

24 OCT 29 P1:20

Office of Health Care Assurance

State Licensing Section

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Esamya Koh Care Home LLC	CHAPTER 100.1
Address: 94-229 Moena Place, Waipahu, Hawaii 96797	Inspection Date: October 9, 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. 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)(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> SCG #5 – Two (2) consecutive years of Fieldprint clearance unavailable. Fieldprint provided for 1/10/23 and 2/17/20</p> <p>Submit a copy of 2024 Fieldprint clearance with plan of correction</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>Field print clearance obtained - See attached.</i></p>	<p style="text-align: right;">24 OCT 29 11:20</p> <p style="text-align: right;">STATE OF HAWAII DHF-ONCA STATE LICENSING</p> <p style="text-align: right;"><i>10/16/2024</i></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> SCG #5 – Two (2) consecutive years of Fieldprint clearance unavailable. Fieldprint provided for 1/10/23 and 2/17/20</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>Write it down in the calendar the next field print due date 10-14-2026. Reminder in google calendar in two weeks prior expiration will be enter to avoid lapse.</i></p>	<p style="text-align: right;">24 OCT 29 PT:20</p> <p style="text-align: right;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p> <p style="text-align: right;">10/29/2026</p>
	<p>Submit a copy of 2024 Fieldprint clearance with plan of correction</p>		

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation.</p> <p><u>FINDINGS</u> PCG reports temperature of entrees containing meats are not checked for minimum safe temperature when cooking</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>24 OCT 29 P 1:20</p> <p style="text-align: center;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation.</p> <p><u>FINDINGS</u> PCG reports temperature of entrees containing meats are not checked for minimum safe temperature when cooking</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 continue to check the resident's meal entree temperature before serving it to the patient for the purpose of food handling and the safety of the resident. For the meal entrees containing meat, they need to be at least ≤ 165°F.</p> <p>- PCG will educate all SCG the proper monitoring of food handling for residents' safety and base on standard state regulation.</p>	<p style="text-align: right;">24 OCT 29 11:20</p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p style="text-align: right;">10/09/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (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 – Conflicting physician’s order dated 2/5/24 states, “risperiDONE 0.5mg Tab TAKE 1 TABLET BY MOUTH daily at bedtime” and “risperiDONE 0.5mg Tablet 0.5mg by mouth twice daily for agitation”. Conflicting orders not clarified and erroneous order was not discontinued.</p> <p>Submit a copy of discontinued medication order with plan of correction</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>Medication order was clarified with physician. See attached</i></p>	<p style="text-align: right;">24 OCT 29 PT 20</p> <p style="text-align: right;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p> <p style="text-align: right;"><i>10/16/2024</i></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 – Conflicting physician’s order dated 2/5/24 states, “risperiDONE 0.5mg Tab TAKE 1 TABLET BY MOUTH daily at bedtime” and “risperiDONE 0.5mg Tablet 0.5mg by mouth twice daily for agitation”. Conflicting orders not clarified and erroneous order was not discontinued.</p> <p>Submit a copy of discontinued medication order with plan of correction</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>A reminder notes will be place in the resident binder to double check on new orders receive by physician upon receiving to ensure there are no conflicting order.</p>	<p>24 06/29/24 P1 20</p> <p>STATE OF IOWA IOWA BOARD OF STATE LIP</p> <p>10/29/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (e) 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 - Conflicting physician's order dated 2/5/24 states, "risperiDONE 0.5mg Tab TAKE 1 TABLET BY MOUTH daily at bedtime" and "risperiDONE 0.5mg Tablet 0.5mg by mouth twice daily for agitation"; however, 2/2024-7/2024 MAR shows the following was being made available, "Risperidone 0.5mg tab; Take 1 tab by mouth everyday at bedtime with 2 doses prn for agitation" and 8/2024-10/2024 MAR shows the following was being made available, "Risperidone 0.5mg tab; Take 1 tab by mouth every day at bedtime". Medication not being administered as prescribed by physician.</p> <p>Submit a copy of current medication order and revised MAR with plan of correction.</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>Clarified medication order and REVISE MAR Submitted See attached.</i></p>	<p style="text-align: right;">'24 OCT 29 P1:20</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: right;"><i>10/14/24</i></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 - Conflicting physician's order dated 2/5/24 states, "risperiDONE 0.5mg Tab TAKE 1 TABLET BY MOUTH daily at bedtime" and "risperiDONE 0.5mg Tablet 0.5mg by mouth twice daily for agitation"; however, 2/2024-7/2024 MAR shows the following was being made available, "Risperidone 0.5mg tab; Take 1 tab by mouth everyday at bedtime with 2 doses prn for agitation" and 8/2024-10/2024 MAR shows the following was being made available, "Risperidone 0.5mg tab; Take 1 tab by mouth every day at bedtime". Medication not being administered as prescribed by physician.</p> <p>Submit a copy of current medication order and revised MAR with plan of correction.</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;">A reminder notes will be placed in the resident binders to remind myself and staff to review all new orders are transferred to MAR accurately.</p>	<p style="text-align: right;">'24 OCT 29 P 1:20</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-ONCA LICENSING</p> <p style="text-align: right; font-size: x-large;">10/14/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (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 7/8/24 states, “QUetiapine Fumarate 50mg Tab sig: TAKE 1 TABLET BY MOUTH TWICE DAILY AND 1 TABLET ONCE DAILY IF NEEDED FOR AGITATION”; however, medication is not being made available per MAR and discontinuation order unavailable.</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>medication order was discontinued by physician. See attached -</i></p>	<p style="text-align: right;">24 OCT 29 P 1:20</p> <p style="text-align: right;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p> <p style="text-align: right;"><i>10/6/2024</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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 7/8/24 states, “QUetiapine Fumarate 50mg Tab sig: TAKE 1 TABLET BY MOUTH TWICE DAILY AND 1 TABLET ONCE DAILY IF NEEDED FOR AGITATION”; however, medication is not being made available per MAR and discontinuation order unavailable.</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>Staff will be in service ^{to} (every) starts reviewing MAR again ^{current} 10/29/24 order every Monday to ensure the MAR accurate by re-^{first} current order.</p>	<p>'24 OCT 29 P 1:20</p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</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 10/25/23-1/29/24 states, “Senna-Docusate Sodium 8.6/50 mg Tab”; however, medication order was incomplete and did not include dosage to administer and frequency of administration. Per MAR, medication was being administered as “Senna-S 8.6mg/50mg 1 tab PO as needed for constipation” without directive from physician.</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 OCT 29 P1 :20</p> <p>STATE OF HAWAII DDH-CHCA STATE LICENSING</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><u>FINDINGS</u> Resident #1 – Physician’s order dated 10/25/23-1/29/24 states, “Senna-Docusate Sodium 8.6/50 mg Tab”; however, medication order was incomplete and did not include dosage to administer and frequency of administration. Per MAR, medication was being administered as “Senna-S 8.6mg/50mg 1 tab PO as needed for constipation” without directive from 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>A reminder note will be place on the resident binder to review all new orders for completeness which includes the doses and frequency of administration.</p>	<p style="text-align: right;">24 OCT 29 P 1:21</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: right;">10/29/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 2/15/24 states, “ Start thickened liquids, nectar consistency”; however, thickener agent not available on MAR. No documented evidence resident is receiving nectar thickened liquids</p> <p>Submit a copy of revised MAR with plan of correction.</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>Thickener was added to MAR on 10/16/2024 - See attached</i></p>	<p style="text-align: right;">24 OCT 29 P 1:21</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: right;"><i>10/29/24</i></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’s order dated 2/15/24 states, “ Start thickened liquids, nectar consistency”; however, thickener agent not available on MAR. No documented evidence resident is receiving nectar thickened liquids</p> <p>Submit a copy of revised MAR with plan of correction.</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>A reminder note will be added to Resident MAR to remind Staff to add thickener to MAR and check off daily when use.</p>	<p style="text-align: right;">24 OCT 29 P 1:21</p> <p style="text-align: right;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p> <p style="text-align: right; font-size: 2em;">10/29/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 3/10/24 states, “amoxicillin.clavulanate 400-57mg/5mL Susp Take 11mL every 12 hours”; however, MAR shows medication was discontinued on 3/20/24; however, discontinuation order unavailable</p> <p>Resident #1 – Physician’s order dated 3/10/24 states, “azithromycin 200mg/5ml Susp Take 6.25 mL by mouth as directed”; however, MAR shows medication was discontinued on 3/15/24; however, discontinuation order unavailable</p> <p>Submit a copy of discontinuation orders with plan of correction.</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="font-size: 1.2em; font-family: cursive;">Discontinued orders obtained on 10/16/2024. See attached.</p>	<p style="text-align: right;">'24 OCT 29 P 1:21</p> <p style="text-align: right; font-size: 1.2em; font-family: cursive;">10/29/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 3/10/24 states, “amoxicillin.clavulanate 400-57mg/5mL Susp Take 11mL every 12 hours”; however, MAR shows medication was discontinued on 3/20/24; however, discontinuation order unavailable</p> <p>Resident #1 – Physician’s order dated 3/10/24 states, “azithromycin 200mg/5ml Susp Take 6.25 mL by mouth as directed”; however, MAR shows medication was discontinued on 3/15/24; however, discontinuation order unavailable</p> <p>Submit a copy of discontinuation orders with plan of correction.</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>A reminder note will be place on the resident binder to obtain a D/C order for antibiotic prescribe if one is not provided at the time its prescribe.</p>	<p>24 OCT 29 11:21</p> <p>STATE OF MICHIGAN</p> <p>10/29/24</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’s order dated 3/10/24 states, “azithromycin 200mg/5ml Susp Take 6.25 mL by mouth as directed”; however, medication order does not include dosage to administer or frequency of administration</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 OCT 29 11:21</p> <p>STATE OF MICHIGAN DEPARTMENT OF HEALTH LICENSURE DIVISION</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>FINDINGS Resident #1 – Bottle of acetaminophen filled on 8/18/23 states quantity 90/180; however, only 20 pills available in bottle and MAR shows no medication was administered between 8/18/23-10/9/24. Medication unaccounted for. Primary caregiver (PCG) states substitute caregiver (SCG) reported discarding the missing pills because it was near expiration.</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 OCT 29 P 1:21</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 – Bottle of acetaminophen filled on 8/18/23 states quantity 90/180; however, only 20 pills available in bottle and MAR shows no medication was administered between 8/18/23-10/9/24. Medication unaccounted for. Primary caregiver (PCG) states substitute caregiver (SCG) reported discarding the missing pills because it was near expiration.</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 service will be completed. Reminding staff to dispose medication properly by following the Care Home policy for disposing the unused or expired medication policy will be followed.</p>	<p>24 OCT 29 11:21</p> <p>STATE OF MARYLAND</p> <p>10/29/24</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’s order for acetaminophen ordered on 7/19/24, however, medication unavailable for administration. Two bottles of expired acetaminophen (5/6/24 and 8/17/24) in resident’s inventory.</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;">A reminder has been entered to the calendar to perform monthly check of medication expiration date for all residents -</p> <p style="text-align: center;">New bottle obtained of Tylenol.</p>	<p>24 OCT 29 P 1 :21</p> <p>STATE OF CALIFORNIA DEPARTMENT OF SOCIAL SERVICES</p> <p>10/29/24</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’s order for acetaminophen ordered on 7/19/24, however, medication unavailable for administration. Two bottles of expired acetaminophen (5/6/24 and 8/17/24) in resident’s inventory.</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>A reminder has been entered to the calendar to perform monthly check of medication expiration date for all residents.</i></p>	<p>24 OCT 29 P 1:21</p> <p>STATE OF MICHIGAN DEPARTMENT OF HEALTH & HUMAN SERVICES DIVISION OF LICENSURE</p> <p><i>10/29/24</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Resident #1 -Two bottles of expired acetaminophen (5/6/24 and 8/17/24) available in resident's inventory and not properly disposed of.</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;">Two bottles of tylenol was dispose .</p>	<p>24 OCT 29 P1:21</p> <p>STATE OF NEW YORK DEPARTMENT OF HEALTH STATE OF NEW YORK</p> <p style="text-align: right;">10/29/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Resident #1 –Two bottles of expired acetaminophen (5/6/24 and 8/17/24) available in resident’s inventory and not properly disposed of.</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>A reminder has been entered to the calendar to perform monthly check of medication expiration date for all residents - All expired medication will be discarded.</p>	<p>24 OCT 29 P1:21</p> <p>STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES</p> <p>10/29/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis (TB);</p> <p><u>FINDINGS</u> Resident #4 – Annual TB clearance unavailable</p> <p>Submit a copy with plan of correction.</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 make sure all residents' annual TB clearance is up to date.</p> <p>- TB clearance copies are already completed and recorded in the resident binders.</p> <p>- PCG contacted the physician's office to confirm the date of the TB clearance which was completed on 01/26/24</p> <p>- See the attached copy of the residents' TB clearances.</p>	<p style="text-align: right;">24 OCT 29 P 1:21</p> <p style="text-align: right;">STATE OF CONNECTICUT DEPARTMENT OF SOCIETY SERVICES</p> <p style="text-align: right;">10/16/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis (TB);</p> <p><u>FINDINGS</u> Resident #4 – Annual TB clearance unavailable</p> <p>Submit a copy with plan of correction.</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 double-check all the requirements for residents such as TB clearance results and the dates of annual completion to report completeness based on the Department of Health standard requirements.</p> <p>- I will use a calendar as a reminder 2 months before the expiration date.</p>	<p>24 OCT 20 P1:21</p> <p>STATE OF CONNECTICUT DEPARTMENT OF HEALTH SERVICES</p> <p>10/16/2024</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>FINDINGS Resident #2,3 – No documented evidence of monthly weights being obtained between 10/2023-9/2024</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</p>

OCT 29 P1:
STATE OF TENNESSEE
DEPARTMENT OF REVENUE

	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 #2,3 – No documented evidence of monthly weights being obtained between 10/2023-9/2024</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>In service staff reminding them to obtain arm measurement for those who can not weight on the scale, monthly</i></p>	<p style="text-align: right;">21 09 23 P 22</p> <p>STATE OF MICHIGAN DEPARTMENT OF STATE POLICE</p> <p style="text-align: right;"><i>10/29/24</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u> Resident #1,2,5 – PCG reports tuberculosis (TB) clearances were filled out by SCG on TB evaluation form with physician's pre-filled signature. Medical assistant from physician's office confirmed she signed and faxed a blank document for completion by SCG. TB form is not signed by physician.</p> <p>Submit a copy of annual TB clearance signed and completed by physician with plan of correction.</p>	<p>PART 1</p> <p style="text-align: right;">'24 OCT 29 P 1 :22</p> <p style="text-align: right;">STATE OF HAWAII DOH-DRCA STATE LICENSING</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. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u> Resident #1,2,5 – PCG reports tuberculosis (TB) clearances were filled out by SCG on TB evaluation form with physician's pre-filled signature. Medical assistant from physician's office confirmed she signed and faxed a blank document for completion by SCG. TB form is not signed by physician.</p> <p>Submit a copy of annual TB clearance signed and completed by physician with plan of correction.</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>Staff was in service on TB Clearance form reminding them not to fill out any pre sign form - Inform staff only form F can be use and accepted for TB clearances.</i></p>	<p>24 OCT 29 P1:22</p> <p>STATE OF MARYLAND DEPARTMENT OF CORRECTIONS STATE OF MARYLAND</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 – Current inventory of possessions unavailable. Last inventory completed on admission in 5/5/22.</p> <p>Submit an updated copy with plan of correction.</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 continue to update residents' inventory possessions as needed on a quarterly basis for the purpose of an accurate inventory of the resident's belongings.</p> <p>- Updated resident's inventory is submitted with this plan of correction.</p>	<p>24 01 29 11:22</p> <p>STATE OF MD JUL 29 2024 STATE CAPITAL</p> <p>10/20/2024</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 – Current inventory of possessions unavailable. Last inventory completed on admission in 5/5/22.</p> <p>Submit an updated copy with plan of correction.</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>A calendar reminder has been entered on 10/20/2025 when the next inventory is due</p>	<p>24 OCT 29 PM 1:22</p> <p>STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES STATE WELFARE</p> <p>10/29/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(B) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p><u>FINDINGS</u> Fire exit ramp obstructed with trash bag of clothes and laundry basket of clothes</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;">Trash bag and laundry basket was cleared in the fire exit i</p>	<p>'24 OCT 29 P1:22</p> <p>STATE OF CONNECTICUT FIRE DEPARTMENT</p> <p>10/29/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(B) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p><u>FINDINGS</u> Fire exit ramp obstructed with trash bag of clothes and laundry basket of clothes</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>In service staff reminding them to keep fire exit pathway clear and unobstructed.</i></p>	<p>24 OCT 2024 11:22</p> <p>STATE OF CONNECTICUT DEPARTMENT OF STATE POLICE</p> <p><i>10/29/24</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><u>FINDINGS</u> Fire drills conducted on 8/2/24 and 10/2/24 do not include a duration of time taken to complete</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 OCT 29 11:22</p> <p>STATE OF CONNECTICUT DEPARTMENT OF STATE EMERGENCY SERVICES</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><u>FINDINGS</u> Fire drills conducted on 8/2/24 and 10/2/24 do not include a duration of time taken to complete</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>A reminder note has been place on fire drill record to include duration of time taken to complete fire drills.</p>	<p>24 OCT 29 P1:22</p> <p>STATE OF CONNECTICUT DEPARTMENT OF STATE LAW ENFORCEMENT</p> <p>10/29/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I)(i) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident;</p> <p><u>FINDINGS</u> Resident #1 – Resident has been non-ambulatory (wheelchair bound) since 1/29/24; however, self-preservation status from 5/2/22 states resident is self-preserving and does not reflect dependent wheelchair use</p> <p>Submit a copy of an updated self-preservation evaluation form with plan of correction.</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="font-size: 1.2em; font-family: cursive;">Resident self preservation status was updated by physician on 10/14/2024 - See attached.</p>	<p>'24 OCT 29 P 1:22</p> <p style="text-align: right; font-size: 0.8em;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="font-size: 1.2em; font-family: cursive;">10/29/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I)(i) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident;</p> <p><u>FINDINGS</u> Resident #1 – Resident has been non-ambulatory (wheelchair bound) since 1/29/24; however, self-preservation status from 5/2/22 states resident is self-preserving and does not reflect dependent wheelchair use</p> <p>Submit a copy of an updated self-preservation evaluation form with plan of correction.</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>A reminder note on care home binder posted to remind staff if resident is w/c bound to check self preservation status form in case it needs to be updated by physician.</i></p>	<p style="text-align: right;">*24 OCT 29 P 1 :22</p> <p style="text-align: right;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p> <p style="text-align: right;"><i>10/29/24</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><u>FINDINGS</u> Resident #1 – No documented evidence expanded resident’s case manager provided training and monitoring of resident’s daily personal and specialized care</p> <p>Submit documented evidence of completed training for all caregivers with plan of correction.</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>CM obtained and training completed by Case Management Solution See attached.</i></p>	<p>24 OCT 29 P 1:22</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p><i>10/29/20</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><u>FINDINGS</u> Resident #1 – No documented evidence expanded resident’s case manager provided training and monitoring of resident’s daily personal and specialized care</p> <p>Submit documented evidence of completed training for all caregivers with plan of correction.</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>A Case management check list has been created and will be utilize once a resident becomes expanded LOC. Check list include care giver training by CM.</p>	<p style="text-align: right;">24 OCT 29 P1:22</p> <p style="text-align: right;">STATE OF HAWAII DOH-GRCA STATE LICENSING</p> <p style="text-align: right;">10/29/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p>FINDINGS PCG, SCG #1-4 – Only 6 of 12 hours of annual continuing education hours completed</p> <p>Submit a copy of six (6) remaining hours of completed annual training with plan of correction. Such hours will be counted toward the 2024 annual inspection only.</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>Six hours of training completed by PCG and all SCGs. See attached.</i></p>	<p style="text-align: right;">24 OCT 29 P 1:23</p> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p style="text-align: right;"><i>10/29/24</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> PCG, SCG #1-4 – Only 6 of 12 hours of annual continuing education hours completed</p> <p>Submit a copy of six (6) remaining hours of completed annual training with plan of correction. Such hours will be counted toward the 2024 annual inspection only.</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 use tools or resources such as calendars and/or Google Reminders to keep track of all annual continuous training. This is to remind all caregivers at least 2 months prior to the expiration date.</p> <p>- PCG will conduct in-service training at the facility or an outside facility in order to have all caregivers complete all annual continuous education contact hours before the expiration date.</p> <p>- All training hours are submitted for the 2024 annual inspection.</p>	<p>24 OCT 29 P 1:23</p> <p>STATE OF NEW YORK DEPARTMENT OF CORRECTIONS SEARCHED</p> <p>10/19/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (a) Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who:</p> <p><u>FINDINGS</u> Resident #1 – Case management services are not being provided for expanded resident</p> <p>Submit documented evidence resident is enrolled in case management services with plan of correction.</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>CM obtained for resident see attached.</i></p>	<p style="text-align: right;">*24 OCT 29 P1:23</p> <p style="text-align: right;">STATE OF HAWAII DHI-ONCA STATE LICENSING</p> <p style="text-align: right;"><i>10/29/24</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (a) Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who:</p> <p><u>FINDINGS</u> Resident #1 – Case management services are not being provided for expanded resident</p> <p>Submit documented evidence resident is enrolled in case management services with plan of correction.</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>A reminder note has been placed on the care home binder to utilize case management check list (near resident) - expanded LOC.</p>	<p>24 00 :23</p> <p>STATE OF CONNECTICUT DEPARTMENT OF STATE CORRECTIONS</p> <p>10/29/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 – Care plan unavailable for expanded resident</p> <p>Submit a copy with plan of correction</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>Care plan obtained from CM. See attached</i></p>	<p style="text-align: right;">24 OCT 29 P1:2</p> <p style="text-align: right;">STATE OF OHIO <small>Division of Public Safety</small> <small>STATE LICENSING</small></p> <p style="text-align: right; font-size: 1.5em;"><i>10/29/24</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 – Care plan unavailable for expanded resident</p> <p>Submit a copy with plan of correction</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>A CM check list has been created and will be utilize once a resident become expanded LOC -Completion of care plan is included on the list</p>	<p>'24 OCT 29 P1:23</p> <p>STATE OF INDIANA DEPARTMENT OF STATE HEALTH SERVICES</p> <p>10/29/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(8) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;</p> <p><u>FINDINGS</u> Resident #1 – Monthly face-to-face contacts with case manager not being provided</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 OCT 29 P1:23</p> <p>STATE OF MICHIGAN DEPARTMENT OF STATE LIAISON</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(8) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;</p> <p><u>FINDINGS</u> Resident #1 – Monthly face-to-face contacts with case manager not being 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>A CM check list has been created and will be utilize at monthly CM visits. Monthly face to face visits included on check list.</p>	<p>24 OCT 29 11:23</p> <p>STATE OF MICHIGAN DEPARTMENT OF STATE LICENSING</p> <p>10/29/20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(9) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Provide ongoing evaluation and monitoring of the expanded ARCH resident's status, care giver's skills, competency and quality of services being provided;</p> <p><u>FINDINGS</u> Resident #1 – Ongoing evaluation and monitoring of the expanded resident's status, caregiver's skills, competency and quality of services are not being provided by a case manager</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 OCT 29 P 1 :23</p> <p>STATE OF MISSISSIPPI DEPARTMENT OF STATE LIBRARIANSHIP</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(9) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Provide ongoing evaluation and monitoring of the expanded ARCH resident's status, care giver's skills, competency and quality of services being provided;</p> <p><u>FINDINGS</u> Resident #1 – Ongoing evaluation and monitoring of the expanded resident's status, caregiver's skills, competency and quality of services are not being provided by a case manager</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>A CM check list has been created and will be utilize at monthly CM visits. Check list include's insuring evaluation and monitoring of care give skills and quality of services by CM.</p>	<p style="text-align: right;">'24 OCT 29 P1 23</p> <p style="text-align: right;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(10) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate;</p> <p><u>FINDINGS</u> Resident #1 – Comprehensive reassessments of the expanded resident every six months of sooner by a case manager is not being provided</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 OCT 29 P 1:23</p> <p>STATE OF HAWAII DCH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(10) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate;</p> <p>FINDINGS Resident #1 – Comprehensive reassessments of the expanded resident every six months or sooner by a case manager is not being 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>A CM check list has been created and will be utilize at monthly CM visits. Check list includes Comprehensive reassessments every six month.</p>	<p style="text-align: right;">24 OCT 29 P1:23</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p style="text-align: right; font-size: large;">10/29/24</p>

Licensee's/Administrator's Signature: TK

Print Name: Tereeta Koh

Date: 10/29/24

24 OCT 29 P 1:24
STATE OF HAWAII
DOH-ONCA
STATE LICENSING