

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Rolita's Care Home LLC	CHAPTER 100.1
Address: 94-692 Kehela Street, Waipahu, Hawaii 96797	Inspection Date: April 20, 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

23 APR 13 PM 1:13

	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><b><u>FINDINGS</u></b> Substitute Care Giver #2 – No Fieldprint result.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>I will put a reminder in my phone and calendar to give a heads up when finger prints are due for CC6 and PCG. Also, put on the binder for department to review.</p> <p>The appointment was scheduled on Sep 29, 2023 and finger print was done. Waiting for the fieldprint results.</p>	<p style="text-align: center;">4/21/23</p> <p style="text-align: center;">23 JUN 13 2:43</p>

	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><b>FINDINGS</b> Substitute Care Giver #2 – No Fieldprint result.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>I will keep track of all requirements needed and make multiple copies of fingerprint results and place it on the ARCH binder. I will use caregiver/household member checklist to obtain documents. I will review expiration dates 2 months before inspection month and put on my calendar to remind PCC and SCG's.</p>	<p style="text-align: right;">9/23/23</p> <p style="text-align: right;">23 OCT -6 AM 5:33</p> <p style="text-align: center; font-size: small;">STATE OF HAWAII DANIELA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u>  (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.</p> <p><b><u>FINDINGS</u></b>  Primary Care Giver (PCG), Household member (HM) #1 –  No current annual physical exam.</p> <p>Please submit a copy with your plan of correction (POC).</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Physical examination is obtained for PCG and HM #1. Placed copy of results on ARCH binder for PCG and HM #1.</p> <p>PCG - 5/18/23  HM # - 5/18/23  see attach.</p>	<p>5/18/23</p> <p style="text-align: right;">23 JUN 13 P 4:21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u>  (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.</p> <p><b><u>FINDINGS</u></b>  Primary Care Giver (PCG), Household member (HM) #1 –  No current annual physical exam.</p> <p>Please submit a copy with your plan of correction (POC).</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>I will make multiple copies of physical examination and place it on the Arch binder. I will review expiration dates 2 months before inspection month.</i></p>	<p style="text-align: right;"><i>5/18/23</i></p> <p style="text-align: center;">23 JUN 13 P 4:21</p> <p style="text-align: center;">STATE OF MICHIGAN  DEPARTMENT OF  HUMAN SERVICES</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><b><u>FINDINGS</u></b> SCG #1, SCG #2, HM #1 – No initial tuberculosis clearance.</p> <p>Please submit a copy with your POC.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>TB clearance obtained for SCG #1, SCG #2, HM #1. Placed a copy of results on ARCH binder.</p> <p>SCG #1 = 5/29/23 SCG #2 = 5/18/23 HM #1 = 5/18/23</p> <p>see attach.</p> <div style="text-align: right; font-size: small;">       STATE OF HAWAII        DEPARTMENT OF        STATE LICENSING     </div>	<p style="text-align: center;">5/29/23</p> <p style="text-align: center;">23 JUN 13 PM 4:21</p>

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<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><b>FINDINGS</b> SCG #1, SCG #2, HM #1 – No initial tuberculosis clearance.</p> <p>Please submit a copy with your POC.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>I will make multiple copies of TB clearance results and place it on the ARCH binder. I will review expiration dates 2 months before inspection month.</i></p> <p><i>I will use new substitute caregiver checklist. to remind myself to obtain initial TB clearance.</i></p>	<p style="text-align: center;"><i>5/29/23</i></p> <p style="text-align: right;">23 JUN 13 24:20 STATE OF OHIO STATE LIBRARY</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><b><u>FINDINGS</u></b> SCG #1 – No First Aid certification.</p> <p>Please submit a copy with your POC.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>First Aid certification was obtained for SCG #1 and place on Archt binder.</p> <p>SCG #1 : 7/11/22 - 7/31/24 see attach</p> <div style="text-align: right; font-size: small; margin-top: 20px;">       STATE OF NEW YORK        DEPARTMENT OF        SOCIAL SERVICES        STATION 1185B     </div>	<p style="text-align: center;">4/20/23</p> <p style="text-align: center;">23 JUN 13 P4:20</p>



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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><b><u>FINDINGS</u></b> Resident #2 – No record that PCG is trained for insulin administration.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Letter obtained for PCG's insulin administration. see attach.</i></p>	<p style="text-align: center;"><i>4/22/23</i></p> <p style="text-align: center;">'23 OCT -6 AM 53</p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><b>FINDINGS</b> Resident #2 – No record that PCG is trained for insulin administration.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>I will keep track of all requirements needed and make multiple copies. one to two weeks before admission date, make arrangements with doc office for training, and obtain a letter. Also, assess the resident and interview resident. Communicate with resident's nurses and primary doctor.</p>	<p style="text-align: right;">4/22/23</p> <p style="text-align: right;">'23 OCT -6 AM 1:53</p> <p style="text-align: center; font-size: small;">STATE OF HAWAII DON-ORCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p><b>FINDINGS</b> Lunch menu is "Pineapple juice 1c, Water 1c, Pasta with alfredo sauce and bacon, Assorted fruits 1/2c." Lunch served was white rice with mung beans and pork, BBQ chips, pineapple, and tangerines. No menu substitution recorded.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p style="text-align: right;">STATE OF CALIFORNIA DEPARTMENT OF STATE LICENSING</p>	<p>23 JAN 13 P4:20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p><b><u>FINDINGS</u></b> Lunch menu is "Pineapple juice 1c, Water 1c, Pasta with alfredo sauce and bacon, Assorted fruits 1/2c." Lunch served was white rice with mung beans and pork, BBQ chips, pineapple, and tangerines. No menu substitution recorded.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Follow menu listed. If ingredients is not available, make sure to note/write it down on menu substitution form and make it available for department and SCS. I trained SCS to record on menu substitution form and I put on my calendar for self reminder to note when theres changes on the day menu.</p>	<p style="text-align: center;">4/22/23</p> <p style="text-align: center;">23 OCT -6 AM 5:3</p> <p style="text-align: center;">STATE OF HAWAII DH-010-A STATE LICENSING</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><b><u>FINDINGS</u></b>            One (1) can of air freshener was left in residents' bathroom. Removed by PCG during inspection.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p style="text-align: right; font-size: small;">STATE OF NEW JERSEY            DEPARTMENT OF HEALTH            STATE LICENSING</p>	<p style="text-align: center; vertical-align: bottom;">23 JUN 13 P 4:20</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><b><u>FINDINGS</u></b> One (1) can of air freshener was left in residents' bathroom. Removed by PCG during inspection.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG and SCG's will never place any cleaning supplies or air fresheners to unsecured place without any locking device. I train SCG to lock cabinets after use and PCG will double check that cabinets are lock before bedtime.</p>	<p style="text-align: center;">4/21/23</p> <p style="text-align: center;">23 JUN 13 P4:20</p> <p style="text-align: center;">STATE OF NEW YORK DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (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.</p> <p><u>FINDINGS</u>            Visine Red Eye Hydrating Comfort eye drops, Wixela 100/50 inhaler, and Arnica Gel Relief for pain were left unsecured in resident's bedroom #4.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Medications and remedies was place and secured area without any locking device. I trained staff and household members to never leave medications and over the counter remedies unsecured. I will double check once a month if medications and cabinets are secured. in a locked container in the refrigerator.</p> <p style="text-align: right; font-size: small;">STATE OF MAH            DEPARTMENT OF            STATE LICENSING</p>	<p style="text-align: right;">4/21/23</p> <p style="text-align: right;">'23 JUN 13 P4:20</p>



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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§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.</p> <p><b><u>FINDINGS</u></b> Resident #1 – On 4/10/2023, physician’s notes stated “Levetiracetam 500mg tablet, Take with 250mg tabs for total of 750mg twice a day.” The previous order was “Take 2 tablets by mouth 2 times a day.” Per MAR, on 1/19/2023 it was changed to 1 tab twice a day and continued until 4/10/2023. No physician’s order to change to 1 tab twice a day on 1/19/2023. Physician’s written order not obtained. Currently 750mg BID is given per MAR as ordered.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p style="text-align: right;">STATE OF CONNECTICUT DEPARTMENT OF STATE LICENSING</p>	<p>23 JUN 13 P 4:20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Current physician’s order dated 4/10/2023 included “Lacosamide 100mg tablet, Take 1 tablet by mouth 2 times a day.” Medication not available at home.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Medications was picked up on the same day it run out and medication was given to resident.</p>	<p>4/20/23</p> <p style="text-align: right;">23 JUN 13 P4 20</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§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.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Current physician’s order dated 4/10/2023 was “Lorazepam 0.5mg Tablet, take 1 tablet by mouth daily as needed for Anxiety.” Medication bottle label was “Lorazepam 0.5mg tablet, take 1 tablet by mouth every evening for panic.” Physician’s order and medication bottle label do not match.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>contacted primary doctor for resident #1 to confirm its the right order labeled on the medication bottle. Also, call 5 minute pharmacy to confirm is the right order and dosage that way when it gets drop off, it's the right one. Update MAR every 2 weeks and every after doctor appointments.</p> <p>Telephone order received was documented.</p>	<p>4/22/23</p> <p style="text-align: right;">*23 OCT -6 AM 11:54</p> <p style="text-align: center; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Current physician’s order dated 4/10/2023 was “Lorazepam 0.5mg Tablet, take 1 tablet by mouth daily as needed for Anxiety.” Medication bottle label was “Lorazepam 0.5mg tablet, take 1 tablet by mouth every evening for panic.” Physician’s order and medication bottle label do not match.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Every doctor appointment, I will document the changes on the progress note, update and match the label. MAR: I will review medication orders and MAR every 2 weeks and update as needed and match bottle label.</p>	<p style="text-align: right; vertical-align: top;">4/20/23</p> <p style="text-align: right; vertical-align: bottom;">23 JUN 13 P4:19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Per medication administration record (MAR) Gabapentin 400mg was discontinued on 1/19/2023. There was no discontinuation order. Current medication order no longer includes the medication.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: center;">STATE OF TENNESSEE DEPARTMENT OF REHABILITATION COMMUNITY SERVICES</p>

23 JUN 13 P4:19



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Per medication administration record (MAR) Gabapentin 400mg was discontinued on 1/19/2023. There was no discontinuation order. Current medication order no longer includes the medication.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>I will call primary doctor to confirm medication orders and discontinuation. Make note on progress note of any changes. Every 2 weeks, I will review and update MAR and match doctors orders. I will contact doctor within 24 hours if clarifications are needed.</p>	<p style="text-align: right;">4/25/23</p> <p style="text-align: right;">'23 OCT -6 AM 54</p> <p style="text-align: center; font-size: small;">STATE OF HAWAII DHF-DLHA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (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.</p> <p><b><u>FINDINGS</u></b>  Resident #1 - Physician's order is "Bisacodyl 10mg, Insert 1 suppository rectally daily as needed for constipation."  Indication for as needed use was not listed in MAR.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>MAR was updated and documented that bisacodyl 10 mg is PRN.</p>	<p style="text-align: right;">4/20/23</p> <p style="text-align: right;">23 JUN 13 PM 19</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT  DEPARTMENT OF SOCIAL SERVICES  STAFF TRAINING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (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.</p> <p><b><u>FINDINGS</u></b>  Resident #1 - Physician's order is "Bisacodyl 10mg, Insert 1 suppository rectally daily as needed for constipation."  Indication for as needed use was not listed in MAR.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Every doctor appointment, I will document the changes on the progress note and update MAR. I will review medication orders and MAR every 2 weeks and update as needed.</p>	<p style="text-align: center;">4/20/23</p> <p style="text-align: center;">23 JUN 13 PM 19</p> <p style="text-align: center;">STATE OF NEW YORK  DEPARTMENT OF SOCIAL SERVICES  STATE BUILDINGS</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (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.</p> <p><b>FINDINGS</b> Resident #2 – Physician’s order was Minocycline 100mg, 1 cap every 12 hours for 30 days. MAR was initialed 29 days from 2/17/2023 AM dose to 3/17/2023 PM dose.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF STATE DEFENDING</p>	<p style="text-align: center;">'23 JUN 13 P4:19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (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.</p> <p><b><u>FINDINGS</u></b>  Resident #2 – Physician’s order was Minocycline 100mg, 1 cap every 12 hours for 30 days. MAR was initialed 29 days from 2/17/2023 AM dose to 3/17/2023 PM dose.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>Initial MAR on a daily base.  Every 2 weeks, renew and update MAR daily after administering every medications on each resident</i></p>	<p style="text-align: center;"><i>4/22/23</i></p> <p style="text-align: center;">23 OCT -6 AM 1:54</p> <p style="text-align: center;">STATE OF HAWAII  DEPARTMENT OF HEALTH  STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (n)  Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN. Written procedures shall be available for storage, monitoring and documentation.</p> <p><b><u>FINDINGS</u></b>  Resident #2 – Resident self-administers insulin. No physician’s order for self-administration. No procedures for storage, monitoring and documentation available.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>PCGA obtained a copy of physicians order for self administration and written instructions for resident #2.</i></p> <p style="text-align: right; font-size: small;">STATE POLICE  PROBATION  STATE DIVISION</p>	<p style="text-align: center;"><i>4/26/23</i></p> <p style="text-align: center;">*23 JUN 13 P4:19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (n)  Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN. Written procedures shall be available for storage, monitoring and documentation.</p> <p><b>FINDINGS</b>  Resident #2 – Resident self-administers insulin. No physician's order for self-administration. No procedures for storage, monitoring and documentation available.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>I will <sup>prepared</sup> <del>write</del> a procedure for storage &amp; monitoring for self administration and past on each kitchen and place on the binder. Also, ask Primary doctor for a letter for the self administration and procedure.</i></p>	<p style="text-align: right;"><i>9/28/23</i></p> <p style="text-align: right;"><b>23 OCT -6 AM 1:54</b></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII  DOH - OHA  STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (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.</p> <p><b>FINDINGS</b>  Resident #1 – No plan of care and daily activities schedule.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Plan of care and daily activities schedule documented for resident #1.</i></p> <div style="text-align: right; font-size: small; margin-top: 20px;"> STATE OF MISSISSIPPI  DEPARTMENT OF  STATE LICENSING </div>	<p style="text-align: center;"><i>4/20/23</i></p> <div style="text-align: right; font-size: x-small; margin-top: 20px;"> '23 JUN 13 P 4:19 </div>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-16 <u>Personal care services.</u> (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.</p> <p><u>FINDINGS</u>  Resident #1 – No plan of care and daily activities schedule.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>I will make sure to document scheduled activities for each resident <del>at the</del> <sup>for</sup> the admission day. Place it on the binder for every resident. I will use admission checklist form to remind myself to complete admission checklist.</i></p>	<p style="text-align: center; vertical-align: top;">4/23/23</p> <p style="text-align: center; vertical-align: bottom;"> <small>STATE OF MARYLAND  COMM-ORCA  STATE LICENSING</small>  23 OCT -6 AM 5:4 </p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4)  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:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Record shows PPD skin tests were administered but results were not available.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">PPD SKIN TEST IS AVAILABLE AND IS PLACED ON THE BINDER FOR DEPARTMENT TO REVIEW.</p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN  DEPARTMENT OF  STATE LICENSING</p>	<p style="text-align: right;">4/20/23</p> <p style="text-align: right;">23 JUN 13 P4:19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4)  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:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Record shows PPD skin tests were administered but results were not available.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>I will make sure to have residents record on admission or readmission on residents binder. I will put on my calendar to use admission checklist form to remind myself to complete admission checklist.</i></p>	<p style="text-align: right;"><i>9/27/23</i></p> <p style="text-align: center;">23 OCT -6 AM 5:54</p> <p style="text-align: center;">STATE OF HAWAII  BOH-0101  STATE LICENSING</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><b><u>FINDINGS</u></b> Resident #1 – No progress notes for response to medication, treatment, and diet.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF STATE CLERKING</p>	<p style="text-align: right; font-size: small;">'23 JUN 13 P 4:18</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><b>FINDINGS</b> Resident #1 – No progress notes for response to medication, treatment, and diet.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>Document every changes to physician on the progress note about residents treatment, medications, and diet. I will review and document resident response on the progress notes monthly at the end of the month.</i></p>	<p style="text-align: right;"><i>4/27/23</i></p> <p style="text-align: right;">23 JUN 13 P4:18</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPT. OF SOCIAL SERVICES STATE LICENSING</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><b>FINDINGS</b> Resident #1 – No progress notes for observation of the wound. Resident receives wound care for right leg.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPT. OF HEALTH STATE INSURANCE</p>	<p style="text-align: center;">23 JUN 13 P4:18</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><b><u>FINDINGS</u></b> Resident #1 – No progress notes for observation of the wound. Resident receives wound care for right leg.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Document every changes to physician on the progress notes about residents treatment, medications, and diet. I will review and document resident response on the progress note monthly at the end of each month.</p>	<p style="text-align: right;">4/27/23</p> <p style="text-align: right;">23 JUN 13 PM 1:18</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><b>FINDINGS</b> Resident #1 – Minocycline 100mg, 1 cap every 12 hours for 30 days. It was ordered on 2/16/2023, not recorded in progress notes.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN DEPARTMENT OF STATE LICENSING</p>	<p style="text-align: center; vertical-align: bottom;">23 JUN 13 P 4:18</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><b><u>FINDINGS</u></b> Resident #1 – Minocycline 100mg, 1 cap every 12 hours for 30 days. It was ordered on 2/16/2023, not recorded in progress notes.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Document every reported changes to physician on the progress note about residents treatment, medications, and diet. I will review and document resident response on the progress notes monthly at the end of each month.</p>	<p style="text-align: right;">4/27/23</p> <p style="text-align: center;">23 JUN 13 P4:18</p> <p style="text-align: center;">STATE OF OHIO DEPARTMENT OF STATE POLICING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(5) During residence, records shall include:</p> <p>Entries detailing all medications administered or made available;</p> <p><b><u>FINDINGS</u></b> Resident #1 - Bisacodyl 10mg suppository is given daily in April 2023 and 16 times in February 2023. Response to the medication and reasons for use were not documented in progress notes.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: right;">23 JUN 13 P 4:13</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(5) During residence, records shall include:</p> <p>Entries detailing all medications administered or made available;</p> <p><b>FINDINGS</b> Resident #1 - Bisacodyl 10mg suppository is given daily in April 2023 and 16 times in February 2023. Response to the medication and reasons for use were not documented in progress notes.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN</b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>Document every reported changes to physician on the progress notes about resident's treatment, medications, and diet. I will review and document resident response on the progress notes every end of the month.</i></p>	<p style="text-align: right;"><i>4/27/23</i></p> <p style="text-align: right;">23 JUN 13 P 4:18</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(5) During residence, records shall include:</p> <p>Entries detailing all medications administered or made available;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician’s order is “Lorazepam 0.5mg Tablet, take 1 tablet by mouth daily as needed for Anxiety.” Per MAR, the medication was given daily. Response to medication and reasons for a use were not documented in progress notes.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p style="text-align: right; font-size: small;">STATE OF PA DEPARTMENT OF STATE POLICING</p>	<p style="text-align: center;">'23 JUN 13 P 4:18</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(5) During residence, records shall include:</p> <p>Entries detailing all medications administered or made available;</p> <p><b>FINDINGS</b> Resident #1 – Physician’s order is “Lorazepam 0.5mg Tablet, take 1 tablet by mouth daily as needed for Anxiety.” Per MAR, the medication was given daily. Response to medication and reasons for a use were not documented in progress notes.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN</b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>Document every reported changes to physician on the progress notes about residents response to treatments, medications, and diet. I will review and document residents response on the progress notes monthly at the end of the month.</i></p>	<p style="text-align: right;"><i>4/27/23</i></p> <p style="text-align: right;">23 JUN 13 P4:18</p> <p style="text-align: right; font-size: small;">STATE OF PENNSYLVANIA DEPARTMENT OF STATE POLICING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2)            General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – No legend for care givers’ initials in MAR.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Legend is written for caregiver initials on MAR each month.</i></p>	<p style="text-align: center;"><i>4/21/23</i></p> <p style="text-align: center;">23 JUN 13 P4:18</p> <p style="text-align: center;">STATE OF ILLINOIS            DEPARTMENT OF            STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2)            General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – No legend for care givers’ initials in MAR.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN</b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>I will review and update MAR every 2 weeks and update as needed.</i></p>	<p style="text-align: right;"><i>4/21/23</i></p> <p style="text-align: right;">23 JUN 13 P 4:18</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT            DEPARTMENT OF            SOCIAL SERVICES</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-17 <u>Records and reports. (g)</u>  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.</p> <p><u>FINDINGS</u>  Resident #1 – White correction tape was used in January 2023 MAR.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: right;">23 JUN 13 P4:18</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT  DEPARTMENT OF  CORRECTIONS  STATE LINDA JACO</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u>  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.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – White correction tape was used in January 2023 MAR.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN</b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>Never use white correction tape in any document at all times and SCGs are informed.</i></p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT  DEPARTMENT OF  CORRECTIONS</p>	<p style="text-align: center;"><i>4/20/23</i></p> <p style="text-align: center;">23 JUN 13 P 4:17</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (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.</p> <p><b>FINDINGS</b>  Resident #1 – No signed financial agreement.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Financial agreement is signed.</i></p>	<p style="text-align: center;"><i>4/20/23</i></p> <p style="text-align: center;">23 JUN 13 P4:17</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (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.</p> <p><b>FINDINGS</b>  Resident #1 – No signed financial agreement.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN</b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>I will use admission checklist and put on my calendar to remind myself on every admission to complete all documents needed and place on the binder and make multiple copies for department to review</i></p>	<p><i>d/28/23</i></p> <p style="text-align: right;">23 OCT -6 AM 55</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII  DEPT. OF HEALTH  STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><b>FINDINGS</b> Resident #2 – No record that PCG trained SCG for glucose monitoring.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>SCG trained for glucose monitoring and primary caregiver and substitute caregiver training form is completed.</p> <p>Information for glucose monitoring is available for SCG's.</p>	<p style="text-align: center;">9/28/23</p> <p style="text-align: center;">23 OCT -6 AM 11:55</p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><b>FINDINGS</b> Resident #2 – No record that PCG trained SCG for glucose monitoring.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN</b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>A week before admission day, I will train SCG's for specialized care. such as glucose monitoring. Record on PCG and SCG training form that is completed.</p> <p>I will use <sup>now</sup> admission checklist to remind myself to train SCG's.</p>	<p style="text-align: center;">a/20/23</p> <p style="text-align: center;">'23 OCT -6 AM 1:55</p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (d)  When the resident has experienced a significant change in mental or physical well-being, a prompt report shall be made and provided to the resident's physician or APRN, by the primary or substitute caregiver. Any change in physician or APRN orders shall be promptly carried out.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – No record that 16lb weight gain in four (4) months from November 2022 to April 2023 was reported to physician.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>weight gain w recorded and reported to physician for resident #1 .</i></p>	<p style="text-align: right;"><i>4/22/23</i></p> <p style="text-align: right;">23 JUN 13 P4:17</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (d) When the resident has experienced a significant change in mental or physical well-being, a prompt report shall be made and provided to the resident's physician or APRN, by the primary or substitute caregiver. Any change in physician or APRN orders shall be promptly carried out.</p> <p><b><u>FINDINGS</u></b> Resident #1 – No record that 16lb weight gain in four (4) months from November 2022 to April 2023 was reported to physician.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN</b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>Every 5lbs lost or gain for residents, I will document monthly on ARCH binder and report to physician.</i></p>	<p style="text-align: right;"><i>4/22/23</i></p> <p style="text-align: right;">*23 JUN 13 P4:17</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(A) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally or in writing, prior to or at the time of admission, of these rights and of all rules governing resident conduct. There shall be documentation signed by the resident that this procedure has been carried out;</p> <p><b><u>FINDINGS</u></b> Resident #1 – No signed care home policy.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Care home policy is signed.</i></p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES</p>	<p style="text-align: center;"><i>4/20/23</i></p> <p style="text-align: center;">23 JUN 13 P4:17</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1)(A) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally or in writing, prior to or at the time of admission, of these rights and of all rules governing resident conduct. There shall be documentation signed by the resident that this procedure has been carried out;</p> <p><b>FINDINGS</b> Resident #1 – No signed care home policy.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN</b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>Before admission day, I will make sure I have all documents available and on the day of admission, I will make sure all forms are completed. I will use admission checklist form and put on my calendar.</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>	<p style="text-align: center;"><i>a/28/23</i></p> <p style="text-align: center;">'23 OCT -6 AM 1:55</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(G) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>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;</p> <p><b><u>FINDINGS</u></b> No record that smoke detectors were tested.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p>STATE OF PA DEPT OF REVENUE STATE LICENSING</p>	<p>23 JUN 13 P4:17</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(G) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>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;</p> <p><b><u>FINDINGS</u></b> No record that smoke detectors were tested.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN</b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>I will put on my calendar every first week of the month, for smoke detector check. Document and record the date and time it was checked.</i></p>	<p style="text-align: right;"><i>4/27/23</i></p> <p style="text-align: right;">23 JUN 13 P4:17</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><b><u>FINDINGS</u></b> Signaling device in residents' bathroom not working.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>checked and made sure all signaling devices on each residents room are working and in all bathrooms.</i></p>	<p style="text-align: center;"><i>9/28/23</i></p> <p style="text-align: center;">23 OCT -6 AM 55</p> <p style="text-align: center; font-size: small;">STATE OF MICHIGAN BOH-DIVISION STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><b><u>FINDINGS</u></b> Signaling device in residents' bathroom not working.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN</b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>I will check the end of the day that all signaling devices are working for residents to use.</i></p>	<p style="text-align: center;"><i>4/20/23</i></p> <p style="text-align: center;">23 JUN 13 P4:17</p> <p style="text-align: center; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><b><u>FINDINGS</u></b> Only performance bleach is available to sanitize the dishes.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY.</b></p> <p style="text-align: center;"><i>purchased a bleach for dishes sanitization.</i></p>	<p style="text-align: center;"><i>4/21/23</i></p> <p style="text-align: center;">23 JUN 13 PM 17</p> <p style="text-align: center;">STATE OF ILLINOIS DEPARTMENT OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><u>FINDINGS</u> Only performance bleach is available to sanitize the dishes.</p>	<p>PART 2</p> <p>FUTURE PLAN</p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>When doing grocery every week or 2 weeks, I will make sure to buy the right bleach for sanitizing dishes.</p>	<p>4/21/23</p> <p>23 JUN 13 P4:17</p> <p>STATE OF MISSISSIPPI DEPARTMENT OF HEALTH STATE CLINIC</p>

Licensee's/Administrator's Signature: *Rosemarie Fiesta*

Print Name: ROSEMARIE FIESTA

Date: 6/1/23

'23 JUN 13 P4:17  
STATE OF ILLINOIS  
DEPARTMENT OF  
STATE LICENSING



Licensee's/Administrator's Signature: *Rosemarie Fiestay*

Print Name: ROSEMARIE FIESTA

Date: 9/6/23

STATE OF HAWAII  
DEN-0100A  
STATE LICENSING

23 OCT -6 AM 11:56