## Office of Health Care Assurance

## State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Jaja ARCH	CHAPTER 100.1
Address: 1459 Kaleilani Street, Pearl City, Hawaii 96782	Inspection Date: July 7, 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
§11-100.1-3 <u>Licensing.</u> (b)(1)(I) Application.  In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter.	PART I  DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  Agree Johnson - 10/25/22  Adolf Tolorywan - NOH.02, 202  Crisent monuel - Scheduled Nov. 04, 20  E lizabeth Tabiosa - net line at the personner so of -31-2  2 will price the reacher and put in song cleaner Binder.	11-02-22 11-02-22 12-22 12-22 12-22

RULES (CRITERIA)	PLAN OF CORRECTION	Completion
,		Date
§11-100.1-3 Licensing. (b)(1)(I) Application.  In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter.	FUTURE PLAN  USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  Prioritize and remind it by writing it down to colondar. perioder will Say to schedule pulsprimt bochgrown thech before it.  TX prior	Date
		REC

	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 Resident #2: No documented evidence of annual tuberculosis clearance.	DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  Pesident # 2 had a TB  PEsh assessment and extention Screening form  last 03-04-2022. 27	11-02-2
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3	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 Resident #2: No documented evidence of annual tuberculosis clearance.	FUTURE PLAN  USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  When I received 7B cleaning form I will file it right away for TB cleaning tot.  Q will proble a remeden for my personal motes to file in the right probles.	<del>0</del> 11-02-2
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\$\frac{\frac	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	(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.	DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU  CORRECTED THE DEFICIENCY	11-02-3

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
$\boxtimes$	§11-100.1-9 Personnel, staffing and family requirements. (b)	PART 2	11-02-2
	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	<u>FUTURE PLAN</u>	
	clearance.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT	
	FINDINGS Resident #3: No documented evidence of annual	IT DOESN'T HAPPEN AGAIN?	
	tuberculosis clearance.	when I received TB dearwar	e
		form. I will file it ry	shr
		away in TB cleaner tot	
		when I received TB cleaning form. I will file it re away in TB cleanence took I will wrote a remode to my personal river file in the sight place	
		in my personal river	lo
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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 Resident #4: No documented evidence of annual tuberculosis clearance.	DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  Peli dent # 4 already officiend a capy for 10/21/22 at the waipeler optice. Hod a Shin Test fort 04/06/22	11-02-22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-100.1-9 Personnel, staffing and family requirements. (b)	PART 2	11-02-2
	All individuals who either reside or provide care or services to residents in the Type I ARCH shall have	FUTURE PLAN	
	documented evidence of an initial and annual tuberculosis clearance.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT	
	FINDINGS Resident #4: No documented evidence of annual	IT DOESN'T HAPPEN AGAIN?	
, a	tuberculosis clearance.	keep or copy of the	
		Original copy (result) of in a sope place incase	
		in a sope place in case	
-		the original copy will be mesplaced in the future.	
		mesplaced in the future.	
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		when & received	ght
		form. I am Paris	26
		away in the celarence!	
		when I received TB clearers of received file it re a remine I will make a remine I will make a remine it my personal notes file in the oright place	fr)
		is my pleasant thous	
		file is the oright place	e.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	\$11-100.1-15 Medications. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.  FINDINGS Unlabeled medication containers containing unknown medications in medication cabinet.	DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  already removed plant  The medication cabinet.  medication properly  discarded.	11-02-5
g.			

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-15 Medications. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as	PART 2	11-02-2
no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff,	<u>FUTURE PLAN</u>	
and pills/medications are not removed from the original labeled container, other than for administration of	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT	
medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's	IT DOESN'T HAPPEN AGAIN?	
bathrooms or bedrooms.  FINDINGS	Store family's nestrations in	
Unlabeled medication containers containing unknown medications in medication cabinet.	and untertal medications in	
	to another sope place. at	
	any medication that are	
	an medication that are	
	not folested and I will	
	not removed medication	n
	from Original Container	
	from original container to and left #45 been given to	Ra
	the resideres a well man	e ot
	a note in mencalion a	acent.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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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	11-02-22
by a physician or APRN.	DID YOU CORRECT THE DEFICIENCY?	
FINDINGS Resident #4: Physician order of Metoprolol 25mg ½ tab PO daily, hold for SBP below 120. No documented	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
evidence that blood pressure was taken prior to administration of medication.	Refident # 4 - Blood passesse	re
	had and have been	
	Plsident # 4 - Blood pressure had and have been Telen daily and been written in the medication	
	Shelt.	
	Blood pressure reading	1
	Blood pressure reading traspered from personal notebook to MAR.	
	notesoak to MAR.	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.  FINDINGS Resident #4: Physician order of Metoprolol 25mg ½ tab PO daily, hold for SBP below 120. No documented evidence that blood pressure was taken prior to administration of medication.	PART 2  FUTURE PLAN  USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  Make a reminder notes  To ensure that its been written daily. Perminder  To sure blood pressure will in my pursual notes.	11-02-22

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.  FINDINGS	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU	11-02-5
Desident #4. Dhysician order of Agnirin Atoryactatin and	CORRECTED THE DEFICIENCY	
	Been picked up from the phounday. Son was of Resident # 4 didn't update the medicure plan update the medicure plan in order to get the prescrip had to pay the complete and to pay the complete had to pay the complete is now available.	ica,
	had to pay the available.	

 RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins,	PART 2	11-02-2
minerals, and formulas, shall be made available as ordered by a physician or APRN.	FUTURE PLAN	
FINDINGS Resident #4: Physician order of Aspirin, Atorvastatin and Miralax. Medications not readily available.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	580
	period proideres fimily	
	Remind flevidents family  to update medical concer- before the regar comes.  Le will also notify  formily of resident and  souther subsecues a medical  runned but I will  make a work den into  my personal note.	Je de la companya de
	2 will also nolify	
	Somily of resident a medlat	ion
	runned but I will	
	my personal note.	
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-15 Medications. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.  FINDINGS Resident #4: Last documented medication reevaluation by physician on 7/9/21.	DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  A CORRECTED FAST	
it.	27 was requalisted fast 05/17/22 and 08/26/202 Here Virtuel Video by his PC. p	2
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-15 Medications. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.	PART 2 <u>FUTURE PLAN</u>	11-02-2
FINDINGS Resident #4: Last documented medication reevaluation by physician on 7/9/21.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	2.
	Record and put it in Medidentes' file ofter Video Conference. I will also make sure to file medication in new form at lent query 4 months put a remeder into my pursual note.	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.  FINDINGS Resident #3: No medication administration record available for review.	DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  Been corrected and recorded to medicalian Sheet.  Inedicalian admir frate admir frate and accorded to make according according to the completed daily	11-02-1
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	RULES (CRITERIA)	PLAN OF CORRECTION	Com <sub>l</sub>
	§11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.  FINDINGS Resident #2: Last documented medication administration record entry on 6/5/22. No documented evidence of medication administration record from 6/5/22 to 7/7/22.	DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  Pela corrected and record to medication record.  Seet.	
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.  FINDINGS Resident #2: Last documented medication administration record entry on 6/5/22. No documented evidence of	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?  Make a remender notes  to a place like in medical calificate in medical acceptance to make that its done. Permitter will Say to complete MAR daily.	Date       - 0 & - 2
e		to complete MAR smily.	

RULES (CRITERIA)	PLAN OF CORRECTION	Co
\$11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.  FINDINGS Resident #2: Last documented medication administration record entry on 5/23/22. No documented evidence of medication administration record from 5/23/22 to 7/7/22.	DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  Been corrected and recorded to medication record sheet	2

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.  FINDINGS Resident #2: Last documented medication administration record entry on 5/23/22. No documented evidence of medication administration record from 5/23/22 to 7/7/22.	FUTURE PLAN  USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  Make a remided notes  To a place like in medication colories to linear that the last that last the last the last that last the last the last that last the last t	11-02-2
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§11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.  FINDINGS Resident #3: No medication administration record available for review.	DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  Resold in The medicalism resold wheel. MAR is now analytic.	11-02-22
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-15 Medications. (m) All medications and supplements, such as vitamins,	PART 2	11-02-2
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.	<u>FUTURE PLAN</u>	
FINDINGS Resident #3: No medication administration record available for review.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
	make a remider moles	
	make a remider notes To a place like in medication Caberet To ensure that it been love perinder will say to complete MAR daily.	
	Cabel to ensure that it	· ·
	beer Jone. pemmder mill Say	-
	to conflete MAR daily.	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.  FINDINGS Resident #4: No documented evidence of medication administration record from 4/2021 to 7/2022.	PART I  DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  Been recorded and in the residence desired.  In tile of the residence desired.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-100.1-15 Medications. (m) All medications and supplements, such as vitamins,	PART 2	11-02-22
	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.	FUTURE PLAN  USE THIS SPACE TO EXPLAIN YOUR FUTURE	
	FINDINGS Resident #4: No documented evidence of medication	PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
	administration record from 4/2021 to 7/2022.	Rome & and make drotes	
		Remind ord make spotes to passond calendar to solve ensure its' been done bailey. perindu will boy b medication cobinel. Perminde will Say to complete MAR daily.	
		saily, perioder will say b	e on
		medication cobinel : Permende	
		will say to complete MAR	
		daily.	
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	RULES (CRITERIA)	PLAN OF CORRECTION	C
	§11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.  FINDINGS Resident #5: No documented evidence of medication administration record for the months of May, June, and July 2022.	PART 1  DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  Blen Corrected and record of Sheet.  Medication record Sheet.	
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\$11-100.1-15 Medications. (m) All medications and supplements, such as vitamins,		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 giver.  FINDINGS  Resident #5: No documented evidence of medication administration record for the months of May, June, and July 2022.	FUTURE PLAN  USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  make a time and remader makes to precede it been done daily. I will make a reminder to complete M AR daily, perioder will be an imedication cubinet.	11-02-8

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:	PART 1	11-02-2
	DID YOU CORRECT THE DEFICIENCY?	
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	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	জ
action taken. Documentation shall be completed immediately when any incident occurs;	peer done and corrected.	
FINDINGS Resident #3: No documented evidence of monthly progress notes from July 2021 to July 2022.	Been done and corrected. Lete entry have been added to record.	2
	added to record.	
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-17 Records and reports. (b)(3) During residence, records shall include:	PART 2	11-02-2
	<u>FUTURE PLAN</u>	
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;	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  malca reminder and time	. 5
FINDINGS Resident #3: No documented evidence of monthly progress notes from July 2021 to July 2022.	PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  make a reminder and time  To do it monthly. To  do progress note monthly  nemender will be on my  personel note.	<b>J</b> .
	personal mole.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include:	PART 1	11-02-23
13	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	DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU  CORRECTED THE DEFICIENCY	
	immediately when any incident occurs;  FINDINGS Resident #4: No documented evidence of monthly progress notes from July 2021 to July 2022.	pler corrected and on file. Lotely entry added It is now on the file.	
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include:	PART 2 <u>FUTURE PLAN</u>	11-02-2
	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 #4: No documented evidence of monthly progress notes from July 2021 to July 2022.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  make a remider, and time to do it monthly. To  do progress note month Nemide will be on my  Sersonal note.	ily.
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-17 Records and reports. (b)(3) During residence, records shall include:	PART 1	11-02-22
	DID YOU CORRECT THE DEFICIENCY?	
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	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	3
action taken. Documentation shall be completed immediately when any incident occurs;	Been corrected and done,	
FINDINGS Resident #5: No documented evidence of monthly progress notes from July 2021 to July 2022.	meen corrected and done, on file. A Lite men file. added. It is new file.	
	adder. It is	
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
$\boxtimes$	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include:	PART 2 FUTURE PLAN	11-02-2
×	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;	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
	FINDINGS Resident #5: No documented evidence of monthly progress notes from July 2021 to July 2022.	inake a reminder note line to do to do it monthly. To do propers note monthly. personal will be on my personal note.	
	2 10 201-		

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-100.1-23 Physical environment. (i) All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure.  FINDINGS Resident #1: Resident currently using wheelchair. ARCH not licensed for residents on wheelchair.	DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  Pesider in how willing with walker, Sometimes cannot wheelchair no larger using wheelchair	11-02-22

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-23 Physical environment. (i) All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure.  FINDINGS Resident #1: Resident currently using wheelchair. ARCH not licensed for residents on wheelchair.	FUTURE PLAN  USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  Resident just fineshed II, her pt. fast 10/26/22  For future admission 2  Will do a longer assessment and ask more question to make sure dient in appropriate for my case Home. I will make a remider nate my admission policy to complete a full assessment.	Z.
4		

RULES (CRITERIA)	PLAN OF CORRECTION	Comple Date
§11-100.1-23 Physical environment. (g)(3)(D) Fire prevention protection.  Type I ARCHs shall be in compliance with, but not limited to, the following provisions:  A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;  FINDINGS  No documented evidence that fire drills were conducted at least four (4) times a year.	PART 1  DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  Been done and recorde.  To the fire diel Sheet.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-100.1-23 Physical environment. (g)(3)(D) Fire prevention protection.  Type I ARCHs shall be in compliance with, but not limited to, the following provisions:  A drill shall be held to provide training for residents and personnel at various times of the day or night at least four	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?	11-02-2
	times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;  FINDINGS  No documented evidence that fire drills were conducted at least four (4) times a year.	make tene and reminder will scheduled in my Calender.	
\$0			

Licensee's/Administrator's Signature:
Print Name: PGNES IFBANGCUSES
Date: 1/- 02 - 22