

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Raguindin Malama Kauhale ARCH	CHAPTER 100.1
Address: 94-088 Awamoku Street, Waipahu, Hawaii 96797	Inspection Date: September 8, 2023 Annual

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

**YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><b><u>FINDINGS</u></b>  Substitute Caregiver (SCG) #2 Current Fieldprint clearance unavailable.</p> <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;">PART 1</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;">SCG #2 Fieldprint done 9/28/23</p> <p style="text-align: center;">Fitness Determination Date</p>	<p style="text-align: center;">9/28/23</p> <p style="text-align: center;">9/29/23</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>, (b)(1)(1) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><b><u>FINDINGS</u></b>  Substitute Caregiver (SCG) #2 Current Fieldprint clearance unavailable.</p> <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"> <i>In the future I will  included in <sup>my</sup> check list  all requirements for  the substitute so that  all completed.</i> </p> <p style="text-align: center;"> <i>Field Print will be  included  I will reviewed check list  every month</i> </p>	<p style="text-align: right; vertical-align: middle;">9/29/23</p>

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NOV 15 2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><b><u>FINDINGS</u></b> SCG #2 -- Initial 2-step tuberculosis clearance unavailable for review.</p> <p>Submit a copy with plan of correction.</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>Corrected : SCG # 2 2 step PPD mantoux test</p> <p>Date Given: 01/28/08 - 02/06/08</p> <p>Date Result: 01/30/08 - 02/08/08 result 8mm 8mm</p>	<p style="text-align: center;">9/10/23</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> SCG #2 – Initial 2-step tuberculosis clearance unavailable for review.</p> <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future I will check my check list if I hire new substitute to complete all the requirements before they start.</p> <p>TB clearance included in checklist</p>	<p>9/10/23</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (b) The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p><b>FINDINGS</b> First-aid kit contained medication (Tylenol, Neosporin, Benadryl itch cream)</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>Corrected during the inspection day removed (tylenol, neosporin, Benadryl itch cream)</i></p> <p style="text-align: center;"><i>medication removed</i></p>	<p style="text-align: center;"><i>9/8/23</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness, (b)</u>  The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p><b><u>FINDINGS</u></b>  First-aid kit contained medication (Tylenol, Neosporin, Benadryl itch cream)</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>To prevent this happening  I will open the new  First-Aid kit, and removed  all the tylenol, anibut  etc. before I handed  to my nurse consultant  post reminder to remove  the medication if  I hand new kit of  First aid by  medication cabinet</p>	<p>9/18/23</p>

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NOV 15 2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (a)  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><b>FINDINGS</b>  Primary Caregiver (PCG) reports all residents are consuming a regular diet; however, the following residents have current special diet orders:</p> <ul style="list-style-type: none"> <li>• Resident #1 - Cardiac diet, pureed, thin liquids</li> <li>• Resident #2 - Diabetic diet</li> <li>• Resident #4 - Regular, chopped diet</li> </ul>	<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>Resident # 1 Cardiac diet, pureed, thin liquid  DR. B. Galindo D/c cardiac diet  change to Regular mixed  no added salt  9/11/23</p> <p>Resident # 2 Diabetic diet:  menu made: <sup>chase</sup> Regular diet  by DR. Wong PCP  no added sugar  10/20/23</p> <p>Resident # 4 Regular, chopped diet  served @ meal chopped  change Regular diet  By Dr. Jagan PCP  9/11/23  10/14/23</p>	



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☒	<p>§11-100.1-13 <u>Nutrition</u>. (a)            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>            Primary Caregiver (PCG) reports all residents are consuming a regular diet; however, the following residents have current special diet orders:</p> <ul style="list-style-type: none"> <li>• Resident #1 Cardiac diet, pureed, thin liquids</li> <li>• Resident #2 Diabetic diet</li> <li>• Resident #4 Regular, chopped diet</li> </ul>	<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><i>to prevent this deficiency from happening in the future I will review the diet order by the MD before leaving the clinic make a post summary in my physician order sheet complete</i></p>	<p style="text-align: right;"><i>9/9/23</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 <u>Nutrition</u> . (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.  <u>FINDINGS</u> Special diet menus unavailable for the following diet orders: <ul style="list-style-type: none"> <li>• Resident #1 - Cardiac diet, pureed, thin liquids</li> <li>• Resident #2 Diabetic diet</li> <li>• Resident #4 - Regular, chopped diet</li> </ul> Submit a copy with plan of correction for each special die.	<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>Resident #1 Cardiac diet pureed diet  MD disordered cardiac diet - change to regular pureed no added salt</p> <p>Resident #2 Diabetic diet  attached a copy of Diabetic diet</p> <p>Change to Regular no added sugar  By DR Wong PCP</p> <p>Resident #4 Regular, chopped diet  corrected. Food should be chopped - of meal to be served</p> <p>Change to Regular  by DR Suga PCP</p>	<p>9/11/23</p> <p>9/11/23</p> <p>9/11/23</p> <p>10/20/23</p> <p>9/11/23</p> <p>10/14/23</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><b><u>FINDINGS</u></b> Special diet menus unavailable for the following diet orders:</p> <ul style="list-style-type: none"> <li>• Resident #1 - Cardiac diet, pureed, thin liquids</li> <li>• Resident #2 - Diabetic diet</li> <li>• Resident #4 - Regular, chopped diet</li> </ul> <p>Submit a copy with plan of correction for each special diet.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>to prevent this happening In the future I should check always - the diet ordered upon admittance them to my care home so that we can give the appropriate diet will check before leaving the clinic to make a post reminder in my physical order sheet template</i></p>	<p><i>9/11/23</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><b><u>FINDINGS</u></b> Current menus for regular and special diets were not posted in the dining/kitchen area for review.</p>	<p>PART 1</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>Corrected Posted menu by the our refrigerator</i></p>	<p><i>9/8/23</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (i)            Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><b><u>FINDINGS</u></b>            Resident #3 – Annual diet order unavailable for review.</p> <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Resident #3</i>  <i>Corrected by Dr. Iqbal</i>  <i>via audio record</i>  <i>appt</i>  <i>Regular diet</i>  <i>See attached</i></p>	<p><i>9/28/23</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (a)  All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><b>FINDINGS</b>  Resident #1 - Label on bottle of acetaminophen states, "Take 2 tablets by mouth every 4 hours as needed"; however, PRN indication not provided. Medication order incomplete.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>I called 5 minutes Pharmacy  I took to Lovara pharmacist  electron regarding the bottle 9/9/23  MD ord'd acetaminoph  take 2 tabs q 4hr as  needed for fever, pain  head ache</p> <p>Pharmacy change the  label of the bottle  written acetaminophen  take 2 tablets q 4hrs  as needed for pain  fever and headache</p>	<p style="text-align: right;">9/11/23</p>



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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (a)  All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u>  Resident #1 - Physician's order dated 11/2/22-9/2/23 states, "Tylenol 325 2 tabs q 4hrs as needed"; however, PRN indication not provided. Medication order incomplete.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future I will ask my pharmacist to check with me the order of the MD and the label of medication are the same when new medication pick up. SCG involve on this new responsibility.</p>	<p style="text-align: right;">9/9/23</p>

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☒	<p>§11-100.1-15 <u>Medications</u>. (b)            Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u>            Three (3) boxes of unopened eyedrops and one (1) box of bisacodyl stored unsecured in the kitchen refrigerator.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>corrected @ the time of inspection</i></p> <p style="text-align: center;"><i>put the medications in the container right away after using it or lock container</i></p>	<p style="text-align: center;"><i>9/8/23</i></p> <p style="text-align: right;"><i>hrs</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b>FINDINGS</b> Resident #1 – Physician’s order dated 9/3/23 states, “acetaminophen 325 mg tablet Take 650 mg by mouth every 4 hours as needed for pain, fever, or headache”; however, medication unavailable on 9/2023 medication administration record (MAR).</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Corrected during inspection write in the MAR</p> <p>Acetaminophen 325 mg 2 tabs q 4hrs as needed For pain, fever or headache</p>	<p>9/8/23</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician’s order dated 9/3/23 states, “acetaminophen 325 mg tablet Take 650 mg by mouth every 4 hours as needed for pain, fever, or headache”; however, medication unavailable on 9/2023 medication administration record (MAR).</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>In the future I will</i></p> <p><i>I asked my substitute to check my MAR, if I write everything correctly, all ordered included on MAR SAC in service on their new task to be done monthly</i></p>	<p style="text-align: center;"><i>9/8/23</i></p> <p style="text-align: right;"><b>RECEIVED</b></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 11/2/22-3/21/23 states, “lisinopril 25mg 1 tab daily”; however, during this time, MAR shows medication administered as, “lisinopril 12.5mg 1 tab daily”. Incorrect dosage administered per MAR.</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><i>Corrected MAR</i> <i>lisinopril 25mg 1 tab daily to lisinopril 2.5mg 1 tab daily</i></p>	<p><i>9/8/23</i></p>

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NOV 15 2023



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 - Physician's order dated 11/2/22-3/21/23 states, "lisinopril 25mg 1 tab daily"; however, during this time, MAR shows medication administered as, "lisinopril 12.5mg 1 tab daily". Incorrect dosage administered per MAR.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will asked my substitute to check my MAR so that prevent incorred dosage Administered</p> <p>SGC in service on reviewing MAR against medication ordered to ensure dosage is written correctly on MAR. SGC will reviewe monthly.</p>	<p>9/18/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician’s order dated 3/24/23 states, “Zestril 2.5mg 1 tab PO daily”; however, during this time, MAR shows medication administered as, “lisinopril 12.5mg 1 tab daily”, between 3/24/23-6/30/23. Incorrect dosage administered per MAR.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p>Corrected MAR lisinopril 12.5 mg 1 tab daily to lisinopril 2.5 mg 1 tab daily</p>	<p style="text-align: center;">9/18/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 3/24/23 states, “Zestril 2.5mg 1 tab PO daily”; however, during this time, MAR shows medication administered as, “lisinopril 12.5mg 1 tab daily”, between 3/24/23-6/30/23. Incorrect dosage administered per MAR.</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 style="text-align: center;">I'll asked my substitute in the future to check my MAR <del>and</del> <sup>med</sup> <del>order</del> <sup>order</sup> that I write the correct medication and dosage to prevent administrative error dosage, &amp; medications SQA inservice on this new responsibility to be done monthly</p>	<p style="text-align: right;">9/8/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h)  A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><u>FINDINGS</u>  Resident #1 - Daily schedule of activities unavailable for review.</p> <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Resident #1 - Daily schedule activities available, in home <del>seen by the Home</del> <del>nurse</del> <del>consultant</del> <del>outlook</del> <del>keeper</del></p>	<p style="text-align: center;">9/8/23</p>

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NOV 15 2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-16 <u>Personal care services.</u> (h)  A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><b>FINDINGS</b>  Resident #1 – Daily schedule of activities unavailable for review.</p> <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">available @ Care Home book</p> <p style="text-align: center;"><del>nurse consultant overlook</del></p> <p style="text-align: center;">In the future will put on the document a tab so that it easier to find the document</p>	<p>9/6/23</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1)  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p><b>FINDINGS</b>  Resident #1 – PCG assessment unavailable for readmission on 9/3/23.</p> <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I send to OPG Re-admission assessment to sign and dated 9/9/23</i></p> <p><i>Received from OPG the re-admission sign by the OPG Miss Maria Anderson 9/19/23</i></p> <p><i>Rec'd 9/21/23</i></p> <p><i>PCG make <sup>new</sup> admission assessment for re-admission Resident #1</i></p>	<p><i>9/9/23</i></p> <p><i>9/8/23</i></p>

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NOV 15 2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1)  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p><b>FINDINGS</b>  Resident #1 PCG assessment unavailable for readmission on 9/3/23.</p> <p>Submit a copy with plan of correction.</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><i>In the future I should have the list of documents to follow during admission and re-admission on my check list will be included PCG assessment will reviewed check list w/ each admission</i></p>	<p style="text-align: right;"><i>9/18/23</i></p>

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NOV 15 2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4)  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies:</p> <p><b>FINDINGS</b>  Resident #1, #4 Initial two-step TB clearance unavailable for review.</p> <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;">PART 1</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>Resident #1  two step PPD  10/24/17 - 11/2/17  both 0 mm  over 600  <del>during inspection</del></p> <p>Resident #4  9/12/23 - 9/14/23 } negative  9/19/23 - 9/21/23 }</p>	<p>9/8/23</p>

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NOV 15 2023



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4)  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><b><u>FINDINGS</u></b>  Resident #1,#4 Initial two-step TB clearance unavailable for review.</p> <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>To prevent this happening in the future I should added to my checklist during admission to include two step TB test. Will review check list @ each admission</i></p>	<p style="text-align: center;"><i>9/8/23</i></p>

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NOV 15 2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§ 11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><b><u>FINDINGS</u></b> Resident #2 Annual TB clearance unavailable for review.</p> <p>Submit a copy with plan of correction.</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>Resident #2</p> <p>PPD 1st 9/12/23 → result (-)</p> <p>9/14/23</p> <p>2nd 9/19/23 → result (-)</p> <p>9/21/23 → result (-)</p>	<p>9/14/23</p> <p>9/21/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #2 Annual TB clearance unavailable for review.</p> <p>Submit a copy with plan of correction.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PPD done 09/12/23 1st step result 9/14/23</p> <p>PPD 2nd step 9/19/23 9/21/23 result (-)</p> <p>to prevent it happening in the future I will use a calendar or posting reminder in the chart of the resident For next step: to TB due date</p>	<p>9/21/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents:</p> <p><b><u>FINDINGS</u></b> Resident #1 Resident register does not reflect resident's discharge on 8/28/23 and readmission on 9/3/23.</p> <p>Submit a copy of updated resident register.</p>	<p style="text-align: center;">PART 1</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>corrected inserted in the resident registration, discharged and re-admission month and date</i></p>	<p style="text-align: center;"><i>9/8/23</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents:</p> <p><b><u>FINDINGS</u></b> Resident #1 Resident register does not reflect resident's discharge on 8/28/23 and readmission on 9/3/23.</p> <p>Submit a copy of updated resident register.</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>to prevent it happening again 9/18/23 I make sure upon discharge, admission and re-admission I will sure to write the month, date and year in my Home Record always. Reminder note has posted on care home binder to do these</i></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts</u>. (a)  The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><b>FINDINGS</b>  Resident #1 Resident financial agreement unavailable for (re)admission on 9/3/23.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>CORRECTED  I sent to OPG the Resident Financial Agreement for re-admission to be signed and dated  Received from OPG the Resident Financial Agreement for re-admission signed and dated 9/19/23</p>	<p>9/19/23</p> <p>9/21/23 received</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a)  The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><u>FINDINGS</u>  Resident #1 Resident financial agreement unavailable for (re)admission on 9/3/23.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future re-admission I should have a check list <sup>included into</sup> updated for the resident family, Guardian, surrogate or representative to sign residential financial agreement.</i></p> <p><i>I will review check list @ each admission</i></p>	<p>9/21/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><b>FINDINGS</b> Resident #1 No documented evidence the resident was notified in writing, prior to or at the time of (re)admission, or services available and related charges.</p>	<p>PART 1</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 send to OPG the policy to sign and dated for re-admission 9/19/23</p> <p>Received the policy sign by OPG Mrs Ma Anderson 9/21/23 for re-admission sign &amp; dated 9/19/23</p>	<p>9/19/23</p> <p>9/21/23</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><b><u>FINDINGS</u></b> Resident #1 No documented evidence the resident was notified in writing, prior to or at the time of (re)admission, or services available and related charges.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I have obtained an admission check list that includes having resident representative sign PCG assessment initial - re-admission review I will check list @ each admission</p>	<p>9/21/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date							
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u>, (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><b>FINDINGS</b> Fire drills performed on 3/5/23 and 4/2/23 do not include the time taken to safely evacuate residents from the building.</p>	<p>PART I</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><i>Corrected Fire Drill conducted</i></p> <table border="0"> <tr> <td><i>3/15/23</i></td> <td><i>started 2pm</i></td> <td><i>2:15pm</i></td> <td rowspan="2"><i>9/8/23</i></td> </tr> <tr> <td><i>4/2/23</i></td> <td><i>4pm</i></td> <td><i>4:15pm</i></td> </tr> </table>	<i>3/15/23</i>	<i>started 2pm</i>	<i>2:15pm</i>	<i>9/8/23</i>	<i>4/2/23</i>	<i>4pm</i>	<i>4:15pm</i>	
<i>3/15/23</i>	<i>started 2pm</i>	<i>2:15pm</i>	<i>9/8/23</i>							
<i>4/2/23</i>	<i>4pm</i>	<i>4:15pm</i>								

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u>, (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCIs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request:</p> <p><b>FINDINGS</b> Fire drills performed on 3/5/23 and 4/2/23 do not include the time taken to safely evacuate residents from the building.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>In the future I will use posting reminder / asked substitute to check if the fire drill form are completed before/after FIRE drill conducted of each month includes duration of drill</i></p>	<p style="text-align: right;"><i>9/9/23</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(G) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system;</p> <p><b>FINDINGS</b> Smoke alarm chirping in stairwell between first and second floor of home.</p>	<p>PART 1</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>Corrected: Change the battery for the smoke alarm chirping in stairwell;</i></p>	<p>9/8/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(G) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system;</p> <p><b>FINDINGS</b> Smoke alarm chirping in stairwell between first and second floor of home.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I have maintenance staff to change smoke alarm battery immediately upon low battery chirping indicator going off →</i></p> <p><i>to prevent from happening in the future we will check and change battery of the smoke alarm openly</i></p>	<p style="text-align: right;"><i>9/8/23</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p><b><u>FINDINGS</u></b> Bedroom #2 Insect nest located on exterior base of window</p>	<p style="text-align: center;">PART 1</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>Corrected during inspection day. removed the insect nest located on exterior base of window</i></p>	<p style="text-align: center;"><i>9/8/23</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p><b><u>FINDINGS</u></b> Bedroom #2 Insect nest located on exterior base of window</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this happening in the future me and my substitute always check and clean everyday. Staff inspects on daily cleaning and notify to removed and insect nest if found immediately</p>	<p>9/18/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident:</p> <p><b>FINDINGS</b> Bedroom #4 - Plastic pillow protectors unavailable on pillows</p>	<p style="text-align: center;">PART I</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;">Bedroom #4 pillow has name written on it. Substituted chick it removed the pillow case: my substitute: <del>plastic pillow protector</del> &amp; pillow</p>	<p style="text-align: center;">9/8/23</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident:</p> <p><b><u>FINDINGS</u></b> Bedroom #4 Plastic pillow protectors unavailable on pillows</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Inservice staff on the use of plastic pillow protectors if not available resident entitled to be written on pillows</p>	<p>9/8/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><b><u>FINDINGS</u></b> Resident #1, SCG #1 No documented evidence SCG #1 was trained on daily personal care by the case manager</p> <p>Submit a copy of completed training with plan of correction.</p>	<p>PART 1</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>Created RN case manager trained SCG #1 daily personal care</i></p> <p><i>See attached</i></p>	<p><i>9/12/23</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements</u>. (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><b><u>FINDINGS</u></b> Resident #1, SCG #1 No documented evidence SCG #1 was trained on daily personal care by the case manager</p> <p>Submit a copy of completed training with plan of correction.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>To prevent this from happening in the future I have added CMA training to the check list new admission or re-admission parties will review check list @ each admission</i></p>	<p style="text-align: center;"><i>9/12/23</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan:</p> <p><b>FINDINGS</b> Resident #1, PCG, SCG #1-3. – No documented evidence caregivers were trained on how to prepare a pureed diet</p> <p>Submit a copy of completed training with plan of correction.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>CORRECTED</i></p> <p><i>Case Manager Aneluis Gutierrez RN</i></p> <p><i>trained us to and demonstrate how to prepare pureed diet</i></p> <p><i>PCG: Belma A Raguindin</i> <i>Subs: Irene Guryab</i> <i>Marina Pesalo</i> <i>Guover Raguindin</i></p> <p><i>Attached a copy</i></p>	<p style="text-align: center;"><i>9/12/23</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan:</p> <p><u>FINDINGS</u> Resident #1, PCG, SCG #1-3, No documented evidence caregivers were trained on how to prepare a pureed diet</p> <p>Submit a copy of completed training with plan of correction.</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 style="text-align: center;">to prevent this happening 9/12/23 I will include to my checklist of admmsion or orderd change RN <sup>case memo</sup> shall give a train/ monitoring care given/submitte Daily personal and specialized care to resident as needed to impliment their Care Plan</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan:</p> <p><b><u>FINDINGS</u></b> Resident #1 - No documented evidence the following training was provided by the case manager, per skills checklist, despite being included in the care plan:</p> <ul style="list-style-type: none"> <li>• PCG, SCG #2 - No training on transfer technique, range of motion, and (re)positioning</li> <li>• SCG #3 - No training on (re) positioning</li> </ul> <p>Submit a copy of completed trainings with plan of correction.</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>Case manager Amelia Guillen came for trained us for transfer technique, ROM, repositioning PCG - SCG # 2 SCG 3 SCG #1</p>	<p>9/12/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements</u>, (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan:</p> <p><b><u>FINDINGS</u></b> Resident #1 - No documented evidence the following training was provided by the case manager, per skills checklist, despite being included in the care plan:</p> <ul style="list-style-type: none"> <li>• PCG, SCG #2 No training on transfer technique, range of motion, and (re)positioning</li> <li>• SCG #3 No training on (re) positioning</li> </ul> <p>Submit a copy of completed trainings with plan of correction.</p>	<p style="text-align: center;">PART 2</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>To prevent this happening in the future I have to added <del>PCG training</del> to CM training the check list to use when new resident/re-admission <del>PCG</del> SCG.</i></p> <p><i>I will review @ CM that all interventions are appropriate and training provided if necessary at each monthly basis</i></p>	<p><i>9/12/23</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><b><u>FINDINGS</u></b> SCG #2 - Only eight (8) hours of continuing education courses completed for the year.</p> <p>Submit documented proof of four (4) hours of completed training with plan of correction. The completed training hours will be credited toward the 2023 annual inspection.</p>	<p>PART 1</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>SCG # 2</p> <p>submitted 4 hour training</p>	<p>9/9/23</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements</u>. (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><b>FINDINGS</b> SCG #2 Only eight (8) hours of continuing education courses completed for the year.</p> <p>Submit documented proof of four (4) hours of completed training with plan of correction. The completed training hours will be credited toward the 2023 annual inspection.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I have to obtain an <del>12</del> <sup>13</sup> hour of continuing education courses per year in PCG check list to prevent the same mistakes from repeating.</p> <p>Every July I will review staff training to ensure 12 hours are completed if not notify appropriate staff. phone reminder entered on the July (7 month)</p>	<p>9/9/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2)            Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><b>FINDINGS</b>            Resident #1 - Current medication/supplement orders not reflected in care plan.</p> <p>Submit an updated care plan with plan of correction.</p>	<p style="text-align: center;">PART 1</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; font-family: cursive;">RN Case manager up dated resident current medication in the compen 9/4/23</p>	<p style="text-align: right; font-size: 1.2em; font-family: cursive;">9/4/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2)            Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><b>FINDINGS</b>            Resident #1 - Current medication/supplement orders not reflected in care plan.</p> <p>Submit an updated care plan with plan of correction.</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><i>In the future</i></p> <p><i>In the future I make sure</i></p> <p><i>RN-CM updated resident #1's medication list. current medications reflected in Problem #7 Interventions</i></p> <p style="text-align: right;"><i>9/4/23</i></p> <p><i>post reminder note to review medication orders against Care Plan each month</i></p> <p><i>reminder post resident binder</i></p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2)  Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><b><u>FINDINGS</u></b>  Resident #1 - Care plan states, "pureed diet as ordered, thin liquids"; however, physician's order dated 9/3/23 states, "cardiac diet, pureed, regular thin". Diet listed in care plan does not reflect current physician's order.</p>	<p style="text-align: center;">PART 1</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>Corrected.  Su md order attached dated 9/11/23  Su <sup>corrected</sup> care plan attached</i></p>	<p style="text-align: right;"><i>Completed  9/12/23</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2)  Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><b><u>FINDINGS</u></b>  Resident #1 Care plan states, "pureed diet as ordered, thin liquids"; however, physician's order dated 9/3/23 states, "cardiac diet, pureed, regular thin". Diet listed in care plan does not reflect current physician's order.</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 style="text-align: center;"><i>In the future I will check the care plan of RACM if all orders are in the care plan during the admission/reflect on each month  Reminder posted on resident's binder</i></p>	<p style="text-align: center;">9/12/23</p>

Licensee's/Administrator's Signature: Belma A Ragunel

Print Name: Belma A Ragunel

Date: 11/15/23

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NOV 15 2023