

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hawaii Kai Retirement Phase I & II	CHAPTER 90
Address: 428 Kawaihae Street, Honolulu, Hawaii 96825	Inspection Date: February 13 & 14, 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>§11-90-3 <u>Licensing</u>. (o)(10) 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><u>FINDINGS</u> The fire alarm system was last serviced on 6/2022: NFPA requirement is annual.</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>Fire alarm inspection and servicing began on 3-8-24 and is anticipated to be completed by 03/30/2024.</p>	<p>03/30/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-3 <u>Licensing</u>. (o)(10) 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><u>FINDINGS</u> The fire alarm system was last serviced on 6/2022; NFPA requirement is annual.</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><u>Plan to Prevent Reoccurrence</u></p> <p>Ongoing annual fire alarm inspections will be scheduled on the date clearance is received for the next calendar year and confirmed 30 days prior to the scheduled date. This process is to be completed by the Maintenance Director and oversight by the Executive Director.</p>	<p>03/30/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-3 <u>Licensing</u>. (o)(10) 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><u>FINDINGS</u> The automatic fire sprinkler system was last serviced on 1/2023; NFPA requirement is annual.</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>Fire sprinkler inspection and servicing began on 3-8-24 and is anticipated to be completed by 03/30/2024.</p>	03/30/2024

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<input checked="" type="checkbox"/>	<p>§11-90-3 <u>Licensing</u>. (o)(10) 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><u>FINDINGS</u> The automatic fire sprinkler system was last serviced on 1/2023: NFPA requirement is annual.</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><u>Plan to Prevent Reoccurrence</u></p> <p>Ongoing annual automatic fire sprinkler system inspections will be scheduled on the date clearance is received for the next calendar year and confirmed 30 days prior to the scheduled date. This process is to be completed by the Maintenance Director and oversight by the Executive Director.</p>	03/30/2024

	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> Activity room across assisted living dining area not being cleaned regularly as noted cobwebs and a dead roach on the floor since day one of inspection.</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>Activity room has been cleaned and will be cleaned on a weekly by the housekeeping department.</p>	<p>03/30/24</p>

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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> Activity room across assisted living dining area not being cleaned regularly as noted cobwebs and a dead roach on the floor since day one of 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><u>Plan to Prevent Reoccurrence</u></p> <p>The Activity Director will monitor that the activity room is cleaned weekly and will be monitored by the Executive Director during weekly rounds.</p>	03/30/2024

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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 #1 – Service plan did not address resident's functional, psychological, and cognitive capabilities. Corrected deficiency received on 2/16/24.</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>	

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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 #1- Service plan was not updated to address frequent falls. Corrected deficiency received on 2/16/24.</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 -- August 2023 – January 2024 MARs show staff not rotating insulin injection sites and/or do not indicate insulin injection sites.</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 - August 2023 – January 2024 MARs show staff not rotating insulin injection sites and/or do not indicate insulin injection sites.</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;"><u>Plan to Prevent Reoccurrence</u></p> <p>Health Services Director will inspect weekly that injection sites are rotated and documented by the nursed on the MAR.</p> <p>Nurses and Medication Technicians were in-serviced by the Regional Health Services Director on 3-6-24 on the need to rotate and document insulin injection sites and the above plan to prevent reoccurrence.</p>	<p>03/06/2024</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>FINDINGS Resident #1 – Post fall monitoring by licensed staff not being done for the fall incidents occurred on 3/11/23, 5/28/23, 6/24/23, 10/13/23, and 11/23/23.</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 – Post fall monitoring by licensed staff not being done for the fall incidents occurred on 3/11/23, 5/28/23, 6/24/23, 10/13/23, and 11/23/23.</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><u>Plan to Prevent Reoccurrence</u></p> <p>In accordance with our policy on alert charting, after a fall the resident will be placed on "alert status". The incident will be described in the resident care notes and a daily note will be entered reflecting the monitoring. The HSD will determine how long alert charting will be needed based on the nature of the fall. This documentation will be reviewed at the weekly care meeting where all residents with falls since the last meeting are reviewed.</p> <p>Nurses and Health Services Director and were in-serviced by the Regional Health Services Director on 3-6 and 3-7 completing post fall monitoring as needed and the above plan for preventing reoccurrence.</p>	<p>03/06/2024</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>FINDINGS Resident #1 -- Physician order dated 3/17/23 states, "watch neurological status include h/a, n/v, and mental status. Call if any warning signs." However, no documentation that physician order was noted, followed up or carried out by staff.</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
☒	<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 - Physician order dated 3/17/23 states, "watch neurological status include h/a, n/v, and mental status. Call if any warning signs." However, no documentation that physician order was noted, followed up or carried out by staff.</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><u>Plan to Prevent Reoccurrence</u></p> <p>Wellness nurses and HSDs to review new physician orders for monitoring, update the service plan, and ensure team members are aware of the orders and what would constitute warning signs that need to be communicated to their supervisor and physician as ordered.</p> <p>Nurses and Health Services Director were in-serviced by the Regional Health Services Director on 3-7-24 service plan changes and the above plan for preventing reoccurrence.</p>	03/07/2024

	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 #1 – No fall risk evaluation has been completed since 2021; the resident had multiple falls in 2023. Corrected deficiency received on 2/16/24.</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>§11-90-8 <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 fall risk evaluation has been completed since 2021; the resident had multiple falls in 2023. Corrected deficiency received on 2/16/24.</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><u>Plan to Prevent Reoccurrence</u></p> <p>When assessments are completed, upon admission, every six months and with a change a condition, the HSD will ensure that a fall risk assessment is included with the assessment.</p> <p>An inservice was conducted by the Regional Health Services Director with the HSD and Nurses on 3-7-24 on fall risk assessment process and the above plan for preventing reoccurrence.</p>	<p>03/07/2024</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 #1 was on two (2) oral antibiotic treatments (Cephalexin for UTI and Azithromax for COVID +) in January 2024, but the staff did not document the resident's response to the antibiotics and if there were any adverse reactions or side effects throughout the treatment.</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 #1 was on two (2) oral antibiotic treatments (Cephalexin for UTI and Azithromax for COVID +) in January 2024, but the staff did not document the resident's response to the antibiotics and if there were any adverse reactions or side effects throughout the treatment.</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><u>Plan to Prevent Reoccurrence</u></p> <p>In accordance with our policy on alert charting, after antibiotic treatment is ordered the resident will be placed on "alert status". The response or observed side effects will be described in the resident care notes and a daily note will be entered reflecting the monitoring. The HSD will determine how long alert charting will be needed based. This documentation will be reviewed at the weekly care meeting where all residents with changes of condition since the last meeting are reviewed.</p> <p>Nurses and Medication Technicians were in-serviced by the Regional Health Services Director 3-6-24 on documentation for response for antibiotics as needed for those on antibiotics and the above plan to prevent reoccurrence.</p>	03/06/2024

	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>FINDINGS Resident #1 - Physician order dated 1/26/24 states, "Cephalexin 500 mg po TID for 5 days." However, MAR shows resident received an extra dose on 2/1/24 at 8pm. No documentation in progress notes when antibiotic course was completed.</p>	<p>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 – Physician order dated 1/26/24 states, “Cephalexin 500 mg po TID for 5 days.” However, MAR shows resident received an extra dose on 2/1/24 at 8pm. No documentation in progress notes when antibiotic course was completed.</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><u>Plan to Prevent Reoccurrence</u></p> <p>The Wellness Nurse will review the MARs weekly to determine accurate charting for antibiotic orders and documentation of completion of antibiotic course. HSD will review monthly.</p> <p>Nurses and Medication Technicians were in-serviced by the Regional Health Services Director 3-6-24 on documentation for antibiotics courses being complete and the above plan for preventing reoccurrence.</p>	<p>03/06/2024</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>FINDINGS Resident #1 -- Blood glucose check was discontinued on 1/25/23 but the order still appears on February 2024 MAR. Corrected deficiency received on 2/16/24.</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>§11-90-8 <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 - Blood glucose check was discontinued on 1/25/23 but the order still appears on February 2024 MAR. Corrected deficiency received on 2/16/24.</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><u>Plan to Prevent Reoccurrence</u></p> <p>Health Services Director or Wellness Nurses will complete a monthly MAR audit to ensure that discontinued physician orders are deleted.</p> <p>An inservice was conducted on 3-6-24 by the Regional Health Services Director with the Nurses and Medication Technicians on discontinuing orders on the MAR and the above plan for preventing reoccurrence.</p>	<p>03/6/2024</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 - Holding parameters for insulin injection were not clarified when the insulin dose changed on 1/2/24. January 2024 and February 2024 MARs do not reflect the parameters: however, staff withheld Insulin Aspart 70/30 16 units AM dose on 1/7/24, 1/14/24, 1/25/24, 1/27/24, 2/25/24, 2/9/24, 2/13/24 and documented "withheld per DR/RN order." Clarify the order with thy physician and submit a copy with your plan of correction (POC).</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>Attached is the clarifying order that was sent to the physician on 3-10-24 and we are awaiting a reply. Copy of request attached.</p> <p>Staff have continued to follow up with physician for a response and will continue follow up until a reply is received.</p>	<p>03/10/2024</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 – Holding parameters for insulin injection were not clarified when the insulin dose changed on 1/2/24. January 2024 and February 2024 MARs do not reflect the parameters; however, staff withheld Insulin Aspart 70/30 16 units AM dose on 1/7/24, 1/14/24, 1/25/24, 1/27/24, 2/25/24, 2/9/24, 2/13/24 and documented “withheld per DR/RN order.” Clarify the order with thy physician and submit a copy with your plan of correction (POC).</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><u>Plan to Prevent Reoccurrence</u></p> <p>The Wellness Nurse or HSD will review all new insulin orders to ensure that holding parameters are accurately shown on the MAR. The Wellness nurse or HSD will review the MAR charting for insulin on a weekly basis.</p> <p>An inservice was conducted with the nurses and medication technicians on 3-6-24 on obtaining parameters on insulin orders and the above plan for preventing reoccurrence.</p>	03/06/2024

	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 – Nutritional assessment by the registered dietician (RD) dated 12/13/23 shows a recommendation to consider oral supplement if resident not able to consume 60-75% meals. No documentation that staff followed up the RD's recommendation.</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 RD revised the recommendation for Resident #2 and it was communicated to the physician on 3-20. the physician and if approved it will be added to the service plan to implement.</p>	<p>03/20/2024</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 -- Nutritional assessment by the registered dietician (RD) dated 12/13/23 shows a recommendation to consider oral supplement if resident not able to consume 60-75% meals. No documentation that staff followed up the RD's recommendation.</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><u>Plan to Prevent Reoccurrence</u></p> <p>The Health Services Director will review all recommendations made by the RD. The recommendations will be reviewed at the weekly care planning meeting and the plan for implementation will be determined.</p> <p>The Regional Health Services Director conducted an inservice with the HSD and nurses on 3-7-24 on the requirement and that all RD recommendations be reviewed and communicated as needed to the physician and follow up documented. The above plan for preventing reoccurrence was reviewed.</p>	03/7/2024

	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’s order dated 1/4/24 states, “If patient continues to gain weight (+ 3 more lb) may need to start decrease caloric (intake).” However, this instruction was not recorded on MAR for monitoring. Resident currently on monthly weight.</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 was placed on weekly weights with instructions to notify physician of a 3 or more weight gain and request that physician provide a revised diet order. This order was placed on the MAR on 3-20-24</p>	<p>03/20/2024</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 – Physician’s order dated 1/4/24 states, “If patient continues to gain weight (+ 3 more lb) may need to start decrease caloric (intake).” However, this instruction was not recorded on MAR for monitoring. Resident currently on monthly weight.</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><u>Plan to Prevent Reoccurrence</u> Health Services Director or Wellness nurse will review any new physician orders as received and will enter in the MAR for implementation. The HSD will audit on a monthly basis to ensure physician's orders are reflected on MAR.</p>	<p>03/20/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(2)(B) Services.</p> <p>The assisted living facility shall also have the capability to provide or arrange access to the following services:</p> <p>Ancillary services for medically related care (e.g. physician, pharmacist, therapy, podiatry, etc.), barber or beauty care services, social or recreational opportunities, and other services necessary to support the resident:</p> <p><u>FINDINGS</u> Resident #2 – No documentation that PT was arranged with PT works as noted by staff on 9/18/23 and whether the resident received PT services.</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>On 2-15-24 the resident's health record was updated to indicate the resident received PT services.</p>	<p>02/15/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(2)(B) Services.</p> <p>The assisted living facility shall also have the capability to provide or arrange access to the following services:</p> <p>Ancillary services for medically related care (e.g. physician, pharmacist, therapy, podiatry, etc.), barber or beauty care services, social or recreational opportunities, and other services necessary to support the resident;</p> <p><u>FINDINGS</u> Resident #2 - No documentation that PT was arranged with PT works as noted by staff on 9/18/23 and whether the resident received PT services.</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><u>Plan for Prevent Reoccurrence</u></p> <p>Third party communication forms will be implemented for PT visits with review by Wellness nurses daily and HSD weekly.</p> <p>The Regional Health Services Director conducted an inservice on 3-7-24 with the HSD and nurses on physical therapy documentation and the above plan for preventing reoccurrence.</p>	<p>03/7/2024</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>FINDINGS Resident #1 and Resident #2 - No documentation that medications were reviewed every 90 days by an RN or MD.</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 that medications were reviewed every 90 days by an RN or MD.</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><u>Plan to Prevent Reoccurrence</u></p> <p>Medication review will be completed every 90 days and reviewed by RN/MD. The Executive Director will monitor that this is completed.</p>	<p>03/21/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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 -- Physician order dated 1/26/24 states, "Cephalexin 500 mg po TID for 5 days." However, MAR shows resident received an extra dose on 2/1/24 at 8pm. No documentation in progress notes when antibiotic course was completed.</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>	03/06/2024

	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 - Physician order dated 1/26/24 states, "Cephalexin 500 mg po TID for 5 days." However, MAR shows resident received an extra dose on 2/1/24 at 8pm. No documentation in progress notes when antibiotic course was completed.</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><u>Plan to Prevent Reoccurrence</u></p> <p>The Wellness Nurse will review the MARs weekly to determine accurate charting for antibiotic orders and documentation of completion of antibiotic course. HSD will review monthly.</p> <p>Nurses and Medication Technicians were in-serviced 3-6-24 by the Regional Health Services Director on documentation of antibiotics courses in MAR and on the above plan for preventing reoccurrence.</p>	<p>03/6/2024</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 - Physician order dated 1/26/24 states, "Paxlovid 2 tablets po twice daily" due to COVID positive. However, MAR shows medication was not given and staff noted on 1/27/24 "awaiting supply from family/pharmacy." Per staff, medication was discontinued as resident was on two (2) different antibiotics. No documentation that medication was discontinued.</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)(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 – Physician order dated 1/26/24 states, “Paxlovid 2 tablets po twice daily” due to COVID positive. However, MAR shows medication was not given and staff noted on 1/27/24 “awaiting supply from family/pharmacy.” Per staff, medication was discontinued as resident was on two (2) different antibiotics. No documentation that medication was discontinued.</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><u>Plan to Prevent Reoccurrence</u></p> <p>Wellness nurses to review new and discontinued orders weekly and Health Services Director will complete a monthly audit regarding medication being discontinued per MD orders.</p> <p>Nurses and Medication Technicians were in-serviced by the Regional Health Services Director 3-6-24 on documenting antibiotics courses in MAR and on the above plan for preventing reoccurrence.</p>	<p>03/6/2024</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 - Physician order dated 1/26/24 states, Azithromycin 250 mg 2 tablets by mouth one time today then 1 tab orally daily for 4 days. MAR shows resident did not receive the last dose on 1/31/24. No documentation on progress notes when antibiotic course was completed.</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
☒	<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 -- Physician order dated 1/26/24 states, Azithromycin 250 mg 2 tablets by mouth one time today then 1 tab orally daily for 4 days. MAR shows resident did not receive the last dose on 1/31/24. No documentation on progress notes when antibiotic course was completed.</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><u>Plan to Prevent Reoccurrence</u> Nurses and Health Services Director were in-serviced by the Regional Health Services Director to document antibiotic courses being completed The Wellness Nurse will review the MARs weekly to determine accurate charting for antibiotic orders and documentation of completion of antibiotic course. HSD will review monthly.</p>	<p>03/06/2024</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>FINDINGS Resident #2 and Resident #3- No current physical examination. The signed health care provider report was missing the attached history and physical report.</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 Health Care Provider form indicated that a history and physical was attached. This was an error in the form, and it was revised as the Health Care Provider form was complete without attaching a history and physical.</p>	<p>03/01/2024</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 #4 - No documentation of initial (2-step) tuberculosis (TB) clearance. Records show one skin test was completed on 12/20/23, and CXR results completed on 10/14/22 didn't include positive TB documentation.</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>A new two-step clearance will be obtained. A request to resident's representative was made on 2-19. Family is working with Kaiser to obtain testing. Community will continue to follow up with family on progress.</p>	<p>03/30/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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 #4 – No documentation of initial (2-step) tuberculosis (TB) clearance. Records show one skin test was completed on 12/20/23, and CXR results completed on 10/14/22 didn't include positive TB documentation.</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><u>Plan to Prevent Reoccurrence</u> The TB status for all new residents will be reviewed by the HSD during the move in process to determine what type of TB screening is needed based on prior TB testing. HSD will follow up that testing was completed and documented.</p>	03/30/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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 #5 - No documentation of initial (2-step) TB clearance. Records show test results of 2-step administration - 2nd step on 7/5/23 no reading indicated. Admitted on 7/16/23.</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>A new two-step TB screening will be conducted. The request was made to the resident's responsible party on 2-19. The initial test has been completed and community will work with the responsible party to obtain the second of the 2 step test.</p>	<p style="text-align: center;">03/30/2024</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>FINDINGS Resident #5 – No documentation of initial (2-step) TB clearance. Records show test results of 2-step administration - 2nd step on 7/5/23 no reading indicated. Admitted on 7/16/23.</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><u>Plan to Prevent Reoccurrence</u> The TB status for all new residents will be reviewed by the HSD during the move in process to determine what type of TB screening is needed based on prior TB testing. HSD will follow up that testing was completed and documented.</p>	<p>03/30/2024</p>

Licensee's/Administrator's Signature: Safoora Ahmed

Print Name: Safoora Ahmed

Date: 03/12/2024

	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 #2 and Resident #3-- No current physical examination. The signed health care provider report was missing the attached history and physical report.</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><u>Plan to Prevent Reoccurrence</u> The revised form will be utilized in the future that does not require an attached history and physical. Health Services Director to ensure that the Health Care Provider report is completed as required.</p>	03/01/2024