

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ed & Rose	CHAPTER 100.1
Address: 94-1112 Kahuailani Street, Waipahu, Hawaii, 96797	Inspection Date: July 2, 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> No documented evidence of an initial tuberculosis clearance for substitute caregiver (SCG) #1, SCG #2, SCG #3, and SCG #4.</p> <p>Please submit copies of tuberculosis clearance with your plan of correction.</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><i>I asked my substitute to mail the result of the new form & let the physician sign it</i></p> <p><i>See Attached</i></p>	<p><i>6/12/24</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p>FINDINGS No documented evidence of an initial tuberculosis clearance for SCG #1, SCG #2, SCG #3, and SCG #4.</p> <p>Please submit copies of tuberculosis clearance with your plan of correction.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I'll put a notebook for a reminder</p> <p>I'll make a checklist to remind me of the right date & time for a new tb clearance</p> <p>I will refer to my checklist before my annual</p>	<p>7/8/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 ARC11s licensed to provide special diets may admit residents requiring such diets.</p> <p>FINDINGS Resident #1- Physician ordered on 4/7/24 for "heart healthy, thin, liquid pureed diet", however; there was no evidence of the prescribed diet on the menu.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>I put a sticker on the menu indicating residence name & the order.</i></p>	7/2/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 ARCLs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #1- Physician ordered on 4/7/24 for "heart healthy, thin, liquid purced diet", however; there was no evidence of the prescribed diet on the menu.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">Once i get the order^{put} the shaker right away so not to forget it</p> <p style="text-align: center;">I will train my substitute caregivers about it.</p>	7/5/24

	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> One bottle of refresh tear drops with no label found on top of the resident's bedside drawer.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>I removed the bottle on top of the resident's bedside drawer & put it in my resident's med kit</i></p>	<p style="text-align: center;"><i>7/2/24</i></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> One bottle of refresh tear drops with no label found on top of the resident's bedside drawer.</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>PUT a sign on the residence room to remind not to put any meds we will make sure that we check it daily. I created a new label Called the pharmacy for a new med w/ label</p>	<p>7/2/24</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> Resident #1- Physician ordered on 4/7/24 for "Trazodone 100 mg Take 1 tablet by mouth every evening; may take ½ tablet every morning as needed for severe agitation"; however, the label only read "Trazodone 100 mg Take 1 tablet by mouth every evening". The physician order and medication label does not match.</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>I added it to my MARX to match it to the physician order</p> <ul style="list-style-type: none"> - I will double check whatever the physician's orders charges - put it on the MARX - right away after receiving it. 	<p style="text-align: center;">7/2/24</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> Resident #1- Physician ordered on 4/7/24 for "Trazodone 100 mg Take 1 tablet by mouth every evening; may take ½ tablet every morning as needed for severe agitation"; however, the label only read "Trazodone 100 mg Take 1 tablet by mouth every evening". The physician order and medication label does not match.</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>I created a checklist to ensure the physician order = The label match</i></p> <p><i>I will include it in my checklist everyday to make sure it match</i></p>	<p style="text-align: center;">7/2/24</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> Medications in the refrigerator were stored in a glass container with no lock.</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><i>Ordered medication box / locked container - medication will stored in that container</i></p>	<p><i>7/5/24</i></p>

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<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> Medications in the refrigerator were stored in a glass container with no lock.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PUT A sign or note in the refrigerator in the that medication are locked, box in the refrigerator.</p> <p>include it on the checklist from the notebook reminder</p>	<p>7/5/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS Resident #1- No documentation if medications were given or available on the medication administration record (MAR) for 4/30/24, 6/26/24 to 6/30/24.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (c) 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 documentation if medications were given or available on the medication administration record (MAR) for 4/30/24, 6/26/24 to 6/30/24.</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>I will put ^{to} all books / Binders & checklists to make sure my daily audit is correct.</p> <p>And make sure all medications are given daily</p>	<p style="text-align: center;">7/2/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Resident #1- One bottle of Aspirin 81 mg expired in January 2024 was found in the resident's medication cart.</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><i>Removed the old bottle w/ expired Jan. 2024 + A new bottle + labelled it</i></p>	<p><i>7/2/24</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Resident #1- One bottle of Aspirin 81 mg expired in January 2024 was found in the resident's medication cart.</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 will check & make sure that all medications are all current (dates in particular)</p> <p>I will check it monthly (each bottle) that all medications will be ordered on time to avoid putting an expired medication in resident's medication cart.</p>	<p style="text-align: center;">7/2/24</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- Physician prescribed on 4/7/24 for "Trazodone 100 mg Take ½ tablet every morning PRN for severe agitation", however: it was not transcribed in the April 2024 MAR.</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><i>I included in April's MAR trazodone 100 mg take 1/2 tablet every morning PRN for severe agitation</i></p>	<p><i>7/2/24</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1- Physician prescribed on 4/7/24 for "Trazodone 100 mg Take ½ tablet every morning PRN for severe agitation", however: it was not transcribed in the April 2024 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><i>In the future i will always include PRN orders to the MAR of every resident.</i></p> <p><i>I will have a separate notebook to remind me when to check all bottles+MAR regularly</i></p>	7/2/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports</u>, (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p>FINDINGS</p> <ol style="list-style-type: none"> 1. Resident #2- No recording of weights from July 2023 to December 2023. 2. Resident #3- No recording of weights from November 2023 to December 2023. 	<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>	<p>7/5/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><u>FINDINGS</u></p> <ol style="list-style-type: none"> 1. Resident #2- No recording of weights from July 2023 to December 2023. 2. Resident #3- No recording of weights from November 2023 to December 2023. 	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future i will always check if my records for resident's weights are recorded on a monthly basis. I'll provide a notebook for a reminder to check it on a particular date of each month</p>	<p>7/3/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><u>FINDINGS</u> Resident #1- No legend to explain who administered medications from April 2024 to July 2024 MAR.</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><i>I put it on the legend for each MAR PAGES the name of the person who administered the medication w/ her initial.</i></p>	<p><i>7/2/24</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><u>FINDINGS</u> Resident #1- No legend to explain who administered medications from April 2024 to July 2024 M.A.R.</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 will make sure to put on the legend for each MAR the name of the person who administered the medicine with his/her initial.</p> <p>I also created a notebook to remind me of doing it regularly for me or anyone who will administer it. I'll do it on monthly check</p>	<p style="text-align: center;">7/2/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p>FINDINGS Resident #1- No documented evidence of a resident financial statement.</p> <p>Please submit a copy of the financial statement with your plan of correction.</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><i>I called & asked the legal guardian of Res. #1 to sign the Resident Financial statement form.</i></p> <p><i>Attached is the signed form</i></p>	<p>7/19/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p>FINDINGS Resident #1- No documented evidence of a resident financial statement.</p> <p>Please submit a copy of the financial statement with your plan of correction.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future i will let the person who's responsible for resident's financial statement upon Admission</p> <p>I will always double check if all documents needed to be signed are included on my resident's folder</p> <p>I will use the checklist to remind me about it</p>	<p>7/19/24</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 evidence of case manager training for SCG #2, SCG #3, SCG #4, and SCG #5.</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><i>I asked my case manager to create a form that will indicate my substitute name - I will let sign the form & make sure to let them know what the training is all about</i></p>	<p>7/5/24</p>

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<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 evidence of case manager training for SCG #2, SCG #3, SCG #4, and SCG #5.</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>I will check the binder w/ my case manager to make sure that all substitute will be trained, I'll created a checklist to remind me that everyone was trained</i></p>	<p style="text-align: center;">7/5/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><u>FINDINGS</u> Resident #1- No evidence of current immunizations for pneumococcal and influenza.</p> <p>Please submit a copy of the immunizations with your plan of correction.</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><i>I called + faxed to Dr. Butts about the result but no response yet. I'll keep calling + follow if up.</i></p>	<p style="text-align: center;"><i>7/9/24</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements</u>. (b)(4) Upon admission of a resident, the expanded ARC11 licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p>FINDINGS Resident #1- No evidence of current immunizations for pneumococcal and influenza.</p> <p>Please submit a copy of the immunizations with your plan of correction.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>As a reminder I created a checklist to remind me of influenza - pneumococcal. I will refer to this checklist when I do my monthly audits</i></p>	<p>7/4/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-89 <u>Medications</u>. (2) In addition to the requirements in subchapter 2 and subchapter 3, the following shall apply to an expanded ARCH:</p> <p>The primary care giver shall obtain training, relevant information, and regular monitoring from the expanded ARCH resident's physician, a home health agency, or a registered nurse case manager for any and all specific medications that the expanded ARCH resident requires.</p> <p>FINDINGS Resident #1- Case manager had physician signed order on 4/7/24 for "Venlafaxine 100 mg Take 1 tablet twice daily"; however, the April 2024 to June 2024 MAR was written as "Venlafaxine 100 mg Take 1 tablet daily". There was no verification of Venlafaxine 100 mg order that the expanded ARCH resident requires.</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>§11-100.1-89 <u>Medications</u>. (2) In addition to the requirements in subchapter 2 and subchapter 3, the following shall apply to an expanded ARCH:</p> <p>The primary care giver shall obtain training, relevant information, and regular monitoring from the expanded ARCH resident's physician, a home health agency, or a registered nurse case manager for any and all specific medications that the expanded ARCH resident requires.</p> <p>FINDINGS Resident #1- Case manager had physician signed order on 4/7/24 for "Venlafaxine 100 mg Take 1 tablet twice daily"; however, the April 2024 to June 2024 MAR was written as "Venlafaxine 100 mg Take 1 tablet daily". There was no verification of Venlafaxine 100 mg order that the expanded ARCH resident requires.</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 will double check IF Dr's order (current) is in the resident's binder with the correct date that was ordered</p> <ul style="list-style-type: none"> - I will put this in my checklist notebook for a reminder - I'll do it on a monthly basis or weekly audit 	<p style="text-align: center;">7/2/24</p>

Licensee's/Administrator's Signature: *Romero*

Print Name: Rosalinda Romo

Date: July 25, 2024