

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Orpiano Adult Residential Care Home	CHAPTER 100.1
Address: 308 Kilani Avenue, Wahiawa, Hawaii 96786	Inspection Date: December 14, 2023 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
OFFICE OF HEALTH CARE ASSURANCE
STATE LICENSING
JUN 19 10:44

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><u>FINDINGS</u> Substitute Care Giver (SCG) #1 – Fieldprint result dated 6/5/2023 was available, but fingerprint screen was not included.</p> <p>SCG #2 – Fieldprint result dated 1/6/2023 was available, but fingerprint screen was not included.</p> <p>Thus, Fieldprint was incomplete for both SCG #1 and #2.</p> <p>Please 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>All SCGs will complete required documents by DOH, stating no prior felony or abuse convictions in a court of law, before start of services.</p> <p>For current SCGs, if annual requirements are not met/completed, must be placed on suspension until all DOH requirements are met.</p> <p>No documentation provided will not allow any applicant to start, as well as current SCGs to resume providing services.</p> <p>PCG was able to obtain all records 6/2023</p> <p style="font-size: 2em; font-family: cursive;"><i>copy attached</i></p>	<p style="font-size: 2em; font-family: cursive;"><i>6/19/24</i></p> <p style="text-align: center; font-size: 1.5em;">24 JUN 19 AM 0:44</p> <p style="text-align: center; font-size: 0.8em;">STATE OF HAWAII DOH - HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><u>FINDINGS</u> Substitute Care Giver (SCG) #1 – Fieldprint result dated 6/5/2023 was available, but fingerprint screen was not included.</p> <p>SCG #2 – Fieldprint result dated 1/6/2023 was available, but fingerprint screen was not included.</p> <p>Thus, Fieldprint was incomplete for both SCG #1 and #2.</p> <p>Please 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>PCG will create a checklist of requirements, including Fieldprint as one of the first requirements to be done, due to the time it takes to process and obtain results.</p> <p>All SCGs will complete required documents by DOH, stating clearly NO prior felony or abuse convictions in a court of law, before start of services.</p> <p>For current SCGs, if annual requirements are not met/completed, must be placed on suspension until all DOH requirements are met.</p> <p>No documentation provided will not allow any applicant to start, as well as current SCGs to resume providing services.</p> <p>Send out reminders to all caregivers at least 3 months before requirements/certifications/training, etc to ensure timely response and completion. Remind monthly/weekly/daily thereafter until all documents are updated and copy turned in to file in PCG's files.</p>	<p style="text-align: right; font-size: 2em;">6/19/24</p> <p style="text-align: right; font-size: 0.8em;">STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p> <p style="text-align: right; font-size: 0.8em;">24 JUN 19 AM 0:44</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> SCG #3 – No first aid certification.</p> <p>Please submit a copy with your 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>SCG#3 obtained First Aid Certification. Completed 8/23/23</p> <p><i>Copy attached</i></p>	<p style="text-align: center;"><i>6/19/24</i></p> <p style="text-align: center;">24 JUN 19 AM 04:44</p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> SCG #3 – No first aid certification.</p> <p>Please submit a copy with your 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>PCG will create a checklist of requirements, including First Aid Certifications to be completed and turned in before start of employment.</p> <p>All SCGs will complete all requirements by DOH, before start of services.</p> <p>For current SCGs, if annual requirements are not met/completed, must be placed on suspension until all DOH requirements are met.</p> <p>No documentation provided will not allow any applicant to start, as well as current SCGs to resume providing services.</p> <p>Send out reminders to all caregivers at least 3 months before requirements/certifications/training, etc to ensure timely response and completion. Remind monthly/weekly/daily thereafter until all documents are updated and copy turned in to file in PCG's files.</p>	<p style="text-align: center; font-size: 2em;">6/19/24</p> <p style="text-align: right; font-size: 0.8em;"> STATE OF HAWAII DOH STATE LICENSING '24 JUN 19 A10:44 </p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (c) The licensee shall conduct regular quarterly rehearsals of emergency evacuation plans for staff and residents to follow in case of fire, explosion, or other civil emergency occurring in or within the environs of the facility.</p> <p>FINDINGS Only the number of the residents participated in fire drills was recorded. Names of the residents were not recorded.</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>	<p style="text-align: center;">24 JUN 19 110:44 STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (c) The licensee shall conduct regular quarterly rehearsals of emergency evacuation plans for staff and residents to follow in case of fire, explosion, or other civil emergency occurring in or within the environs of the facility.</p> <p><u>FINDINGS</u> Only the number of the residents participated in fire drills was recorded. Names of the residents were not recorded.</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>Quarterly rehearsals of emergency evacuation plans for staff and residents to follow in case of fire, explosion, or other civil emergency occurring in or within the environs of the home/facility will be scheduled by PCG.</p> <p>PCG will create a calendar/personal alarm to notify when to implement rehearsal of emergency evacuation.</p> <p>Document: date, time, names of staff and residents, and results of emergency evacuation and file in charts.</p>	<p style="text-align: center; font-size: 2em;">6/19/24</p> <p style="text-align: center; font-size: 0.8em;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p> <p style="text-align: center;">24 JUN 19 AM 0:44</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p><u>FINDINGS</u> Posted menu was "Shrimp Scampi A, Sweet Potato CK Soft, Mushroom/SL, Yellow Squash, Raspberry, WG Wheat Pasta, FF milk, Diet Soda, Water." Lunch provided was shrimp scampi, steamed mix vegetable, boiled potato and sweet potato. No menu substitution recorded. The menu substitution form was not available at home.</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>	<p>24 JUN 19 09 24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u> (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p><u>FINDINGS</u> Posted menu was "Shrimp Scampi A, Sweet Potato CK Soft, Mushroom/SL, Yellow Squash, Raspberry, WG Wheat Pasta, FF milk, Diet Soda, Water." Lunch provided was shrimp scampi, steamed mix vegetable, boiled potato and sweet potato. No menu substitution recorded. The menu substitution form was not available at home.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG will follow diet prescribed by physician and menu created by nutritionist. Food substitutes to be included to ensure "diet" is maintained.</p> <p>Changes to resident's diet to be trained and implemented by all staff.</p> <p>Keep menu for each resident posted in the kitchen and dining area. Update as needed per physician.</p> <p>Obtain a form for menu substitution to document what was substituted.</p> <p><i>I trained substitute CG'S to prepare & follow the menu, and document menu substitution if different from the original. Menu substitution form is available in the kitchen.</i></p>	<p style="text-align: center; font-size: 2em;"><i>6/19/24</i></p> <p style="text-align: right; font-size: 0.8em;">STATE OF IOWA DEPT. OF HEALTH & HUMAN SERVICES STATE LICENSING</p> <p style="text-align: right; font-size: 0.8em;">24 JUN 19 A00:44</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><u>FINDINGS</u> Resident #2 – Most recent diet order dated 8/15/2023 was "Restrict Sugar, Carbohydrates." The amount of sugar and carbohydrates was not clarified.</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>PCG obtained documents from physician showing specific guidelines/directions/specific amount of intake, to show clarification on Resident's diet.</p>	<p style="text-align: center; font-size: 2em;">6/19/24</p> <p style="text-align: right; font-size: 0.8em;">24 JUN 19 AM 2:44</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 10/13/2023 was “CKD, low Na, diabetic diet.” No menu available for the special diet.</p> <p>Please submit menus (7 days) for department review.</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>PCG obtained documents from physician showing specific guidelines/directions/specific amount of intake, to show clarification on Resident’s diet. PCG obtained specific menu with the assistance of Nutritionist.</p> <p><i>Menu was reviewed. and</i></p>	<p style="text-align: right; font-size: 2em;"><i>6/19/24</i></p> <p style="text-align: right; font-size: 0.8em;">24 JUN 19 09:44</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> In resident's bedroom #4, unlabeled Aleve Pm bottle was left unsecured on the bedside stand.</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>PCG labeled Aleve PM bottle and placed in Resident's Medication box and into a designated locked cabinet.</p>	<p style="text-align: center;">6/19/24</p> <p style="text-align: right;">STATE OF MARYLAND DEPARTMENT OF HEALTH & GENERAL SERVICES STATE LICENSING</p> <p style="text-align: right;">24 JUN 19 AM 0:45</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> Katinko ointment was left unsecured in residents' living room. The medication was secured by Primary Care Giver (PCG) during inspection.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>When medication administration is completed as well as not needed, medications shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security (locked cabinet). Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><i>I would check if there's any medication left in the room at the time of daily cleaning.</i></p>	<p style="text-align: right; font-size: 2em;"><i>6/19/24</i></p> <p style="text-align: right; font-size: 0.8em;"> STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING </p> <p style="text-align: right; font-size: 1.2em;"> 24 JUN 19 10:45 </p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> In resident's bedroom #4, unlabeled Aleve Pm bottle was left unsecured on the bedside stand.</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>All medications, during time of physician prescription and time of pharmacy dispensing, will be properly labeled. No changes are to be made by PCG or SCGs. Medications to be kept in original labeled container.</p> <p>Prescription, pharmacy label and MAR will match. If there are any discrepancies with working, DO NOT administer medications. Contact Physician/pharmacy immediately and obtain corrections.</p> <p><i>I would check if there's any medication left in the room at that time of daily cleaning in the morning.</i></p>	<p style="text-align: right;"><i>6/19/24</i></p> <p style="text-align: right;">24 JUN 19 AM 2:15</p> <p style="text-align: right;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Medication cabinet was not locked upon department arrival.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>When medication administration is completed as well as not needed, medications shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security (locked cabinet). Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><i>The medications is moved to PCG's room door is always locked.</i></p>	<p style="text-align: right; font-size: 2em;"><i>6/19/24</i></p> <p style="text-align: right; font-size: 0.8em;">24 JUN 19 09:45</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 10/13/2023 and 6/12/2023 included Naloxone HCL4mg/Spray Soln Nasal Spray, instill 1 spray in one nostril only PRN may repeat every 2-3 min alternate nostril. No indication for PRN used was provided.</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>PCG verified and obtained corrected medication directions/ indications for use, from Physician. Label corrected. follow up on 4/5/2024 with Physician.</p>	<p style="text-align: center;">6/19/24</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 10/13/2023 and 6/12/2023 included Naloxone HCL4mg/Spray Soln Nasal Spray, instill 1 spray in one nostril only PRN may repeat every 2-3 min alternate nostril. No indication for PRN used was provided.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG will follow directions as prescribed and written by physician; must indicate in writing the indications for use as a PRN medication.</p> <p>Before starting services with a new resident, PCG will consult with Resident's physicians and obtain a current medication list with directions/parameters and ensure all staff are trained before Resident starts services.</p> <p>If a Resident's treatment has been changed, verify and ensure all directions for new treatment are correct. Any discrepancies to physician's prescription and Pharmacy label must be addressed and corrected immediately before administering.</p> <p><i>I will review physician's orders at least once a month.</i></p>	<p style="text-align: right; font-size: 2em;"><i>6/19/24</i></p> <p style="text-align: right; font-size: 0.8em;">24 JUN 19 AM 7:45</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 8/22/2023 was to “hold insulin if blood sugar between 70 and 120.” Blood sugar and medication administration record (MAR) for insulin was recorded as follows:</p> <p>8/6/23 am: 118 – MAR initialed as given 8/14/23 am: 118 – MAR initialed as given</p> <p>8/8/23 am: 138 – “H” as held 8/17/23 am: 136 – “H” as held 8/29/23 am: 130 – “H” as held</p> <p>The records indicated that the medication order was not followed.</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>	<p style="text-align: right;">24 JUN 19 AM 7:45</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 8/22/2023 was to “hold insulin if blood sugar between 70 and 120.” Blood sugar and medication administration record (MAR) for insulin was recorded as follows:</p> <p>8/6/23 am: 118 – MAR initialed as given 8/14/23 am: 118 – MAR initialed as given</p> <p>8/8/23 am: 138 – “H” as held 8/17/23 am: 136 – “H” as held 8/29/23 am: 130 – “H” as held</p> <p>The records indicated that the medication order was not followed.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG will follow directions as prescribed and written by physician; must indicate in writing the indications for use as a PRN medication.</p> <p>Before starting services with a new resident, PCG will consult with Resident’s physicians and obtain a current medication list with directions/parameters and ensure all staff are trained before Resident starts services.</p> <p>If a Resident’s treatment has been changed, verify and ensure all directions for new treatment are correct. Any discrepancies to physician’s prescription and Pharmacy label must be addressed and corrected immediately before administering.</p> <p><i>when the resident check glucose I'll and administer insulin by himself one caregiver always witness. The caregiver will document right after the insulin was used.</i></p>	<p style="text-align: center; font-size: 2em;"><i>6/19/24</i></p> <p style="text-align: right; font-size: 0.8em;">24 JUN 19 AM 0:45</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – Most current medication order included “Nitroglycerin 0.4mg SL Tab BTL 25, Dissolve one tablet under tongue every 5 minutes up to 3 doses as needed for chest pain. The medication was not listed in MAR.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PCG verified medication with Physician and recorded on MAR.</p>	<p style="text-align: right; font-size: 2em;">6/19/24</p> <p style="text-align: right; font-size: 0.8em;">24 JUN 19 AM 04:45</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – Most current medication order included “Nitroglycerin 0.4mg SL Tab BTL 25, Dissolve one tablet under tongue every 5 minutes up to 3 doses as needed for chest pain. The medication was not listed in 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>Medications will be verified by physician and orders signed and dated by physician. Physician Order Sheet, label on medication containers, and MAR will match word for word. Any discrepancies found in directions/label will be corrected immediately and medications NOT given until corrected. PCG will contact physician/pharmacy for clarification and corrections before administering medications.</p> <p>MAR and medication labels will be reviewed at least 3 times before initialing and administering medications. MAR must include: resident name, time, name of drug, dosage, and route (PO, topical, G-tube, nasal, IM, etc.)</p> <p>Frequent reviews will ensure no med errors.</p>	<p style="text-align: right; font-size: 2em;">6/19/24</p> <p style="text-align: right; font-size: 0.8em;">24 JUN 19 AM 0:45</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – Dosing time for the following PRN medication was not listed in MAR. -Docusate Na. 100mg: Take 1 cap po 2x a day, PRN -Gabapentin 300mg: Take 1 cap po 2x a day, PRN for neuropathic pain</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>Medications will be verified by physician and orders signed and dated by physician. Physician Order Sheet, label on medication containers, and MAR will match word for word. Any discrepancies found in directions/label will be corrected immediately and medications NOT given until corrected. PCG will contact physician/pharmacy for clarification and corrections before administering medications.</p> <p>MAR and medication labels will be reviewed at least 3 times before initialing and administering medications. MAR must include: resident name, time, name of drug, dosage, and route (PO, topical, G-tube, nasal, IM, etc.)</p> <p>Frequent reviews will ensure no med errors.</p>	<p style="text-align: center; font-size: 2em;">6/19/24</p> <p style="text-align: right; font-size: 0.8em;">24 JUN 19 09:45</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – Dosing time for the following PRN medication was not listed in MAR. -Docusate Na. 100mg: Take 1 cap po 2x a day, PRN -Gabapentin 300mg: Take 1 cap po 2x a day, PRN for neuropathic pain</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Medications will be verified by physician and orders signed and dated by physician. Physician Order Sheet, label on medication containers, and MAR will match word for word. Any discrepancies found in directions/label will be corrected immediately and medications NOT given until corrected. PCG will contact physician/pharmacy for clarification and corrections before administering medications.</p> <p>MAR and medication labels will be reviewed at least 3 times before initialing and administering medications. MAR must include: resident name, time, name of drug, dosage, and route (PO, topical, G-tube, nasal, IM, etc.)</p> <p>Frequent reviews will ensure no med errors.</p>	<p style="text-align: right; font-size: 2em;">6/19/24</p> <p style="text-align: right; font-size: 0.8em;">STATE OF CONNECTICUT JUN 19 10:45</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (n) Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN. Written procedures shall be available for storage, monitoring and documentation.</p> <p>FINDINGS Resident #1 self-administers insulin, Albuterol HFA, and Gental tears. There were no written procedures for storage, monitoring, and documentation for medication self-administration.</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>PCG will obtain documentation from Guardian and Physician that Resident is deemed safe to have Resident self administer medications. PCG will obtain written procedures from Physician.</p> <p><i>I created a written procedure</i></p>	<p style="text-align: right;"><i>6/19/24</i></p> <p style="text-align: right;">STATE OF HAWAII STATE LICENSING</p> <p style="text-align: right;">24 JUN 19 10:45</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (n) Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN. Written procedures shall be available for storage, monitoring and documentation.</p> <p><u>FINDINGS</u> Resident #1 self-administers insulin, Albuterol HFA, and Gental tears. There were no written procedures for storage, monitoring, and documentation for medication self-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>Self administration of medication shall be permitted when it is determined to be a safe practice by the Resident, family, legal guardian, surrogate or case manager and primary care giver, and authorized by the physician or APRN. Written procedures on parameters (insulin), how and where to inject etc., must be obtained by Physician or APRN and placed in Resident's chart and MAR. Procedures to also include storage, monitoring and documentation.</p> <p><i>When any residents self administer other medications I will create a written policy I will train SCG.</i></p>	<p style="text-align: right; font-size: 2em;"><i>6/19/24</i></p> <p style="text-align: right; font-size: 0.8em;">24 JUN 19 09:45</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 #2 – No record that weight was taken for November 2023.</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>	<p>24 JUN 19 AM 0:45</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 #2 – No record that weight was taken for November 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>Obtain form for recording weight and place in resident's charts. Recording of Resident's weight at least once a month, and as needed must be completed as requested by Physician, APRN, or responsible agency.</p> <p><i>weigh</i> weigh residents every weeks. 1st week of the month, calendar is use as a reminder.</p>	<p style="text-align: right; font-size: 2em;"><i>6/19/24</i></p> <p style="text-align: right; font-size: 0.8em;">STATE OF MARYLAND DEPARTMENT OF STATE LICENSING</p> <p style="text-align: right; font-size: 0.8em;">24 JUN 19 AM 0:45</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 – No record that monthly weight was taken.</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>	<p>24 JUN 19 AM 9:45</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 – No record that monthly weight was taken.</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>Obtain form for recording weight and place in resident's charts. Recording of Resident's weight at least once a month, and as needed must be completed as requested by Physician, APRN, or responsible agency.</p> <p><i>Weigh residents every 1st Wednesday of the month I will review all records at least once a month and update as needed.</i></p>	<p style="text-align: right; font-size: 2em;"><i>6/19/24</i></p> <p style="text-align: right; font-size: 0.8em;">24 JUN 19 AM 3:46</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><u>FINDINGS</u> Resident #1 – In MAR, PCG’s name was listed but there was no legend provided for PCG’s initial. Corrected during inspection.</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>	<p>24 JUN 19 19046</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><u>FINDINGS</u> Resident #1 – In MAR, PCG’s name was listed but there was no legend provided for PCG’s initial. Corrected during inspection.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Symbols and abbreviations on recording entries, such as on MAR, may be used only if a legend is provided to explain original term/full name.</p> <p>Initials of PCP and SCGs must be followed by legal name of PCG and SCGs when recording on documents.</p> <p><i>I will double check CG's initial is recorded in the MAR when I prepare next month MAR.</i></p>	<p style="text-align: right;"><i>6/19/24</i></p> <p style="text-align: right;">24 JUN 19 AM 0:46</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> "HEIGHT AND MONTHLY WEIGHT RECORD" form was partially recorded. November 2023 was not recorded for all residents.</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>	<p>STATE OF CONNECTICUT JUN 19 6 19 AM '24</p>


	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> "HEIGHT AND MONTHLY WEIGHT RECORD" form was partially recorded. November 2023 was not recorded for all residents.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG to create a checklist of what's required for Resident's charts (FORMS) to ensure completion.</p> <p>Emergency information to be updated annually and as needed, Height and Monthly Weight Record to be completed daily, monthly, and throughout the year and as advised by physician or APRN. Add a revision date and signature of person updating record.</p> <p><i>I will review all record at least once a month and update as needed.</i></p>	<p style="text-align: right; font-size: 2em;"><i>6/19/24</i></p> <p style="text-align: right; font-size: 0.8em;">STATE OF MARYLAND STATE LICENSING</p> <p style="text-align: right; font-size: 0.8em;">24 JUN 19 10:46</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 – No emergency information sheet.</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>PCG to create a checklist of what's required for Resident's charts (FORMS) to ensure completion.</p> <p>Emergency information to be updated annually and as needed, Height and dmOnthly Weight Record to be completed daily, monthly, and throughout the year and as advised by physician or APRN. Add a revision date and signature of person updating record.</p> <p><i>Emergency information sheet is created.</i></p>	<p style="text-align: right; font-size: 2em;"><i>6/19/24</i></p> <div style="text-align: right; margin-top: 200px;"> <p>STATE OF MARYLAND DEPARTMENT OF STATE LICENSING</p> <p>24 JUN 19 AM 0:46</p> </div>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 – No emergency information sheet.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG to create a checklist of what's required for Resident's charts (FORMS) to ensure completion.</p> <p>Emergency information to be updated annually and as needed, Height and dmOnthly Weight Record to be completed daily, monthly, and throughout the year and as advised by physician or APRN. Add a revision date and signature of person updating record.</p> <p><i>I will update emergency information at least q 3 mos. and after doctors visit.</i></p>	<p style="text-align: right; font-size: 2em;"><i>6/19/24</i></p> <p style="text-align: right; font-size: 0.8em;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p> <p style="text-align: right; font-size: 0.8em;">24 JUN 19 AM 04:46</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #1 uses a hearing aid. Hearing aid was not listed in personal inventory list.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PCG added hearing aid to Resident's Personal Inventory List.</p>	<p style="text-align: center;">6/19/24</p> <p style="text-align: right;">24 JUN 19 AM 0:46</p> <p style="text-align: right; transform: rotate(-90deg);">STATE OF HAWAII DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p>FINDINGS Resident #1 uses a hearing aid. Hearing aid was not listed in personal inventory list.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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>Obtain forms for Residents to place in all charts for documenting. Create a checklist of what's required or Resident's charts to ensure completion. Must complete an accurate written count of resident's money and disbursements shall be kept on an ongoing basis, including all receipts for expenditures and a current inventory of Resident's possessions.</p> <p><i>I will use admission checklist as a reminder & I will review all records within one week of admission.</i></p>	<p style="text-align: right; font-size: 2em;"><i>6/19/24</i></p> <p style="text-align: right; font-size: 1.2em;">24 JUN 19 AM 0:46</p> <p style="text-align: right; font-size: 0.8em;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p>FINDINGS Resident #1 performs self blood sugar check. There is no written procedure for monitoring and documentation.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PCG will obtain documentation from Guardian and Physician that Resident is deemed safe to have Resident self administer medications. PCG will obtain written procedures from Physician.</p> <p><i>I created a written policy and trained SCG's.</i></p>	<p style="text-align: right; font-size: 2em;"><i>6/19/24</i></p> <div style="text-align: right; margin-top: 200px;">  <p>24 JUN 19 AM 0:46</p> </div>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p>FINDINGS Resident #1 performs self blood sugar check. There is no written procedure for monitoring and documentation.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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>Self administration of medication shall be permitted when it is determined to be a safe practice by the Resident, family, legal guardian, surrogate or case manager and primary care giver, and authorized by the physician or APRN. Written procedures such as parameters (blood sugar monitoring, insulin if needed) how and where to inject etc., must be obtained by Physician or APRN and placed in Resident's chart and MAR. Procedures to also include storage, monitoring and documentation.</p> <p>PCG to create a checklist of requirements. PCG will provide necessary training to SCG before allowing to start specific task such as blood glucose check to residents. Print training, both PCH and SCGs to sign form. Document must show passing. Provide retraining if not satisfactory. DO NOT have potential SCGs start or current SCGs continue to provide services until all state requirements and or documents are completed.</p> <p>Create a log for PCG and all SCGs that show name and date of requirement/certification/training etc. obtained and date of expiration. This will help keep track and set a reminder of when to renew.</p> <p>Send out reminders to all caregivers at least 3 months before requirements to ensure timely response and completion. Remind monthly/weekly/daily thereafter until all documents are updated and copy turned in to file in PCGs files.</p> <p><i>Written procedure will be use in the future.</i></p>	<p style="text-align: center; font-size: 2em;"><i>6/19/24</i></p> <p style="text-align: right; font-size: 0.8em;">STATE OF HAWAII DEPARTMENT OF HEALTH DIVISION OF LICENSING 24 JUN 19 AM 0:46</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(1)(D) Bedrooms:</p> <p>General conditions:</p> <p>Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;</p> <p><u>FINDINGS</u> There was an extra bed placed in resident's bedroom #3. Per PCG, the bed belongs to the discharged resident.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Extra bed was removed from Resident's bedroom and stored appropriately.</p>	<p style="text-align: center; font-size: 2em;">6/19/24</p> <p style="text-align: center; font-size: 0.8em;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p> <p style="text-align: center; font-size: 1.2em;">24 JUN 19 AM 0:46</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(1)(D) Bedrooms:</p> <p>General conditions:</p> <p>Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;</p> <p><u>FINDINGS</u> There was an extra bed placed in resident's bedroom #3. Per PCG, the bed belongs to the discharged resident.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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>Extra furniture (bed) that is not being used/occupied by a Resident, must be removed immediately. Bedrooms of Residents must not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries.</p>	<p style="text-align: right; font-size: 2em;">6/19/24</p> <p style="text-align: right; font-size: 1.5em;">24 JUN 19 AM 0:46</p> <p style="text-align: center; font-size: 0.8em;">STATE OF HAWAII DEPARTMENT OF STATE LICENSING</p>

Licensee's/Administrator's Signature: Asuncion Orpiano

Print Name: Asuncion Orpiano

Date: 3/18/24 6/19/24 AO

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING

24 JUN 19 AM 04:16