

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Jessie & Fred Gacula ARCH, LLC	CHAPTER 100.1
Address: 55 Ahona Place, Hilo, Hawaii 96720	Inspection Date: March 10, 2023 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
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><u>FINDINGS</u> Substitute Care Giver (SCG) #1 and SCG #2 - No current documented evidence stating aforementioned care givers have no prior felony or abuse convictions in a court of law.</p> <p>Please attach a copy of Fieldprint results with your plan of correction as evidence of completion.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>FIELD PRINT WAS PERFORM LAST FEB. 17, 2023 AND JUST RECEIVED THE RESULT THIS APRIL. COPY OF RESULTS AS EVIDENCE OF COMPLETION IS ATTACH.</p> <p>STATE OF KANSAS DEPARTMENT OF STATE LICENSING</p> <p>23 MAY -1 P1:37</p>	4-27-23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<div style="position: absolute; left: 100px; top: 600px; transform: rotate(-90deg);"> MAY 25 12:44 STATE OF ARIZONA DEPARTMENT OF CHILDREN, YOUTH & FAMILIES </div>	<input checked="" type="checkbox"/> §11-100.1-3 <u>Licensing</u> . (b)(1)(I) Application. <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><u>FINDINGS</u> Substitute Care Giver (SCG) #1 and SCG #2 - No current documented evidence stating aforementioned care givers have no prior felony or abuse convictions in a court of law.</p> <p>Please attach a copy of Fieldprint results with your plan of correction as evidence of completion.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>FROM NOW ON I WILL MAKE A REMINDER NOTES ON MY CALENDAR INDICATING DATES OF DOCUMENTS WHEN THEY EXPIRES LIKE FIELDPRINT, TB, PE, CPR, FIRST AIDE, ETC. THE SMO CHECK LIST WILL POSTED ON MY DESK AND IN THE CARE HOME BINDER. THIS PLAN WILL IMPLEMENTED AS SOON AS POSSIBLE TO PREVENT A REOCCURENCE OF THIS DEFICIENCY. I WILL SEE TO IT THAT BEFORE THEY WILL EXPIRE I WILL RENEW MORE ADVANCE BEFORE ITS TOO LATE.</p> <p>SCG #1 AND SCG #2 HAS TAKEN THEIR FIELDPRINT FEB. 17 2023, BUT WE JUST JUST RECIGOS THE RESULT AT THE ENDING OF MARCH.</p> <p>FIELDPRINT OF SCG #1 SCG #2 RESULTS IS ATTACH</p>	<p style="text-align: right;">5-22-23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p><u>FINDINGS</u> Substitute Care Giver #1 – No documented evidence of a current annual tuberculosis assessment. Last assessment on file was in 2021.</p> <p>Please provide a copy of Tuberculosis clearance with your plan of correction as evidence of completion.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>TUBERCULIN SKIN TEST WAS PERFORM LAST SEPT. 23 2022. VIAL NUMBER 2CA274 EXPIRATION DATE JUN. 1, 2025. TUBERCULOSIS CLEARANCE AS EVIDENCE OF COMPLETION IS ATTACH.</p>	<p>4-27-23</p> <p>23 MAY -1 P1:36</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p><u>FINDINGS</u> Substitute Care Giver #1 – No documented evidence of a current annual tuberculosis assessment. Last assessment on file was in 2021.</p> <p>Please provide a copy of Tuberculosis clearance with your plan of correction as evidence of completion.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>IN THE NEAR FUTURE, TO PREVENT FROM THIS HAPPENING AGAIN, I WILL MAKE A POLICY THAT ANY PERSON RESIDE, OR CARE SERVICES TO RESIDENT IN OUR CARE HOME, SHALL HAVE COMPLETE DOCUMENTED EVIDENCE OF AN ANNUAL TUBERCULOSIS CLEARANCE. I WILL MAKE A CHECK LIST TO REMIND ME WHEN IS THERE EXPIRATION DATE AND POSTED ON MY DESK AND IN THE CARE HOME BINDER. I WILL CONSTANTLY THEIR EXPIRATION DATE. CHECK THE PLAN WILL IMPLEMENTED AS SOON AS POSSIBLE.</p> <p>COPY OF TUBERCULOSIS CLEARANCE IS ATTACH</p>	<p>5-22-'23</p> <p>STATE OF MICHIGAN DEPT. OF HEALTH & HUMAN SERVICES DIVISION OF COMMUNITY CARE MAY 25 11:44</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #1 – Diet order for resident is “Regular, soft.” No special diet menu observed for “Regular, soft” diet order.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I CONTACTED MS. ANNETH JACKSON (THE DIETITIAN) ON THE PHONE ASKING HER TO HELP ME WITH REGARDS TO MAKE MENUS FOR REGULAR SOFT DIET. SHE SEND SEND ME DISCRPTION TO MODITFY REGULAR SOFT DIET, WITH THE PLANK MENU FORM. COMPLETED MENUS IS ENCLOSED.</p>	<p>4-27-23</p> <p>23 MAY -1 P1:36</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #1 – Diet order for resident is “Regular, soft.” No special diet menu observed for “Regular, soft” diet order.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>IN THE FUTURE, TO PREVENT THIS FROM HAPPENING AGAIN, I WILL HAVE SPECIAL DIET ORDER. I WILL CONTACT OHCA NUTRITIONIST FOR GUIDANCE OF THE MENU. THIS PLAN MUST BE IMPLEMENTED AS SOON AS POSSIBLE TO PREVENT A REOCCURRENCE OF THIS DEFICIENCY. IF ANY QUESTION REGARDING OF DIET MENU PLEASE CALL OHCA NUTRITIONIST.</p>	<p>5-22-23</p> <p>23 MAY 25 11:43</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #2 – Diet order for resident is “Regular, no concentrated sweets.” No special diet menu observed for this diet order.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I SPOKE TO THE DOCTOR OF RESIDENT #2 DATED MARCH 30 2023 TO CLARIFY DIET ORDER. ADVICE ME (NO CONCENTRATED SWEET) AND AVOID MIXING JUICE, OR SODA. ENCOURAGE TO DRINK LOTS OF WATER TO MAINTAIN GOOD BLOOD SUGAR.</p>	<p>5-22-23</p> <p>23 MAY 25 PM 12:43</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #2 – Diet order for resident is “Regular, no concentrated sweets.” No special diet menu observed for this diet order.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>IN THE FUTURE TO PREVENT THIS FROM HAPPENING AGAIN. I WILL HAVE SPECIAL DIET AVAILABLE FOR ALL SPECIAL DIET ORDER. I WILL CONTACT OHCA NUTRITIONIST FOR GUIDANCE OF THE MENU. PLAN BE IMPLEMENTED AS SOON AS POSSIBLE TO PREVENT THE DEFICIENCY FROM REOCCURRING. IF ANY QUESTION OF DIET MENU, PLEASE CALL OHCA NUTRITIONIST.</p>	<p>5-22-'23</p> <p>23 MAY 25 PM 2:43</p> <p>STATE OF OHIO DEPARTMENT OF COMMUNITY SERVICES</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p><u>FINDINGS</u> "Raid" bug spray observed unsecured on kitchen counter. Primary Care Giver secured insecticide</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>23 MAY -1 P 1:35</p> <p>STATE OF OHIO DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§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.</p> <p><u>FINDINGS</u> "Raid" bug spray observed unsecured on kitchen counter. Primary Care Giver secured insecticide</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>FROM NOW ON I WILL BE MORE STRICT WITH REGARDS TO HANDLING TOXIC CHEMICALS SUCH AS INSECTICIDES, ETC. I WILL MAKE A STORAGE CABINET WITH LOCK TO STORE ALL THE CHEMICALS TO AVOID FROM ANY FOOD SUPPLIES. THAT WAY ONLY ME CAN OPEN THE STORAGE CABINET. WHEN EVER I USED THE CHEMICALS I SEE TO IT THAT WHEN DONE I WILL PUT BACK ON THE CABINET AND LOCK.</p> <p>THIS WILL BE IMPLEMENTED AS SOON AS POSSIBLE TO PREVENT THE DEFICIENCY FROM REOCCURRING.</p>	<p>5-22-23</p> <p>STATE OF MICHIGAN DEPARTMENT OF STATE LICENSING</p> <p>'23 MAY 25 PM 2:43</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>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;</p> <p><u>FINDINGS</u> Resident #1 – No consistent documentation of resident's response to diet and care plan on narrative progress notes from December 2022 to February 2023.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p>STATE OF MICHIGAN DEPARTMENT OF HUMAN SERVICES MAY -1 P1:35</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>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;</p> <p><u>FINDINGS</u> Resident #1 – No consistent documentation of resident's response to diet and care plan on narrative progress notes from December 2022 to February 2023.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>FROM NOW ON I WILL USE THE PROGRESS NOTES FORM THAT YOU HAD GIVEN. I WILL DOCUMENTS SUCH AS MEDICATIONS, TREATMENTS, DIET, AND CARE PLAN INCLUDING ACTIVITIES. I WILL FOLLOW THE INSTRUCTION FOR PROGRESS NOTES. PLEASE SEE ATTACH PROGRESS NOTE FOR APRIL.</p> <p>STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p> <p>23 MAY -1 P1:35</p>	4-27-23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (j)(1) Waste disposal:</p> <p>Every Type I ARCH shall provide a sufficient number of watertight receptacles, acceptable to the department for rubbish, garbage, refuse, and other matter. These receptacles shall be kept closed by tight fitting covers;</p> <p><u>FINDINGS</u> Bedrooms #1, #2, #3, and bathroom #1 was observed with trash receptacles not having tight fitting lids.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">AS OF NOW BED ROOM NO. 1 BEDROOM 2, AND BEDROOM NO. 3 WAS ALREADY FURNISH WITH TRASH RECEPTACLES AND HAVING TIGHT FITTING LIDS. THIS INCLUDES BATH ROOM NO. 1.</p> <p style="text-align: center;">STATE OF HAWAII BOAT CHIEF STATE LICENSING</p> <p style="text-align: center;">23 MAY -1 P1:35</p>	<p style="text-align: center;">4.27.23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (j)(1) Waste disposal:</p> <p>Every Type I ARCH shall provide a sufficient number of watertight receptacles, acceptable to the department for rubbish, garbage, refuse, and other matter. These receptacles shall be kept closed by tight fitting covers;</p> <p><u>FINDINGS</u> Bedrooms #1, #2, #3, and bathroom #1 was observed with trash receptacles not having tight fitting lids.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>IN THE FUTURE TO PREVENT THIS FROM HAPPENING AGAIN I WILL PURCHASE A SUFFICIENT NUMBER OF WATER TIGHT RECEPTACLES ACCEPTABLE TO THE DEPARTMENT FOR RUBBISH GARBAGE AND OTHER MATTER. I WILL BE PUTTING ONE EACH FOR BEDROOMS #1 #2 #3 AND BEFORE BATHROOM #1.</p> <p>I WILL CONSTANTLY REMIND ALL RESIDENTS TO USE THE TRASH RECEPTACLE ON A SANITARY MANNER. I WILL BE CHECKING EVERY THE ROOMS EVERY TIME TO MAKE EASY FOR ME AND TO PREVENT THE DEFICIENCY FROM REOCCURRING, ESPECIALLY THE COVER MUST BE TIGHT FIT CLOSE AT ALL TIMES.</p> <p>THIS PLAN WILL BE IMPLEMENTED SOONER TO PREVENT THE DEFICIENCY FROM REOCCURRING.</p>	<p>5-22-23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-80 <u>Licensing</u>. (d) Policies and procedures shall be developed by the licensee to meet the provisions of this chapter.</p> <p><u>FINDINGS</u> Resident #1 – Resident who is an expanded level of care. No documented evidence of a signed Expanded ARCH policy by resident's guardian.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>RESIDENT #1 EXPANDED ARCH POLICY WAS ALREADY COMPLETED AND SIGNED BY THE RESIDENT, LEGAL GUARDIAN, AND THE EXPANDED ARCH LICENSEE OR PRIMARY CARE GIVER.</p> <p>STATE OF HAWAII DOH-2134 STATE LICENSING</p> <p>23 MAY -1 P1:34</p>	<p>4-27-23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-80 Licensing. (d) Policies and procedures shall be developed by the licensee to meet the provisions of this chapter.</p> <p><u>FINDINGS</u> Resident #1 – Resident who is an expanded level of care. No documented evidence of a signed Expanded ARCH policy by resident's guardian.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>IN THE FUTURE TO PREVENT THIS HAPPENING AGAIN I WILL DEVELOPED POLICIES AND PROCEDURES TO MEET THE PROVISIONS OF THIS CHAPTER. DOCUMENTED EXPANDED ARCH POLICY MUST SIGNED BY THE RESIDENT'S GUARDIAN OF RESIDENT #1.</p> <p>THIS PLAN WILL BE IMPLEMENTED AS SOON AS POSSIBLE TO PREVENT FROM REOCCURRING, OF THIS DEFICIENCY.</p>	<p>5-22-23</p> <p>23 MAY 25 PM 2:43</p>

STATE OF MICHIGAN
DEPARTMENT OF
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><u>FINDINGS</u> Facility has been approved to be a Type I expanded ARCH on September 2022. No documented evidence that a monthly fire drill was conducted in September 2022, November 2022, December 2022, and February 2022.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>23 MAY -1 P 1:32</p> <p>STATE OF HAWAII DEPT. OF LAND & NATURAL RESOURCES STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><u>FINDINGS</u> Facility has been approved to be a Type I expanded ARCH on September 2022. No documented evidence that a monthly fire drill was conducted in September 2022, November 2022, December 2022, and February 2022.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>IN THE FUTURE TO PREVENT THIS FROM HAPPENING AGAIN I WILL BE CONDUCTING FIRE DRILLS TO ALL MY RESIDENTS AT LEAST EVERY MONTH UNDER VARIED CONDITION AND TIME OF DAY. I WILL SET A TIME AND DATE EVERY MONTH AND POSTED ON MY DESK AND ALSO IN THE CARE HOME BINDER FOR A REMINDER. FOR EVERY FIRE DRILL CONDUCTED MUST BE DOCUMENTED. THE PLAN WILL BE IMPLIMENTED AS SOON AS POSSIBLE TO PREVENT THE DEFICIENCY FROM REOCCURRING.</p>	<p>5-22-23</p> <p>STATE OF MA DEPARTMENT OF STATE LICENSING</p> <p>23 MAY 25 PM 2:12</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-90 <u>Expanded ARCH resident's rights.</u> (1) In addition to the resident's rights in section 11-100.1-21, the expanded ARCH resident shall have the right to:</p> <p>Be fully informed, orally and in writing, prior to or at the time of admission, of individual rights and responsibilities and of all rules governing expanded ARCH resident conduct. There shall be documentation that a copy of this document has been received, acknowledged, and signed by the expanded ARCH resident, expanded ARCH resident's family, legal guardian, surrogate or representative. Should the resident require the assistance of an interpreter, the licensee shall ensure that interpreter services including but not limited to translation, sign language or visual services are provided;</p> <p><u>FINDINGS</u> Resident #1 – Resident became expanded level of care in December 1, 2023. No documented evidence of a signed expanded policy by resident, expanded ARCH resident's family, legal guardian, surrogate or representative.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>IN THE FUTURE TO PREVENT THIS FROM HAPPENING AGAIN MY PLAN IS TO PREPARE ALL THE NECESSARY DOCUMENTS LIKE THE EXPANDED ARCH POLICY. I WILL INFORMED ORALLY, AND IN WRITING PRIOR TO OR AT THE TIME OF ADMISSION, INDIVIDUAL AND RESPONSIBILITIES RULES GOVERNING EXPANDED ARCH RESIDENTS CONDUCT. I WILL ASK THE EXPANDED RESIDENT, FAMILY, OR LEGAL GUARDIAN OF RESIDENT #1 TO SIGN THE DOCUMENTS BEFORE ADMISSION.</p> <p>THIS PLAN WILL IMPLEMENTED AS SOON AS POSSIBLE TO PREVENT A REOCCURENCE OF THIS DEFICIENCY.</p>	<p>5-22-23</p> <p>23 MAY 25 PM 2:42</p> <p>STATE OF MICHIGAN DEPARTMENT OF STATE LICENSING</p>

Licensee's/Administrator's Signature: Jessie P. Gacula

Print Name: JESSIE P. GACULA

Date: MAY 22, 2023

23 MAY 25 PM 12:42
STATE OF OHIO
DIVISION OF
STATE LICENSING

Licensee's/Administrator's Signature: Jessie P. Gacula

Print Name: JESSIE P. GACULA

Date: APRIL 27, 2023

STATE OF ARIZONA
DEPARTMENT OF
STATE LICENSING

'23 MAY -1 P 1:31