Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Oililua Eldercare, Inc #I	**CHAPTER 100.1**
Address: **94-379 Oililua Place, Waipahu, Hawaii 96797**	**Inspection Date: October 8, 2024 Annual**

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

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

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

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-3 Licensing. (b)(1)(I) ~~A~~pplication. 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** Substitute Care Giver #1 – No current Fieldprint background check result available for review. Last Fieldprint result observed dated 10/26/22. Please submit a copy with your plan of correction as evidence of completion.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Deficiency was corrected and placed it on care home binder available for review. Please see attached copy	01/15/2025

	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** Substitute Care Giver (SCG) #1 – No current Fieldprint background check result available for review. Last Fieldprint result observed dated 10/26/22.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent similar deficiency in the future, I will always refer to my field print checklist for updates on annual basis along with my substitute care giver.	01/15/2025

	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 – Initial Tuberculosis (TB) assessment not available for review. Please provide a copy with your plan of correction as evidence of completion.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Initial TB assessment secured and placed copy to care home binder available for review	10/12/2024

	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 – Initial Tuberculosis (TB) assessment not available for review.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent similar deficiency in the future I will refer to my TB checklist on annual basis. Substitute caregiver was reminded to double check checklist at the same time.	10/12/2024

	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** Observed "Bar Keepers Friend" cleanser powder unsecured under the kitchen sink.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Deficiency was corrected. Cleanser powder was removed under the kitchen sink.	10/08/2024

	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** Observed "Bar Keepers Friend" cleanser powder unsecured under the kitchen sink.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent similar deficiency in the future I will refer to my checklist on toxic chemicals and cleaning agents on a daily basis along with my substitute care giver.	10/08/2024

	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 – The following over the counter medication bottles were unlabeled: • Calcium Carb/Vitamin D3 • Omega 3 fatty acids • Sennoside/Docusate Sodium SCG labeled the medication bottles during inspection.	**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. (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 – The following over the counter medication bottles were unlabeled: • Calcium Carb/Vitamin D3 • Omega 3 fatty acids • Sennoside/Docusate Sodium SCG labeled the medication bottles during inspection.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent similar deficiency in the future I will refer to my medication checklist on a daily basis to ensure that all over the counter medications are labeled properly.	10/08/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** The following medications were observed unsecured in the refrigerator: • Unlabeled "stomach relief" Bismuth liquid medication. • Resident #2's "Chest Congestion DM" cough syrup. • Resident #1's "Chest Congestion" cough syrup.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Deficiency was corrected. All medications were placed and secured in a container in the refrigerator	10/08/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** The following medications were observed unsecured in the refrigerator: • Unlabeled "stomach relief" Bismuth liquid medication. • Resident #2's "Chest Congestion DM" cough syrup. • Resident #1's "Chest Congestion" cough syrup.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent similar deficiency in the future I will always refer to my medication checklist on a daily basis along with my substitute caregiver to ensure that all medications are secured in the refrigerator.	10/08/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (c) Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use. **FINDINGS** Resident #1 – Opthalmic drops observed in the same ziploc container as otic drops. SCG separated the ophthalmic drops from otic drops during inspection.	**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. (c) Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use. **FINDINGS** Resident #1 – Opthalmic drops observed in the same ziploc container as otic drops. SCG separated the ophthalmic drops from otic drops during inspection.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent similar deficiency in the future, I made a daily schedule to review with substitute caregivers regarding separating otic drops and ophthalmic drops.	10/08/2024

	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 order for "Guaifenesin 100mg/5mL, take 5mL Q4 hours PRN cough." Medication Administration Record (MAR) from April 2024 to October 2024 for the aforementioned medication reads "Chest congestion relief soln take 5mL PO Q4H PRN." Medication order transcribed is incomplete and does not include dosage (100mg/5mL) and indication (cough) for PRN as ordered.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Deficiency was corrected .MAR was completed as ordered to read "Guaifenesin 100mg/5ml, take 5 ml Q4hrs PRN cough. Correction was placed on Resident #1 available for review.	10/08/2024

	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 order for "Guaifenesin 100mg/5mL, take 5mL Q4 hours PRN cough." Medication Administration Record (MAR) from April 2024 to October 2024 for the aforementioned medication reads "Chest congestion relief soln take 5mL PO Q4H PRN." Medication order transcribed is incomplete and does not include dosage (100mg/5mL) and indication (cough) for PRN as ordered.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent similar deficiency in the future, I will review all new Physician orders along with substitute caregivers to ensure that medication orders are entered on the MAR are complete and accurate.	10/08/2024

	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 – Sennoside/Docusate Sodium 8.6mg/50mg tab medication order changed from one (1) tab twice daily (BID) to two (2) tabs BID on 3/6/24. However, order change was not reflected on August 2024, and October 2024 MAR; and September 2024 MAR observed with pencil mark of the number '2' over the number '1.'	**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 – Sennoside/Docusate Sodium 8.6mg/50mg tab medication order changed from one (1) tab twice daily (BID) to two (2) tabs BID on 3/6/24. However, order change was not reflected on August 2024, and October 2024 MAR; and September 2024 MAR observed with pencil mark of the number '2' over the number '1.'	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent similar deficiency in the future I reviewed the new medication order change with my substitute caregiver to double check doctors order and MAR everytime there is a new medication order from the doctor.	10/09/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver. **FINDINGS** Resident #1 – April 2024 MAR from 4/17/24-4/23/24 did not have initials for "Omega 3 fatty acids 1 tab PO daily," "Pravastatin 20mg 1 tab PO daily," and "Rivaroxaban 10mg 1 tab PO daily." "Prazosin 1mg 1 cap PO daily" was also not initialed on 4/1/24-4/2/24 and 4/13/24-4/24/24. This is a repeat deficiency from 2023 annual inspection	**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. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver. **FINDINGS** Resident #1 – April 2024 MAR from 4/17/24-4/23/24 did not have initials for "Omega 3 fatty acids 1 tab PO daily," "Pravastatin 20mg 1 tab PO daily," and "Rivaroxaban 10mg 1 tab PO daily." "Prazosin 1mg 1 cap PO daily" was also not initialed on 4/1/24-4/2/24 and 4/13/24-4/24/24. This is a repeat deficiency from 2023 annual inspection	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent similar deficiency in the future, I reviewed the calendar reminder on MAR initials everytime medication is given and again to review all medication given at the end of the day.	10/09/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; **FINDINGS** Resident #1 – September 2024 monthly progress notes incomplete with no response to diet, medication, etc. Observed only vital signs written on the monthly progress notes sheet.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Deficiency was corrected. Resident #1 September 2024 monthly progress notes was completed in response to resident medication, diet, treatments and care plan	10/09/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; **FINDINGS** Resident #1 – September 2024 monthly progress notes incomplete with no response to diet, medication, etc. Observed only vital signs written on the monthly progress notes sheet.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent similar deficiency in the future, I will refer to my monthly calendar reminder regarding completing monthly progress notes. I have instructed my substitute care giver to double check all monthly progress notes are completed.	10/09/2024

	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** Fire drill participants for the past twelve (12) months listed as SCG1 and 2; and clients 1, 2, 3, 4 with no legend to explain who they were.	**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** Fire drill participants for the past twelve (12) months listed as SCG1 and 2; and clients 1, 2, 3, 4 with no legend to explain who they were.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent similar deficiency in the future , I created a Fire drill reminder on my monthly reminder to include legend on the participants of the fire drill on that month. I also instructed my substitute caregiver to double check the fire drill reminder at the end of the month.	10/09/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-19 Resident accounts. (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions. **FINDINGS** Resident #2 – Inventory of resident's possession are not current. It was last updated on 2/20/23.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Deficiency was corrected, Resident #2 inventory of clothes and possession were completed, updated and placed on residents binder.	10/09/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-19 Resident accounts. (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions. **FINDINGS** Resident #2 – Inventory of resident's possession are not current. It was last updated on 2/20/23.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent similar deficiency in the future I made a calendar reminder of Residents inventory of clothings and other possession and updated every month or whenever there are changes on clients inventory.	10/09/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (o)(1)(D) Bedrooms: General conditions: Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries; **FINDINGS** Bedroom #4 that was reported as an unoccupied "empty" room observed with dressed, and other clothing items in the closet. SCG reported it was a discharged resident's belongings.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Deficiency was corrected.Bedroom #4 was cleaned and belongings were removed .	10/09/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (o)(1)(D) Bedrooms: General conditions: Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries; **FINDINGS** Bedroom #4 that was reported as an unoccupied "empty" room observed with dressed, and other clothing items in the closet. SCG reported it was a discharged resident's belongings.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent similar deficiency in the future. I placed a note on my calendar reminder to remove all belongings upon discharged of client . Substitute care giver was instructed to remove all belongings on unoccupied bedrooms.	10/09/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-83 Personnel and staffing requirements. (1) In addition to the requirements in subchapter 2 and 3: A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan; **FINDINGS** Resident #1 – Case Management training for daily personal and specialized care not available for review.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Deficiency was corrected.Case Manager was notified and training for daily personal and specialized care were completed and placed on Resident #1 binder available for review.	10/15/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-83 Personnel and staffing requirements. (1) In addition to the requirements in subchapter 2 and 3: A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan; **FINDINGS** Resident #1 – Case Management training for daily personal and specialized care not available for review.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent similar deficiency in the future I added a checklist reminder on Case Management training to primary care giver and substitute care givers for daily personal and specialized care on the resident.	10/19/2024

	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 – Medication orders were not incorporated in the care plan generated by the case manager.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Deficiency was corrected. Case Manager was notified and she made corrections on Resident #1 care plan to include medication orders.	10/15/2024

	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 – Medication orders were not incorporated in the care plan generated by the case manager.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent similar deficiency in the future, I included Case Manager checklist reminder regarding medication orders are to be incorporated in care plans .The checklist reminder are reviewed every time case manager comes on a monthly basis or when there are changes on resident's condition	10/15/2024

Licensee's/Administrator's Signature: Geronimo Tenorio

Print Name: Geronimo Tenorio

Date: 01/27/2025