

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: STS Adult Foster Service LLC III	CHAPTER 100.1
Address: 98-365 Ponokiwila Street, Aiea, Hawaii 96701	Inspection Date: July 31, 2024 Initial

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>§11-100.1-2 <u>Definitions</u>. As used in this chapter: "Licensed capacity" means the number of residents and the type of residents permitted by the director, pursuant to these rules and chapter 321, HRS, in a particular ARCH or expanded ARCH, and so stated on the particular ARCH's or expanded ARCH's license.</p> <p><u>FINDINGS</u> Resident #1 is wheelchair-dependent and occupies bedroom #1. Resident #2 uses a front-wheel walker and wheelchair for mobility and occupies bedroom #3. Bedrooms #1 and #3 are licensed for "fully ambulatory only" residents.</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 have moved resident#1 into an approved wheelchair room and will remain there until his bedroom#1 is approved by the DOH building consultant.</p>	<p>11/04/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-2 <u>Definitions</u>. As used in this chapter: "Licensed capacity" means the number of residents and the type of residents permitted by the director, pursuant to these rules and chapter 321, HRS, in a particular ARCH or expanded ARCH, and so stated on the particular ARCH's or expanded ARCH's license.</p> <p><u>FINDINGS</u> Resident #1 is wheelchair-dependent and occupies bedroom #1. Resident #2 uses a front-wheel walker and wheelchair for mobility and occupies bedroom #2. Bedrooms #1-#3 are licensed for "fully ambulatory only" 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>To Prevent this from happening again in the future, before admitting a resident, I will double-check the room that's available to ensure that the resident will be assigned to the appropriate bedroom suitable for the resident's mobility needs. I will make a reminder note of which rooms are wheel-chair accessible and which ones are not. I will keep this reminder note inside my care home binder.</p>	<p>10/02/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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> Substitute caregiver (SCG) #1 – No documentation of first aid certificate. <i>Submit a copy with your plan of correction (POC).</i></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 have obtain a copy of SCG#1's first aid certificate and have placed it inside my care home binder.</p>	10/02/24

	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> Substitute caregiver (SCG) #1 -- No documentation of first aid certificate.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To Prevent this from happening again in the future, A week before using a SCG, I will thoroughly check all there documents ensure that they are all up to date. Once I noticed that a document is out dated, I will inform my SCG that I would need it to be updated before becoming a SCG at my facility. I will use the D.O.H SCG requirements checklist to remind of this deficiency.</p>	<p>10/02/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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 #1 – No documentation of primary care giver (PCG) training to make medications available to residents. <i>Submit a copy with your POC.</i></p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I have obtained and finished a training checklist for SCG#1 and is placed inside the care home binder.</p>	<p>10/02/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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 #1 – No documentation of primary care giver (PCG) training to make medications available to resident</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To Prevent this from happening again in the future, A week before using a SCG, I will thoroughly check all there documents ensure that they are all up to date. Once I noticed that a document is out dated, I will inform my SCG that I would need it to be updated before becoming a SCG at my facility. I will use the D.O.H SCG requirements checklist to remind of this deficiency.</p>	<p>10/02/24</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 for lunch indicates egg sandwich but residents were served noodle stir fry and vegetable tempura. No substitution menu was available.</p>	<p style="text-align: center;">PART 1</p> <p>I have now placed a substitution menu in the dining and kitchen area.</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>10/02/24</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 for lunch indicates egg sandwich but residents were served noodle stir fry and vegetable tempura. No substitution menu was 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>To Prevent this from happening again in the future, Before opening another care home, I will make sure that I have a Substitution menu alongside the weekly meal menu for my facility. I will also periodically check my dining and kitchen area to make sure that it remains posted alongside the meal menu. I will keep a reminder note of this deficiency inside my care home binder.</p>	<p>10/02/24</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> Tube of Hydrocortisone cream was found in the resident's bedroom. <i>Corrected on-site.</i></p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <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> Tube of Hydrocortisone cream was found in the resident's bedroom.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this from happening again in the future, myself and SCG will check the entire facility, including all resident's bedrooms for any medications that are unsecured. If we noticed an unsecured medication, we will immediately place it back into a secured medicine cabinet.</p>	<p>10/02/24</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> Latanoprost eye drops found unsecured in the refrigerator. <i>Corrected on-site.</i></p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <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> Latanoprost eye drops found unsecured in the refrigerator.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this from happening again in the future, myself and SCG will check the entire facility, including all resident's bedrooms and refrigerator for any medications that are unsecured. If we noticed an unsecured medication, we will immediately place it back into a secured medicine cabinet. I will keep a reminder note of this deficiency inside my care home binder.</p>	<p>10/02/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – June 2024 medication administration record (MAR) indicates the following medications were not administered as ordered: Calcium Acetate 667 mg, Renal Vit C 0-8mg. Orders were discontinued on 7/2/24.</p>	<p style="text-align: center;">PART I</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>§11-100.1-15 <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 – June 2024 medication administration record (MAR) indicates the following medications were not administered as ordered: Calcium Acetate 667 mg. Renal Vit C 0-8mg. Orders were discontinued 7/2/24.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this from happening again in the future, upon admission into my facility, I will double-check the physician orders and then check to see that I have all medications available to the resident. Once I noticed that there is a medication not available for the resident that appears on the physician order, I will immediately call the physician to see if the medication needs a refill or a discontinuation. The problem was when the resident was admitted 6/20/24 and I didn't get the d/c of the medications on the MAR til 7/2/24. I will make a reminder note of this deficiency and place it inside my care home binder.</p>	<p>10/02/24</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician order states, “Januvia 25 mg take 1 tab daily. Hold for BG <100.” However, July MAR states, “Januvia 25 mg daily. Take ½ tab daily. Hold for BG<100. Physician order and MAR don’t match. <i>Clarify the order 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>I received clarity of the physician order and the physician order was indeed correct and the documentation on the MAR was incorrect. I have corrected the MAR and it now matches the physician order</p>	<p>10/02/24</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 - Physician order states, "Januvia 25 mg take 1 tab daily. Hold for BG <100." However, July MAR states, "Januvia 25 mg daily. Take ½ tab daily. Hold for BG<100. Physician order and MAR don't match.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this from happening again in the future, while creating a MAR for a resident, I will double-check and carefully match the MAR with the physician orders. Before printing the MAR out, once I notice a mistake, I will immediately correct it. I will use a reminder note that will be on a sheet with other reminders of deficiencies of this annual visit.</p>	10/02/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 - The following medications are not available in medication inventory/supply for administration: Januvia, Ferrous Sulfate and Omeprazole. <i>Submit proof that the supply is obtained 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 now have a the medications indicated for Resident#1 and have obtained proof that the medications are now available and is attached to this deficiency</p>	10/02/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 -- The following medications not available in medication inventory/supply for administration: Januvia, Ferrous Sulfate and Omeprazole.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this from happening again in the future, I will double-check weekly and asked my SCG's of any medications that need a refill or is not available, the moment I noticed that the resident has a few more medications remaining, I will immediately contact the pharmacy for a refill and pick it up right away. I will use a reminder note that will be on a sheet with other reminders of deficiencies of this annual visit.</p>	<p>10/02/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p>FINDINGS Resident #1 -- July MAR shows medication order Vitamin C 500 mg 1 tab oral daily was not initialed as either given to, held, or refused by the resident on 7/17/24.</p> <p>Resident # -- July MAR shows medication order Lanuvia 25 mg take ½ tab daily was as not initialed as either given to, held, or refused by the resident from 7/1/24-7/31/24.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-15 <u>Medications</u>. (1) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 – July MAR shows medication order Vitamin C 500 mg 1 tab oral daily was not initialed as either given to, held, or refused by the resident on 7/17/24.</p> <p>Resident #1 – July MAR shows medication order Januvia 25 mg take ½ tab daily was as not initialed as either given to, held, or refused by the resident from 7/1/24-7/31/24.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this from happening again in the future, I will remind and retrain my SCG's to initial and to indicate if the medication was held or refused. Then to document the reason why the medication was held or refused. I will check the MAR of all the residents everyday for a couple of weeks to ensure that the medications on the MAR are initialed. I will use a reminder note that will be on a sheet with other reminders of deficiencies of this annual visit.</p>	<p style="text-align: center;">10/02/24</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 #2 - No physician's order for self-administration of Albuterol and tooth aches pain reliever bel. <i>Submit documentation with your POC.</i></p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I have obtained a copy of the physician order for Resident #2 that states they can self-administer Albuterol and tooth aches pain reliever and will attached the documentation to this deficiency.</p>	<p>10/02/24</p>

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<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 #2 – No physician’s order for self-administration of <u>Albuterol and Total Acute Pain Relief</u> <u>Medications</u></p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN’T HAPPEN AGAIN?</p> <p>To prevent this from happening again in the future, Once I noticed that a resident is capable and wants to self administer a medication, I will immediately ask the residents physician for an order that states that the resident can self-administer a particular medication. I will use a reminder note that will be on a sheet with other reminders of deficiencies of this annual visit.</p>	<p>10/02/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission:</p> <p>FINDINGS Resident #1 –Primary caregiver (PCG) assessment form dated 10/8/24 did not include height and weight measurements. ADL assessment section was not completed, and not signed by the PCG. <i>Complete the PCG assessment form and submit a copy with your plan of correction.</i></p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Resident #1 assessment form is now completely fill out along with the height and weight and now signed. I have attached a copy of the assessment with my P.O.C.</p>	<p>10/02/24</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission:</p> <p><u>FINDINGS</u> Resident #1 - Primary caregiver (PCG) assessment form dated 6/28/24, did not include height and weight measurements, ADL assessment section was not completed, and not signed by the PCG.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this from happening again in the future, upon the day of admission, I will thoroughly check the assessment form to ensure that it is completely filled out with the resident or guardians signature. I will use a reminder note and the residents checklist that will be on a sheet with other reminders of deficiencies of this annual visit.</p>	<p>10/02/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(6) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Physician or APRN signed orders for diet, medications, and treatments;</p> <p><u>FINDINGS</u> Resident #1— Admission orders for diet, medications, and treatments were not signed by the physician.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(6) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Physician or APRN signed orders for diet, medications, and treatments;</p> <p><u>FINDINGS</u> Resident #1 – Admission orders for diet, medications, and treatments were not signed by the physician.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this from happening again in the future, Once I receive the admission orders for the residents diet, medication and treatment, I will double-check the orders for a physicians signature. If there is not a signature present. I will immediately contact the physician and ask for his signature on the orders. I will use a reminder note that will be on a sheet with other reminders of deficiencies of this annual visit.</p>	<p>10/02/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(7) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Height and weight measurements taken:</p> <p>FINDINGS Resident #1 – No documented evidence of admission height and weight measurements were taken. <i>Correct the resident's height and weight 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>The resident #1 now have documented the height and weight measurements during admission and I have attached the document with this P.O.C.</p>	<p>10/02/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(7) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Height and weight measurements taken;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence of admission height and weight measurements were taken.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this from happening again in the future, upon admission of a resident, I will immediately document the height and weight of a resident. I will use a reminder note that will be on a sheet with other reminders of deficiencies of this annual visit.</p>	<p>10/02/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #1 - Physician order states, "Januvia 25 mg take 1/2 tab daily. Hold for BG <100." No documented evidence blood sugars were taken since admission on 6/28/24.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered:</p> <p><u>FINDINGS</u> Resident #1 - Physician order states, "Januvia 25 mg take 1/2 tab daily. Hold for BG <100." No documented evidence blood sugars were taken since admission on 6/28/24.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this happening again in the future, I will carefully check the physician orders to ensure that myself and SCG's are properly documenting blood sugar readings when the orders state to do so. I will use a reminder note that will be on a sheet with other reminders of deficiencies of this annual visit.</p>	<p>10/02/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (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 and Resident #3 - General operational policies not signed by the licensee. <i>Corrected on-site.</i></p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <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 and Resident #3 - General operational policies not signed by the licensee.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this from happening again in the future, Upon admission of a resident I will double-check and carefully make sure that I have signed the General Policies and provide a copy of it to the resident or POA. I will use a reminder note that will be on a sheet with other reminders of deficiencies of this annual visit.</p>	<p>10/02/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day:</p> <p><u>FINDINGS</u> No record fire drill was completed in June.</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>§11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day:</p> <p><u>FINDINGS</u> No record fire drill was completed in June.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this from happening again in the future, A week before the end of the month, I will double-check my care home binder to see if I conducted a fire drill for that month. If I haven't did a fire drill for that month, I will conduct one before the ending of the month. I will use a reminder note that will be on a sheet with other reminders of deficiencies of this annual visit.</p>	<p>10/02/24</p>

Licensee's/Administrator's Signature: Steven T Scott Jr

Print Name: Steven T Scott Jr

Date: 10/02/2024

Licensee's/Administrator's Signature: Steven T Scott Jr

Print Name: Steven T Scott Jr

Date: 11/04/2024