

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Rose Hwang's Care Home	CHAPTER 100.1
Address: 1755 Palamoi Street, Pearl City, Hawaii 96782	Inspection Date: March 25, 2024 Annual

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

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS PER HAR 11-100.1-3(e)(2). IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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> Substitute caregiver (SCG) #1 – No current tuberculosis (TB) clearance. <i>Submit a copy of the current TB clearance 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>Yes, I corrected the deficiency by asking SCG #1's other full-time job with the copy and filed it in the care home binder.</p>	<p>4/12/24</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> Substitute caregiver (SCG) #1 - No current tuberculosis (TB) clearance. <i>Submit a copy of the current TB clearance with your plan of correction (POC).</i></p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent future reoccurrence, PCG added TB skin test screening annually on a checklist graph previously made and placed on top of the filing cabinet for easy reference. I also set a reminder on my iPhone calendar on all future TB due dates for all caregivers to alert me when they are due so I can inform caregivers to obtain them before it expires.</p>	<p style="text-align: center;">7/16/24</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 #2 - January 2023 progress notes indicated resident did not eat for twenty-four (24) hours, didn't know how to swallow, exhibited behaviors, and unable to walk. Physician was notified and resident was later admitted to a hospice program; however, level of care was not reevaluated/reassessed by the physician. During inspection, observed resident being fed by the staff and required monitoring for diet pureed with nectar liquids. PCG also stated that resident needed help with showers and medications need to be crushed for administration. <i>Have the physician reevaluate the LOC and 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>Yes, physician reassessed Resident #2's level of care indicating intermediate nursing care level/expanded LOC. Copy filed in a resident's binder.</p>	7/16/24

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<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 #2 - January 2023 progress notes indicated resident did not eat for twenty-four (24) hours, didn't know how to swallow, exhibited behaviors, and unable to walk. Physician was notified and resident was later admitted to a hospice program; however, level of care was not reevaluated/reassessed by the physician. During inspection, observed resident being fed by the staff and required monitoring for diet pureed with nectar liquids. PCG also stated that resident needed help with showers and medications need to be crushed for administration.</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 the resident's level of care change is suspected, I will call the physician right away and request to reassess the resident's LOC. I have put a reminder note on top of the filing cabinet of this requirement to prevent future reoccurrence.</p>	<p style="text-align: center;">7/16/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.</p> <p><u>FINDINGS</u> Resident #1 – PCG stated resident is taking Katefarms Nutritional shake daily; however, no physician order obtained to provide the aforementioned supplement. <i>Submit a copy of the physician order 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>Yes, corrected the deficiency. PCG contacted physician and obtained order to administer the supplement Katefarms nutritional shake.</p>	<p>5/24/24</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>, (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.</p> <p><u>FINDINGS</u> Resident #1 – PCG stated resident is taking Katefarms Nutritional shake daily; however, no physician order obtained to provide the aforementioned supplement.</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>PCG now clearly understands the need to give residents supplements as exactly ordered by the physician or APRN. I have put a reminder note on the filing cabinet to contact physician first before offering a new supplement. PCG also trained caregivers to check the order first before giving any supplement.</p>	<p>7/16/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #2 - Diet order dated 2/9/24 indicates "pureed, nectar." However, there was no special diet menu to indicate that a special diet was being provided. Menus provided do not meet pureed texture diet and nectar thick liquids. <i>Develop a special diet menu reflecting pureed and nectar consistency 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>Yes, corrected the deficiency. I met with the registered dietician, and I have developed a pureed nectar menu.</p>	7/16/24

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #2 - Diet order dated 2/9/24 indicates "pureed, nectar." However, there was no special diet menu to indicate that a special diet was being provided. Menus provided do not meet pureed texture diet and nectar thick liquids.</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>If the resident's diet order is changed to a special diet, PCG will develop a special diet menu ASAP. I will also contact a registered dietician if I need assistance. To prevent reoccurrence, I put a reminder note posted on the filling cabinet: "Develop Special Diet Menu," if a special diet is required for a resident.</p>	<p>7/16/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> Expired canned goods (chicken and beef stock) were noted in the kitchen pantry.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, corrected the deficiency. PCG took out all expired canned goods out of the kitchen pantry right away after the annual inspection was done.</p>	<p>3/25/24</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> Expired canned goods (chicken and beef stock) were noted in the kitchen pantry.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I put a paper reminder on the cabinet door of list of canned goods and the expiration date. I check this paper monthly. I put those close-to-expire canned goods in front to use before expiration. I will be responsible for checking this every month.</p>	<p>7/16/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Bedroom #1 (shared room) -- A tube of Calmoseptine cream and a bottle of Ammonium Lactate (belonged to a discharged resident) were found on resident #2's nightstand.</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>Yes, corrected the deficiency. PCG put away all tube of Calmoseptine cream and a bottle of Ammonium Lactate right away and it's in locked storage.</p>	<p>3/5/24</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1 - No label for the following supplements found in resident's medication bin:</p> <ul style="list-style-type: none"> • Calcium 600 + D3 20 mcg (800 IU) • Glucosamine 1500 mg + Chondroitin 1200 mg • Metamucil powder 	<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>Yes, corrected the deficiency. PCG labeled on all OTC medications right away after the annual inspection.</p>	<p style="text-align: center;">3/25/24</p>

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☒	<p>§11-100.1-15 <u>Medications</u>, (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1 - No label for the following supplements found in resident's medication bin:</p> <ul style="list-style-type: none"> • Calcium 600 + D3 20 mcg (800 IU) • Glucosamine 1500 mg + Chondroitin 1200 mg • Metamucil powder 	<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>To prevent from future reoccurrence PCG put big sign on top of the medication cabinet: All medications including OTC medications/supplements need to be labeled. If PCG receives OTC medications, label them first before storing them in medication storage. PCG trained SCG to do as well.</p>	<p>7/16/24</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><u>FINDINGS</u> Unlabeled Latanoprost eye drop and Metamucil were noted in the resident's medication cabinet.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes corrected the deficiency. PCG put Latanoprost in the labeled box right away. And also, put a label on the Metamucil with the resident's name, direction, and frequency. Both were stored in secured medication cabinet.</p>	<p style="text-align: center;">3/25/24</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><u>FINDINGS</u> Tubes of Neosporin, antifungal creams, Allergy Relief liquid bottle were found in resident's bathroom.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, corrected the deficiency right away by putting it away in locked storage.</p>	<p>3/25/24</p>

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<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 – MAR shows Atorvastatin and Amlodipine were discontinued but no physician order to discontinue medications. <i>Submit a copy of the physician's order 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>Yes, obtained order from physician to discontinue the medications on 4/20/24.</p>	<p style="text-align: center;">4/20/24</p>

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<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 to administer the following over-the-counter medications and supplements found in the resident’s medication bin:</p> <ul style="list-style-type: none"> • Tylenol 8 hour ER 650 mg • Calcium Vit 600 mg + D3 20 mcg • Glucosamine 1500mg + Chondroitin 1200mg 	<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>PCG posted a sign: All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. PCG will check the signed medication list and the medication record every week and when there’s a change in medication order, to ensure orders match and if not to call the doctor right away to get orders clarified.</p>	<p style="text-align: center;">7/16/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1—Physician's order states, "Ensure 1 bottle QD;" however, resident is taking Katefarms Nutritional shake 1 tetra pak daily. It was revealed when PCG was asked about the resident's Ensure supply that the Katefarm brand belonged to a former resident and PCG would like to consume the supply before starting the Ensure. <i>Clarify the supplement order with the physician and 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>Yes, corrected the deficiency. Order to administer Katefarm supplement obtained from the physician.</p>	<p>4/24/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1: Physician's order states, "Ensure 1 bottle QD:" however, resident is taking Katefarms Nutritional shake 1 tetra pak daily. It was revealed when PCG was asked about the resident's Ensure supply that the Katefarm brand belonged to a former resident and PCG would like to consume the supply before starting the Ensure.</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>PCG now clearly understands the need to give residents supplements as exactly ordered by the physician or APRN. I have put a reminder note on the filing cabinet to contact physician first before offering a new supplement. PCG also trained caregivers to check the order first before giving any supplement.</p>	7/16/24

	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 – The following PRN medications were administered routinely and no indication for administration:</p> <ul style="list-style-type: none"> • Artificial tears place 1 drop into affected eye PRN • Tylenol 500 mg Q 8 hours PRN <p><i>Clarify the orders with the physician 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>Yes, corrected the deficiency. Obtained and clarified order from the PCP on 4/24/24. Copy submitted.</p>	<p>4/24/24</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><u>FINDINGS</u> Resident #1 – The following PRN medications were administered routinely and no indication for administration:</p> <ul style="list-style-type: none"> • Artificial tears place 1 drop into affected eye PRN • Tylenol 500 mg Q 8 hours PRN 	<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>PCG created a reminder note on the filing cabinet that all PRN medications should have an indication. If the order received has none, PCG will clarify the order from the physician right away. I will check this also when I do the monthly review of the physician order and MAR.</p>	7/16/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p><u>FINDINGS</u> Resident #1 -- No documentation that a telephone order was obtained to discontinue Atorvastatin and Amlodipine as noted in November 2023 progress notes and medication administration record (MAR).</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>§11-100.1-15 <u>Medications.</u> (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p><u>FINDINGS</u> Resident #1 No documentation that a telephone order was obtained to discontinue Atorvastatin and Amlodipine as noted in November 2023 progress notes and medication administration record (MAR).</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG will document right away telephone orders and I will make reminder note in residents binder to obtain physician signatures and date for all telephone orders on next doctor's visit. I will not leave the doctor's office until order is signed.</p>	<p>7/16/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 – Medications were not timely renewed and signed by the physician every four months.</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>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 – Medications were not timely renewed and signed by the physician every four months.</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>PCG posted a sign on top of the resident's binder to have medication orders renewed and signed by the PCP every 4 months. I will put reminder on my iPhone calendar every 4 months for all residents when the renewal is due.</p>	<p>7/16/24</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><u>FINDINGS</u> Resident #1 - PCG stated resident is taking Katefarms Nutritional shake daily but not recorded on the MAR.</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>Yes, corrected the deficiency. PCG removed all Katefarms nutritional shakes out of the shelves, and only Ensure is available for residents as exactly ordered.</p>	<p>4/22/24</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><u>FINDINGS</u> Resident #1 – PCG stated resident is taking Katefarms Nutritional shake daily but not recorded on the MAR.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG now understood very well and only what is exactly ordered will be provided to the resident. If a different supplement is available other than what is ordered, I shall contact the physician right away to inform and obtain order and document the order on MAR and my progress notes.</p>	<p>7/16/24</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><u>FINDINGS</u> Resident #2 - Plan of care and schedule of activities were not updated and revised upon readmission on 12/23/23. <i>Submit a copy of the revised Plan of Care 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>Yes, corrected the deficiency. Completed plan of care on 3/25/24.</p>	<p>3/25/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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><u>FINDINGS</u> Resident #2 – Plan of care and schedule of activities were not updated and revised upon readmission on 12/23/23.</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>PCG posted on top of the filing cabinet: Plan of Care and Schedule of Activities to be updated and revised upon readmission. I will refer to this note, complete it, and file the completed form in the resident's binder.</p>	<p style="text-align: center;">7/16/24</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 #2 – No PCG assessment was completed upon readmission on 12/23/24. <i>Submit a copy of the PCG assessment 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>Yes, corrected this deficiency. PCG assessment completed on 3/25/24.</p>	<p>3/25/24</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 #2 No PCG assessment was completed upon readmission on 12/23/24.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG posted on top of the filing cabinet: Complete PCG assessment upon readmission. I will refer to this note, complete it, and file the completed form in the resident's binder.</p>	<p>7/16/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis:</p> <p>FINDINGS Resident #2 - TB documentation dated 2/29/24 shows a TB skin test screening performed by an RN. No TB clearance signed by an MD/APRN. <i>Submit a copy of the TB clearance 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>Yes, corrected this deficiency on 4/18/24 by having the physician complete and sign TB clearance.</p>	<p>4/18/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #2 - TB documentation dated 2/29/24 shows a TB skin test screening performed by an RN. No TB clearance signed by an MD/APRN.</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>PCG will put a reminder note on resident binder: TB clearance needs to be signed by physician. I will check the document and ensure it is completed correctly before filing in the resident's binder.</p>	<p style="text-align: center;">7/16/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Progress notes did not reflect the following monitoring and responses:</p> <ul style="list-style-type: none"> • Antibiotic treatment of Cephalexin on 9/29/23. • Incision site post-surgery for cholecystectomy on 10/31/23 • PRN medications 	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs:</p> <p><u>FINDINGS</u> Resident #1 Progress notes did not reflect the following monitoring and responses:</p> <ul style="list-style-type: none"> • Antibiotic treatment of Cephalexin on 9/29/23. • Incision site post-surgery for cholecystectomy on 10/31/23 • PRN medications 	<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>PCG created a guideline on what to document in the progress notes and posted in resident binder - which includes if resident is on antibiotic treatment, post surgery monitoring and PRN medications. I will be responsible for documenting this in the progress notes.</p>	7/16/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports</u>, (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><u>FINDINGS</u> Resident #1 No documentation that the order for Fit Therapy for home PT was carried out as ordered on 2/21/24 due to patellar fracture and knee pain. <i>Submit documentation that home PT was arranged 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>Yes, corrected the deficiency. Fit therapy for home PT ordered dated 2/21/24 was carried out on 4/16/24 due to patellar fracture and knee pain and new ordered was carried out on 4/16/24.</p>	<p>4/16/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><u>FINDINGS</u> Resident #1 – No documentation that the order for Fit Therapy for home PT was carried out as ordered on 2/21/24 due to patellar fracture and knee pain.</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>In the future, I should document in the progress notes my correspondence with the doctor, family and PT – I document that I acknowledge the order and who will be responsible for scheduling the PT services. If family would like to schedule I will follow up the scheduling and the selected agency to perform the PT. I will make reminder note of this requirement in the resident's binder.</p>	7/16/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> No incident report was generated for the following unusual occurrences:</p> <ul style="list-style-type: none"> • Resident #1 hospitalization on 9/23/23 due to epigastric pain. • Resident #2 fall on 12/21/23 as noted on 12/23/23 hospital discharge summary and progress notes. • Resident #3 hospitalization on 8/7/23. 	<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>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> No incident report was generated for the following unusual occurrences:</p> <ul style="list-style-type: none"> • Resident #1 hospitalization on 9/23/23 due to epigastric pain. • Resident #2 fall on 12/21/23 as noted on 12/23/23 hospital discharge summary and progress notes. • Resident #3 hospitalization on 8/7/23. 	<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>PCG should complete the incident report as soon as possible if not within 2 days of the incident. I will post a reminder note of this on the filing cabinet. I will keep completed incident report in the care home binder.</p>	7/16/24

	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><u>FINDINGS</u> Resident #1 – PCG assessment dated 9/29/23 was incomplete – resident’s temperature, weight, transportation needs were left blank and fall precaution was not checked off.</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>§11-100.1-17 <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><u>FINDINGS</u> Resident #1 – PCG assessment dated 9/29/23 was incomplete – resident’s temperature, weight, transportation needs were left blank and fall precaution was not checked off.</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>PCG will make a reminder note: Double check form for completeness, before filing it in the resident’s binder. I have trained my SCG to double check the form to avoid the same mistake in the future.</p>	7/16/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents:</p> <p><u>FINDINGS</u> Permanent general register was not updated to reflect Resident #2's discharge on 12/21/23 and readmission to the carehome on 12/23/23.</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>Yes, corrected the deficiency. PCG logged in and updated discharge and readmission.</p>	<p>3/25/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> Permanent general register was not updated to reflect Resident #2's discharge on 12/21/23 and readmission to the carehome on 12/23/23.</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>PCG make a reminder note on the filing cabinet to update resident register for all readmissions on the same day readmitting the resident. I will have SCG to double check it is entered.</p>	<p>7/16/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #2 - Primary Caregiver (PCG) stated resident's medications are being crushed but no physician's order was obtained to crush medications. <i>Submit a copy of the physician order 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>Yes corrected the deficiency. Obtained the order from the physician.</p>	<p>4/18/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #2 – Primary Caregiver (PCG) stated resident's medications are being crushed but no physician's order was obtained to crush medications.</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>PCG will create a reminder note on filing cabinet: Crushing medications need doctors order. I will obtain this order as soon as possible if resident's medication need to be crushed.</p>	<p>7/16/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (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><u>FINDINGS</u> Resident #2 – A review of the progress notes reveals that the physician was not timely notified when the resident was found on the ground on 12/15/23 and later sustained a bruise on (L) head, noted on 12/16/23. Physician was notified only on 12/18/23 and was taken to the emergency room (ER) for further evaluation. ER discharge report indicated resident sustained subdural hematoma.</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
☒	<p>§11-100.1-20 <u>Resident health care standards.</u> (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><u>FINDINGS</u> Resident #2 – A review of the progress notes reveals that the physician was not timely notified when the resident was found on the ground on 12/15/23 and later sustained a bruise on (L) head, noted on 12/16/23. Physician was notified only on 12/18/23 and was taken to the emergency room (ER) for further evaluation. ER discharge report indicated resident sustained subdural hematoma.</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>PCG posted a sign on top of the carehome binder: Call PCP for any fall incident, witnessed or unwitnessed. I shall document this on my progress notes as soon as possible while I remember the incident.</p>	7/16/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan:</p> <p><u>FINDINGS</u> Resident #1 - No documentation of training by the RN case manager in providing daily personal and specialized care, particularly resident's frequent toileting of every 5-10 minutes, as stated by the PCG and observed during inspection. <i>Submit documentation training by an RN 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>Yes, corrected the deficiency. Training documents submitted.</p>	<p>4/19/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><u>FINDINGS</u> Resident #1 - No documentation of training by the RN case manager in providing daily personal and specialized care, particularly resident's frequent toileting of every 5-10 minutes, as stated by the PCG and observed during inspection.</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>PCG created checklist listing documents needed for expanded residents: RN training I will post this on filing cabinet. I will refer to this checklist when admitting expanded resident. I will file documentation in resident binder.</p>	<p>7/16/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (a) Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who:</p> <p><u>FINDINGS</u> Resident #1 - The level of care noted on readmission on 9/29/23 indicated "Expanded LOC." However, no case management (CM) services were provided. <i>Submit documentation that CM services has been in place 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>Yes, corrected the deficiency. As soon as PCG realized that resident #1 need CM PCG called POA of the resident and provided CM right away.</p>	<p>4/19/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (a) Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who:</p> <p><u>FINDINGS</u> Resident #1- The level of care noted on readmission on 9/29/23 indicated "Expanded LOC." However, no case management (CM) services were provided.</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>PCG created checklist listing documents needed for expanded residents: Case management services I will post this on filing cabinet. I will refer to this checklist when admitting expanded resident. I will file documentation in resident binder.</p>	<p>7/16/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(1) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects;</p> <p><u>FINDINGS</u> Resident #1 – No comprehensive assessment conducted by an RN case manager. <i>Submit a copy of the RN CM comprehensive assessment 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>Yes, corrected the deficiency. RN case manager completed the assessment. Copy submitted.</p>	4/19/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(1) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects:</p> <p><u>FINDINGS</u> Resident #1 - No comprehensive assessment conducted by an RN case manager.</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>PCG created checklist listing documents needed for expanded residents: comprehensive assessment by RN CM. I will post this on filing cabinet. I will refer to this checklist when admitting expanded resident. I will file documentation in resident binder.</p>	7/16/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 – No care plan was developed by an RN case manager since readmission on 9/23/23 to address the resident's medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative and other specific needs. <i>Submit a copy of the completed care plan 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>Yes, corrected the deficiency. RN CM developed the care plan. Copy submitted.</p>	<p>4/19/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident.</p> <p><u>FINDINGS</u> Resident #1 – No care plan was developed by an RN case manager since readmission on 9/23/23 to address the resident's medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative and other specific needs.</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>PCG created checklist listing documents needed for expanded residents: care plan by RN CM. I will post this on filing cabinet. I will refer to this checklist when admitting expanded resident. I will file documentation in resident binder.</p>	<p style="text-align: center;">7/16/24</p>

Licensee's/Administrator's Signature: 

Print Name: Rose Hwang

Date: 7/16/2024