Office of Health Care Assurance

**State Licensing Section**

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| **Facility's Name: Wilson Senior Living Kailua** | **CHAPTER 100.1** |
| **Address: 96 Kaneohe Bay Drive, Kailua, Hawaii 96734** | **Inspection Date: March 6, 2025 Annual** |

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

**YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. 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 |
|---|---|---|---|
| ☒ | §11-100.1-9 Personnel, staffing and family requirements.<br>(a)<br>All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.<br><br>**FINDINGS**<br>Substitute Caregiver (SCG) – Current annual physical exam unavailable for review.<br><br>Submit a copy with plan of correction. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>To correct this deficiency, caregiver was seen by a license physician who reviewed the annual physical exam and certified the substitute caregiver (SCG) is free of infectious diseases on 3/18/2025. Please see attachment A (1 page). | 03/18/2025 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-9 Personnel, staffing and family requirements.<br>(a)<br>All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.<br><br>**FINDINGS**<br>Substitute Caregiver (SCG) – Current annual physical exam unavailable for review.<br><br>Submit a copy with plan of correction. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br>To ensure this will not happen in the future, our administrators in the Human Resource (HR) department will track all certifications of SCG to make sure they are available and valid. The HR department will alert SCG 30 days prior to the expiration of their certification. In the case a SCG does not submit a valid certification by the expiration date, the SCG will be removed from the schedule until a valid certification is submitted. | 03/18/2025 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-9 Personnel, staffing and family requirements. (b)<br>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.<br><br>**FINDINGS**<br>SCG – Annual tuberculosis (TB) clearance unavailable for review.<br><br>Submit a copy with plan of correction. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>To correct this deficiency, an annual tuberculosis clearance was obtained for the SCG. Please see attachment B (1 page). | 03/18/2025 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-9 Personnel, staffing and family requirements. (b)<br>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.<br><br>**FINDINGS**<br>SCG – Annual tuberculosis (TB) clearance unavailable for review.<br><br>Submit a copy with plan of correction. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br><br>To ensure this will not happen in the future, the administrators in the Human Resource (HR) department will track all certifications of SCG to make sure they are available and valid. The HR department will alert SCG 30 days prior to the expiration of their certification. In the case a SCG does not submit a valid certification by the expiration date, the SCG will be removed from the schedule until a valid certification is submitted. | 03/18/2025 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-9 Personnel, staffing and family requirements. (e)(3)<br>The substitute care giver who provides coverage for a period less than four hours shall:<br><br>Be currently certified in first aid;<br><br>**FINDINGS**<br>SCG – Valid First-Aid certification unavailable for review<br><br>Submit a copy with plan of correction. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>To correct this deficiency, a First Aid certification was obtained for the SCG. Please see attachment C (1 page). | 03/22/2025 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-9 Personnel, staffing and family requirements. (e)(3)<br>The substitute care giver who provides coverage for a period less than four hours shall:<br><br>Be currently certified in first aid;<br><br>**FINDINGS**<br>SCG – Valid First-Aid certification unavailable for review<br><br>Submit a copy with plan of correction. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br><br>To ensure this will not happen in the future, the administrators in the Human Resource (HR) department will track all certifications of SCG to make sure they are available and valid. The HR department will alert SCG 30 days prior to the expiration of their certification. In the case a SCG does not submit a valid certification by the expiration date, the SCG will be removed from the schedule until a valid certification is submitted. | 03/22/2025 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-9 Personnel, staffing and family requirements. (f)(1)<br>The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:<br><br>Be currently certified in cardiopulmonary resuscitation;<br><br>**FINDINGS**<br>SCG – Valid CPR certification unavailable for review<br><br>Submit a copy with plan of correction. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>To correct this deficiency, a CPR certification was obtained for the SCG. Please see attachment D (1 page). | 02/06/2025 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-9 Personnel, staffing and family requirements. (f)(1)<br>The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:<br><br>Be currently certified in cardiopulmonary resuscitation;<br><br>**FINDINGS**<br>SCG – Valid CPR certification unavailable for review<br><br>Submit a copy with plan of correction. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br><br>To ensure this will not happen in the future, with the help from the administrators in the Human Resource (HR) department, they track all certifications of SCG to make sure they are available and valid. The HR department will alert SCG 30 days prior to the expiration of their certification. In the case a SCG does not submit a valid certification by the expiration date, the SCG will be removed from the schedule until a valid certification is submitted. | 03/18/2025 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-15 Medications. (e)<br>All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.<br><br>**FINDINGS**<br>Resident #1 – Physician's order dated 7/2/24 states, "Multivitamin Tablet 1 tab orally daily"; however, has not been administered from 11/1/24-present | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>This order was supposed to be discontinued on 7/2/24 but was missed by the primary care provider (PCP) on the physician order sheets. To correct this deficiency, a signed order to discontinue the Multivitamin 1 tab orally daily was obtained on 3/20/25 from the PCP. Please see attachment E (1 page). | 03/20/2025 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-15 Medications. (e)<br>All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.<br><br>**FINDINGS**<br>Resident #1 – Physician's order dated 7/2/24 states, "Multivitamin Tablet 1 tab orally daily"; however, has not been administered from 11/1/24-present | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br><br>To ensure this does not happen again, the medication administration records (MAR) for the upcoming month will be audited by the primary caregiver (PCG) and a substitute caregiver (SCG). When auditing the MAR, they will use the 'Monthly MAR Audit Log' checklist. This checklist will be used as a tool to ensure all residents have a MAR/TAR and PRN record, all orders prescribed by physician/APRN are present and complete. Please see attachment P (1 page). | 04/14/2025 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-15 Medications. (e)<br>All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.<br><br>**FINDINGS**<br>Resident #1 – Physician's order dated 1/30/25 states, "Pink Bismuth 262 mg tab chew (for pepto-bismol tablet C) 2 chewable tabs PO every 1 hour PRN upset stomach or diarrhea"; however, medication available is a non-chewable tab form | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>To correct this deficiency, the non-chewable tablet form of this medication was removed from the medication cart and the chewable form was purchased and placed in the medication cart available to the residents. | 03/17/2025 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-15 Medications. (e)<br>All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.<br><br>**FINDINGS**<br>Resident #1 – Physician's order dated 1/30/25 states, "Pink Bismuth 262 mg tab chew (for pepto-bismol tablet C) 2 chewable tabs PO every 1 hour PRN upset stomach or diarrhea"; however, medication available is a non-chewable tab form | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br><br>To ensure this will not happen in the future, all medications for residents will be checked by the PCG or SCG prior to placing them into the medication cart. PCG/SCG will log any received medications on the 'Received Medication Log' (see attachment Q(1 page)). This log will ensure that all medications placed in the medication cart is not expired, is ordered by the resident's physician or APRN, is labeled, and the medication matches the prescription exactly as ordered. Medications that do not match the physician or APRN's order exactly will not be accepted. | 04/14/2025 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-15 Medications. (e)<br>All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.<br><br>**FINDINGS**<br>Resident #2 – Resident did not have physician's orders available on 1/2025-3/2025 MAR for Aloe Vista 3 or Calmoseptine ointment, First Aid for minor abrasions/cut, First Aid for minor skin tears, and Acetaminophen 500 mg<br><br>Submit a copy of updated MAR with plan of correction. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>Physician orders for Aloe Vista 3 or Calmoseptine ointment, First Aid for minor abrasions/cut, First Aid for minor skin tears, and Acetaminophen 500mg was available for the month of February and March of 2025 but not January. To correct this deficiency, a MAR with those physician orders has been created. Please see attachment F (8 pages). | 03/17/2025 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-15 Medications. (e)<br>All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.<br><br>**FINDINGS**<br>Resident #2 – Resident did not have physician's orders available on 1/2025-3/2025 MAR for Aloe Vista 3 or Calmoseptine ointment, First Aid for minor abrasions/cut, First Aid for minor skin tears, and Acetaminophen 500 mg<br><br>Submit a copy of updated MAR with plan of correction. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br><br>To ensure this does not happen again, the medication administration records (MAR) for the upcoming month will be audited by the primary caregiver (PCG) and a substitute caregiver (SCG). When auditing the MAR, they will use the 'Monthly MAR Audit Log' checklist. This checklist will check that all residents have a MAR/TAR and PRN record, all orders prescribed by physician/APRN are present and complete. Please see attachment R(1 page). | 04/14/2025 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-15 Medications. (f)<br>Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.<br><br>**FINDINGS**<br>Resident #2- Resident was admitted on 9/30/24; however, medication administration record (MAR) unavailable from 9/1/2024-12/31/2024. | **PART 1**<br><br>**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. (f)<br>Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.<br><br>**FINDINGS**<br>Resident #2- Resident was admitted on 9/30/24; however, medication administration record (MAR) unavailable from 9/1/2024-12/31/2024. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br><br>To ensure this will not happen again. during admissions a MAR will be created for all residents even if they do not have routine medications. The PCG will use the 'Resident Admission Checklist' to ensure all new residents have a MAR, TAR and PRN medication log (Please see attachment S(2 pages)). To ensure residents have a MAR/TAR every month, the PCG and a SCG will audit the upcoming month's MAR using the 'Monthly MAR Audit LOG' (See attachment S (2 pages)). This checklist will check that all residents have a MAR/TAR and PRN record, all orders prescribed by physician/APRN are present and complete. | 04/14/2025 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-15 Medications. (f)<br>Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.<br><br>**FINDINGS**<br>Resident #2 – Acetaminophen order in 1/2025 and 2/2025 MAR did not match physician's order. Physician's order, "Tylenol 500 mg 1 tab every 4 hours PRN for c/o mild pain (1-3 on pain scale), headache, joint or muscle aches, pain, or fever =>100. If pain decrease in 1 hour, follow up with RN. If fever does not decrease in 2 hours, follow up with RN. Do not exceed 3000 mg in 24 hour unless specified by MD/APRN" and "Tylenol 2 tabs PO every 4 hours PRN for c/o moderate to severe pain (4-10 on pain scale), HA, joint or muscle aches, pain or fever >100 degrees. If pain does not decrease in 1 hour, follow up with RN. If fever does not decrease in 2 hours, follow up with RN. Do not exceed 3000 mg in 24 hours unless specified by MD/APRN".<br><br>Submit a current copy of MAR with plan of correction | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>To correct this deficiency, the physician's order was rewritten on the MAR to match the physician order exactly. See attachment G (3 pages). | 03/17/2025 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-15 Medications. (f)<br>Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.<br><br>**FINDINGS**<br>Resident #2 – Acetaminophen order in 1/2025 and 2/2025 MAR did not match physician's order. Physician's order, "Tylenol 500 mg 1 tab every 4 hours PRN for c/o mild pain (1-3 on pain scale), headache, joint or muscle aches, pain, or fever ¬>100. If pain decrease in,1 hour, follow up with RN. If fever does not decrease in 2 hours, follow up with RN. Do not exceed 3000 mg in 24 hour unless specified by MD/APRN" and "Tylenol 2 tabs PO every 4 hours PRN for c/o moderate to severe pain (4-10 on pain scale), HA, joint or muscle aches, pain or fever >100 degrees. If pain does not decrease in 1 hour, follow up with RN. If fever does not decrease in 2 hours, follow up with RN. Do not exceed 3000 mg in 24 hours unless specified by MD/APRN".<br><br>Submit a current copy of MAR with plan of correction | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br><br>To ensure this does not happen again, the medication administration records (MAR) for the upcoming month will be audited by the primary caregiver (PCG) and a substitute caregiver (SCG). When auditing the MAR, they will use the 'Monthly MAR Audit Log' checklist. This checklist will check that all residents have a MAR/TAR and PRN record, all orders prescribed by physician/APRN are present and complete. Please see attachment T(1 page). | 04/14/2025 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-17 Records and reports. (b)(3)<br>During residence, records shall include:<br><br>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;<br><br>FINDINGS<br>Resident #2- Acetaminophen 500 mg PRN was administered daily on 3/4/25-3/6/2025; however, response to medication unavailable | PART 1<br><br>**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. (b)(3)<br>During residence, records shall include:<br><br>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;<br><br>**FINDINGS**<br>Resident #2- Acetaminophen 500 mg PRN was administered daily on 3/4/25-3/6/2025; however, response to medication unavailable | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br><br>To ensure this does not happen again, the SCG have been retrained on the proper documentation on the MAR and will not document that a medication was given though it was not administered (see attachment U (4 pages)). The training also reviews that a response should be documented if a PRN medication is administered. The PCG will also audit the MAR weekly using a checklist to ensure that documentation on the MAR is complete, and all PRN medications administered have a response. See attachment U 4 pages. | 04/14/2025 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-20 Resident health care standards. (c)<br>The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.<br><br>**FINDINGS**<br>Resident #1 – No documented evidence that the physican was notified of 7.2 lb weight gain from July 2024 to August 2024 for resident with fluid overload. | **PART 1**<br><br>**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 |
|---|---|---|---|
| ☒ | §11-100.1-20 Resident health care standards. (c)<br>The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.<br><br>**FINDINGS**<br>Resident #1 -- No documented evidence that the physican was notified of 7.2 lb weight gain from July 2024 to August 2024 for resident with fluid overload. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br><br>To prevent this in the future, an order has been added to the resident's MAR 'Monitor weight monthly and notify PCP of monthly weight for fluid overload' to remind the PCG or SCG to notify the PCP of the resident' monthly weight. Having the order in the MAR will be a reminder to ensure PCP is notified of resident's weight. See attachment V (1 page). | 03/20/2025 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-20 Resident health care standards. (e) Arrangements shall be made by the primary care giver for annual dental examinations. Arrangements shall be made by the primary or substitute care giver for emergency dental examinations.<br><br>**FINDINGS**<br>Resident #1 – No documented evidence an annual dental examination was completed<br><br>Submit evidence of completed dental exam of statement of declination from resident. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>To correct this deficiency, a dental assistance statement was signed by the resident's legal representative declining assistance in managing the resident's annual dental exams. Please see attachment H (1 page). | 03/20/2025 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-20 Resident health care standards. (e) Arrangements shall be made by the primary care giver for annual dental examinations. Arrangements shall be made by the primary or substitute care giver for emergency dental examinations.<br><br>**FINDINGS**<br>Resident #1 – No documented evidence an annual dental examination was completed<br><br>Submit evidence of completed dental exam of statement of declination from resident. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br><br>To prevent this in the future, 'Resident Dental Assistance Statement' has been added to the admission checklist. The PCG will follow this checklist for all resident admissions in the future so a statement is obtained if a resident would like assistance with annual dental exams. | 03/20/2025 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1)(C)<br>Residents' rights and responsibilities:<br><br>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:<br><br>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;<br><br>**FINDINGS**<br>Resident #1 – No documented evidence resident was informed verbally and in writing of services available and related charges at the time of admission on 3/11/24<br><br>Submit a copy with plan of correction. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>To correct this deficiency, a service agreement with services available and related charges was reviewed and signed by the resident's legal guardian and filed in the resident's chart. See attachment I (14 pages). | 03/20/2025 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1)(C)<br>Residents' rights and responsibilities:<br><br>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:<br><br>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;<br><br>**FINDINGS**<br>Resident #1 – No documented evidence resident was informed verbally and in writing of services available and related charges at the time of admission on 3/11/24<br><br>Submit a copy with plan of correction. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br><br>This resident was a readmission and the PCG was not aware that acknowledgement of services was required for readmissions though services available and related charges remained the same. To ensure this will not happen again, for all admissions and readmissions, the PCG will use the 'Resident Admission Checklist' which has a reminder that all pages of the agreement need to be included in the resident's chart and that resident is able to sign the previous service agreement if the rate is the same. See attachment W (1 page). | 04/14/2025 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-55 Nutrition and food sanitation. (1)<br>In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs:<br><br>A registered dietitian shall be utilized to assist in the planning of menus, and provide nutritional assessments for those residents identified to be at nutritional risk or on special diets. All consultations shall be documented;<br><br>**FINDINGS**<br>Resident #1 – No documented evidence that the facility utilized the consultant dietitian to provide nutritional assessment for resident with fluctuating weight.<br><br>Submit a copy of nutritional assessment with plan of correction. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>To correct this deficiency, the consultant dietitian visited the home on 3/14/25 and completed a nutritional assessment of the resident. See attachment J (1 page). | 03/14/2025 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-55 Nutrition and food sanitation. (1)<br>In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs:<br><br>A registered dietitian shall be utilized to assist in the planning of menus, and provide nutritional assessments for those residents identified to be at nutritional risk or on special diets. All consultations shall be documented;<br><br>**FINDINGS**<br>Resident #1 – No documented evidence that the facility utilized the consultant dietitian to provide nutritional assessment for resident with fluctuating weight.<br><br>Submit a copy of nutritional assessment with plan of correction. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br><br>To ensure this does not happen again, the task of 'Nutritional Assessment needed?' has been added to the PCG's 'Monthly Task List' (see attachment X (1 page)). The PCG uses this checklist every month to ensure documentation is complete and this task is a reminder to prompt the PCG to notify the registered dietitian if a Nutritional Assessment is needed due to fluctuating weight. | 04/14/2025 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-55 Nutrition and food sanitation. (1)<br>In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs:<br><br>A registered dietitian shall be utilized to assist in the planning of menus, and provide nutritional assessments for those residents identified to be at nutritional risk or on special diets. All consultations shall be documented;<br><br>**FINDINGS**<br>Resident #2 – No documented evidence that the facility utilized the consultant dietitian to provide nutritional assessment for resident on pureed diet, honey consistency liquid, and Boost Glucose Control supplement.<br><br>Submit a copy of nutritional assessment with plan of correction. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>To correct this deficiency, the consultant dietitian visited the home on 3/14/25 and completed a nutritional assessment of the resident. See attachment K (1 page). | 03/14/2025 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-55 Nutrition and food sanitation. (1)<br>In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs:<br><br>A registered dietitian shall be utilized to assist in the planning of menus, and provide nutritional assessments for those residents identified to be at nutritional risk or on special diets. All consultations shall be documented;<br><br>**FINDINGS**<br>Resident #2 – No documented evidence that the facility utilized the consultant dietitian to provide nutritional assessment for resident on pureed diet, honey consistency liquid, and Boost Glucose Control supplement.<br><br>Submit a copy of nutritional assessment with plan of correction. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br><br>To ensure this does not happen again, the task of 'Nutritional Assessment needed?' has been added to the PCG's 'Monthly Task List' (see attachment Y (1 page)). The PCG uses this checklist every month to ensure documentation is complete and this task is a reminder to prompt the PCG to notify the registered dietitian if a Nutritional Assessment is needed for new residents. | 04/14/2025 |

| | 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:<br><br>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;<br><br>**FINDINGS**<br>Resident #1 – No documented evidence case manager provided specialized training on signs/symptoms of fluid overload; however, current plan states "On a daily basis patient will onto experience fluid overload symptoms"<br><br>Submit a copy of completed training for all caregivers with plan of correction. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>To correct this deficiency, the case manager provided specialized training on signs/symptoms of fluid overload on 3/20/25. See attachment L (1 page). | 03/20/2025 |

| | 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:<br><br>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;<br><br>**FINDINGS**<br>Resident #1 – No documented evidence case manager provided specialized training on signs/symptoms of fluid overload; however, current plan states "On a daily basis patient will onto experience fluid overload symptoms"<br><br>Submit a copy of completed training for all caregivers with plan of correction. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br><br>To prevent this from happening in the future, the case manager will complete training for all caregivers during her monthly visits. A task of 'Case Manager completed training with SCG' has been added to the PCG's 'Monthly Task List' (see attachment Z (1 page)). The PCG uses this Task List as a tool to ensure necessary documentation is completed each month. When completing this task list monthly, the PCG will be reminded to ensure the RN Case Manager provide specialized training to SCGs during her monthly visit. | 04/14/2025 |

| | 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:<br><br>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;<br><br>**FINDINGS**<br>Resident #1 – No documented evidence of case manager training completed with all staff on resident's daily personal and specialized care<br><br>Submit a copy of completed training for all caregivers with plan of correction. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>To correct this deficiency, the case manager provided specialized training on resident's daily personal and specialized care on 3/20/25. See attachment M (13 pages). | 03/20/2025 |

| | 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:<br><br>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;<br><br>**FINDINGS**<br>Resident #1 – No documented evidence of case manager training completed with all staff on resident's daily personal and specialized care<br><br>Submit a copy of completed training for all caregivers with plan of correction. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br><br>To prevent this from happening in the future, the case manager will complete training for all caregivers during her monthly visits. A task of 'Case Manager completed training with SCG' has been added to the PCG's 'Monthly Task List' (see attachment AA (1 page)). The PCG uses this Task List as a tool to ensure necessary documentation is completed each month. When completing this task list monthly, the PCG will be reminded to ensure the RN Case Manager provide training on resident's daily personal care to SCGs during her monthly visit. | 04/14/2025 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-84 Admission requirements. (b)(4)<br>Upon admission of a resident, the expanded ARCH licensee shall have the following information:<br><br>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.<br><br>**FINDINGS**<br>Resident #1 – No documented evidence of pneumococcal vaccination upon admission on 3/11/24<br><br>Submit a copy or statement of declination with plan of correction. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>To correct this deficiency, the PCP was contacted and the Prevnar shot has been ordered and will schedule to administer the vaccine. Please refer to attachment N (3 pages), is email from PCP confirming that she has ordered the vaccine and will administer it. | 03/18/2025 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-84 Admission requirements. (b)(4)<br>Upon admission of a resident, the expanded ARCH licensee shall have the following information:<br><br>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.<br><br>**FINDINGS**<br>Resident #1 – No documented evidence of pneumococcal vaccination upon admission on 3/11/24<br><br>Submit a copy or statement of declination with plan of correction. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br><br>To ensure this will not happen in the future, a 'Immunization Records' task has been added to the 'Resident Admission Checklist' (see attachment BB (1 page)). The PCG uses the 'Resident Admission Checklist' when completing an admission of a new resident. Next to the 'Immunization Records' task it states Pneumococcal and Influenza vaccination is required for Expanded Residents. This will prompt the PCG to ensure residents at the expanded level of care have these vaccinations upon admission or documentation of declination of these vaccinations upon admission. | 04/14/2025 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-87 Personal care services. (a)<br>The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.<br><br>**FINDINGS**<br>Resident #1 – No documented evidence that the facility was taking daily weights to ensure that the resident's weight will remain stable, as stated in the fluid overload care plan by case manager | **PART 1**<br><br>**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 |
|---|---|---|---|
| ☒ | §11-100.1-87 Personal care services. (a)<br>The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.<br><br>**FINDINGS**<br>Resident #1 – No documented evidence that the facility was taking daily weights to ensure that the resident's weight will remain stable, as stated in the fluid overload care plan by case manager | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** | 04/10/2025 |

Licensee's/Administrator's Signature: 

Print Name: Larisa Sazon

Date: 03/24/2025

Licensee's/Administrator's Signature: 

Print Name: Larisa Sazon

Date: 04/14/2025