

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Raguindin Malama Kauhale ARCH	CHAPTER 100.1
Address: 94-088 Awamoku Street, Waipahu, Hawaii, 96797	Inspection Date: September 18, 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>§11-100.1-3 <u>Licensing</u>. (b)(1)(1) 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>FINDINGS</p> <p>No documentation of two (2) consecutive fingerprint background check clearances for the following individuals:</p> <ul style="list-style-type: none"> • Primary caregiver (PCG) - completed 9/19/22 • Substitute caregiver (SCG) #1 - completed 9/19/22 • SCG #2 - completed 10/26/22 • SCG #4 - none on file 	<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 - fingerprint</p> <p>SCG - 2 fingerprint</p> <p>SCG - 1 fingerprint 9/27/24</p> <p>wait 11/24</p> <p>SCG #4 not using law as substitute since 8/22</p>	<p>10/11/24</p> <p>10/11/24</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> No documentation of two (2) consecutive fingerprint background check clearances for the following individuals:</p> <ul style="list-style-type: none"> • Primary caregiver (PCG) – completed 9/19/22 • Substitute caregiver (SCG) #1 – completed 9/19/22 • SCG #2 – completed 10/26/22 • SCG #4 – none on file 	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"> <i>To prevent this happening again in the future. I will notify/remind my substitute that their fingerprint is due for 1 month. Post it to my Care Home binder make sure the aspects of the fingerprint will post to Care Home binder</i> </p>	<p style="text-align: right;"><i>10/1/24</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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> SCG #4 - No documentation of physical examination (PE). SCG #4 was identified as an SCG on PCG's leave notification plan in December 2023</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>SCG #4 no longer substituted in my care since 1/22.</i></p>	<p style="text-align: center;"><i>9/17/24</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p>FINDINGS SCG #4 – No documentation of initial and/or current tuberculosis (TB) clearance. SCG #4 was identified as an SCG on PCG's leave notification plan in December 2023</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>SCG #4 no longer substitute in notification</i></p>	<p style="text-align: right;"><i>5/17/23</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> SCG #4 – No documentation of initial and/or current tuberculosis (TB) clearance. SCG #4 was identified as an SCG on PCG's leave notification plan in 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 style="text-align: center;"> <i>To prevent this happening in the future I will make sure all the management of my staff will be checked to the same level as before. I will make sure all staff are up to date on all updates during the inspection.</i> </p>	<p style="text-align: right;"><i>1/15/24</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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> SCG #4 - No documentation of physical examination (PE). SCG #4 was identified as an SCG on PCG's leave notification plan in 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><i>to prevent this happening in the future, I will make sure all the equipment of my home and etc. attached to Civil Home Binder before inspection to make sure all up dated. check list includes: PE Background TB clearance CPR, First Aid Dental insurance</i></p>	<p style="text-align: right;"><i>9/19/24</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (c)(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>FINDINGS SCG #4 - No documentation of first aid certification. SCG #4 was identified as an SCG on PCG's leave notification plan in December 2023</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>SCG #4 no longer substitute to my care 11/22 since 1/22</i></p>	<p style="text-align: right;"><i>9/19/24</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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 #4 - No documentation of first aid certification. SCG #4 was identified as an SCG on PCG's leave notification plan in 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><i>to prevent this happening in the future I will make a list of all requirements I may need and get it attached to the Care Home binder before the inspection is made sure are all updated</i></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> SCG #4 - No documentation of PCG training to make medications available to the residents. SCG #4 was identified as an SCG on PCG's leave notification plan in December 2023</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>SCG #4 no longer substituted in my care since 1/22.</i></p>	<p style="text-align: right;"><i>9/11/23</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (c)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p>FINDINGS SCG #4 - No documentation of PCG training to make medications available to the residents. SCG #4 was identified as an SCG on PCG's leave notification plan in 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><i>To prevent this happening in the future, I will make a list of all the requirements of my self and SCG attached to the Care Home Binder before inspection. To make sure all are up dated during the inspection.</i></p>	<p style="text-align: right;"><i>4/19/24</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation:</p> <p><u>FINDINGS</u> SCG #4 - No documentation of cardiopulmonary resuscitation (CPR) certification. SCG #4 was identified as an SCG on PCG's leave notification plan in December 2023</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">SCG #4 no longer my substitute since 1/23.</p>	<p style="text-align: center;">9/19/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation:</p> <p><u>FINDINGS</u> SCG #4 - No documentation of cardiopulmonary resuscitation (CPR) certification. SCG #4 was identified as an SCG on PCG's leave notification plan in 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><i>To prevent this happening in the future I will make a list of all the requirements of my self and be attached to that card time binding before inspection to make sure are all updated.</i></p>	<p style="text-align: right;"><i>4/11/24</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p>FINDINGS Resident #4 – The level of care form signed by the physician was not definitive, as both ARCH and ICF were checked off. <i>Submit documentation of revised and corrected LOC 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>Resident #4 Re-assessed by Dr. Sarge. M.D. 10/14/2014</i></p> <p><i>attached a copy of LOC</i></p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p>FINDINGS Resident #2 – Readmission diet dated 1/29/24 indicates, "Pureed dysphagia diet IDDL level 4: mildly thick liquids." Physician order on 5/25/24 added instructions, "He can eat regular food if tolerated; if he chokes, go back to pureed diet." Order was not clarified to indicate the specific diet texture when offering regular diet. Resident is at high risk for aspiration. Clarify the added diet instructions from the physician and submit documentation 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><i>Resident #2. call PRN to verify the diet order attached a copy</i></p>	<p style="text-align: right;"><i>9/25/24</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u> The menu indicates a turkey sandwich for lunch; however, four residents were served with a tuna sandwich, and one resident was served with pinakbet and rice. Per SCG, no ingredients are available to make the tuna sandwich. Menu was not being 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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u> The menu indicates a turkey sandwich for lunch; however, four residents were served with a tuna sandwich, and one resident was served with pinakbet and rice. Per SCG, no ingredients are available to make the tuna sandwich. Menu was not being 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><i>To prevent this happening in the future, I would make a substitute menu attached to the main menu.</i></p> <p><i>Trained the substitute to utilize the substitute menu.</i></p>	<p><i>9/19/20</i></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>FINDINGS Resident #1 was served with pinakbet and rice. Per SCG, resident refused the tuna sandwich. Record of the menu substitution not available.</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>§11-100.1-13 <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> Resident #1 was served with pinakbet and rice. Per SCG, resident refused the tuna sandwich. Record of the menu substitution not available.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">to prevent this happening in the future. I would make a substitute menu attached to the main menu.</p> <p style="text-align: center;">If resident substitute be utilized substitute menu.</p>	<p style="text-align: center;">9/19/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <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> Three (3) boxes of Latanoprost eye drops and 2 boxes of bisacodyl suppositories unsecured in refrigerator.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>unsecured I brought a new container the next</i></p>	<p><i>4/19/24</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Three (3) boxes of Latanoprost eye drops and 2 boxes of bisacodyl suppositories unsecured in 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><i>To prevent this happening in the future I should lock container & the lock.</i></p> <p><i>post it in the container that I check after using it</i></p> <p><i>brand the suppository before using it</i></p>	<p><i>9/11/20</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS Resident #1 - The medication list signed by the physician dated 7/18/24 states, "Acetaminophen 500 1-2 tabs @ 6-8 hours PRN pain/fever does not exceed 6 tabs q 24 hours." However, current (September 2024) medication administration record (MAR) states, "Acetaminophen 500 mg 1-2 tabs <u>Q 6 hours PRN</u> AND the medication bottle label states, "Acetaminophen 500 mg 2 tabs every <u>8 hours PRN</u>." <i>Clarify the specific dosage and frequency with MD and 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 style="text-align: center;"><i>corrected with POC and Pharmacist what the POC and prescription acetaminophen should be 2 tabs by mouth q 6 hrs as needed pain/fever maximum 6 tabs 24hrs change to my MAR.</i></p>	<p style="text-align: right;"><i>11/14/24</i></p>

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<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 - The medication list signed by the physician dated 7/18/24 states, "Acetaminophen 500 1-2 tabs @ 6-8 hours PRN pain/fever does not exceed 6 tabs q 24 hours." However, current (September 2024) medication administration record (MAR) states, "Acetaminophen 500 mg 1-2 tabs Q 6 hours PRN AND the medication bottle label states, "Acetaminophen 500 mg 2 tabs every 8 hours PRN."</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>To prevent this from happening in the future, I would be asking my substitute to check label, MAR = physician ordered if anything was all the same.</i></p> <p><i>If not I will call per right away to clarify the ordered every time.</i></p>	<p style="text-align: right;"><i>9/27/24</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> No incident report was generated for the following, as noted in the resident register:</p> <ul style="list-style-type: none"> • Resident #2 – hospitalizations on 1/6/24 and 1/16/24 • Resident #4 – hospitalization on 6/25/24 	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> No incident report was generated for the following, as noted in the resident register:</p> <ul style="list-style-type: none"> • Resident #2 – hospitalizations on 1/6/24 and 1/16/24 • Resident #4 – hospitalization on 6/25/24 	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In regard to this happening in the future, I should make the incident report before I have.</i></p> <p><i>The incident report should follow the Care Home standards. Also, if make sure any incident report is on the Care Home Binder.</i></p>	<p style="text-align: right;"><i>7/17/24</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(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 #2 – PCG assessment form dated 1/29/24 was incomplete – missing fields/sections, such as activities and psychological assessment, were left blank.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>corrected file up all the boxes</i></p>	<p style="text-align: center;"><i>7/19/24</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(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>FINDINGS Resident #2 - PCG assessment form dated 1/29/24 was incomplete - missing fields/sections, such as activities and psychological assessment, were left blank.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>To prevent this happening again in the future, I will instruct my substitute to check if I completed everything on my assessment after the admission dated before I will file to the Unit Board.</i></p>	<p><i>9/19/24</i></p> <p style="text-align: right;"><i>PCG</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (b) 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> Living room -- approximately six (6) inches hole in the wall, taped with white paper.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Corrected changed the wall in the living room.</i></p>	<p style="text-align: center;"><i>7/2/12</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p><input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (b) 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 Living room – approximately six (6) inches hole in the wall, taped with white paper.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>To prevent this happening I make sure I will repair the damage within 2-3 hrs. If you find a hole I will call for my carpenter to come on for follow 2-3 weeks if is done</i></p>	<p style="text-align: right;"><i>9/2/2011</i></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 - peeling paint on the wall.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Worked on the wall & removed the peeling paint. All paint done to meet & protect, ensure the planing</i></p>	<p style="text-align: right;"><i>9/20/24</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (b) 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. <u>FINDINGS</u> Resident bathroom – peeling paint on the wall.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"> <i>To prevent this happening I make sure I will seal up everything to come and uses the change and repair as soon as possible to meet the needs of the to do</i> </p>	<p style="text-align: right;"><i>1/2/20</i></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 bedroom #1 - door scraping/rubbing the floor, unable to freely open/close the door.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Resident Bedroom #1 Change the door</i></p>	<p style="text-align: center;"><i>7/24/24</i></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 bedroom #1 -- door scraping/rubbing the floor. unable to freely open/close the door.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>To prevent this happening in the future I will call my carpenter to come and assess the damage and repair as soon as possible. I will also make sure the door is properly maintained.</i></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> Evidence of termite damage on each resident's bedroom door and door frame, and baseboard in the facility hallway.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Contact my supervisor and discuss the work done in this hallway to get the baseboard</i></p>	<p style="text-align: center;"><i>9/24/24</i></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> Evidence of termite damage on each resident's bedroom door and door frame, and baseboard in the facility hallway.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>To prevent this happening in the future I and I will check if there is a termite in the resident room. I added in the housekeeping checklist</i></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan:</p> <p>FINDINGS Resident #1 - No documentation PCG, SCG #1, SCG #2, SCG #3, SCG #4, and SCG #5 were trained by the registered nurse (RN) case manager (CM) to monitor and observe resident for edema: care plan states to elevate resident's legs if + edema. During the inspection, resident's feet are swollen, and the legs were not elevated. <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 style="text-align: center;"><i>Request Manager came to training us for the by direction the by same</i></p>	<p style="text-align: right;"><i>1/24/20</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
26+9 <input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p>FINDINGS Resident #1 - No documentation PCG, SCG #1, SCG #2, SCG #3, SCG #4, and SCG #5 were trained by the registered nurse (RN) case manager (CM) to monitor and observe resident for edema; care plan states to elevate resident's legs if + edema. During the inspection, resident's feet are swollen, and the legs were not elevated.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future I would like to add into my checklist RN case manager. For specific ^{specialized} training for ^{specific} ^{specialized} care to our client RN case manager to provide training for PCG skills and documentation file in the chart binder.</p>	<p style="text-align: right;">10/12/24</p>

Licensee's/Administrator's Signature: Belva A. Reynolds

Print Name: Belva A. Reynolds

Date: 11/6/24

Licensee's/Administrator's Signature: du k l

Print Name: Blv. A Requena

Date: 11/21/24