

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aiea Heights Senior Living	CHAPTER 100.1
Address: 99-1657 Aiea Heights Drive, Aiea, Hawaii 96701	Inspection Date: May 1, 2025 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS PER HAR 11-100.1-3(e)(2). IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

FAILURE TO CORRECT CITED DEFICIENCIES AS PER THE PLAN OF CORRECTION COULD RESULT IN REFUSAL TO RENEW YOUR LICENSE PER HAR 11-100.1-3(e)(3).

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies. (g)</u> An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p>§11-100.1-51 <u>Applicability.</u> In addition to the requirements in Subchapter I Type I ARCH, the following requirements shall apply to Type II ARCHs.</p> <p><u>FINDINGS</u> Resident #2 – Geri-Chair was not recorded at readmission (2/27/25) on inventory log</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>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p>§11-100.1-51 <u>Applicability.</u> In addition to the requirements in Subchapter 1 Type I ARCH, the following requirements shall apply to Type II ARCHs.</p> <p><u>FINDINGS</u> Resident #2 – Geri-Chair was not recorded at readmission (2/27/25) on inventory log</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 deficiency from occurring in the future, I have revised the valuables checklist to include all resident-specific durable medical equipment (DME). Each item of DME will now be clearly listed on the form, providing staff with a straightforward reference to ensure nothing is overlooked. This adjustment is intended to streamline the process and serve as an effective reminder during routine checks.</p> <p>The new form will be emailed to OHCA. Form 1</p>	<p style="text-align: center;">05/16/25</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> Resident #1 – Unlabeled tube of triple antibiotic stored in bedroom closet</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 triple antibiotic cream was labeled with the residents name and properly labeled with the medication and directions/expiration date.. It was securely stored in the locked medication cabinet as of May 2, 2025.</p>	<p>05/16/25</p>

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<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> Resident #1 – Unlabeled tube of triple antibiotic stored in bedroom closet</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>Since the recent 2025 inspection, we have obtained a new cabinet with locking capability for the resident ointment, lotions, and creams, which were too large and our basic medicine cabinet.</p> <p>We will also create anew rubber stamp in RED stating, " Place this medication into the locked skin care cabinet."</p>	05/23/25

	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> Resident #2 – Tube of triple antibiotic and bottle of nystatin powder stored unsecured in bedroom closet</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>AHSL has purchased a locked cabinet, only for residents lotions, creams, and ointments. All the residents larger sized medications have been moved into the locked cabinets. Resident #2 ointment and nystatin powder has been moved into this locked cabinet.</p>	<p style="text-align: center;">05/07/25</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Resident #2 – Tube of triple antibiotic and bottle of nystatin powder stored unsecured in bedroom closet</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>Since the recent 2025 inspection, we have obtained a new cabinet with locking capability for the resident's ointment, lotions and creams which were too large to put in our basic medicine cabinet.</p> <p>This will be evident upon our surprise inspection at a later time.</p>	05/07/25

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 2/14/25 states, “Mupirocin 2% oint Bactroban apply a small amount to affected area topically 3 times daily as needed”; however, PRN indication unavailable. Medication order incomplete</p> <p>Submit a copy of complete 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>See attached form 1. Bacitracin was discontinued.</p>	<p style="text-align: center;">05/07/25</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 2/14/25 states, “Mupirocin 2% oint Bactroban apply a small amount to affected area topically 3 times daily as needed”; however, PRN indication unavailable. Medication order incomplete</p> <p>Submit a copy of complete 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>To prevent this deficiency from occurring again in the future, I have re-educated all nursing staff on the importance of documenting the rationale for all PRN medications.</p> <p>In addition to this re-education, a reminder will be added to the admission checklist under the section: “All medications are properly labeled and available for use. All PRN medication's will state reason for use.”</p> <p>The new form will be emailed to OHCA. Form 2</p>	05/16/25

	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 2/14/25 states, “Mupirocin 2% oint Bactroban apply a small amount to affected area topically 3 times daily as needed”; however, medication unavailable for administration</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>Medication discontinued. See form 1.</p>	<p>05/07/25</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 2/14/25 states, “Mupirocin 2% oint Bactroban apply a small amount to affected area topically 3 times daily as needed”; however, medication unavailable for administration</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN’T HAPPEN AGAIN?</p> <p>To prevent this deficiency from occurring again in the future, I have re-educated all nursing staff on the importance of ensuring that all prescribed medications are obtained and made readily available to residents.</p> <p>In addition to this re-education, a reminder will be added to the admission checklist under the section: “All medications are properly labeled and available for use. All PRN medication's will state reason for use.”</p> <p>The new form will be emailed to OHCA. Form 2</p>	<p style="text-align: center;">05/16/25</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 – The following medication orders were renewed and discontinued on the same day (11/4/24) without clarification from physician whether to renew or discontinue medications:</p> <ul style="list-style-type: none"> • Haloperidol, hydromorphon, hyoscyamine sulf, lorazepam, milk of magnesia, prochlorperazine <p>Submit a copy of clarified medication orders with plan of correction.</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>All these Medications were discontinued. See form 1.</p>	<p>05/07/25</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 – The following medication orders were renewed and discontinued on the same day (11/4/24) without clarification from physician whether to renew or discontinue medications:</p> <ul style="list-style-type: none"> • Haloperidol, hydromorphon, hyoscyamine sulf, lorazepam, milk of magnesia, prochlorperazine <p>Submit a copy of clarified medication 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>To prevent this deficiency from occurring again in the future, I have re-educated all nursing staff on the importance of promptly discontinuing medications upon receipt of discontinuation orders.</p> <p>In addition to this re-education, a formal discontinuation protocol will now be enforced to ensure consistency and accountability. As part of this process, AHSL has introduced a D/C Stamp, which includes the following checklist to guide staff actions:</p> <p>___ Medication discontinued ___ MAR updated ___ Medication removed from med cart Reviewed by _____</p> <p>This stamp will serve as a clear and efficient reminder to complete all necessary steps when discontinuing a medication.</p>	05/16/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(8) 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>A current inventory of money and valuables.</p> <p><u>FINDINGS</u> Resident #1 – Current inventory of possessions unavailable. Last completed in 4/2024</p> <p>Submit a copy of current inventory with plan of correction.</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>Completed. See form 2</p>	<p>05/07/25</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(8) 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>A current inventory of money and valuables.</p> <p><u>FINDINGS</u> Resident #1 – Current inventory of possessions unavailable. Last completed in 4/2024</p> <p>Submit a copy of current inventory 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>AHSL will now add a new column to their existing annual checklist form that contains the Tb, PE and FLU. We will add a new column for the inventory/clothing/valuables. We will do this on an annual basis January 1.</p> <p>See form 1</p>	05/23/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Monthly summary for 7/2024 stated resident not tolerating diet, however, observations related to diet intolerance was not included.</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>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Response to medications unavailable in progress notes for 8/2024 and 11/2024</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>	

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	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>FINDINGS Resident #1 – White out used on faxed physician order sheet dated 3/20/25</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. (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 – White out used on faxed physician order sheet dated 3/20/25</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 deficiency from reoccurring, I have reeducated all nursing staff on the critical importance not using white out on any forms.</p> <p>During this retraining, staff were guided on importance of using the "cross out method" if an error in the message occurs. No white out will be allowed in the Carehome. The re-education was delivered through a formal in-service training session. It was also written on our office whiteboard to not use any white out.</p>	05/16/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 Resident health care standards. (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p>FINDINGS Resident #1 – Physician’s order from 6/5/24 states, “Monitor BP and Notify MD if SBP greater than 150”; however, no documented evidence physician was notified when the following SBP readings occurred:</p> <ul style="list-style-type: none"> • 11/14/24 – 155, 11/19/24 – 163, 11/30/24 – 151, 12/4/24 – 152, 12/7/24 – 156, 12/15/24 – 153, 12/6/24 – 155, 12/22/24 – 151, 12/22/24 – 151, 12/23/24 – 153, 1/2/25 – 158, 3/18/25 – 156, 4/1/25 – 155, 4/5/25 – 156, 4/10/25 - 154 	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: right;">MAY 07 2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order from 6/5/24 states, “Monitor BP and Notify MD if SBP greater than 150”; however, no documented evidence physician was notified when the following SBP readings occurred:</p> <ul style="list-style-type: none"> • 11/14/24 – 155, 11/19/24 – 163, 11/30/24 – 151, 12/4/24 – 152, 12/7/24 – 156, 12/15/24 – 153, 12/16/24 – 155, 12/22/24 – 151, 12/22/24 – 151, 12/23/24 – 153, 1/2/25 – 158, 3/18/25 – 156, 4/1/25 – 155, 4/5/25 – 156, 4/10/25 - 154 	<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 issue from occurring again, I have instructed all nursing staff—particularly the RNs—to identify and isolate any erroneous or outdated medication orders.</p> <p>They have been directed to clarify all active orders listed in the medication profile or to discontinue those that are no longer current. This directive was reinforced through a formal in-service training session.</p>	05/16/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (e) Arrangements shall be made by the primary care giver for annual dental examinations. Arrangements shall be made by the primary or substitute care giver for emergency dental examinations.</p> <p><u>FINDINGS</u> Resident #1 – Annual dental exam unavailable</p> <p>Submit evidence of completed annual dental exam or statement of declination 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>I was not aware of the annual dental exams. I have submitted the new AHSL waiver in lieu of the requirement. See form 3.</p>	05/07/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (e) Arrangements shall be made by the primary care giver for annual dental examinations. Arrangements shall be made by the primary or substitute care giver for emergency dental examinations.</p> <p><u>FINDINGS</u> Resident #1 – Annual dental exam unavailable</p> <p>Submit evidence of completed annual dental exam or statement of declination 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>To prevent this deficiency from reoccurring, I have reeducated all nursing staff on the critical importance of ensuring that annual dental exams are completed and properly documented.</p> <p>During the retraining, staff were reminded of the necessity of adhering to the annual dental exam schedule and were guided on the related documentation and follow-up procedures.</p> <p>Additionally, during the formal in-service session, we reviewed the applicable regulatory requirements under OHCA 100.1 rules and regulations. All nursing staff received comprehensive instruction on the annual exam requirements and their role in maintaining compliance.</p>	05/16/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p>FINDINGS Resident #2 – No documented evidence resident was informed verbally and in writing of services available and related charges at the time of admission on 2/26/25</p> <p>Submit documented evidence resident has been informed of current rate of 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>Previously, it has never been specified to obtain documented evidence of residents rate change. However, we are now aware of the importance of including this information.</p> <p>We will submit the signed contract for resident #2 stating that they are aware and agreeable to the verbal rate changes from here on after. Please see form 4.</p>	<p>05/07/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><u>FINDINGS</u> Resident #2 – No documented evidence resident was informed verbally and in writing of services available and related charges at the time of admission on 2/26/25</p> <p>Submit documented evidence resident has been informed of current rate of 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>I was not aware of the documented evidence required for rate changes. Is understandable that our rate changes for residents must be supported by documented evidence to ensure transparency and accountability. However, verbal agreements regarding rate adjustments between AHSL and the family member responsible for the residents finances will be formally acknowledged, and documented in the general operations policies.</p> <p>In accordance with updated AHSL policies, documentation, confirming that resident families are aware of, and have agreed to the terms of any verbal rate changes will be maintained in the resident GOP. We will have all families sign the new GOP. See form 5.</p>	05/07/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><u>FINDINGS</u> Resident #1, Bedroom #9 & #10 – Protective pillow cases or initials on pillow unavailable</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>We have since wrote their initials on the cloth pillows. We have also insure that all other pillows have the protective pillowcases. This will be evident during surprise inspection.</p>	<p>05/07/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><u>FINDINGS</u> Resident #1, bedroom #9 & #10 – Protective pillow cases or initials on pillow 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>AHSL has conducted a formal in-service to review all existing regulatory requirements. During this session, the issue regarding protective pillowcases was specifically addressed and communicated to all staff.</p> <p>To support ongoing compliance with OHCA rules and regulations, AHSL has developed a reminder checklist outlining key requirements. This checklist will be readily available in both the nurses' office and on the CNA clipboard, ensuring that all staff have easy access to it as part of their daily responsibilities.</p>	05/16/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><u>FINDINGS</u> Resident #1 – Evidence of current pneumococcal vaccination unavailable</p> <p>Submit a copy or statement of declination 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>I have submitted the new AHSL waiver in lieu of the OHCA recommendation. See Form 3.</p>	05/07/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><u>FINDINGS</u> Resident #1 – Evidence of current pneumococcal vaccination unavailable</p> <p>Submit a copy or statement of declination 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>To prevent this deficiency from reoccurring, I have reeducated all nursing staff on the critical importance of ensuring that pneumococcal vaccines are completed and properly documented every 10 years.</p> <p>During the retraining, staff were reminded of the necessity of adhering to the pneumococcal vaccine schedule and staff was guided on the related documentation and follow-up procedures.</p> <p>Additionally, during the formal in-service session, we reviewed the applicable regulatory requirements under OHCA 100.1 rules and regulations. All nursing staff received comprehensive instruction on the annual requirements and their role in maintaining compliance.</p>	05/16/25

	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 – Nutritional management care plan did not specify measurable goals and outcomes for weight, i.e weight goal/weight range.</p> <p>Submit a revised copy of care plan with plan of correction.</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>Yes see CM [REDACTED] new care plan.</p>	<p>05/07/25</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 – Nutritional management care plan did not specify measurable goals and outcomes for weight, i.e weight goal/weight range.</p> <p>Submit a revised copy of care plan with plan of correction.</p>	<p>PART 2</p> <p><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>The case manager has created her own checklist to ensure that the BMI/ideal body weight is included in the careplan in the future.</p> <p>See form 2.</p>	<p>05/23/25</p>

Licensee's/Administrator's Signature: Jane takebayashi

Print Name: Jane takebayashi

Date: 05/07/25

Licensee's/Administrator's Signature: Jane Takebayashi

Print Name: Jane Takebayashi

Date: 05/16/25

Licensee's/Administrator's Signature: Jane Takebayashi

Print Name: Jane Takebayashi

Date: 05/23/25