

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kahuanani Hale	CHAPTER 100.1
Address: 94-284 Kahuanani Place, Waipahu, Hawaii 96797	Inspection Date: August 19, 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>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current.</p> <p><u>FINDINGS</u> Primary Caregiver (PCG) – No documentation of six (6) hours of annual training sessions were completed. <i>Submit proof of six (6) hours of completed training sessions with plan of correction (POC). Hours completed will be credited towards the 2024 annual inspection.</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>On 10/29/24, I have filed my documentation of a minimum of 6 hours of annual training sessions. It is available for review in the appropriate binder.</p>	<p>10/29/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current;</p> <p><u>FINDINGS</u> PCG – No documentation of six (6) hours of annual training sessions were 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>To prevent this deficiency from happening in the future, I have revised my education and training calendar. I will complete scheduled inservice training prior to the annual inspection month. I will track and monitor all required hours of training utilizing our training calendar and electronic reminders. All in-service training will be file in the care home's ARCH binder.</p>	<p style="text-align: center;">10/29/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> PCG and Substitute Caregiver (SCG) #1 - No current physical examination. <i>Submit documentation with your POC.</i></p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I have filed the current physical examinations for PCG and SCG #1. Physical examinations were conducted on 8/28/24 and 8/20/24 respectively. They are available for review in the care home's ARCH binder.</p>	<p style="text-align: center;">8/28/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> PCG and Substitute Caregiver (SCG) #1 – No current physical examination.</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 this deficiency from happening in the future, I have arranged for PCG and SCG #1 to receive physical examinations a month prior to annual inspections. At the same time, I have amended our calendars to ensure reminders for tracking appointment dates. I have reviewed this new standard with all our caregivers.</p>	<p style="text-align: center;">8/28/24</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> SCG #1 – No documentation of current tuberculosis (TB) clearance. Last clearance on file was dated 7/25/22. <i>Submit documentation with your POC.</i></p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The TB clearance for SCG #1 was completed on 10/29/24. I have filed the results and are available for review in the ARCH binder.</p>	<p>10/29/24</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> SCG #1 - No documentation of current tuberculosis (TB) clearance. Last clearance on file was dated 7/25/22.</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 this deficiency from happening in the future, I have amended the weekly checklists to ensure we are on top of all TB clearances and results for all residents, caregivers and family members. TB clearances have been inputted into the ARCH calendar and electronic reminders have been set up. I have reviewed with and trained all caregivers regarding the new DOH TB Clearance Manual.</p>	<p>10/29/24</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> Refrigerated medications (Lantus pen) were found unsecured in the refrigerator.</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 unsecured refrigerated medication was removed and discarded on 8/19/24.</p>	<p>8/19/24</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> Refrigerated medications (Lantus pen) were found unsecured in the refrigerator.</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 this deficiency from happening in the future, I have purchased a refrigerator lock box to secure all medications requiring refrigeration. I have also updated the care home's weekly cleaning checklist to reflect ensuring all medications are locked securely in the refrigerator. All caregivers have been trained on this new procedure.</p>	<p>8/19/24</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 order states, “Docusate 100 mg 1 cap po QD.” but the medication supply available is Docusate 50mg-Senna 8.6 mg. <i>Evidence of correction was received on 8/20/24.</i></p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after the fact is not practical or appropriate. Only a future plan is required for this deficiency.</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 order states, “Docusate 100 mg 1 cap po QD,” but the medication supply available is Docusate 50mg-Senna 8.6 mg.</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 this deficiency from happening in the future, I have amended our daily and monthly checklist for auditing all medications. I have trained all caregivers on this new procedure, checking for accuracy and completeness.</p>	<p style="text-align: center;">8/19/24</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 order dated 8/12/24 states, “Docusate 100mg 1 cap po Q4 hours for constipation;” however, current MAR (August) states, “Docusate 100 mg 1 cap po QD.” Order frequency is not consistent. <i>Submit a copy of the clarified 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>I have corrected the current MAR for resident #1 to reflect the correct frequency on their prescribed medications; corrections were completed on 8/20/24.</p>	<p style="text-align: center;">8/20/24</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 -- Physician order dated 8/12/24 states, "Docusate 100mg 1 cap po Q4 hours for constipation;" however, current MAR (August) states, "Docusate 100 mg 1 cap po QD." Order frequency is not consistent.</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 this deficiency from occurring in the future, I have developed a post-appointment audit checklist to review resident's after-visit summaries and notes. This is to ensure we are accurate, complete and thorough when reviewing resident's new or continuing medications orders, physician orders and other pertinent information to the resident's care. I have reviewed this deficiency and trained all caregivers on this new standard operating procedure. Any conflicts, confusion or irregularities with post appointment information shall be addressed immediately. Post-appointment audit checklists are available for all caregivers in the resident binders and will be utilized during resident appointments. I have also implemented this new standard to our monthly audit checklists.</p>	10/01/24

	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 – Physician order dated 8/12/24 states, “Start Ciclopirox (Ciclodan) 7% top solution apply to adjacent skin and affected nails once daily preferably at bedtime or 8 hours before washing. No documentation medication was being administered as ordered and medication unavailable for administration. <i>Evidence of correction was received on 8/20/24.</i></p>	<p>PART 1</p> <p>Correcting the deficiency after the fact is not practical or appropriate. Only a future plan is required for this deficiency.</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 order dated 8/12/24 states, “Start Ciclopirox (Ciclodan) 7% top solution apply to adjacent skin and affected nails once daily preferably at bedtime or 8 hours before washing. No documentation medication was being administered as ordered and medication unavailable 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>To prevent this deficiency from occurring in the future, I have developed a post-appointment audit checklist to review resident’s after-visit summaries and notes. This is to ensure we are accurate, complete and thorough when reviewing resident’s new or continuing medications orders, physician orders and other pertinent information to the resident’s care. I have reviewed this deficiency and trained all caregivers on this new standard operating procedure. Any conflicts, confusion or irregularities with post appointment information shall be addressed immediately. Post-appointment audit checklists are available for all caregivers in the resident binders and will be utilized during resident appointments. I have also implemented this new standard to our monthly audit checklists.</p>	<p>10/01/24</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 order dated 8/12/24 (after visit summary) states, “Levetiracetam 500 mg 2 tabs po BID,” however, current medication administration record (MAR) indicates, “Levetiracetam 750 mg 1 tab po BID. Physician orders and MAR do not match. <i>Submit documentation of correction with your POC.</i></p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The order for Levetiracetam has been reviewed and verified with the resident’s physician and the current medication order is available for review in the resident's binder.</p>	<p style="text-align: center;">11/01/24</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 – Physician order dated 8/12/24 (after visit summary) states, “Levetiracetam 500 mg 2 tabs po BID,” however, current medication administration record (MAR) indicates, “Levetiracetam 750 mg 1 tab po BID. Physician orders and MAR do 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>To prevent this deficiency from happening in the future, I have developed a post-appointment audit checklist to review resident’s after-visit summaries and notes. This is to ensure we are accurate, complete and thorough when reviewing resident’s new or continuing medications orders, physician orders and other pertinent information to the resident’s care. I have reviewed this deficiency and trained all caregivers on this new standard operating procedure, emphasizing the importance of cross-referencing medication orders, physical label on the prescription label and the MAR. Any conflicts, confusion or irregularities with post appointment information shall be addressed immediately and corrected. Post-appointment audit checklists are available for all caregivers in the resident binders and will be utilized during resident appointments. I have also implemented this new standard to our monthly audit checklists.</p>	<p style="text-align: center;">11/01/24</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 – Medication orders were reevaluated and signed by the physician once between 8/3/23-8/12/24.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after the fact is not practical or appropriate. Only a future plan is required for this deficiency.</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 – Medication orders were reevaluated and signed by the physician once between 8/3/23-8/12/24.</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>To prevent this deficiency from occurring in the future, I have developed a post-appointment audit checklist to review resident's after-visit summaries and notes. This is to ensure we are accurate, complete and thorough when reviewing resident's new or continuing medications orders, physician orders and other pertinent information to the resident's care. I have reviewed this deficiency and trained all caregivers on this new standard operating procedure. Any conflicts, confusion or irregularities with post appointment information shall be addressed immediately. Post-appointment audit checklists are available for all caregivers in the resident binders and will be utilized during resident appointments. I have also implemented this new standard to our monthly audit checklists.</p>	<p style="text-align: center;">10/1/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 – Physician order dated 8/12/24 states, “Start Ciclopirox (Ciclodan) 7% top solution apply to adjacent skin and affected nails once daily preferably at bedtime or 8 hours before washing.” However, the order was not implemented on the MAR. <i>Submit documentation of correction with your POC.</i></p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The Ciclopirox has been logged into the current month’s MAR and is available for review.</p>	<p style="text-align: center;">8/24/24</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 – Physician order dated 8/12/24 states, “Start Ciclopirox (Ciclodan) 7% top solution apply to adjacent skin and affected nails once daily preferably at bedtime or 8 hours before washing.” However, the order was not implemented 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>To prevent this deficiency from occurring in the future, I have developed a post-appointment audit checklist to review resident’s after-visit summaries and notes. This is to ensure we are accurate, complete and thorough when reviewing resident’s new or continuing medications orders, physician orders and other pertinent information to the resident’s care. I have reviewed this deficiency and trained all caregivers on this new standard operating procedure. Any conflicts, confusion or irregularities with post appointment information shall be addressed immediately. Post-appointment audit checklists are available for all caregivers in the resident binders and will be utilized during resident appointments. I have also implemented this new standard to our monthly audit checklists.</p>	<p style="text-align: center;">8/24/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Monthly progress notes unavailable for review for Resident #1 (November-December 2023 and January-July 2024) and Resident #3 (February, March, and June 2024).</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <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> Monthly progress notes unavailable for review for Resident #1 (November-December 2023 and January-July 2024) and Resident #3 (February, March, and June 2024).</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>To prevent this deficiency from happening in the future, I have created a Progress Notes Guideline and trained the substitute caregivers on this new procedure. I have also added auditing progress notes to our monthly audit checklists. Progress Notes will be monitored by the primary caregiver to ensure monthly audits regarding progress are filed accordingly.</p>	<p>10/02/24</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> Resident #1, Resident #2, and Resident #3 – No documented evidence monthly weights were taken from August-December 2023.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <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> Resident #1, Resident #2, and Resident #3 – No documented evidence monthly weights were taken from August-December 2023.</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 this deficiency from happening in the future I have implemented sheet protectors to all requisite documents to prevent them from being destroyed and lost. I have amended the monthly audit checklist to reflect this new standard. I have reviewed and trained all caregivers over this new standard. The primary caregiver will conduct all audits and</p>	<p style="text-align: center;">9/20/24</p>

	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--The neurologist's notes (telehealth) dated 8/22/23 states, "follow up 2 months in the clinic." However, there is no documented evidence the resident visited the neurologist on or about October 2023.</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>§11-100.1-17 <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—The neurologist's notes (telehealth) dated 8/22/23 states, "follow up 2 months in the clinic." However, there is no documented evidence the resident visited the neurologist on or about October 2023.</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 this deficiency from occurring in the future, I have developed a post-appointment audit checklist to review resident's after-visit summaries and notes. This is to ensure we are accurate, complete and thorough when reviewing resident's new or continuing medications orders, physician orders and other pertinent information to the resident's care. I have reviewed this deficiency and trained all caregivers on this new standard operating procedure. Post-appointment audit checklists are available for all caregivers in the resident binders and will be utilized during resident appointments. I have also implemented this new standard to our monthly audit checklists.</p>	<p style="text-align: center;">9/19/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><u>FINDINGS</u> Resident #1 – August progress notes not signed by the individual making the entry. <i>Submit a copy of the correction 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>On 8/20/24, I reviewed all recent progress notes to ensure they were filled out properly and signed accordingly. Current progress notes are available for review in the resident's binders.</p>	<p style="text-align: center;">8/20/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><u>FINDINGS</u> Resident #1 – August progress notes not signed by the individual making the entry.</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 this deficiency from happening in the future, I have created a Progress Notes Guideline and trained the substitute caregivers on this new procedure. I've also added auditing progress notes to our monthly audit checklists.</p>	<p style="text-align: center;">8/20/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(A) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Fire escapes, stairways and other exit equipment shall be maintained operational and in good repair and free of obstruction;</p> <p><u>FINDINGS</u> Path to a safe area of refuge from exit #2 was obstructed by a utility wagon. <i>Corrected onsite.</i></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>§11-100.1-23 <u>Physical environment.</u> (g)(3)(A) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Fire escapes, stairways and other exit equipment shall be maintained operational and in good repair and free of obstruction;</p> <p><u>FINDINGS</u> Path to a safe area of refuge from exit #2 was obstructed by a utility wagon. <i>Corrected onsite.</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>In the future, to prevent this deficiency from happening, I have amended our daily checklists to ensure all pathways inside and outside of the care home are free of obstructions. I have trained all caregivers regarding this matter.</p>	<p style="text-align: center;">9/01/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request:</p> <p><u>FINDINGS</u> Fire drills were held between 0700-1120 pm. There was no fire drill conducted during the eve/night.</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>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><u>FINDINGS</u> Fire drills were held between 0700-1120 pm. There was no fire drill conducted during the eve/night.</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, to prevent this deficiency from happening, I have adjusted the fire drill schedule to include two daytime and two evening/nighttime fire drills on a yearly basis. I have informed all substitute caregivers of the new fire drill times; the fire drill schedule is available for review.</p>	<p style="text-align: center;">9/23/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p><u>FINDINGS</u> Resident bedroom #3 ceiling noted with multiple holes. <i>Submit documentation of correction with your plan of correction.</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>I. The water damage on the ceiling in resident bedroom #3 has been repaired. The repairs were complete on 10/12/24.</p>	<p>10/12/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p><u>FINDINGS</u> Resident bedroom #3 ceiling noted with multiple holes.</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, to prevent this from happening, I have created a quarterly Maintenance/Repair checklist; inspecting ceilings for leaks or damages. I have trained all substitute caregivers on this new standard operating procedure.</p>	<p>10/12/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p><u>FINDINGS</u> Resident bathroom #1 sink faucet is inoperable, and the base cabinet door is broken. <i>Submit documentation of correction with your plan of correction.</i></p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The sink faucet in resident bathroom #1 is fully operational. The bathroom vanity and cabinet have been replaced. The repairs were completed on 8/26/24.</p>	<p style="text-align: center;">8/26/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>FINDINGS Resident bathroom #1 sink faucet is inoperable, and the base cabinet door is broken.</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, to prevent this from happening, I have created a quarterly Maintenance/Repair checklist; inspecting bathrooms for leaks or damages. I have trained all substitute caregivers on this new standard operating procedure.</p>	<p style="text-align: center;">8/26/24</p>

Licensee's/Administrator's Signature: *Kanani Stone*

Print Name: kanani stone

Date: 11/05/2024