STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: AJS Care Home	CHAPTER 100.1	
Address: 16-1566 Keaau-Pahoa Road, Keaau, Hawaii 96749	Inspection Date: May 4, 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	T 24
Ø	SIL 100 to to	, commental	Completion
	§11-100.1-9 Personnel staffing and family requirements. (b)	PARTI	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 around tuberculosis clearance.	DID YOU CORRECT THE DEFICIENCY?	
	FINDINGS Substitute care giver (SCG) #1 – one (1) step tuberculosis (TB) skin test completed 64-28-22. No second TB skin test.	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
		Obtained a 2 step TB test for SCG #1. Placed copy of 2 step TB test in Care Home Binder.	05/19/2022
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RULES (CRITERIA)	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 Substitute care giver (SCG) #1 – one (1) step tuberculosis (TB) skin test completed 04-28-22. No second TB skin test.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
	I will make a list for all the requirements needed for the SCG to work in the ARCH. The list will be kept in the ARCH binder to	
	refer to when hining a new SCG. F will provide the SCG of a list of requirements to have. The requirements will be checked & added to AKOH binder prior to the SCG being hired.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
	\$11-100,1-9 Personnel, staffing and family requirements. (e)(4)	PART 1	Date
	The substitute care giver who provides coverage for a period less than four hours shall;	DID YOU CORRECT THE DEFICIENCY?	
	Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
	FINDINGS SCG #1 – no care giver maining to administer medications provided by the primary care giver (PCG).	Caregiver training provided to SCG. Documented training on SCG training log and added to Care Home binder.	05/06/2022
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§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>	
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 #1 — no care giver training to administer medications provided by the primary care giver (PCG).	I will make a list for all the requirements needed for the SG to work in the AROH. The list will be kept in the AROH binder to refer to when himng a new SCG. I will provide the SCG of a list of requirements to have. The training will be conducted a checked off prior to the SCG AND working at the AROH.	alone.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion
Current monus shall be posted in the kitchen and in a conspicuous place in the dining area for the residence and	PART 1 DID YOU CORRECT THE DEFICIENCY?	Date
FINDINGS No documented menu substitutions.	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
	Menu substitutions documented on "Menu Substitution Calendar" and placed near weekly menus.	05/05/022
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	\$11-100.1-13 Nuggition. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review. FINDINGS	\$11-100.1-13 Nugrition. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review. FINDINGS No documented menu substitutions. DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Menu substitutions documented on "Menu Substitution

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
	\$1.1-100.1-13 Nutrition (d) Current menus shall be posted in the kitchen and in a	PART 2	Date
111	conspicuous place in the dining area for the residents and department to review.	<u>FUTURE PLAN</u>	
	FINDINGS No ductimented menu substitutions.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
		Moving forward, will keep a separate "Menu Substitutions Calendar" next to weekly menus to promptly document menu subtitutions as needed.	
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Ra	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
A place of the property of the	If medicines prescribed by physicians and dispensed by narmacists shall be deemed properly labeled so long as no langes to the Inbel have been made by the licensee, imary care giver or any ARCH/Expanded ARCH staff, dipilis/medications are not removed from the original belied container, other than for administration of edications. The storage shall be in a staff controlled work binet-counter apart from either resident's bathrooms or draoms. NDINGS sident #1 - prescription label "Carvedilol 12.5 mg tab" mained handwritten blood pressure parameters and arpic markings written by the PCG.	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
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 fleensee, 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 apair from either resident's bathrooms or bedrooms.	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?	Date
FINDINGS Resident #1 - prescription label "Curvedilal 12.5 mg tab" contained handwritten blood pressure parameters and sharple markings written by the PCG.	Will not write on medication labels. If reminders need to be written, will write on a separate post-it note or tab and tape to cap of medication bottle or anywhere that will not tamper with medication prescription label.	05/05/2022

RULES (CRITERIA)	PLAN OF CORRECTION	Completion
§11-100.1-15 <u>Medications</u> (e) All medications and supplements, such as vitamins, nathernles, and formulas, shall be made available as ordered	PART I	Date
by a physician or APRN.	DID YOU CORRECT THE DEFICIENCY?	
 FINDINGS Resident #1 - April and May 2022 medication record and prescription label read: "Farxiga 10 mg tab Take 1 tablet by mouth every morning."	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
However, no APRN/physician order.	Received written APRN order for Farxiga 10 mg tab - take 1 tablet by mouth every morning and signed by APRN. Placed new order in resident's binder.	05/12/2022
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ations. (e) supplements, such as vitamins, us, shall be made available as ordered RN. and May 2022 medication record and b. ang tab Take 1 tablet by mouth every daysician order.	PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? Will update MAR and physician's orders during every doctor's visit and have APRN sign new orders. Will place these orders in resident's binder.	Date
nd May 2022 medication record and E mg tab Take 1 tablet by mouth every	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? Will update MAR and physician's orders during every doctor's visit and have APRN sign new orders. Will place	
l: mg tab Take I tablet by mouth every	PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? Will update MAR and physician's orders during every doctor's visit and have APRN sign new orders. Will place	
THE PARTY OF THE P	doctor's visit and have APRN sign new orders. Will place	
	these orders in resident's pinder.	

	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	PART 1	Date
	by a physician or APRN.	DID YOU CORRECT THE DEFICIENCY?	
	FINDINGS Resident #1 - Murch - May 2022 medication record and prescription bottle label read, "Losarian 50 i table) by mouth daily." However, no APRN/physician order.	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
		Received APRN's order for Losartan 50 mg 1 tablet by mouth daily. Placed new order in resident's binder.	05/12/2022

RULES (CRITERIA)	PLAN OF CORRECTION	Completion
\$11-100.1-15 Medications, (e)	PART 2	Date
minerals, and formulas, shall be made available as ordered		
Resident #1 - March - May 2022 medication record and	USE THIS SPACE TO EXPLAIN YOUR FUTURE	
Prescription bottle läbel tend, "Lossoman 50 Looklasta.	IT DOESN'T HAPPEN AGAIN?	
	Will ensure to update MAR and physician's orders during	
	place these new orders in resident's binder.	
	\$11-100.1-15 Medications, (c) All medications and sumbements, such as viramine	\$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 - March - May 2022 medication record and prescription bottle label read, "Losamar 50 I tablet by mouth daily." However, no APRN/physician order, WISE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? Will ensure to update MAR and physician's orders during every doctor's visit and have APRN sign new orders. Will

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 - APRN order dated 04-29-22 read: "Decrease Carvedliol 12.5 mg PO BID." However, medication order was not updated on the April 2022 medication record.	PAR'T I	Date
	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

	X-1	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
		\$11-100,1-15 Medications. (e) All medications and supplements, such as vitamins, uninerals, and formulas, shall be made available as ordered	PART 2	Date
		by a physician or APRN.	<u>FUTURE PLAN</u>	
		FINDINGS Resident #1 - APRN order dated 04-29-22 read, "Decrease Carvedilol 12:5 mg PO BID," However, medication order was not updated on the April 2022 medication record.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
And the state of t			Will update MAR immediately at time of medication changes. Will request APRN to discontinue current order and request a new order that will reflect the changes. Will make sure APRN signs new orders and place it in the MAR and residen't binder.	
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion
RULES (CRITERIA) \$11-100.1-15 Medications. (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. PINDINGS Resident #1 - APRN order dated 03-10-22 read, "Start Allegra 60 mg daily for allergic rhinkis." However, medication was not fisted on the March 2022 medication record. Per PCG, medication was not available, however, no documentation of correspondence with APRN regarding actions taken to obtain medication.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	Completion Date

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
	\$11-100.1-15 Medications, (e) All medications and supplements, such as vicamins,	PART 2	Date
The state of the s	numerals, and formulas, shall be made available as ordered by a physician or APRN.	FUTURE PLAN	
	FINDINGS Resident #1 - APRN order dated 03-10-22 read, "Start Allegra 60 mg daily for allergic rhindis." However, medication was not listed on the March 2022 medication record. Per PCG, medication was not available; however, no documentation of correspondence with APRN regarding actions taken to obtain medication	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
P. C. Samuel, physical parts in		Will add new medication orders to MAR regardless if medication is not available through pharmacy. Will contact pharamcy and PCP to see other options available in receiving medications, will document updates regarding medication in progress notes.	
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion
\$11-100.1-15 Medications. (e) All medications and supplements, such as vitamina, minerals, and formulas, shall be made available as ordered by a physician or APRN. FINDINGS Resident #1 APRN order dated 03-10-22 read, "D/C Ambodipine." However, March 2022 medication record read, "Ambodipine Besylate 5 mg take 1 tab daily" discontinued on 03-10-22, then initialed as administered 03-18-22 - 03-31-22."	PARTI	Date
10-22 - 10-3 4,63.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

AN AIN YOUR FUTURE TO ENSURE THAT IN AGAIN?	Completion Date
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TO ENSURE THAT	,
ss out the medication	
)	edication changes continued, will write loss out the medication dentally initialing as

\$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 - APRN order dated 04-29-22 read: "Start Ediquis 2.5 mg po BID" "Levothyroxine increase to 137 meg po before breakfast daily." However, medication orders were not listed on the April 2022 medication record. Correcting the deficiency after-the-fact is not practical/appropriate. Fo this deficiency, only a future plan is required.

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 - APRN order dated 04-29-22 read: • "Start Eliquis 2.5 mg po BID" • "Levothyroxine increase to 137 mcg po before breakfast daily." However, medication orders were not listed an the April 2022 medication record.	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? After receiving a new order from the PCP, will request that the new order is signed. Will place the new orders in the resident's binder under the Physician's/APRN's Orders. Will add new order to designated blank space in MAR with the start date and complete order. If new order is received in the middle of the month, will cross out the days prior to receiving new order to avoid confusion.	Date

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
	## 11-100.1-15 Medications. (1) 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 Recident of the ADDA and a data to a second contains.	PARTI	Date
	Resident #1 - APRN order dated 03-10-22 read: • "Start Robitussin DM 10 mt PO Q6H PRN for cough." However, medication was not listed on the March 2022 medication record.		
		Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future	
-C	,	plan is required.	·

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
Ø	§11-100.1-15 Medications. (f) Medications made available to residents shall be recorded	PART 2	Date
	on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, tune, date and by whom the medication was made available to the resident,	<u>FUTURE PLAN</u>	
	FINDINGS Resident #1 - APRN order dated 03-10-22 read; * "Start Robitussin DM 10 oil PO Q6H PRN for	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	december of the second
	cough." However, medication was not listed on the Murch 2022 medicution record.	After receiving a new order from the PCP, will request that the new order is signed. Will place the new orders in the resident's binder under the Physician's/APRN's Orders. Will add new order to designated blank space in MAR with the start date and complete order. If new order is received in the middle of the month, will cross out the days prior to	
		receiving new order to avoid confusion.	
designation of the state of the			

RULES (CRITERIA)	PLAN OF CORRECTION	Completion
§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.	PART 1	Date
FINDINGS Resident vii - APRN order dated 03-01-22 read "Start Losargan 25 mg PO daily." However, March 2022 medication record was not initiated as administered 03-01-22 - 03-10-22 as administered		
	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future	
	plan is required.	

	RULES (CRITERIA)	DI AN DE COUNTERFOR	1145
		PLAN OF CORRECTION	Completion
	\$11-100.1-15 Medications (m) All medications and supplements, such as vitamins,	PART 2	Date
-	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 given.	<u>FUTURE PLAN</u>	
7770	FINDINGS Resident #1 - APRN order dated 03-01-22 read: "Start Lossitian 25 mg PO daily." However, March 2022 medication record was not initiated.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
	as administered 03-01-22 - 63-10-22 as administered.	Resident's MAR will be kept in the resident's medication drawer as a reference while preparing medications. Will initial each medication as they are dispensed from the container and prior to administering to resident.	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion
\$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, raedications, and treatments;	PARTI	Date
FINDINGS Resident #1 - admitted on 02-25-22, medication orders were not signed by a physician/APRN.		
	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
X	§11-100.1-17 Records and reports. (a)(6) The licensee or primary cure giver shall maintain individual	PART 2	Date
Advisory of the state of the st	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:	<u>FUTURE PLAN</u>	
1,000	Physician of APRN signed orders for diet, medications, and	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT	
	treatments; FINDINGS	IT DOESN'T HAPPEN AGAIN?	
	Resident #1 - admitted on 02-25-22, medication orders were not signed by a physician/APRN.	Prior to resident being discharged from institution (hospital	
		or long term care, rehab) will provide dishcarge planning team a list of documents that need to be signed and completed by physician. When reciving resident, will	
		double check documents to ensure they are signed before leaving institution. Documents will be added into resident's binder.	
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:	PART I	Date
	Entries describing treatments and services rendered;	DID YOU CORRECT THE DEFICIENCY?	
The state of the s	FINDINGS Resident #1 - APRN order dated 04-01-32 rend; "Freestyle Libre 14 day sensor monitor glucose twice a day."	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
	However, May 2022 merheation record reflected monitoring	Reordered and picked up prescription from pharmacy. Administered to resident upon receving prescription. Documented blood sugars in MAR.	05/05/2022

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
	§11-100.1-17 Records and reports, (b)(4) During residence, records shall include:	PART 2	Date
· Control of the cont	Entries describing treatments and services rendered:	<u>FUTURE PLAN</u>	
	FINDINGS Resident #1 - APRN order dated 04-01-22 read: • "Freestyle Libre 14 day sensor monitor glacose twice a day." However, May 2022 medication record reflected monitoring	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
	device was not available since May 1, 2022. No blood sugar monitoring documented since,	Will reorder prescriptions ahead of time to ensure they are available for pickup prior to running out. If prescription is unavaible or out of stock at pharmacy, will contact pharmacy and APRN to find other alternative (e.g. pick up from another pharmacy). Will document these occurences in progress notes.	
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		RULES (CRITERIA)	PLAN OF CORRECTION	Completion
		\$11-100,1-17 Records and reports. (f)(1) General rules regarding records:	PART 1	Date
		All entries in the resident's record shall be written in block ink, or typewritten; shall be legible, dated, and signed by the individual making the entry:		
12,000		FINDINGS Resident #1 - March - May 2022 medication record documented in red pen.		
		·	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
\$11-100.1-17 <u>Records and reports.</u> (fW1) General rules regarding records:	PART 2	Date
All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry; FINDINGS Resident #1 - March - May 2022 medication record documented in red pen.	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
	Will not use colored pen to document in MAR. Moving forward, will only document in black ink.	
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 RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-100.1-17 Records and reports. (g) All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter. FINDINGS Resident #1 - March - May 2022 medication second - correction tape used.	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
\$11-100.1-17 Records and reports. (c) All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, definement, tumpeting, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter. FINDINGS Resident#1 March - May 2022 medication record - correction tape used.	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? Will not use correction tape in MAR. If mistakes in documentation occur, will strike out and initial mistake and write correction near the mistake.	Date

RULES (CRITERIA)	PLAN OF CORRECTION	Completion
\$11-100.1-23 Physical environment, (g)(3)(G) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system; FINDINGS No monthly smoke detector checks for January, February and April 2022.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	Completion Date

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	\$11-100.1-23 Physical environment (gX3XG) Fire prevention protection	PART 2	Date
	Type I ARCHs shall be in comptiance with, but not limited to, the following provisions: Smoke detectors shall be provided in accordance with the	USE THIS SPACE TO EXPLAIN YOUR FUTURE	
	most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector	PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
	units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system: FINDINGS	Will set reminder on calendar to perform monthly smoke detector checks on the first day of each month to ensure that the smoke detectors are check regularly and	
	No monthly smoke detector checks for January, February and April 2022.	functioning appropriately.	
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Licensee's/Administrator's Signature:	Indiatem
Print Name:	Angelica Salom
Date;0)5 22 22

Licensee's/Administrator's Signature:	Maliakelin
	nactical calom
Date;	06/22/2022

Licensee's/Administrator's Signature:	
Print Name: Angolica Salom	
Date: 08 01 22	