

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> <b>Opportunities and Resources, Inc. (ORI-2C)</b>	<b>CHAPTER 89</b>
<b>Address:</b> <b>64-1510 Kamehameha Highway, Wahiawa, Hawaii 96786</b>	<b>Inspection Date: August 9, 2024 Annual</b>

**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.**

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-89-3 <u>Licensure</u>. (d)(2)  The caregiver and administrator shall also complete clearances from:</p> <p>Hawaii criminal justice data center - Federal bureau of investigation fingerprinting clearance.</p> <p><b><u>FINDINGS</u></b>  Certified Care Giver – No current documented evidence of fingerprinting background check.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>The background check for the caregiver completed on 02.12.18, 03.12.19, 09.14.19 and 09.26.23 have been located and filed where it is easily available for OHCA to review.</p>	10/15/2024

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-89-3 <u>Licensure</u>. (d)(2)  The caregiver and administrator shall also complete clearances from:</p> <p>Hawaii criminal justice data center - Federal bureau of investigation fingerprinting clearance.</p> <p><b><u>FINDINGS</u></b>  Certified Care Giver – No current documented evidence of fingerprinting background check.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future to prevent reoccurrence of the same deficiency, the case manager will ensure that all documents necessary for the credentialing of all Domiciliary Home caregiver will be filed.</p> <p>The case manager will check the credentialing binder at least quarterly to ensure that all staff credentials are up to date and filed.</p>	10/15/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (d)(1)  The caregiver shall develop an emergency evacuation plan to ensure rapid evacuation of the facility in the event of fire or other life-threatening situations. The plan shall be posted and shall include a provision for evacuation drills as follows:</p> <p>Evacuation drills shall be held at least monthly and at varied times during the twenty-four hour period. Instruction in the evacuation procedures shall be given to each new resident upon admission to the facility.</p> <p><b>FINDINGS</b>  No documented evidence of a fire drill conducted in January 2024.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-89-14 Resident health and safety standards. (d)(1) The caregiver shall develop an emergency evacuation plan to ensure rapid evacuation of the facility in the event of fire or other life-threatening situations. The plan shall be posted and shall include a provision for evacuation drills as follows:</p> <p>Evacuation drills shall be held at least monthly and at varied times during the twenty-four hour period. Instruction in the evacuation procedures shall be given to each new resident upon admission to the facility.</p> <p><b><u>FINDINGS</u></b> No documented evidence of a fire drill conducted in January 2024.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>The caregiver was advised to have fire drill practice monthly.</p> <p>The assigned case manager will check the fire drill binder monthly to ensure that all necessary fire drill documents are on file and was done monthly to prevent re-occurrence of the same mistake in the future.</p>	09/18/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5)  Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – The following medications on the following dates did not have documentation whether it was administered, held, or refused by resident:</p> <ul style="list-style-type: none"> <li>- Pravastatin 20mg 1 tab daily did not have documentation on 5/5/24.</li> <li>- Tobradex ophthalmic ointment did not have documentation for AM and PM administration from 5/5/24 to 5/15/24.</li> </ul>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
☒	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><b><u>FINDINGS</u></b> Resident #1 – The following medications on the following dates did not have documentation whether it was administered, held, or refused by resident:</p> <ul style="list-style-type: none"> <li>- Pravastatin 20mg 1 tab daily did not have documentation on 5/5/24.</li> <li>- Tobradex ophthalmic ointment did not have documentation for AM and PM administration from 5/5/24 to 5/15/24.</li> </ul>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future, the assigned case manager will check the medication sheet submitted by the caregiver if all medication were administered, if not, the case manager will check with the caregiver if why medication was not administered and what was the reason, to prevent re-occurrence of the same mistake in the future.</p> <p>The case manager will advise the caregiver to write on the medication record sheet what was the reason of why the Resident did not take the medication or why it was not administered and ensure to document on the monthly observation log.</p> <p>The caregiver will be given re-training on the medication administration at least quarterly or as needed to ensure clients receives medication on a timely basis.</p>	09/18/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5)  Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Physician order dated 12/14/23 for “Triamcinolone ointment 0.1% apply to face twice daily as needed for rash.” However, MAR order instruction transcribed reads: “Apply thin film to rash twice a day until rash on face resolved” and documented to be routinely given at 7:00 am and 7:00 pm. From 12/14/23 to present.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	



	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician order dated 12/14/23 for “Triamcinolone ointment 0.1% apply to face twice daily as needed for rash.” However, MAR order instruction transcribed reads: “Apply thin film to rash twice a day until rash on face resolved” and documented to be routinely given at 7:00 am and 7:00 pm. From 12/14/23 to present.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>The Medication record sheet have been revised and inputted the corrected direction which is "Apply to face twice daily as needed for rash".</p> <p>In the future to avoid reoccurrence of the same deficiency, the case manager will ensure that the correct instructions from the physician will be inputted on the MAR.</p> <p>Before issuing a new MAR to the caregiver, the case manager will check the MAR first ensuring that the correct instructions are inputted correctly.</p> <p>Retraining will be done to the case manager and the caregiver at least quarterly to ensure both parties understands the importance of following the right direction for all medications.</p>	10/15/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><b><u>FINDINGS</u></b> Resident #1 – 12/27/23 physician visit note reads “Will use TAC (Triamcinolone) 0.1% only each AM. May consider change to cream or lotion.” However, Triamcinolone order is not reflected on the MAR and was still routinely administered twice a day from 12/27/23 to 7/31/24. No documented evidence that clarification was received to continue to administer twice daily.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><b><u>FINDINGS</u></b> Resident #1 – 12/27/23 physician visit note reads “Will use TAC (Triamcinolone) 0.1% only each AM. May consider change to cream or lotion.” However, Triamcinolone order is not reflected on the MAR and was still routinely administered twice a day from 12/27/23 to 7/31/24. No documented evidence that clarification was received to continue to administer twice daily.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future to avoid reoccurrence of the same deficiency, the case manager will ensure that all medication ordered from the physician will be inputted into the MAR for the caregiver to follow. The case manager will follow-up with the physician to clarify the order.</p> <p>The case manager were advised to check the physician's order at least once a month to ensure that any new medication order from the physician be inputted on the MAR and ensure that all medications are being administered according to the physician's order.</p> <p>Retraining will be done at least quarterly to the case manager to ensure he/she is inputting the right instructions for any medications ordered by the physician.</p>	10/15/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><b><u>FINDINGS</u></b> Resident #1 – 7/23/24 physician visit note reads “Take Naproxen BID x 1 month...If sts (symptoms) relieved then continue meds but decrease to QD” Medication order is not transcribed in the MAR. No documented evidence that order was clarified with physician to determine what “decrease to QD” means.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>The assigned case manager clarified with the physician on 09.17.2024 which is the right order.</p> <p>The physician instructed to give 1 tablet every day which the caregiver have been following after one month of the original order date.</p> <p>The Naproxen is now inputted on the MAR as take 1 tablet every day.</p>	09/17/2024

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
☒	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5)  Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – 7/23/24 physician visit note reads “Take Naproxen BID x 1 month...If sts (symptoms) relieved then continue meds but decrease to QD” Medication order is not transcribed in the MAR. No documented evidence that order was clarified with physician to determine what “decrease to QD” means.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future to avoid reoccurrence of the same deficiency, the case manager will ensure that all medication ordered by the physician will get follow through and ensure to get clarification before inputting on the MAR.</p> <p>The case manager will be given retraining at least quarterly to ensure he/she understands.</p> <p>The caregiver were advised that if there is confusion on the MAR that he/she cannot understand, ensure to follow-up with his/her case manager</p>	10/15/2024

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Observed “Carbamide Peroxide ear drops 6.5%” medication with an order date of 1/12/24 in resident’s medication bin, but no physician order observed for medication.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Carbamide Peroxide ear drops 6.5% have been taken out from the Resident medication bin since the said ear drops has no proper order from the physician.</p>	08/17/2024

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Observed “Carbamide Peroxide ear drops 6.5%” medication with an order date of 1/12/24 in resident’s medication bin, but no physician order observed for medication.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future, the caregiver will ensure that all medication coming from the pharmacy must be followed-up with the physician to ensure there is an order.</p> <p>The case manager will check the homes at least once a month to ensure all medications that the clients taking/using are ordered from the physician.</p>	09/18/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(6)  Medications:</p> <p>All physician orders shall be re-evaluated and signed by the physician every three months or at the next physician's visit, whichever comes first.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – No documented evidence of a medication re-evaluation order from physician every three months since May 9, 2023.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(6) Medications:</p> <p>All physician orders shall be re-evaluated and signed by the physician every three months or at the next physician's visit, whichever comes first.</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documented evidence of a medication re-evaluation order from physician every three months since May 9, 2023.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future, the case manager will ensure and file all necessary documents as soon as possible so that it is always available to review to avoid reoccurrence of the same mistake in the future.</p>	<p>09/18/2024</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(1)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Copies of physician's initial, annual and other periodic examinations, evaluations, medical progress notes, relevant laboratory reports, and a report of re-examination of tuberculosis;</p> <p><b><u>FINDINGS</u></b>            Resident #2 – No documented evidence of a current physical examination. Last PE dated 2/9/23.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Resident #2 completed his/her physical examination on 09.26.2024 and assessment form has been filed in the resident's chart.</p>	<p>09/26/2024</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(1)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Copies of physician's initial, annual and other periodic examinations, evaluations, medical progress notes, relevant laboratory reports, and a report of re-examination of tuberculosis;</p> <p><b><u>FINDINGS</u></b>            Resident #2 -- No documented evidence of a current physical examination. Last PE dated 2/9/23.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future, the case manager will ensure that physical examination will be done annually and on time to avoid reoccurrence of the same mistake in the future.</p>	09/17/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – No documented evidence of a monthly progress notes from August 2023 to July 2024.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – No documented evidence of a monthly progress notes from August 2023 to July 2024.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future to avoid reoccurrence of the same deficiency, the case manager will ensure that when the caregiver submitted the monthly observation report, immediately file in the individual Resident binder.</p> <p>The case manager will check the individual binder at least quarterly or more often to ensure that monthly observation is being done monthly and on-time.</p> <p>Re-training will be done to caregiver and case manager if needed.</p>	10/15/2024

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(3)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Entries by the caregiver describing treatments and services rendered;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – No documented evidence that the caregiver followed up with the physician regarding the Registered Dietician’s recommendations dated 7/14/23 on diet texture change to bite-sized/chopped for ease of chewing, resident preference.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>The caregiver and other staff were given re-training on following up with the dietician’s assessment and recommendations.</p> <p>Caregiver was advised that if he/she is unsure how to follow the order, to ask assistance from the case manager or the nurse to ensure that recommendations from the dietician are being done accordingly.</p>	10/15/2024

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(3) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Entries by the caregiver describing treatments and services rendered;</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documented evidence that the caregiver followed up with the physician regarding the Registered Dietician’s recommendations dated 7/14/23 on diet texture change to bite-sized/chopped for ease of chewing, resident preference.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN’T HAPPEN AGAIN?</b></p> <p>In the future to avoid reoccurrence of the same deficiency, the caregiver will ensure that the recommendation from the dietician will get follow through and ensure to clarify with the physician.</p> <p>The case manager will check with the caregiver to ensure that the caregiver clarified with the physician and clarification must be documented, the case manager will also check the menu submitted by the caregiver to ensure that the recommendation was done accordingly.</p> <p>The caregiver will be given retraining if needed.</p>	10/15/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(7)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician;</p> <p><b><u>FINDINGS</u></b>            Resident #1, #2, #3, #4 – No documented evidence of a monthly weight recorded from September 2023 to July 2023.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	



	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(7)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician;</p> <p><b><u>FINDINGS</u></b>            Resident #1, #2, #3, #4 – No documented evidence of a monthly weight recorded from September 2023 to July 2023.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future, the case manager will ensure that all Resident's must weigh in monthly to ensure that their weight is within the recommended weight range.</p> <p>The case manager will follow-up with the caregiver that weight must be taken monthly or more often and ensure to record and document to avoid reoccurrence of the same mistake in the future.</p>	<p>09/18/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (e)(2)            General rules regarding records:</p> <p>Erasures and white outs shall not be permitted;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – White out observed on January 2024 MAR with date “January 1-15, 24” written over, and on July 2024 MAR where “Rubbing Alcohol” is written over white out.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (e)(2) General rules regarding records:</p> <p>Erasures and white outs shall not be permitted;</p> <p><b><u>FINDINGS</u></b> Resident #1 – White out observed on January 2024 MAR with date “January 1-15, 24” written over, and on July 2024 MAR where “Rubbing Alcohol” is written over white out.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future, the caregiver will ensure that there is no white out in all documents. Caregiver will be given training on how to properly erase any mistakes on the documents if in case he/she made an error.</p> <p>The case manager will check any document submitted from the caregiver to ensure there is no white out on the document to avoid reoccurrence of the same mistake in the future.</p>	<p>09/18/2024</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-89-20 <u>Resident accounts.</u> (d) A current inventory of residents' possessions shall be maintained.</p> <p><b><u>FINDINGS</u></b> Resident #1, #2, #3, #4 – No documented evidence of a current inventory of belongings. Observed inventory recorded for 2022-2023.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>The inventory for all Residents have been done, recorded and filed on each individual binder.</p>	09/18/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-20 <u>Resident accounts.</u> (d) A current inventory of residents' possessions shall be maintained.</p> <p><b>FINDINGS</b> Resident #1, #2, #3, #4 – No documented evidence of a current inventory of belongings. Observed inventory recorded for 2022-2023.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future, the caregiver will ensure that the Resident inventory must be done annually or as needed to ensure all Resident belongings are accounted for.</p> <p>The case manager will check with the caregiver annually to ensure that belongings for all Resident must be recorded and accounted for to avoid reoccurrence of the same mistake in the future.</p>	<p>09/18/2024</p>

Licensee's/Administrator's Signature: Susan Hudson for Susanna F. Cheung

Print Name: Susan Hudson for Susanna F. Cheung

Date: 09/20/2024

Licensee's/Administrator's Signature: Susan Hudson for Susanna F. Cheung

Print Name: Susan Hudson for Susanna F. Cheung

Date: 10/22/2024