## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Fernandez, Carlina (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 137-B Hokulani Street, Hilo, Hawaii 96720	Inspection Date: March 1, 2022 – 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-100.1-9 Personnel, staffing and family requirements. (a) 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.  FINDINGS Substitute care giver (SCG) #1 – no current physical examination.	DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  Ask my substitute to Submit have per after sun bey have doctor on her appointment. And she did give it to me already	

RULES (CRITERIA)	PLAN OF CORRECTION	C1 (
,	I DAN OF CORRECTION	Completion Date
§11-100.1-9 Personnel, staffing and family requirements.  (a)	PART 2	Date
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	<u>FUTURE PLAN</u>	
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.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT	
FINDINGS Substitute care giver (SCG) #1 – no current physical	IT DOESN'T HAPPEN AGAIN?	
examination.	So I made a tracter with the expiration date of all my substitue care of clararces and place it is my medication folder and purity it may a weeks are remind them there months be	
	writh the expiration date of	_
	all my substitue oare q	i VIII
	my medication folder and	n
	review it every 2 weeks an	/
	remind them there most as be	fol
	wo weeks until I received	. I
	they don't have the PE I will a use them as my substitute.	ust
	use them as my substitude.	5-18-2

RULES (CRITERIA)	PLAN OF CORRECTION	Completion
§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— no two (2) step tuberculosis (TB) skin test. Current TB skin test completed 04-01-21.  Please submit a two (2) step TB skin test with your plan of correction (POC).	PART 1  DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  L told my ruice to get a T. B but right away. After she got the runth. Phe for it to me.	3-8-23

	RULES (CRITERIA)	DI AN OF CORPORATION	
	ACCES (CIGIDIAN)	PLAN OF CORRECTION	Completion
	§11-100.1-9 Personnel, staffing and family requirements.	PART 2	Date
	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.	<u>FUTURE PLAN</u>	
	FINDINGS SCG #2- no two (2) step tuberculosis (TB) skin test. Current TB skin test completed 04-01-21.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	5-18-2>
	Please submit a two (2) step TB skin test with your plan of correction (POC).	In the future of I him :	new
		In the future of I hire of pubstitute, add them to re new traction and make a that I have the 2 superall offer clearances before to them work i'm the care how	al
		that I have the 2 sup of	and Mang
		them work i'm the care hon	u.
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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 Primary care giver (PCG) – TB attestation form not signed by a physician/APRN.  Please submit a copy with your POC.	DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  YS & bury the paper of my TB atestation form and left my doc for sign it.	3-28-2>

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 Primary care giver (PCG) – TB attestation form not signed by a physician/APRN.  Please submit a copy with your POC.	PART 2  FUTURE PLAN  USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  In the future, I make swill right and back of muy first and back of muy first and back of muy.  I. I from.	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion
\$11-100.1-9 Personnel, staffing and family requirements. (e)(4) The substitute care giver who provides coverage for a period less than four hours shall: Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.  FINDINGS SCG #2 – no SCG training provided by PCG to administer medications.	DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  Jes , a corrected the defection of the house and trained her in the house and trained her to make prese medications avoidable to the medications avoidable to the land property record it. If a documented that I provide the training.  Le the future I may substitute that I provide the fitting and substitute that I provide the training.	Date  4-20-27  cy.  whole was olinks,  the titue
	that I hired and chock to list of all the requirements is needed and put recorde training in My folder.	d

RULES (CRITERIA)	PLAN OF CORRECTION	Completion
§11-100.1-9 Personnel, staffing and family requirements. (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:	PART 2 <u>FUTURE PLAN</u>	Date
Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
FINDINGS SCG #2 – no SCG training provided by PCG to administer medications.	In the future I make	4-20-27 new
	sure has I would grateful that I hired and also chick the list	
	In the future I make sure that I trained any substitue that I hired and also check the list of maninements that is not to be done for new SCG it want will be complete and it will not happen a and put the training received in the folder ready for revening the folder ready for revening the folder ready for revening the solutions.	eded 50
	and it will not chapper a and put the training rece	gan
29	in the folding ready for reve	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion
§11-100.1-10 Admission policies. (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.  FINDINGS	PART 1	Date
Resident #1 – admitted on 11-15-21, level of care assessment completed on 11-22-21.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

	RULES (CRITERIA)	DI AN OF CORPORATION	
	(CIGIDIAN)	PLAN OF CORRECTION	Completion
X	§11-100.1-10 Admission policies. (a)	DADE 6	Date
-	Type I ARCHs shall admit residents requiring care as stated	PART 2	
	in section 11-100.1-2. The level of care needed by the		
22	resident shall be determined and documented by that	<u>FUTURE PLAN</u>	
	resident's physician or APRN prior to admission. Information as to each resident's level of care shall be	TICE WITE CD A CT TO THE	
	obtained prior to a resident's admission to a Type I ARCH	USE THIS SPACE TO EXPLAIN YOUR FUTURE	
	and shall be made available for review by the department,	PLAN: WHAT WILL YOU DO TO ENSURE THAT	
	the resident, the resident's legal quardian, the resident's	IT DOESN'T HAPPEN AGAIN?	=
	responsible placement agency, and others authorized by the		
	resident to review it.	In the future the livel of care must be obtain before admission of a patient in a case home. sign bey a physician. I will have to review the admission checkist, so it won't happen again	
	FINDINGS	the protection will	
	Resident #1 – admitted on 11-15-21, level of care	Care must be officer of	a 2 0 2
1	assessment completed on 11-22-21.	in all a naticul in	18-22
1 1		admission of	
		a come home sign ley a	
		4 Cook III I	
		shippician, I will harr	
		Transfer of the second	,
		to noview the admission ones	R
1 1		10 100 ch of a const	
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion
\$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 Clorox, detergents and "Comet" cleanser unsecured in unlocked laundry room.	PLAN OF CORRECTION  PART 1  DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  YOU I corrected the deficiency with the same in and it won't open the course its Sure was look up, when doing laundry and y goo out the room make a shat you always look up, so she you always look up, so she soon is secured.	Completion Date  4-20-22  Le Kuy bug- une

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-14 <u>Food sanitation.</u> (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.	PART 2 <u>FUTURE PLAN</u>	
FINDINGS Clorox, detergents and "Comet" cleanser unsecured in unlocked laundry room.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
	In the future that of you do laundry we get closure to clean to ilets, from the room, make sure to lock it up lock it up lock it up lock it up always and make sure always and make sure always that door is closed and look	4-26-24 n

RULES (CRITERIA)	PLAN OF CORRECTION	Completion
§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 Canned goods, dry goods and rice stored next to toxic chemicals in laundry room.	DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  J. Collected all the Can goods and rice bag out of the laundry noon away for to xis chimicals. Fut can goods all in dox and put outpict.	Date 3-8-23

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.	PART 2 <u>FUTURE PLAN</u>	Date
FINDINGS Canned goods, dry goods and rice stored next to toxic chemicals in laundry room.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
	In the future of put them an the fox and put outside the laundry room, with to work stored ford rest to toxio chemicals. I make Sure that after phopping Sure that after phopping the foods of pantry always and don't mix with toxic chemicals than mix food; toxic, in one place.	(food) 4-20-22

RULES (CRITERIA)	PLAN OF CORRECTION	Completion
\$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 – medication bin did not contain prescribed "Tamulosin 0.4 mg oral daily capsule" When asked if a supply was available, PCG stated she threw the bottle away then handed nurse consultant a bottle of Resident #2's "Tamulosin 0.4 mg capsule" with Resident #2's name blacked out with a sharpie pen. PCG justification was "they are on the same medication."	DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  This medication out and I this medication out and I wind I way the Contained Linguist I never used the no 2,000 for him. I called the pharmacy for refull and I prepared up, so he could not this night	3-1-27 20. 44 01

RULES (CRITERIA)	DI AN OF CORRECTION	1 =
(Citi Eithi)	FLAN OF CORRECTION	1 -
RULES (CRITERIA)  §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 – medication bin did not contain prescribed "Tamulosin 0.4 mg oral daily capsule" When asked if a supply was available, PCG stated she threw the bottle away then handed nurse consultant a bottle of Resident #2's "Tamulosin 0.4 mg capsule" with Resident #2's name blacked out with a sharpie pen. PCG justification was "they are on the same medication."	PLAN OF CORRECTION  PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  In the future if medically is out, don't throw the bottom of the bo	re

RULES (CRITERIA)	PLAN OF CORRECTION	Completion
\$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 unsecured on refrigerator door:  • Levemir injectable pen (2 boxes) • Rectal suppository	DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  If I corrected right away. Found my Contaput the liminin injector pen and ructal supplies and locked it up	inu Le Date

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 unsecured on refrigerator door:  • Levemir injectable pen (2 boxes) • Rectal suppository	FUTURE PLAN  USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  In the future of J get a new box of livinin insul L will put right auxouingered the contained and locked it up.		re'try

RULES (CRITERIA)	PLAN OF CORRECTION	Completion
§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 – the following "7pm" or "8 pm" medications initialed as administered prior to administration on 03-01-22 at 1200:  • "Ascorbic acid 500 mg twice a day" • "Atorvastatin 20 mg oral bedtime" • "Metformin 1000 mg oral twice daily with meal" • "Metoprolol Tartrate 25 mg oral twice daily" • "Tamulosin 0.4 mg oral daily"	PART I  DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  Y'S I CONVICTED the difficiency by stashing my invitial for 7 PM 4 V PM, That day. I make awa that I mitiated make often I administracy them. I have to be more careful next time in signing the MAR this want dappen again	Date 4-22-28

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
	§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.	PART 2 <u>FUTURE PLAN</u>	Date
:	FINDINGS Resident #1 – the following "7pm" or "8 pm" medications initialed as administered prior to administration on 03-01-22 at 1200:	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	4-12-20
	<ul> <li>"Ascorbic acid 500 mg twice a day"</li> <li>"Atorvastatin 20 mg oral bedtime"</li> <li>"Metformin 1000 mg oral twice daily with meal"</li> <li>"Metoprolol Tartrate 25 mg oral twice daily"</li> <li>"Tamulosin 0.4 mg oral daily"</li> </ul>	In the future I will has to initial the medications of I administered them, Likely To read good to time at the most mar beg I initial them. I have To be very careful so it won't he again	n fan he label g
		again	gen

RULES (CRITERIA)	PLAN OF CORRECTION	Completion
§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.	PART 1  DID YOU CORRECT THE DEFICIENCY?	Date
FINDINGS Resident #1 – March 2022 medication record read, "Glucose Gel 15 mg by mouth 2x/day as needed for hypoglycemia." However, no physician/APRN order.	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	4-6-28
	I bring to the attention of the Rhysitian about this medical	roy de cation
	I bring to the attention of the physician about this medican about this medicand I don't have the arm because and I don't has medicine on hand. I ask for to just discontinue it and she did-	ter V
	her to just discontinue it	
8		

RULES (CRITERIA)	PLAN OF CORRECTION	Completion
§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins,	PART 2	Date
minerals, and formulas, shall be made available as ordered by a physician or APRN.	<u>FUTURE PLAN</u>	5-18-22
FINDINGS  Resident #1 – March 2022 medication record read, "Glucose Gel 15 mg by mouth 2x/day as needed for hypoglycemia."  However, no physician/APRN order.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
	In the future I will co the man with The medical ender and if something is whong I have to DC if and my case manager about as soon as I receive it from the case manager I will chief before using it.	hech
	erder and if something is	
	mu case managu about	it
	as soon as I ricu've the from al	n b it
	the case manager s und	
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion
§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 — the following medications ordered on 12-28-21 not available on hand:  • "Tamulosin 0.4 mg oral daily" • "Zinc Sulfate 220 mg oral daily"	PART 1  DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  YS, I corrected the deficient by calling the pharmacy and rufill it and I pathed in up.  Zinc medication was Dic by 2/8/22 almady.	Date 3-8-27
	2/8/22 almady.	

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.	PART 2 <u>FUTURE PLAN</u>	Date
FINDINGS Resident #1 – the following medications ordered on 12-28-21 not available on hand:  • "Tamulosin 0.4 mg oral daily"  • "Zinc Sulfate 220 mg oral daily"	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  In the future I will make so always ready. I have to a lawys ready. I have to a law for the refill four or fire blays ahead a melication infinished.  With melication Zinc, it of in formany 2027.	lefore lefore
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
F 7			Date
	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins,	PART 1	Date
	minerals, and formulas, shall be made available as ordered by a physician or APRN.	DID YOU CORRECT THE DEFICIENCY?	
	FINDINGS Resident #1 – physician order dated 12-28-21 and January – March 2022 medication records read:	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
	"Famotidine 20 mg po daily."  However, the prescription bottle read:     "Famotidine 20 mg PO as needed."	igs famotidine i fab po daily and doc. order on his visit 3-9-22 to take it as nelded, Change	
	<b>3</b> - <u></u>	daily and doc. order on	
		his Virit 3-9-22 to take	
		it as nelded, Change	3-9-2
		it	
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
$\boxtimes$	§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.	PART 2 <u>FUTURE PLAN</u>	Date
	FINDINGS Resident #1 – physician order dated 12-28-21 and January – March 2022 medication records read:  • "Famotidine 20 mg po daily." However, the prescription bottle read:  • "Famotidine 20 mg PO as needed."	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	5-18-2
	a sinestanie 26 mg i O <u>us necucu</u> .	Their was due ander Feb 20 but I dust in update my me some man 30 I will let my ense man about the changes of erder poor as I received the equile I will update my man as a full get home	ar.
		soon as I received the explusion I will update my man as	and
		Inville get kome	
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
Medication on a flows name, name, name whom the  FINDING Resident # and medicate the March  "I	ns made available to residents shall be recorded heet. The flowsheet shall contain the resident's ne of the medication, frequency, time, date and by medication was made available to the resident.  S  I – the following medication ordered on 12-28-21 ation in resident medication bin were not listed on 2022 medication record:  Docusate Sodium 100 mg oral daily as needed" Asa 81 mg po daily"	DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  HO I COrrected it by making a new Mar 3h because its the first clay  Thank and I have to make a new Mar to make a new of the first of the make to make a new of the first of the make a new of the make to make the make to make the make to make the mak	Date 3-3-2

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-100.1-15   Medications. (f)   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.    FINDINGS   Resident #1 - the following medication ordered on 12-28-21 and medication in resident medication bin were not listed on the March 2022 medication record:   "Docusate Sodium 100 mg oral daily as needed"   "Asa 81 mg po daily"	EUTURE PLAN  USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  In The future I will Check The up coming man 3 days hefore the start of the number of the pages and all much contion and lighted.	5-18-22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date	
	§11-100.1-16 Personal care services. (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.  FINDINGS Resident #1 — no plan of care/schedule of activities.	DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  YOU I corrected it also be activities as care of my patients as updated,		

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-100.1-16 Personal care services. (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.  FINDINGS  Resident #1 — no plan of care/schedule of activities.	FUTURE PLAN  USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  In the future I brack to Check the list for admix and complete it sight and so the following of admix saion I will keep the check like in front of check like in front of check like	5-18-22

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-17 Records and reports. (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:  Documentation of primary care giver's assessment of resident upon admission;  FINDINGS	PART 1	Date
Resident #1 – admitted on 11-15-21, no admission assessment completed by the PCG upon admission.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-17 Records and reports. (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:  Documentation of primary care giver's assessment of resident upon admission;  FINDINGS Resident #1 — admitted on 11-15-21, no admission assessment completed by the PCG upon admission.	FUTURE PLAN  USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  In the puture I will make aware that admirsion assisment is conjuted upon admission. Have to check the admirsion lipt exceptions I admir a patient 50 I want miss if.	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
	§11-100.1-17 Records and reports. (a)(3)	PART 1	Date
	The licensee or primary care giver shall maintain individual	PARI I	
	records for each resident. On admission, readmission, or	DID VOIL CODDECT THE DEEL CYPY CO.	=
	transfer of a resident there shall be made available by the	DID YOU CORRECT THE DEFICIENCY?	
	licensee or primary care giver for the department's review:	LICE THIS OD A CD TO THE	
	Documentation of date of referral and admission, referral	USE THIS SPACE TO TELL US HOW YOU	1
	agency with address and telephone number, place or source	CORRECTED THE DEFICIENCY	
	from which admitted, physician, APRN, dentist.		
	ophthalmologist, optometrist, psychiatrist, and all other	. 0 . + 1 1 1/2/2000	
	medical or social service professionals who are currently treating the resident, next of kin, legal guardian,	ys & corrected the deficiency	
	surrogate or other legally responsible agency;	Showally Fill out the form	
	FINDINGS	igs I corrected the deficiency already. Fill out the form and put in the folder	7-8-20
	Resident #1 – no emergency information sheet.		
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	RULES (CRITERIA)	DY AN OR CONTROL	
	(CMILMA)	PLAN OF CORRECTION	Completion
X	811 100 1 17 Pagenda and an ( )(2)		Date
	§11-100.1-17 <u>Records and reports.</u> (a)(3) The licensee or primary care giver shall maintain individual	PART 2	
	records for each resident. On admission, readmission, or		
	transfer of a resident there shall be made available by the	FUTURE PLAN	
	licensee or primary care giver for the department's review:	TOTORET DAIN	
	date giver for the department's review.	LICE THIS CDACE TO EVEL ADILYOUR EVENT	
	Documentation of date of referral and admission, referral	USE THIS SPACE TO EXPLAIN YOUR FUTURE	5-16 7
	agency with address and telephone number, place or source	PLAN: WHAT WILL YOU DO TO ENSURE THAT	1600
	from which admitted, physician, APRN, dentist.	IT DOESN'T HAPPEN AGAIN?	19. Text
	ophthalmologist, optometrist, psychiatrist, and all other		
	medical or social service professionals who are currently		
	treating the resident, next of kin, legal guardian,	1. I tul I have to	
	surrogate or other legally responsible agency;	on the future of your	
	FINDINGS	andite the list of admin	(04
	Resident #1 – no emergency information sheet.	conficient was the	
	resident #1 – no emergency information sneet.	Le suitements on the day	$\alpha$
		The factor of the same of the	0
		a dominion using The adn	v 112'00
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		check list. I will complete	Xai
		In the future I have to complete the list of admission requirements. on the day admission using the admission using the admission using the admission check list. I will complete form and place if at the back of client felder. I we update if every time their changes of des. order.	Clipset
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		back of client tolder. I we	$\mathcal{U}$
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-17 Records and reports. (a)(6) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:  Physician or APRN signed orders for diet, medications, and	PART 1	Date
Physician or APRN signed orders for diet, medications, and treatments;  FINDINGS Resident #1 – admitted on 11-15-21, diet order obtained 11-22-21.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

	DIII EC (CDITEDIA)		
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
			Date
	§11-100.1-17 <u>Records and reports.</u> (a)(6)	PART 2	
	The licensee or primary care giver shall maintain individual		
	records for each resident. On admission, readmission, or	FUTURE PLAN	
	transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:	TOTOKE I DAIN	
	insolution of primary care given for the department's feview.	LISE THIS SPACE TO EVEL AIM VOLUE ELECTION	- 10-22
	Physician or APRN signed orders for diet, medications, and	USE THIS SPACE TO EXPLAIN YOUR FUTURE	5-18-7
	treatments;	PLAN: WHAT WILL YOU DO TO ENSURE THAT	
		IT DOESN'T HAPPEN AGAIN?	
	FINDINGS		
	Resident #1 – admitted on 11-15-21, diet order obtained 11-	1 -t 1 T. I. 1 and	<i>77</i>
	22-21.	In the future before and	m/ mg
		1 0 will want of	-
	9	a resident a met more	
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		In the future before admit a resident I will warmed the admiration orders beef admirating the resident and history with the promitting is missing in check hist, let care making the about it and fallow up admirting the resident.	on chief
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion
§11-100.1-17 Records and reports. (a)(7) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:  Height and weight measurements taken;  FINDINGS Resident #1 – admitted 11-15-21 – no admission height and weight. Resident #2 – admitted 4-26-21 – no admission weight. Resident #3 – admitted 11-09-21 – no admission weight.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	Date

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 — no monthly progress notes for December 2021 — February 2022.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	Date

RULES (CRITERIA)	PLAN OF CORRECTION	Completion
§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	PLAN OF CORRECTION  PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  In the future I will us the progress notes form, be it's more complete and law and won't may and I won't not may progress.	Date

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:	PART 1	
Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;		
FINDINGS 11-100.1-17(b)(7) Resident #1 — no weight documented for December 2021 Resident #2 — no weight documented for May and June 2021 Resident #3 — no weight documented for November and December 2021. Resident #4 — no weight documented for October — December 2021.	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
RULES (CRITERIA)  §11-100.1-17 Records and reports. (b)(7) During residence, records shall include:  Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;  FINDINGS  11-100.1-17(b)(7)  Resident #1 — no weight documented for December 2021  Resident #2 — no weight documented for May and June 2021  Resident #3 — no weight documented for November and December 2021.  Resident #4 — no weight documented for October — December 2021.	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?  In the future I have to document the weight months for my clients: I put to the perspus rutes the weight have to mark the weight form in the folder weight form in the folder.	Date (ナーシンーン)
	but forget to mark the weight form in the folder weight time I have to mo next time I have to mo down and have to check down and have to check for it may folder monthly for it happen again	northly rul out hourt

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
			Date
The c be res explai guard reside one hi signed reside repres	onditions under which the primary care giver agrees to sponsible for the resident's funds or property shall be ined to the resident and the resident's family, legal ian, surrogate or representative and documented in the ent's file. All single transfers with a value in excess of undred dollars shall be supported by an agreement d by the primary care giver and the resident and the ent's family, legal guardian, surrogate or sentative.  SINGS  ent #1 — no financial statement.	DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  YP, I corrected it already I had to fill out the form and asked the Client all the information and he signed it.	

<b>5</b> 2	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-100.1-19 Resident accounts. (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.  FINDINGS Resident #1 — no financial statement.	PART 2  FUTURE PLAN  USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  In the form I will call my consultant and make a	Date 5-18-23
		In the future if I don't to the form, I will call my consultant and make a for me, Then I will man I will make complete pock for new admission till all admission documents	le sur l'est michael

RULES (CRITERIA)	PLAN OF CORRECTION	Completion
 ,	12.II. Of COMMECTION	Date
§11-100.1-83 Personnel and staffing requirements. (5) In addition to the requirements in subchapter 2 and 3:	PART 1	Date
Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of	DID YOU CORRECT THE DEFICIENCY?	
continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	3-2-27
FINDINGS SCG #3 – completed 10 hours of continuing education hours for 2022 annual inspection year.	yes, I corrected the deficie I let my neice get a Copy of her in survice of work, cer continuing en	ny.
This is a repeat deficiency from your 2021 annual inspection.	Copy of her in survice	t
Please submit documentation of continuing education hours to be counted towards your 2022 annual inspection year with your POC.	nock, cer continuing es	ducation
		1.

RULES (CRITERIA)	PI AN OF CODDECTION	
,	TEAN OF CORRECTION	Completion Date
§11-100.1-83 Personnel and staffing requirements. (5) In addition to the requirements in subchapter 2 and 3:	PART 2	Date
Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT	5-R-72
FINDINGS SCG #3 – completed 10 hours of continuing education hours for 2022 annual inspection year.		k
This is a repeat deficiency from your 2021 annual inspection.	my tracker to make sur	rt
to be counted towards your 2022 annual inspection year with your POC.	I enough continuing educe hours. Every Jeb. I will	ation
	A the continuing education	from
	Their Employer and filk	it
	in my can how folder	
	Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.  FINDINGS  SCG #3 – completed 10 hours of continuing education hours for 2022 annual inspection year.  This is a repeat deficiency from your 2021 annual inspection.  Please submit documentation of continuing education hours to be counted towards your 2022 annual inspection year with your POC.	\$11-100.1-83 Personnel and staffing requirements. (5) In addition to the requirements in subchapter 2 and 3:  Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.  FINDINGS SCG #3 – completed 10 hours of continuing education hours for 2022 annual inspection year.  This is a repeat deficiency from your 2021 annual inspection.  Please submit documentation of continuing education hours to be counted towards your 2022 annual inspection year.  A worth of Continuing FINTION.  PART 2  FUTURE PLAN  USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  EVMY WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  FUMALLY TO WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  WHAT WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?

Licensee's/Administrator's Signature: Carlina Fernandez
Print Name: CARLINA FERMANDEZ
Date: 4-6-27

Licensee's/Administrator's Signature: Cerlina Fernandez

Print Name: CARLINA FERNANDEZ

Date: 4-22-27

Licensee's/Administrator's Signature: Cubia Fundy
Print Name: CARLINA FERNANDEZ
Date: 5-18-27