under separate cover, and be available to authorized personnel and the department. The resident's physician or primary care provider shall be called immediately if medical care is necessary or indicated.</p> <p><u>FINDINGS</u> Resident #1 -- No incident report for unusual occurrence as noted on 8/20/23 progress notes.</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
<input checked="" type="checkbox"/>	<p>§ 11-90-9 <u>Record and reports system.</u> (a)(4) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following:</p> <p>Incident reports of any bodily injury or other unusual circumstances affecting a resident which occurs within the facility, on the premises, or elsewhere, shall be retained by the facility under separate cover, and be available to authorized personnel and the department. The resident's physician or primary care provider shall be called immediately if medical care is necessary or indicated.</p> <p><u>FINDINGS</u> Resident #1 – No incident report for unusual occurrence as noted on 8/20/23 progress notes.</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>The Licensed Nurse (AKA Community Nurse), Resident Care Coordinator, and Med tech will be in-serviced by the Director of Nursing (AKA Wellness Director) on this process, to include when to initiate an Incident Report, who should be notified, and the documentation required to be completed.</p> <p>The Director of Nursing will ensure ongoing compliance by monitoring the 24-72 hour reports for any change of condition and unusual circumstances. Any identified issues will be corrected in further education will be provided as necessary</p>	06/08/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-10 <u>Admission and discharge.</u> (a)(2) The facility shall develop admission policies and procedures which support the principles of dignity and choice. The admissions process shall include completion of or the providing of the following:</p> <p>Handbook or house rules which state the assisted living philosophy and clearly define the privileges and responsibilities of the resident and the conditions under which apartment units may be occupied by the residents;</p> <p><u>FINDINGS</u> Resident #6 - No documentation that shows the resident received a copy of the resident handbook. <i>Submit documentation with your POC.</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>Resident #6 was provided a copy of the Agreement upon signing. Copy was received by the community and placed in administrative file.</p>	06/08/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-10 <u>Admission and discharge.</u> (a)(2) The facility shall develop admission policies and procedures which support the principles of dignity and choice. The admissions process shall include completion of or the providing of the following:</p> <p>Handbook or house rules which state the assisted living philosophy and clearly define the privileges and responsibilities of the resident and the conditions under which apartment units may be occupied by the residents;</p> <p><u>FINDINGS</u> Resident #6 - No documentation that shows the resident received a copy of the resident handbook.</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>All new move-ins will receive & the following documents prior to move in. These documents will provide each resident with details of services to be delivered, charges and other conditions agreed to.</p> <ol style="list-style-type: none"> 1. Residency Agreement 2. Resident Handbook 3. Move-In Payment Worksheet 4. Service Plan, detailing the care provided as appropriate <p>Financial file will be audited by Sales team. Second check completed by Business Office Manager to ensure all documents have been signed.</p>	<p>06/08/2024</p>

Licensee's/Administrator's Signature: Gilberto Ramirez

Print Name: Gilberto Ramirez

Date: 08/24/2024