

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| <b>Facility's Name: Cereus Adult Residential Care Home II<br/>L.L.C.</b> | <b>CHAPTER 100.1</b>                         |
| <b>Address:<br/>1929-A Wilder Avenue, Honolulu, Hawaii 96822</b>         | <b>Inspection Date: July 25, 2023 Annual</b> |

**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.**

|                                     | RULES (CRITERIA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | PLAN OF CORRECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Completion Date                                               |
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| <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><br/>Substitute Care Giver (SCG) #4 – No Fieldprint.</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 style="font-size: 1.2em;">Yes, this deficiency has been corrected. SCG #4 is not working or helping at the care home. SCG #4 will resume working and helping at the care home when fieldprint appointment has been completed and fieldprint document obtained.</p> | <p style="text-align: right; font-size: 1.2em;">10/20/25.</p> |

|                                     | RULES (CRITERIA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | PLAN OF CORRECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Completion Date                                   |
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| <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><br/>Substitute Care Giver (SCG) #4 – No Fieldprint.</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><i>- PCG will be sure that all <del>caregivers</del> substitute care givers have documented evidence, such as fieldprint, to show that they have no prior felony or abuse convictions in a court of law.</i></p> <p><i>- PCG will use Doh New Substitute Care Giver Checklist to make sure that all required documents by Doh are obtained.</i></p> | <p style="text-align: right;"><i>10/20/23</i></p> |

|                                     | RULES (CRITERIA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | PLAN OF CORRECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Completion Date                             |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u><br/> (a)<br/> 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><br/> SCG #4 No current annual physical exam.</p> <p>Please submit a copy with your POC.</p> | <p style="text-align: center;"><b>PART I</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;">Yes, this deficiency has been corrected. SCG #4 is not working or helping at the care home. SCG #4 will start working and helping at the care home when annual physical exam is completed with proper documented evidence.</p> | <p style="text-align: center;">10/20/23</p> |

|                                     | RULES (CRITERIA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | PLAN OF CORRECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Completion Date                             |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u><br/>(a)<br/>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><br/>SCG #4 No current annual physical exam.</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>-PCG will be sure that all substitute care givers were examined by a physician before having contact with residents. And that they follow up with their physicians annually. Thus, completing their physical exams. PCG will use Google Calendar to set and track due dates for annual physical exams.</p> | <p style="text-align: center;">10/20/23</p> |

-PCG will use Doh New substitute care giver checklist to make sure that all required documents

|                                     | RULES (CRITERIA)                                                                                                                                                                                                                                                                                                                                                                                            | PLAN OF CORRECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u><br/>(b)<br/>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><br/>SCG #3 and SCG #4 - No current annual 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>Yes, this deficiency has been completed. SCG #3 scheduled an appointment with <del>an appointment with</del> Lanakila Health Center and obtained their annual tuberculosis clearance. SCG #4 has not obtained their annual tuberculosis clearance, thus, they are not working or helping out at the care home no more.</p> | <p>10/20/23</p> |

|                                     | RULES (CRITERIA)                                                                                                                                                                                                                                                                                                                                                                                            | PLAN OF CORRECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u><br/>(e)(3)<br/>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><br/>SCG #4 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>Yes, this deficiency has been corrected. SCG #4 did not obtain their First Aid certification. Thus, they are no longer working or helping within the care home.</p> | <p>10/29/23</p> |



|                                     | RULES (CRITERIA)                                                                                                                                                                                                                                                                                                                             | PLAN OF CORRECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Completion Date                            |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u><br/>(e)(3)<br/>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><br/>SCG #4 - No First Aid certification.</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>- PCG will be sure that all substitute care givers are currently certified in first aid and that they have their first Aid certification.</p> <p>- PCG will use Doh New Substitute Care Giver Checklist to make sure that all required documents by Doh are obtained</p> | <p style="text-align: right;">10/20/23</p> |

|                                     | RULES (CRITERIA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | PLAN OF CORRECTION                                                                                                                                                                                                                                                                                                                                                                                                                 | Completion Date                                    |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u><br/>(e)(4)<br/>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><br/>SCG #1, #2, #3 -- No record that Primary Care Giver (PCG) trained SCG to make prescribed medication available to residents.</p> <p>Please submit a copy for each SCG 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 style="text-align: center;"><i>Yes, this deficiency has been corrected. PCG trained all SCGs to make prescribed medications available to residents then documented the training.</i></p> | <p style="text-align: center;"><i>10/20/23</i></p> |

|                                     | RULES (CRITERIA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | PLAN OF CORRECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Completion Date |
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|                                     | RULES (CRITERIA)                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PLAN OF CORRECTION                                                                                                                                      | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (c)<br/>           The licensee shall conduct regular quarterly rehearsals of emergency evacuation plans for staff and residents to follow in case of fire, explosion, or other civil emergency occurring in or within the environs of the facility.</p> <p><u>FINDINGS</u><br/>           Only starting points and ending points were recorded in fire drill record. No details included.</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>10/20/23</p> |

|                                     | RULES (CRITERIA)                                                                                                                                                                                                                                                                                                                                                                                                                                                | PLAN OF CORRECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (c)<br/> The licensee shall conduct regular quarterly rehearsals of emergency evacuation plans for staff and residents to follow in case of fire, explosion, or other civil emergency occurring in or within the environs of the facility.</p> <p><b><u>FINDINGS</u></b><br/> Only starting points and ending points were recorded in fire drill record. No details included.</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 will be more detailed in fire drill records.</p> <p>PCG will train staff and residents to follow emergency evacuation plans.</p> <p>PCG will use extra paper to record a more detailed fire drill report.</p> | <p>10/20/23</p> |

|                                     | RULES (CRITERIA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PLAN OF CORRECTION                                                                                                                                                                                                                                                                                                                                                                                                  | Completion Date                                    |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-13 <u>Nutrition</u>. (a)<br/> The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><u>FINDINGS</u><br/> No evidence that residents receive nutritionally adequate meals as standardized menus were not used/followed.</p> <p>Please submit weekly regular diet menus (7days) for department review.</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>Yes, this deficiency has been corrected. PCG has created a regular 7 day diet menu based on state and national dietary guidelines.</i></p> | <p style="text-align: center;"><i>10/20/23</i></p> |

|                                     | RULES (CRITERIA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PLAN OF CORRECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-13 <u>Nutrition.</u> (a)<br/> The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><u>FINDINGS</u><br/> No evidence that residents receive nutritionally adequate meals as standardized menus were not used/followed.</p> <p>Please submit weekly regular diet menus (7days) for department review.</p> | <p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></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 will create a menu that ensures that residents receive nutritionally adequate meals.</p> <p>- PCG will train SCGO to follow menu.</p> <p>- PCG will create menus in accordance with state and national dietary guidelines which were provided by OHCA's nutrition class.</p> | <p>10/20/23</p> |

|                                     | RULES (CRITERIA)                                                                                                                                                                                                                                                                                                                | PLAN OF CORRECTION                                                                                                                                                                                                                                                                                                                                                                                                                                         | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-13 <u>Nutrition.</u> (c)<br/>Menus shall accommodate residents' food preferences, cultural and ethnic backgrounds and habits as much as possible, provided nutritional quality is maintained.</p> <p><b><u>FINDINGS</u></b><br/>No documented evidence that the menus accommodate residents' food preferences.</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>Yes, this deficiency has been corrected. PCG asked each resident what their food preferences were, then recorded it in their progress notes, and then incorporated the food preferences into the ARCH menus.</p> | <p>10/20/23</p> |



|                                     | RULES (CRITERIA)                                                                                                                                                                                                                                                                                                                | PLAN OF CORRECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Completion Date                             |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-13 <u>Nutrition.</u> (j)<br/>Each resident shall be provided with sufficient fluids to ensure adequate hydration.</p> <p><b><u>FINDINGS</u></b><br/>No evidence that the residents were provided with sufficient fluids as standardized menus were not used/followed.</p> <p>Please submit weekly regular diet menus (7days) for department review.</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;">Yes, this deficiency has been corrected. PCAT has created a regular 7 day diet menu based on state and national dietary guidelines.</p> <p style="text-align: center;">S<br/>Menu submitted.</p> | <p style="text-align: center;">10/2/22</p> |

|                                     | RULES (CRITERIA)                                                                                                                                                                                                                                                                                                                                                     | PLAN OF CORRECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Completion Date                            |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-13 <u>Nutrition</u>. (j)<br/>Each resident shall be provided with sufficient fluids to ensure adequate hydration.</p> <p><b><u>FINDINGS</u></b><br/>No evidence that the residents were provided with sufficient fluids as standardized menus were not used/followed.</p> <p>Please submit weekly regular diet menus (7days) for department review.</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 will include fluids provided to residents in menu.</p> <p>-PCG will train SCGs to follow the menu.</p> <p>-PCG will create menus in accordance with state and national dietary guidelines which were provided by OHCA's nutrition class</p> | <p style="text-align: right;">10/20/23</p> |

|                                     | RULES (CRITERIA)                                                                                                                                                                                                                                                                                                                                                                                                                                        | PLAN OF CORRECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Completion Date                             |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-13 <u>Nutrition.</u> (1)<br/> 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><b><u>FINDINGS</u></b><br/> Resident #1 - No special diet menu for no added salt diet ordered on 5/7/2023.</p> <p>Please submit weekly menus (7 days) for no added salt diet for department review.</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;">Yes, this deficiency has been corrected. PCP has created a no added salt diet menu based on state and national dietary guidelines, which were provided in the Special Diet Training Class. Menu submitted.</p> | <p style="text-align: center;">10/20/23</p> |

|                                     | RULES (CRITERIA)                                                                                                                                                                                                                                                                                                                                                                                                                                      | PLAN OF CORRECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-13 <u>Nutrition.</u> (1)<br/>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><b><u>FINDINGS</u></b><br/>Resident #1 - No special diet menu for no added salt diet ordered on 5/7/2023.</p> <p>Please submit weekly menus (7 days) for no added salt diet for department review.</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 will create a <del>no</del> no added salt diet for Resident #1 and follow it.</p> <p>- PCG will train <del>residents</del> SCGs to follow the menu.</p> <p>- PCG will create no added salt diet menus in accordance with state and national dietary guidelines for Sodium Restriction Diets which were provided by OHCA's nutrition class.</p> | <p>10/20/23</p> |

|                                     | RULES (CRITERIA)                                                                                                                                                                                                                                                                                                                                                                                                          | PLAN OF CORRECTION                                                                                                                                                                                                                                                                                                                                                                                                                                  | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-13 <u>Nutrition.</u> (l)<br/> 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><b><u>FINDINGS</u></b><br/> Resident #1 No documented evidence that the "Heart Healthy Diet" on the after-visit summary (5/20/2023) was clarified with the physician.</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>No<br/> <del>Yes</del>, this deficiency has not been corrected. Resident #1 moved out of care home.<br/> Resident #1 was discharged 09/15/2023. Unable to clarify because Resident #1 was discharged.</p> | <p>10/20/23</p> |

|                                     | RULES (CRITERIA)                                                                                                                                                                                                                                                                                                                                                                                                          | PLAN OF CORRECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Completion Date                             |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-13 <u>Nutrition</u>. (l)<br/>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><b><u>FINDINGS</u></b><br/>Resident #1 - No documented evidence that the "Heart Healthy Diet" on the after-visit summary (5/20/2023) was clarified with the physician.</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 will clarify with the physician the type of diet the resident has and request documentation from physician.</p> <p>-PCG will use Physician/APRN Orders form to document resident's diet with their signature.</p> <p>-PCG will review records at the end of the month. If clarification is needed, physician will be contacted within 24 hours.</p> | <p style="text-align: center;">10/17/23</p> |

|                                     | RULES (CRITERIA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | PLAN OF CORRECTION                                                                                                                                                                                                                                                                                           | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (a)<br/> 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.</p> <p><b><u>FINDINGS</u></b><br/> Resident #1 – No labels for the following medication,</p> <ul style="list-style-type: none"> <li>• Acetaminophen caplets 500mg</li> <li>• Calcium tablets</li> <li>• Cranberry caplets</li> <li>• Lidocaine patch</li> </ul> | <p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Yes, this deficiency has been corrected. RCN used Microsoft Word to create labels for each medication then taped the labels to the bottles.</i></p> |                 |



|                                     | RULES (CRITERIA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PLAN OF CORRECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Completion Date                            |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (a)<br/> 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.</p> <p><u>FINDINGS</u><br/> Resident #1 - No labels for the following medication.</p> <ul style="list-style-type: none"> <li>• Acetaminophen caplets 500mg</li> <li>• Calcium tablets</li> <li>• Cranberry caplets</li> <li>• Lidocaine patch</li> </ul> | <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, will create labels for over-the-counter medications prescribed by the resident's physician.</p> <p>-PCG will use Microsoft Word or a label maker to create labels then tape the labels to the medication.</p> <p>-PCG will put labels immediately after receiving medication</p> | <p style="text-align: right;">10/20/23</p> |



|                                     | RULES (CRITERIA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | PLAN OF CORRECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Completion Date                            |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 Medications. (b)<br/>           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><b><u>FINDINGS</u></b><br/>           One (1) unlabeled Atropine Sulfate Ophthalmic Solution was left by the printer in the residents' dining area. PCG secured the medication 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 will be sure to store all drugs in designated cabinets for residents. Personal medications will be stored separately. All drugs and medications will be stored and locked.</p> <p>-PCG will train staff where and how to store medications.</p> <p>-PCG will use Microf-a label maker to create labels to distinguish storage cabinets.</p> | <p style="text-align: right;">10/20/23</p> |

-PCG will do an environmental check after residents go to bed everyday.

|                                     | RULES (CRITERIA)                                                                                                                                                                                                                                                                                                                                                                          | PLAN OF CORRECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications</u>. (e)<br/>All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b>FINDINGS</b><br/>Resident #1 – Current order includes “CRANBEREX PO.” No dosage and frequency provided. Medication administration record (MAR) listed as “Cranberry 650mg. Take 1 daily.”</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>Yes, this deficiency has been corrected. PCG has recorded medication, dosage, and frequency of medication on physician orders form and faxed it over to physician to review and sign. on 10/19/2023. Still waiting for written order. Appointment November 4, 2023.</p> | <p>10/20/23</p> |

|                                     | RULES (CRITERIA)                                                                                                                                                                                                                                                                                                                                                                                     | PLAN OF CORRECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Completion Date                            |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (e)<br/>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><br/>Resident #1 - Current order includes "CRANBEREX PO."<br/>No dosage and frequency provided. Medication administration record (MAR) listed as "Cranberry 650mg, Take 1 daily."</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>- PCP will be sure to get a physician's order for all medications.</p> <p>- PCP will <del>complete</del> record all the residents medications and supplements on the physician/APRN form then take it to the doctor's appointments so that the physician can sign the form after reviewing it.</p> <p>- PCP will review all medication orders every 7 weeks. If clarification is needed, physician will be contacted.</p> | <p style="text-align: right;">10/20/23</p> |

|                                     | RULES (CRITERIA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PLAN OF CORRECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (e)<br/>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><br/>Resident #1 -- Per PCG, new order was given on 7/11/2023 for Carvedilol 3.125mg BID and Aspirin 81mg Daily." The physician's name was recorded but there is no signature and date on the order. Per MAR, medication was given as ordered. Please obtain physician's order with signature and date.</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;">Yes, this deficiency has been corrected. PCG has recorded medication, dosage, and frequency of medication on physician orders form and faxed it over to physician to review and sign. Written order was received 07/28/2023</p> | 10/20/23        |

|                                     | RULES (CRITERIA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PLAN OF CORRECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications</u>. (e)<br/>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><br/>Resident #1 – Per PCG, new order was given on 7/11/2023 for Carvedilol 3.125mg BID and Aspirin 81mg Daily.” The physician’s name was recorded but there is no signature and date on the order. Per MAR, medication was given as ordered. Please obtain physician’s order with signature and date.</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 will be sure to get a physician's order for all medications.</p> <p>- PCG will record all medications and supplements on Physician Orders form then take it to doctor's appointments for physician to review and sign.</p> <p>- PCG will review medication order every 2 weeks.</p> | <p>10/20/23</p> |

|                                     | RULES (CRITERIA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PLAN OF CORRECTION                                                                                                                                                                                                                                                                                                                                                                          | Completion Date                              |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (e)<br/>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><br/>Resident #1 – Physician’s order dated 7/5/2023 listed “Calcium 1000+D, 1000-20MG-MCG Tabs, Take 1 tab by mouth two times per day.” Per MAR, previous order 6/13/2023 “Calcium (as carbonate)-vitamin D 600mg-400 intl units (10mcg) oral tablet” was administered.</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;">Yes, this deficiency has been corrected. The current and correct order has been obtained from PCP. on 07/28/2023.</p> | <p style="text-align: center;">10/20/23.</p> |



|                                     | RULES (CRITERIA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PLAN OF CORRECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (e)<br/>All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b>FINDINGS</b><br/>Resident #1 Physician's order dated 7/5/2023 listed "Calcium 1000-D, 1000-20MG-MCG Tabs, Take 1 tab by mouth two times per day." Per MAR, previous order 6/13/2023 "Calcium (as carbonate)-vitamin D 600mg-400 intl units (10mcg) oral tablet" was administered.</p> <p>-PCP will review medication order every 2 weeks. If clarification is needed, physician will be contacted within 24 hours.</p> <p>-I will make current medication list then take it to every doctors appointment for doctor to review.</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>-PCP will take medications to appointments with doctors so that the labels of the medications can be matched for the physician's order. PCP can also do a phone order then obtain physician's signature and order on "Physician Orders" form. PCP will train staff to only administer medication ordered by physicians or APRNs to residents.</p> | <p>10/20/23</p> |

|                                     | RULES (CRITERIA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | PLAN OF CORRECTION                                                                                                                                                                                                     | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (e)<br/>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><br/>Resident #1 – Physician’s order dated 5/23/2023 was “Carvedilol 6.25mg po bid (Hold for HR&lt;55).” The orders dated 6/13/2023 and 7/5/2023 did not include HR parameter. Per MAR, the HR parameter was carried out until 7/10/2023 when the order was changed.</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> |                 |

|                                     | RULES (CRITERIA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | PLAN OF CORRECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (e)<br/>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><br/>Resident #1 - Physician's order dated 5/23/2023 was "Carvedilol 6.25mg po bid (Hold for HR&lt;55)." The orders dated 6/13/2023 and 7/5/2023 did not include HR parameter. Per MAR, the HR parameter was carried out until 7/10/2023 when the order was changed.</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 will be sure to follow up with physicians on medications that require HR parameters then <del>also</del> include it on MARs. SCAs<br/>PCG will train <del>staff</del> to administer medication based on parameters.<br/>PCG will review medication order every 2 weeks. If clarification is needed, physician will be contacted within 24 hours.</p> | <p>10/20/23</p> |

|                                     | RULES (CRITERIA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | PLAN OF CORRECTION                                                                                                                                                                                              | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (e)<br/>All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b>FINDINGS</b><br/>Resident #1 Physician's order dated 5:23:2023 was "Losartan 50mg po daily - hold for SBP&lt;100." The orders dated 6:13:2023 and 7:5:2023 did not include blood pressure parameter. Per MAR, the blood pressure parameter was carried out until 7:10:2023 when the order was changed.</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> |                 |

|                                     | RULES (CRITERIA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PLAN OF CORRECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Completion Date                            |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (e)<br/>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><br/>Resident #1 - Physician's order dated 5/23/2023 was "Losartan 50mg po daily - hold for SBP&lt;100." The orders dated 6/13/2023 and 7/5/2023 did not include blood pressure parameter. Per MAR, the blood pressure parameter was carried out until 7/10/2023 when the order was changed.</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>- PCGA will be sure to follow up with physician on medications that require blood pressure parameter and then <del>include</del> include it in MARs. <sup>SCGs</sup></p> <p>- PCGA will train <del>staff</del> to administer medication based on parameters.</p> <p>- PCGA will review medication orders every 2 weeks. If clarification is needed, physician will be contacted within 24 hours.</p> | <p style="text-align: right;">10/20/23</p> |

|                                     | RULES (CRITERIA)                                                                                                                                                                                                                                                                                                                                                                                | PLAN OF CORRECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (e)<br/>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><br/>Resident #1 MAR listed "Clotrimazole 1% Solution, Apply to toenails twice a day topically 30 days" with a start date 5/26/2023. There was no physician's order on file.</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>Yes, this deficiency has been corrected. PCG has recorded medication on "Physician Orders" form then faxed it over to the physicians office for review and a signature.<br/>- Order has been obtained from PCP on 07/28/2023</p> | <p>10/20/23</p> |

|                                     | RULES (CRITERIA)                                                                                                                                                                                                                                                                                                                                                                                  | PLAN OF CORRECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Completion Date                            |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (e)<br/>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><br/>Resident #1 - MAR listed "Clotrimazole 1% Solution, Apply to toenails twice a day topically 30 days" with a start date 5/26/2023. There was no physician's order on file.</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 will be sure to obtain a physician's order for all medications and supplements.</p> <p>-PCG will record medication on Physicians Order form then take it to doctor's appointments for the physician to review and sign.</p> <p>-PCG will review medication order every 2 weeks and will contact physician within 24 hours if clarification is needed.</p> | <p style="text-align: right;">10/20/23</p> |

|                                     | RULES (CRITERIA)                                                                                                                                                                                                                                                                                                                                                                                     | PLAN OF CORRECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Completion Date                        |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (e)<br/>All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b>FINDINGS</b><br/>Resident #1 MAR listed "Clotrimazole 1% Solution, Apply to toenails twice a day topically 30 days." MAR initialed twice daily as the medication continued to administer to current.</p> | <p style="text-align: center;"><b>PART I</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><del>No</del><br/><del>Yes, this deficiency has not been corrected. PCP cannot erase or white out initials. So deficiency cannot be corrected.</del><br/>Updated <sup>order</sup> to continue was obtained. 07/28/23. from PCP.</p> | <p><del>7/28/23</del><br/>10/20/23</p> |



|                                     | RULES (CRITERIA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PLAN OF CORRECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (e)<br/>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><br/>Resident #1 - MAR listed "Clotrimazole 1% Solution, Apply to toenails twice a day topically 30 days." MAR initialed twice daily as the medication continued to administer to current.</p> <p>-PCG will review medication order every 2 weeks. If clarification is needed physician will be contacted in <del>2 weeks</del> 24 hours.</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 will be sure to obtain a physician's order for medications and supplements before administering to residents.</p> <p>-PCG will train staff to only administer medications and supplements ordered by a physician or APRN.</p> <p>-PCG will use physician orders form to document medications and supplements with physician's signature.</p> | <p>10/20/23</p> |

|                                     | RULES (CRITERIA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PLAN OF CORRECTION                                                                                                                                      | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (e)<br/>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><br/>Resident #1 – Physician’s orders were,<br/>6/13/2023: “Lidoderm 5% topical film, 1 patch(es), Topical daily PRN”<br/>5/23/2023: “lidocaine (lidoderm) 5% patch Apply 1 patch topically once daily. May cut to size, apply for 12 hours/24° and then remove all patches (ie pt should be patch free x12°/24°”<br/>5/20/2023: “lidocaine 5% patch, Apply 1 patch topically one time per day. May cut to size to cover most painful areas and apply for 12 out of 24 hours”</p> <p>Per MAR, the medication was never used.</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> |                 |

|                                     | RULES (CRITERIA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PLAN OF CORRECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Completion Date                            |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications</u>. (e)<br/>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><br/>Resident #1 – Physician’s orders were,<br/>6/13/2023: “Lidoderm 5% topical film, 1 patch(es), Topical daily PRN”<br/>5/23/2023: “lidocaine (lidoderm) 5% patch Apply 1 patch topically once daily. May cut to size, apply for 12 hours/24° and then remove all patches (ie pt should be patch free x12°/24°”<br/>5/20/2023: “lidocaine 5% patch, Apply 1 patch topically one time per day. May cut to size to cover most painful areas and apply for 12 out of 24 hours”</p> <p>Per MAR, the medication was never used.</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>- PCG will be sure to check with physicians about the frequency that medications and supplements are <del>dispensed</del> administered and that it's documented.<br/>- PCG will use Physician Orders form for documentation<br/>- PCG will review medication order every 2 weeks to make sure that the order is carried out properly. If clarification is needed, physician will be contacted.</p> | <p style="text-align: right;">10/20/23</p> |

|                                     | RULES (CRITERIA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | PLAN OF CORRECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Completion Date                                                     |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (m)<br/>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><br/>Resident #1 - Current order includes "colchicine 0.6MG tablet, Take 1 tab by mouth once per day as needed for GOUT PAIN." The medication was listed in May 2023 MAR only.</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;"><del>No</del><br/>Yes, this deficiency has <del>not</del> been corrected. RCG will discuss this medication again with doctor. The next appointment will be November 3, 2023 at 1pm.<br/>- Medication was listed on MAR. And then documented as hold.</p> | <p style="text-align: center;"><del>10/20/23</del><br/>10/20/23</p> |

|                                     | RULES (CRITERIA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PLAN OF CORRECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (m)<br/> 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><br/> Resident #1 Current order includes "colchicine 0.6MG tablet, Take 1 tab by mouth once per day as needed for GOUT PAIN." The medication was listed in May 2023 MAR only.</p> <p>-PCGA will review MARs and medication orders to make sure they match every 2 weeks.</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>-PCGA will check with physician on medication orders. PCGA will be sure that the monthly MARs matches the physician's orders.</p> <p>-PCGA will train SCGAs to follow the physician's order when administering drugs.</p> <p>-PCGA will use Physician Orders form to document medication then have doctor review it and sign it at doctor's appointment.</p> | <p>10/20/23</p> |

|                                     | RULES (CRITERIA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | PLAN OF CORRECTION                                                                                                                                                                                                                                                                                                                               | Completion Date                                    |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (m)<br/> 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><br/> Resident #1 -- Physician's order dated 5/23/2023 was for Acetaminophen 500mg 1po qid (4x/day)(OTC) prn pain/fever &gt;100°. The parameter for prn use was not listed 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 style="text-align: center;"><i>Yes, this deficiency was corrected. PCG recorded the parameter in MAR.</i></p> | <p style="text-align: center;"><i>10/20/23</i></p> |

|                                     | RULES (CRITERIA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PLAN OF CORRECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Completion Date                             |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 Medications. (m)<br/>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><br/>Resident #1 Physician's order dated 5/23/2023 was for Acetaminophen 500mg 1po qid (4x/day)(OTC) prn pain: fever &gt;100°. The parameter for prn use was not listed 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>-PCG will be sure to <del>include</del> include medications that have parameters ordered by the physician in the monthly MAR(s).</p> <p>-PCG will train SCGs to administer medications based on parameters ordered by physician or APPN.</p> <p>-PCG will review MARs every 2 weeks. And will update if necessary.</p> | <p style="text-align: center;">10/20/23</p> |

|                                     | RULES (CRITERIA)                                                                                                                                                                                                                                                                                                                                                                     | PLAN OF CORRECTION                                                                                                                                                                                                                                                                                                                      | Completion Date                                    |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (m)<br/> 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><br/> Resident #1 – July 2023 MAR was not signed since 7-17-2023.</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>Yes, this deficiency has been corrected. PCG has signed MARs.</i></p> | <p style="text-align: center;"><i>10/20/23</i></p> |



|                                     | RULES (CRITERIA)                                                                                                                                                                                                                                                                                                                                                                     | PLAN OF CORRECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Completion Date                             |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (m)<br/> 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><br/> Resident #1 - July 2023 MAR was not signed since 7/17/2023.</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>-PCG will sign/initial off the monthly MAR every time a medication or supplement is administered.</p> <p>-PCG will train SCGs to sign/initial the monthly MARs.</p> <p>-PCG will use Google Calendar to set a time and date at the end of every day to review MARs to <del>do</del> and make sure they are signed.</p> | <p style="text-align: center;">10/20/23</p> |

|                                     | <b>RULES (CRITERIA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>PLAN OF CORRECTION</b>                                                                                                                                      | <b>Completion Date</b> |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (b)(3)<br/>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><br/>Resident #1 - No progress notes for admission 5/7/2023.<br/>Resident #2 No progress notes were available.</p> | <p><b>PART 1</b></p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> |                        |

|                                     | RULES (CRITERIA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PLAN OF CORRECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Completion Date              |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (b)(3)<br/>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><br/>Resident #1 No progress notes for admission 5/7/2023.<br/>Resident #2 No progress notes were available.</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>and reviews</i></p> <p>PCGA will set a time and date on Google Calendar to complete monthly progress notes. If progress notes need to be documented more often, PCGA will document as needed. PCGA will train SCGAs to observe changes to residents and document as needed.</p> | <p>10/28/23<br/>10/20/23</p> |

|                                     | RULES (CRITERIA)                                                                                                                                                                                                                                                                                                                   | PLAN OF CORRECTION                                                                                                                                                                                                     | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (b)(7)<br/>During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><b><u>FINDINGS</u></b><br/>Resident #2 - No monthly weights taken for June 2023.</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> |                 |

|                                     | RULES (CRITERIA)                                                                                                                                                                                                                                                                                                                   | PLAN OF CORRECTION                                                                                                                                                                                                                                                                                                                                                                                                           | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (b)(7)<br/>During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><b><u>FINDINGS</u></b><br/>Resident #2 - No monthly weights taken for June 2023.</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>PCG will set a time and date every month on calendar posted on care home wall to remind self and SCGs to take the weights of residents. And then record weight.</p> | <p>10/20/23</p> |

|                                     | RULES (CRITERIA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | PLAN OF CORRECTION                                                                                                                                                                                              | Completion Date                            |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports. (g)</u><br/> 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><br/> Resident #1 -- White correction tape was used in admission assessment.</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;">10/20/23</p> |

|                                     | RULES (CRITERIA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | PLAN OF CORRECTION                                                                                                                                                                                                                                                                                                               | Completion Date        |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports. (g)</u><br/> 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><br/> Resident #1 – White correction tape was used in admission assessment.</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>PCGI knows not to use correction tape. PCGI will train SCGs.</i></p> | <p><i>10/20/23</i></p> |

|                                     | RULES (CRITERIA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PLAN OF CORRECTION                                                                                                                                                                                              | Completion Date                             |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-20 <u>Resident health care standards.</u> (a)<br/> 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><u>FINDINGS</u></b><br/> Resident #1 Physician's order dated 5/23/2023 was "Carvedilol 6.25mg, po bid (Hold for HR&lt;55)." HR parameter was removed from 6/13/2023 order. HR was taken once a day (no time recorded) from 5/23/2023 to 6/13/2023.</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;">10/20/23</p> |



|                                     | RULES (CRITERIA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | PLAN OF CORRECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Completion Date        |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-20 <u>Resident health care standards.</u> (a)<br/> 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><u>FINDINGS</u></b><br/> Resident #1 - Physician's order dated 5/23/2023 was "Carvedilol 6.25mg, po bid (Hold for HR&lt;55)." HR parameter was removed from 6/13/2023 order. HR was taken once a day (no time recorded) from 5/23/2023 to 6/13/2023.</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>PCG will be more careful and consistent with including parameters according to <del>the</del> physician's orders. PCG will train SCGs to follow parameters and hold medication when necessary. PCG will check medication order every 2 weeks to make sure that orders are carried out on the MARs.</i></p> | <p><i>10/20/23</i></p> |

*in MARs*

|                                     | RULES (CRITERIA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | PLAN OF CORRECTION                                                                                                                                                                                                                                                                                                                                                                                                                                          | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (r)<br/>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><br/>A wet bar is downstairs, and kitchen is upstairs in the Department of Planning and Permitting (DPP) approved plan. Currently, a sink, refrigerator, and heating elements are downstairs which makes the wet bar a kitchen.</p> <p>Please obtain approval from DPP.</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="font-size: 1.2em;">Yes, this deficiency has been corrected. PCG called DPP and was told if work for moving stove from upstairs to downstairs was less than \$500.00 then there would be no need for a permit.</p> | 10/20/23        |

|                                     | RULES (CRITERIA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | PLAN OF CORRECTION                                                                                                                                                                                                                                                                                                                                                                                                                                      | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (r)<br/>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><br/>A wet bar is downstairs, and kitchen is upstairs in the Department of Planning and Permitting (DPP) approved plan. Currently, a sink, refrigerator, and heating elements are downstairs which makes the wet bar a kitchen.</p> <p>Please obtain approval from DPP.</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>PCG will be sure that the care home is in accordance with DPP's approved plan before making any changes.<br/>PCG will contact nurse consultant and Hansen first before making any changes.</p> | <p>10/20/23</p> |

Licensee's/Administrator's Signature: Talainosa Moala

Print Name: Talainosa Moala

Date: 10/20/2023