Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Huapala Senior Care B, LLC	**CHAPTER 100.1**
Address: 2649 B Huapala Street, Honolulu, Hawaii 96822	**Inspection Date: December 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
☒	§11-100.1-3 Licensing. (b)(1)(I) Application. 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: 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; **FINDINGS** SCG #1,2 – Fieldprint clearance unavailable for review Submit a copy with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** *Fieldprint obtained for SCG #1 on 01/24/25. Copy to be emailed to auditor upon receipt of results, still awaiting as of 02/19/25. *Fieldprint obtained for SCG #2 on 06/05/24. Copy to be emailed to auditor, see attachment B.	02/14/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-3 Licensing. (b)(1)(I) Application. 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: 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; **FINDINGS** SCG #1,2 – Fieldprint clearance unavailable for review Submit a copy with plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *Upon hire of new staff, administration will assist in scheduling Fieldprint to ensure initial appointment is setup during training and orientation. *For ongoing monitoring, Operations Coordinator on administration team will assess and monitor completion dates in Excel. *Operations Coordinator/administration team will send out quarterly reminders with Fieldprint due dates for all staff. *Nurse management performs daily house visits to varying care homes, which include monthly assessments of Fieldprint due dates to ensure that verbal reminders and follow through is performed. This is tracked on Teams document for management house visit reports. Administration aware of plan on 12/18/24.	12/18/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. **FINDINGS** SCG #2 – Current annual tuberculosis clearance unavailable for review Submit a copy with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** *SCG #2 TB performed on 01/24/25. Copy to be emailed to auditor, see attachment C.	01/24/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. **FINDINGS** SCG #2 – Current annual tuberculosis clearance unavailable for review Submit a copy with plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *Upon hire of new staff, administration to collect qualifications such as TB screening or initial two step and annuals thereafter. *For ongoing monitoring, Operations Coordinator on administration team will assess and monitor completion dates in Excel. *Operations Coordinator/administration team will send out quarterly reminders with TB due dates for all staff. *Nurse management performs daily house visits to varying care homes, which include monthly assessments of TB due dates to ensure that verbal reminders and follow through is performed. This is tracked on a Teams document for reports. Administration aware of plan on 12/18/24.	12/18/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; **FINDINGS** SCG #1 – Current first aid certification unavailable for review Submit a copy with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** *SCG #1 First aid completed on 01/10/25. Copy to be emailed to auditor, see attachment D.	01/10/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; **FINDINGS** SCG #1 – Current first aid certification unavailable for review Submit a copy with plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *Upon hire of new staff, administration to collect qualifications such as first aid/CPR. *For ongoing monitoring, Operations Coordinator on administration team will assess and monitor completion dates in Excel. *Operations Coordinator/administration team will send out quarterly reminders with first aid due dates for all staff. *Nurse management performs daily house visits to varying care homes, which include monthly assessments of first aid due dates to ensure that verbal reminders and follow through is performed. This is tracked via Teams document for reports. Administration aware of plan on 12/18/24. *In addition, nurse management was certified as CPR/First aid instructors in January. Therefore, management members can certify staff which eases scheduling/coordination.	12/18/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets. **FINDINGS** Resident #1 – Per 9/18/24-12/2024 MARs, "DIET: CHOPPED, NAS, LOW CHOLESTEROL" and "LIQUID CONSISTENCY AS TOLERATED BY USE OF THICK IT" is being provided to resident; however, diet order from 9/18/24 states, "Regular, Low Salt". Diet ordered by physician is not being provided by facility.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** *Diet corrected on 01/22/25.	01/22/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets. **FINDINGS** Resident #1 – Per 9/18/24-12/2024 MARs, "DIET: CHOPPED, NAS, LOW CHOLESTEROL" and "LIQUID CONSISTENCY AS TOLERATED BY USE OF THICK IT" is being provided to resident; however, diet order from 9/18/24 states, "Regular, Low Salt". Diet ordered by physician is not being provided by facility.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *Upon receipt of order or after visit summaries, two checks are to be done by nurse, trained NA, and/or management to ensure all components of the appointment or conversation are adhered to and acknowledged. *During routine house visits, management members, DON, ADON, and NM, are specifically looking into after visit summaries and/or orders obtained since last management visit to thoroughly review in addition to the two that checked initially. This is tracked via Teams document for house visits. *This system ideally acts as a barrier to ensure no new or changed information by MD or consultant is missed. *If anything is missed, DON, ADON, or NM engage in re-education with team about importance of reading, double checking, and acknowledging proper orders/changes for resident.	12/20/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets. **FINDINGS** Resident #2 – Diet order dated 11/17/24 states, "cardiac diet, low sodium diet, 2000mg/day, fresh vegetables daily, protein daily (Fair Life)"; however, order was not clarified with the physician to include the specific Fair Life protein supplement, dosage, and frequency. Submit a copy of clarified order with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Order clarified on 1/22/25. Copy to be emailed to auditor, see attachment E.	01/22/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets. **FINDINGS** Resident #2 – Diet order dated 11/17/24 states, "cardiac diet, low sodium diet, 2000mg/day, fresh vegetables daily, protein daily (Fair Life)"; however, order was not clarified with the physician to include the specific Fair Life protein supplement, dosage, and frequency. Submit a copy of clarified order with plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *Education to nurses and 12 hour NA's on second checks to include all components/rights of medication such as patient, drug, dose, route, time. *Two check system ensures two sets of eyes on medication, order, instructions, and label. *Double check shown by initials on side of order in MAR. *For ongoing management, routine visits by DON, ADON, and NM are now to include monthly audits of medications. Medication audit includes the double check system of ensuring order and order components are present. This is tracked via Teams document. *For any orders that are missing components, management will engage in re-education with staff members to reinforce correct procedure. *For any orders that do not contain all order components, discussion, investigation and correction are performed with the staff member to ensure order is correct.	12/20/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (a) All food shall be procured, stored, prepared and served under sanitary conditions. **FINDINGS** Case of Coca-Cola soda stored on pantry floor	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** *Coca-Cola removed from floor on 12/09/2024.	12/09/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (a) All food shall be procured, stored, prepared and served under sanitary conditions. **FINDINGS** Case of Coca-Cola soda stored on pantry floor	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *Education provided to new staff members upon training and orientation. *For post-hire ongoing training and education, during routine house visits, audits to be completed by DON, ADON, and NM of pantry and food items once per month. During this assessment, opportunity is created to re-educate and ensure guidelines are followed for safe food storage per DOH. *In addition, laminated signs to be placed in all pantries to include "All food items must be stored at least 6 inches from pantry floor" as a visual reminder for staff.	12/20/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies. **FINDINGS** Bottle of Lysol disinfecting spray stored unsecured in bathroom Laundry closet containing toxic chemicals (e.g., Clorox, Lysol disinfectant, Soft Scrub, etc) was unsecured	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** *Lysol removed from bathroom on 12/09/24. *Laundry closet secured.	12/09/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies. **FINDINGS** Bottle of Lysol disinfecting spray stored unsecured in bathroom Laundry closet containing toxic chemicals (e.g., Clorox, Lysol disinfectant, Soft Scrub, etc) was unsecured	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *Debrief with Care Home regarding DOH visit performed. *Memo sent to Care Homes about importance of adhering to locked laundry closets in December. *New management protocol during visits to check bathroom and secured doors upon entry into homes, this is tracked via Teams document. *If not performed upon entry, DON, ADON, and/or NM to engage in re-education and thorough discussion of plan to ensure cabinets are locked for safety of resident and compliance with regulation.	12/20/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1 – Box of loperamide is not properly labeled with medication order	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Loperamide labeled on 12/09/24.	12/09/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1 – Box of loperamide is not properly labeled with medication order	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *Education on proper labeling to begin upon hire during training and orientation for all applicable staff members. *OTCs brought in by family, etc. will be appropriately labeled with resident name, drug, dose, route, and time and initials of transcribing staff member at time of receipt. *Two check system initiated that compares label, order, and MAR transcription to ensure all components are correct and present. *In addition, nurse management team with perform monthly assessments to ensure medications are labeled appropriately. This is tracked via Teams document. This will allow management and team to have continuous discussion and ensure follow through with protocol.	12/20/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1 – Physician's order dated 8/19/24 states, "Eliquis 5mg Tabs Take 1 tab by mouth every 12 hours"; however, medication bottle label states, "ELIQUIS 2.5MG Take 1 tablet twice daily (dosage change)". Medication label order does not reflect physician's order.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** *Medication clarified on 01/22/25. Mediation label updated.	01/22/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1 – Physician's order dated 8/19/24 states, "Eliquis 5mg Tabs Take 1 tab by mouth every 12 hours"; however, medication bottle label states, "ELIQUIS 2.5MG Take 1 tablet twice daily (dosage change)". Medication label order does not reflect physician's order.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *Education begins with nurses and 12 hour NA's upon training and orientation that two checks must be obtained by a nurse, trained NA, or management member to ensure proper transcription of order-MAR-medication label. *This occurs by obtaining signed order, medication bottle, and MAR to check all three against each other for accuracy and should be done before medication is given/implemented. *Double check is signed off next to order in MAR by two trained staff members. *For ongoing management, routine visits by DON, ADON, and NM are now to include monthly audits of medications and charts. Medication audit includes the double check system of ensuring order, MAR, and labels are correct. These visits are tracked via Teams document. *For any orders that are not double signed, management engages in re-education with staff members to reinforce correct procedure. *For any orders that do not match, discussion, investigation and correction are performed with the staff member to ensure order is correct.	12/20/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1 – Physician's order dated 11/19/24 states, "Melatonin 10mg tab. Take 2 tabs PO once daily at bedtime"; however, medication bottle labels states, "Melatonin 5mg tabs Take 1 tab by mouth once daily at bedtime". Medication label order does not reflect physician's order.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** *Medication clarified with MD on 01/22/25. Label adjusted.	01/22/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1 – Physician's order dated 11/19/24 states, "Melatonin 10mg tab. Take 2 tabs PO once daily at bedtime"; however, medication bottle labels states, "Melatonin 5mg tabs Take 1 tab by mouth once daily at bedtime". Medication label order does not reflect physician's order.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *Education begins with nurses and 12 hour NA's upon training and orientation that two checks must be obtained by a nurse, trained NA, or management member to ensure proper transcription of order-MAR-medication label. *This occurs by obtaining signed order, medication bottle, and MAR to check all three against each other for accuracy and should be done before medication is given/implemented. *Double check is signed off next to order in MAR by two trained staff members. *For ongoing management, routine visits by DON, ADON, and NM are now to include monthly audits of medications and charts. Medication audit includes the double check system of ensuring order, MAR, and labels are correct. This is tracked via Teams document for management. *For any orders that are not double signed, management engages in re-education with staff members to reinforce correct procedure. *For any orders that do not match, discussion, investigation and correction are performed with the staff member to ensure order is correct.	12/20/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **FINDINGS** Resident #1 – Medications unavailable in inventory with current physician's orders: Mucinex and Miralax	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Medications received on 01/21/25.	01/21/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **FINDINGS** Resident #1 – Medications unavailable in inventory with current physician's orders: Mucinex and Miralax	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *Nurses to assess inventory of medications every Saturday during medication reorder. *For ongoing management, routine visits by DON, ADON, and NM are now to include monthly audits of medications and charts this is tracked via Teams document.	12/20/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **FINDINGS** Resident #1 – Physician's order dated 2/23/24-4/9/24 stated, "Mupirocin 2% Topical -ointment"; however, medication order incomplete and did not include frequency and location to administer	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **FINDINGS** Resident #1 – Physician's order dated 2/23/24-4/9/24 stated, "Mupirocin 2% Topical -ointment"; however, medication order incomplete and did not include frequency and location to administer	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *Education to nurses and 12 hour NA's on second checks to include all components/rights of medication such as patient, drug, dose, route, time. *Two check system ensures two sets of eyes on medication, order, instructions, and label. *Double check shown by initials on side of order in MAR. *For ongoing management, routine visits by DON, ADON, and NM are now to include monthly audits of medications. Medication audit includes the double check system of ensuring order and order components are present. This is tracked via Teams document. *For any orders that are missing components, management will engage in re-education with staff members to reinforce correct procedure. *For any orders that do not contain all order components, discussion, investigation and correction are performed with the staff member to ensure order is correct.	12/20/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **FINDINGS** Resident #1 – Physician's order dated 2/23/24 stated, "melatonin 3mg Oral tablet, Take 5mg by mouth at bedtime as needed for Sleep"; however, MAR shows "Melatonin 3mg Tab (chewable). Take 2 Tabs (6mg) by mouth at bedtime as needed for insomnia" was being made available between 2/23/24-3/31/24	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **FINDINGS** Resident #1 – Physician's order dated 2/23/24 stated, "melatonin 3mg Oral tablet, Take 5mg by mouth at bedtime as needed for Sleep"; however, MAR shows "Melatonin 3mg Tab (chewable). Take 2 Tabs (6mg) by mouth at bedtime as needed for insomnia" was being made available between 2/23/24-3/31/24	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *Education to nurses and 12 hour NA's on second checks to include all components/rights of medication such as patient, drug, dose, route, time. *Two check system ensures two sets of eyes on medication, order, instructions, and label. *Double check shown by initials on side of order in MAR. *For ongoing management, routine visits by DON, ADON, and NM are now to include monthly audits of medications. Medication audit includes the double check system of ensuring order and order components are present and accurate. This is tracked via Teams document *For any orders that are missing components or inaccurate, management will engage in re-education with staff members to reinforce correct procedure. *For any orders that do not contain all order components and/or incorrect order components, discussion, investigation and correction are performed with the staff member to ensure order is correct.	12/20/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **FINDINGS** Resident #1 – Physician's order dated 2/23/24-4/9/24 stated, "metoprolol tartrate 25mg Oral Tablet, Take 25mg by mouth daily" and "metoprolol succinate XL 25mg Oral Tablet Sustained Release 24HR, Take 1 Tablet by mouth daily…"; however, no documented evidence medication orders of the same medication was clarified with physician. Additionally, MAR shows, "Metoprol Suc Tab 25Mg ER Take 0.5 Tab (12.5mg) by mouth once daily" was being administered during the same time period.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **FINDINGS** Resident #1 – Physician's order dated 2/23/24-4/9/24 stated, "metoprolol tartrate 25mg Oral Tablet, Take 25mg by mouth daily" and "metoprolol succinate XL 25mg Oral Tablet Sustained Release 24HR, Take 1 Tablet by mouth daily…"; however, no documented evidence medication orders of the same medication was clarified with physician. Additionally, MAR shows, "Metoprol Suc Tab 25Mg ER Take 0.5 Tab (12.5mg) by mouth once daily" was being administered during the same time period.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *Medication order stated on after visit summary from consulting physician. *Upon receipt of AVS, two nurses are to check and ensure accuracy of medications. If orders do not match, med reconciliation to be performed with MD office. *In addition, nurse management to perform house visits routinely and check AVS's after visits occur to further ensure accuracy. This is tracked via Teams document.	02/14/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **FINDINGS** Resident #1 – Physician's order dated 2/23/24 states, "tramadol 50mg Oral – Tablet"; however, medication order does not include frequency of administration" Submit a copy of revised order with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** *AVS that order was found on was incorrect, submitted orders to MD office to update records from when medication was DCed. Medication DCed on 03/13/23 See attachment F.	01/21/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **FINDINGS** Resident #1 – Physician's order dated 2/23/24 states, "tramadol 50mg Oral – Tablet"; however, medication order does not include frequency of administration" Submit a copy of revised order with plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *Education to nurses and 12 hour NA's on second checks to include all components/rights of medication such as patient, drug, dose, route, time. *Two check system ensures two sets of eyes on medication, order, instructions, and label. *Double check shown by initials on side of order in MAR. *For ongoing management, routine visits by DON, ADON, and NM are now to include monthly audits of medications. Medication audit includes the double check system of ensuring order and order components are present and accurate. *For any orders that are missing components or inaccurate, management will engage in re-education with staff members to reinforce correct procedure. *For any orders that do not contain all order components and/or incorrect order components, discussion, investigation and correction are performed with the staff member to ensure order is correct. *In addition, after visit summaries to be thoroughly checked for accurate orders, if discretion noted, med reconciliation to be performed with MD/office.	12/20/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **FINDINGS** Resident #1 – Physician's order dated 2/23/24 states, "sacubitiL-valsartan (Entresto) 24-26mg Oral Tablet tab, Take 1 tablet by mouth 2 times a day"; however, per MAR, medication has not been made available since order date	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** *AVS that order was found on was incorrect, submitted orders to MD office to update records on from when medication was DCed. Medication DCed on 10/17/22 See attachment G.	01/21/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **FINDINGS** Resident #1 – Physician's order dated 2/23/24 states, "sacubitiL-valsartan (Entresto) 24-26mg Oral Tablet tab, Take 1 tablet by mouth 2 times a day"; however, per MAR, medication has not been made available since order date	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *Order notated on after visit summary from consulting physician. Upon receipt of after visit summaries, two checks are to be done by nurse, trained NA, and/or management to ensure all components of the appointment are adhered to and acknowledged. *During routine house visits, management members, DON, ADON, and NM, are specifically looking into after visit summaries obtained since last visit to thoroughly review in addition to the two that checked initially. This is tracked via Teams document. *This system ideally acts as a barrier to ensure no new or changed information by MD or consultant is missed. *If anything is missed, DON, ADON, or NM engage in re-education with team about importance of reading, double checking, and acknowledging proper orders/changes for resident.	12/20/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **FINDINGS** Resident #1 – Physician's order dated 2/23/24-4/9/24 stated, "furosemide 20mg Oral Tablet, take 1 Tablet by mouth every Monday, Wednesday, and Friday"; however, MAR shows "Furosemide 20mg Tabs Take 1 tab by mouth daily in the morning – Hold if SBP less than 110" was being administered during the same time period.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **FINDINGS** Resident #1 – Physician's order dated 2/23/24-4/9/24 stated, "furosemide 20mg Oral Tablet, take 1 Tablet by mouth every Monday, Wednesday, and Friday"; however, MAR shows "Furosemide 20mg Tabs Take 1 tab by mouth daily in the morning – Hold if SBP less than 110" was being administered during the same time period.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *AVS that order was found on was incorrect, submitted orders to MD office to update records on from when medication was changed. First prescription DCed on 3/28/23, new Furosemide order, "Furosemide 20mg tabs 1 tab PO in the morning, hold for SBP less than 110" began same day. See attachment H. *Upon receipt of AVS, two nurses are to check and ensure accuracy of medications. If orders do not match, med reconciliation to be performed with MD office. *In addition, nurse management to perform house visits routinely and check AVS's after visits occur to further ensure accuracy. This is tracked via Teams document.	01/21/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **FINDINGS** Resident #1 – Physician's order dated 8/19/24 states, "Eliquis 5mg Tabs Take 1 tab by mouth every 12 hours"; however, MAR from 8/19/24-present (12/9/24) shows, "ELIQUIS 2.5MG TAB 1 TAB BY MOUTH TWICE DAILY" is being administered	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Order clarified on 01/22/25.	01/22/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **FINDINGS** Resident #1 – Physician's order dated 8/19/24 states, "Eliquis 5mg Tabs Take 1 tab by mouth every 12 hours"; however, MAR from 8/19/24-present (12/9/24) shows, "ELIQUIS 2.5MG TAB 1 TAB BY MOUTH TWICE DAILY" is being administered	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *Education to nurses and 12 hour NA's on second checks to include all components/rights of medication such as patient, drug, dose, route, time. *Two check system ensures two sets of eyes on medication, order, instructions, and label. *Double check shown by initials on side of order in MAR. *For ongoing management, routine visits by DON, ADON, and NM are now to include monthly audits of medications. Medication audit includes the double check system of ensuring order and order components are present and accurate. This is tracked via Teams document. *For any orders that are missing components or inaccurate, management will engage in re-education with staff members to reinforce correct procedure. *For any orders that do not contain all order components and/or incorrect order components, discussion, investigation and correction are performed with the staff member to ensure order is correct.	01/21/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **FINDINGS** Resident #1 – Physician's order dated 8/6/24 states, "Eliquis 5mg Tabs Take 1 tab by mouth every 12 hours"; however, MAR shows morning dose was not administered on 8/10/24 without a reason indicated or initials Resident #2 – December 2024 MAR shows the following medications were not administered (without a reason indicated or initials) on 12/8/24 for the following medications: Atorvastatin, Citracal, Ceravite, Potassium Chloride, and Ciprofloxacin.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **FINDINGS** Resident #1 – Physician's order dated 8/6/24 states, "Eliquis 5mg Tabs Take 1 tab by mouth every 12 hours"; however, MAR shows morning dose was not administered on 8/10/24 without a reason indicated or initials Resident #2 – December 2024 MAR shows the following medications were not administered (without a reason indicated or initials) on 12/8/24 for the following medications: Atorvastatin, Citracal, Ceravite, Potassium Chloride, and Ciprofloxacin.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *Re-education provided to nurses and 12 hour NAs on proper medication administration. *During three checks, medication poured into cup and given to resident while administering nurse/NA stands-by for proper and safe swallowing of medications. *Once administration complete, administrator signs off in MAR that medication was successfully given/taken before moving on to the next resident. *In addition, DON, ADON, and NM will perform routine house visits. During every visit, MAR checks are now done to follow up on MAR signatures to intervene as soon as possible to investigate as needed. This is tracked via Teams document. *For any discrepancies, education to be provided to the team of the home to ensure they are monitoring their own MAR for proper administrations and transcriptions for the safety of their residents.	01/21/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **FINDINGS** Resident #1 – Physician's order dated 11/19/24 states, "Melatonin 10mg tab. Take 2 tabs PO once daily at bedtime"; however, MAR shows "Melatonin 5mg tab Take 2 tabs (10mg) PO once daily at bedtime" is being administered from 11/20/24-present (12/9/24)	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Order clarified and corrected on 01/22/2025.	01/22/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **FINDINGS** Resident #1 – Physician's order dated 11/19/24 states, "Melatonin 10mg tab. Take 2 tabs PO once daily at bedtime"; however, MAR shows "Melatonin 5mg tab Take 2 tabs (10mg) PO once daily at bedtime" is being administered from 11/20/24-present (12/9/24)	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *Education to nurses and 12 hour NA's on second checks to include all components/rights of medication such as patient, drug, dose, route, time. *Two check system ensures two sets of eyes on medication, order, instructions, and label. *Double check shown by initials on side of order in MAR. *For ongoing management, routine visits by DON, ADON, and NM are now to include monthly audits of medications. Medication audit includes the double check system of ensuring order and order components are present and accurate. This is tracked via Teams document. *For any orders that are missing components or inaccurate, management will engage in re-education with staff members to reinforce correct procedure. *For any orders that do not contain all order components and/or incorrect order components, discussion, investigation and correction are performed with the staff member to ensure order is correct.	12/20/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **FINDINGS** Resident #1 – Physician's order dated 4/9/24 and 8/19/24 states, "Albuterol ER HFA Inhale 2 puffs by mouth every 6 hours as needed for shortness of breath – use with optichamber diamond VHC Spacer"; however, dosage is not provided. Medication order incomplete. Submit a copy of updated medication order with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** *Order clarified, see attachment I.	01/22/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **FINDINGS** Resident #1 – Physician's order dated 4/9/24 and 8/19/24 states, "Albuterol ER HFA Inhale 2 puffs by mouth every 6 hours as needed for shortness of breath – use with optichamber diamond VHC Spacer"; however, dosage is not provided. Medication order incomplete. Submit a copy of updated medication order with plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *Education to nurses and 12 hour NA's on second checks to include all components/rights of medication such as patient, drug, dose, route, time. *Two check system ensures two sets of eyes on medication, order, instructions, and label. *Double check shown by initials on side of order in MAR. *For ongoing management, routine visits by DON, ADON, and NM are now to include monthly audits of medications. Medication audit includes the double check system of ensuring order and order components are present and accurate. This is tracked via Teams document. *For any orders that are missing components or inaccurate, management will engage in re-education with staff members to reinforce correct procedure. *For any orders that do not contain all order components and/or incorrect order components, discussion, investigation and correction are performed with the staff member to ensure order is correct.	12/20/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **FINDINGS** Resident #1 – Physician's order dated 4/9/24 states, "Zoryve Cre 0.3% Apply topically to affected area once daily as needed if Opzelura fails"; however, description of Opzelura failing is not provided. PRN indication not provided Submit a copy of updated medication order with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** *Order Dced 01/23/2025. See attachment K.	01/23/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **FINDINGS** Resident #1 – Physician's order dated 4/9/24 states, "Zoryve Cre 0.3% Apply topically to affected area once daily as needed if Opzelura fails"; however, description of Opzelura failing is not provided. PRN indication not provided Submit a copy of updated medication order with plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *Education to nurses and 12 hour NA's on second checks to include all components/rights of medication such as patient, drug, dose, route, time. For PRNs, this includes indication. *Two check system ensures two sets of eyes on medication, order, instructions, and label. *Double check shown by initials on side of order in MAR. *For ongoing management, routine visits by DON, ADON, and NM are now to include monthly audits of medications. Medication audit includes the double check system of ensuring order and order components are present and accurate. This is tracked via Teams document. *For any orders that are missing components or inaccurate, management will engage in re-education with staff members to reinforce correct procedure. *For any orders that do not contain all order components and/or incorrect order components, discussion, investigation and correction are performed with the staff member to ensure order is correct.	12/20/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **FINDINGS** Resident #1 – Physician's order dated 4/27/24 states, "Diphenhydramine HCl 25mg tab. Take 1 tab PO q 6 hrs as needed for allergy"; however, description of allergy is not provided. PRN indication not provided. Submit a copy of updated medication order with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Order clarified, see attachment I.	01/22/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **FINDINGS** Resident #1 – Physician's order dated 4/27/24 states, "Diphenhydramine HCl 25mg tab. Take 1 tab PO q 6 hrs as needed for allergy"; however, description of allergy is not provided. PRN indication not provided. Submit a copy of updated medication order with plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *Education to nurses and 12 hour NA's on second checks to include all components/rights of medication such as patient, drug, dose, route, time. For PRNs, this includes indication. *Two check system ensures two sets of eyes on medication, order, instructions, and label. *Double check shown by initials on side of order in MAR. *For ongoing management, routine visits by DON, ADON, and NM are now to include monthly audits of medications. Medication audit includes the double check system of ensuring order and order components are present and accurate. This is tracked via Teams document. *For any orders that are missing components or inaccurate, management will engage in re-education with staff members to reinforce correct procedure. *For any orders that do not contain all order components and/or incorrect order components, discussion, investigation and correction are performed with the staff member to ensure order is correct.	12/20/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-16 Personal care services. (i) The primary care giver shall provide the opportunity for each resident to have pneumococcal and influenza vaccines and all necessary immunizations following the recommendations of the Advisory Committee on Immunization Practices (ACIP) or resident's physician or APRN. **FINDINGS** Resident #2 – No documented evidence the annual influenza vaccine was offered or declined by resident. Last documented influenza vaccination dated 9/27/23. Submit a copy of vaccination or evidence of declination with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Copy of flu vaccination obtained on 02/06/25. Copy to be emailed to auditor, see attachment L.	02/14/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-16 Personal care services. (i) The primary care giver shall provide the opportunity for each resident to have pneumococcal and influenza vaccines and all necessary immunizations following the recommendations of the Advisory Committee on Immunization Practices (ACIP) or resident's physician or APRN. **FINDINGS** Resident #2 – No documented evidence the annual influenza vaccine was offered or declined by resident. Last documented influenza vaccination dated 9/27/23. Submit a copy of vaccination or evidence of declination with plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *After visit summaries from appointments to be obtained by nurses for all appointments after date of visit. Upon receipt of after visit summaries, two checks are to be done by nurse, trained NA, and/or management to ensure all components of the appointment are adhered to and acknowledged. *If vaccination given at appointment, record of vaccination to be obtained after appointment and stored in resident chart. *During routine house visits, management members, DON, ADON, and NM, are specifically looking into after visit summaries obtained since last visit to thoroughly review in addition to the two that checked initially. This is tracked via Teams document. *This system ideally acts as a barrier to ensure no new or changed information by MD or consultant is missed. If vaccination given at appointment, management to ensure record was obtained. *If anything is missed, DON, ADON, or NM engage in re-education with team about importance of reading, double checking, and acknowledging proper orders/changes for resident.	12/20/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; **FINDINGS** Resident #2 – Current annual physical exam unavailable for review. Initial readmission physical was date 8/10/23. Submit a copy with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** *Physical obtained on 11/08/24. Copy to be emailed to auditor, see attachment M.	02/14/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; **FINDINGS** Resident #2 – Current annual physical exam unavailable for review. Initial readmission physical was date 8/10/23. Submit a copy with plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *Annual physical dates to be updated in tracking form in MAR by nurses. *Annual physical due dates to be notated in house calendar for visual reminder and set up in advance. *For visits that family takes residents to, nurses to call MD office to obtain needed after visit summary from appointment. This will be double checked to ensure that all components are present from visit. *During routine house visits, management members, DON, ADON, and NM, are specifically looking at the MAR which includes tracking information for resident due dates. This is tracked via Teams document. *This will encourage discussion for further follow up in a timely manner.	12/20/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (f)(2) General rules regarding records: Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them; **FINDINGS** Resident #1 – MAR documentation shows the letter "H" used daily between 6/13/24-6/18/24 for Eliquis and Rosuvastatin; however, MAR legend states "held" should be indicated using a circle around the caregiver's initials	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (f)(2) General rules regarding records: Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them; **FINDINGS** Resident #1 – MAR documentation shows the letter "H" used daily between 6/13/24-6/18/24 for Eliquis and Rosuvastatin; however, MAR legend states "held" should be indicated using a circle around the caregiver's initials	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *Re-education provided to nurses and 12 hour NAs on proper MAR transcriptions. *During preparation, if medication determined to be held, proper transcription to include initials with a circle. *In addition, DON, ADON, and NM will perform routine house visits. During every visit, MAR checks are now done to follow up on MAR signatures to intervene as soon as possible to investigate as needed. This is tracked via Teams document. *For any discrepancies, education to be provided to the team of the home to ensure they are monitoring their own MAR for proper transcriptions.	12/20/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(D) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: 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; **FINDINGS** Fire Drill record for 6/15/24 only had an end time of 0906 but did not indicate a start time of the drill. Additionally, 7/15/24, 8/15/24, and 9/15/24 fire drill records did not have a start or end time.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(D) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: 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; **FINDINGS** Fire Drill record for 6/15/24 only had an end time of 0906 but did not indicate a start time of the drill. Additionally, 7/15/24, 8/15/24, and 9/15/24 fire drill records did not have a start or end time.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *During management routine visits, monthly assessment to occur of fire drill binder to ensure team and management are continuously discussing drills, timeframes, and requirements. In this monthly audit, included will be an assessment of date, night or day drill, and timeframes overall of drill. This will be tracked via Teams document. *In addition, fire drill signature area edited to incorporate all involved staff members to sign and ensure accuracy of document.	12/20/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-86 Fire safety. (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following: Fire drills shall be conducted and documented at least monthly under varied conditions and times of day; **FINDINGS** No documented evidence of monthly fire drills conducted for the following months: 12/2023, 01/2024, 10/2024, 11/2024.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-86 Fire safety. (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following: Fire drills shall be conducted and documented at least monthly under varied conditions and times of day; **FINDINGS** No documented evidence of monthly fire drills conducted for the following months: 12/2023, 01/2024, 10/2024, 11/2024.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *Monthly fire drills to be notated on house calendar by nurses. *During management routine visits tracked via Teams, monthly assessment to occur of fire drill binder to ensure team and management are continuously discussing drills, timeframes, and requirements. In this monthly audit, included will be an assessment of date, night or day drill, and timeframes overall of drill. This will be tracked via Teams document. *In addition, fire drill signature area edited to incorporate all involved staff members to sign and ensure accuracy of document.	12/20/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (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: **FINDINGS** Resident #1 – Per physician's level of care dated 9/18/24, resident is "ICF" level; however, no documented evidence case management services are being provided Submit documented evidence of case management services initiated with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** *Level of care corrected to reflect resident status on 01/22/2025. Copy to be emailed to auditor, see attachment N.	02/14/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (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: **FINDINGS** Resident #1 – Per physician's level of care dated 9/18/24, resident is "ICF" level; however, no documented evidence case management services are being provided Submit documented evidence of case management services initiated with plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *After visit summaries from appointments to be obtained by nurses for all appointments after date of visit. Upon receipt of after visit summaries, two checks are to be done by nurse, trained NA, and/or management to ensure all components of the appointment are adhered to and acknowledged. *If notations made that do not reflect current level of care, clarification with MD to be done post visit. *During routine house visits, management members, DON, ADON, and NM, are specifically looking into after visit summaries obtained since last visit to thoroughly review in addition to the two that checked initially. This is to be tracked via Teams document. *This system ideally acts as a barrier to ensure no new or changed information by MD or consultant is missed or inaccurately reflects level of care. *If anything is missed or questionable, DON, ADON, or NM engage in re-education with team about importance of reading, double checking, and acknowledging proper orders/changes for resident.	12/20/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (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: 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; **FINDINGS** Resident #1 - Per physician's level of care dated 9/18/24, resident is "ICF" level; however, care plan unavailable. Submit a copy of care plan with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Clarification on level of care performed with MD on 01/22/25. MD signed for ARCH level of care to accurately reflect resident's status. Copy to be emailed to auditor, see attachment N.	02/14/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (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: 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; **FINDINGS** Resident #1 - Per physician's level of care dated 9/18/24, resident is "ICF" level; however, care plan unavailable. Submit a copy of care plan with plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** *ICF inaccurate for resident, however, after visit summaries from appointments to be obtained by nurses for all appointments after date of visit. Upon receipt of after visit summaries, two checks are to be done by nurse, trained NA, and/or management to ensure all components of the appointment are adhered to and acknowledged. *If notations made that do not reflect current level of care, clarification with MD to be done post visit. *During routine house visits, management members, DON, ADON, and NM, are specifically looking into after visit summaries obtained since last visit to thoroughly review in addition to the two that checked initially. This is to be tracked by Teams document. *This system ideally acts as a barrier to ensure no new or changed information by MD or consultant is missed or inaccurately reflects level of care. *If anything is missed or questionable, DON, ADON, or NM engage in re-education with team about importance of reading, double checking, and acknowledging proper orders/changes for resident. *If level of care does change to incorporate ICF change and accurately reflects resident's level of care, case management to be introduced as soon as possible upon change. *Management communicates with family and case manager to set up initial visit and update care home.	12/20/2024

Licensee's/Administrator's Signature: Ashley Hiljus

Print Name: Ashley Hiljus

Date: 02/19/2025