

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aloha Kupuna Care Home LLC	CHAPTER 100.1
Address: 1310 Palama Street, Honolulu, Hawaii 96817	Inspection Date: April 24, 2023 Initial

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
<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>FINDINGS Substitute Care Giver (SCG) #2 – No Fieldprint result.</p>	<p>PART I</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>SCG #2's Fieldprint was obtained on Nov. 1, 2023 and a request for exception was submitted. The documents are currently being reviewed by Fieldprint. I will update the status and submit the result as soon as it becomes available.</i></p>	

STATE OF MICHIGAN
DEPARTMENT OF
STATE LICENSING

23 DEC -8 AM 04:43

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>, (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><u>FINDINGS</u> Substitute Care Giver (SCG) #2 – No Fieldprint result.</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>PCG will ensure that all SCG and new incoming SCG will do fieldprint and make a reminder alert at my cellphone and my calendar. -PCG will use SCG guidelines checklist.</i></p>	<p style="text-align: center;">9-12-23</p> <p style="text-align: right;">23 SEP 26 10:23 STATE OF IOWA DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> SCG #1, SCG #2, Household member (HM) #1, HM #2, HM #3 – No current annual physical exam.</p> <p>Please submit a copy with your plan of correction (POC).</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>Please see attached: I obtained copies to all of them.</i></p>	<p style="text-align: center;"><i>9-12-23</i></p> <p style="text-align: center;">23 SEP 26 AM 10:22</p> <p style="text-align: center;">STATE OF PENNSYLVANIA DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> SCG #1, SCG #2, Household member (HM) #1, HM #2, HM #3 – No current annual physical exam.</p> <p>Please submit a copy with your plan of correction (POC).</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>PCB will ensure to monitor and update, and make a reminder alert at my cellphone, spreadsheet to identify when requirements are due to prevent them from expiring</i></p>	<p><i>4/25/23</i></p> <p style="text-align: right;"><i>23 APR 27 PM</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> SCG #1 – Chest X ray was done 1/12/2022, but no record of PPD skin test positive. Thus, there is no initial tuberculosis (TB) clearance. HM #2 – No initial TB clearance.</p> <p>Please submit a copy with your POC.</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>"See attached."</i></p> <p style="text-align: center;"><i>I obtained the copy of SCG #1 and HM #2.</i></p>	<p style="text-align: center;"><i>9-12-23</i></p> <p style="text-align: center;">23 SEP 26 AM 0:22</p> <p style="text-align: center;">STATE OF IOWA DIVISION STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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 #1 – Chest X ray was done 1/12/2022, but no record of PPD skin test positive. Thus, there is no initial tuberculosis (TB) clearance. HM #2 – No initial TB clearance.</p> <p>Please submit a copy with your POC.</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>PCG will use, the tools which is the SCG guidelines checklist and make a reminder alert at my cellphone calendar to update all my households and substitute documents and place to my folder.</i></p>	<p style="text-align: right;">9-12-23</p> <p style="text-align: right;">23 SEP 26 AM 10:20</p> <p style="text-align: right;">STATE OF ILLINOIS DEPARTMENT OF STATE INSURANCE</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> SCG #1 and HM #2 – No current annual TB clearance.</p> <p>Please submit a copy with your POC.</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>"See attached."</i></p> <p style="text-align: center;"><i>I obtained a copy for SCG #1 and HM #2</i></p>	<p style="text-align: center;"><i>9-12-23</i></p> <p style="text-align: right;">23 SEP 26 AM 0:20 STATE OF CONNECTICUT DOH/OSHA STATE LIBRARY</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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 #1 and HM #2 – No current annual TB clearance.</p> <p>Please submit a copy with your POC.</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>PC6 will ensure that all SCG's documents will be in my chart and make a reminder alert at my cellphone calendar.</i></p>	<p style="text-align: right;"><i>4/25/2023</i></p> <p style="text-align: right;">23 NOV 28 01</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> SCG #2 – No cardiopulmonary resuscitation certification.</p> <p>Please submit a copy with your POC.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>"See Attached."</i></p> <p><i>I obtained the copy of SCG #2.</i></p>	<p><i>9-12-23</i></p> <p>23 SEP 26 AM 0:20</p> <p>STATE OF MICHIGAN DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> SCG #2 – No cardiopulmonary resuscitation certification.</p> <p>Please submit a copy with your POC.</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>PC6 will use the tools which is the SC6 guideline checklist, that before adding them I'll make sure that substitute requirements are completed, and to my existing substitute I will make a reminding alert at my cellphone, calendar to update all documents that will expire and need to renew.</i></p>	<p style="text-align: right;"><i>9-12-23</i></p> <p style="text-align: right;">23 SEP 26 AM 10:20</p> <p style="text-align: right; font-size: small;">STATE OF MARYLAND DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> No record that Primary Care Giver (PCG) trained SCG #1, #2, and #3 to make prescribed medication available to residents.</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><i>PCG trained SCG #1 done on April 25, 2023</i></p> <p><i>SCG #2 trained on April 24, 23</i></p> <p><i>SCG #3 trained on April 24, 23</i></p>	<p><i>4/24/23</i></p> <p><i>4/25/23</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> No record that Primary Care Giver (PCG) trained SCG #1, #2, and #3 to make prescribed medication available to residents.</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>PCG will ensure that all substitute that caregiving training done before contact to the clients.</i> <i>- Use SCG guidelines</i></p>	<p style="text-align: right;"><i>9-12-23</i></p> <p style="text-align: right;">23 SEP 26 AM 10:20</p> <p style="text-align: right; font-size: small;">STATE OF ILLINOIS DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> SCG #2 – No First Aid certification.</p> <p>Please submit a copy with POC.</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>"see attached."</i></p> <p style="text-align: center;"><i>I obtained the copy of SCG #2.</i></p>	<p style="text-align: center;"><i>9-12-23</i></p> <p style="text-align: right;">23 SEP 26 AM 10:20</p> <p style="text-align: right; font-size: small;">STATE OF IOWA BOB OLSON STATE LIBRARIAN</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> SCG #2 - No First Aid certification.</p> <p>Please submit a copy with POC.</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>PCG will ensure that all SCG and new incoming substitute are completed their requirements as substitute. I will make a reminding alert at my cellphone, calendar and check all VCG guide-lines checklist.</i></p>	<p style="text-align: center;"><i>9-12-23</i></p> <p style="text-align: right;">23 SEP 26 AM 12:00</p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN DEPARTMENT OF STATE LICENSING</p>

	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> (c) 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> Resident #1 – No record that resident #1 received orientation for emergency evacuation procedures.</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><i>PCG orient resident 1 on April 25, 2023 for emergency evacuation procedure.</i></p>	<p style="text-align: center;"><i>4/25/23</i></p>

	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> (c) 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> Resident #1 – No record that resident #1 received orientation for emergency evacuation procedures.</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>PC6 will ensure that all incoming ARCH Resident Admission @ client / family will receive orientation for emergency evacuation procedure.</i></p> <p><i>- I will use admission checklist to remind myself to provide orientation at admission.</i></p>	<p style="text-align: right;"><i>09-12-23</i></p> <p style="text-align: right;">23 SEP 26 AM 20</p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> Resident #1 – No menu for “Heart Healthy – Reg Consistency +thin liquids” ordered on 4/20/2023.</p> <p>Submit a menu for department review.</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>“ Heart Healthy diet Cardiac Diet attached ”</i></p>	<p style="text-align: center;"><i>9-12-23</i></p> <p style="text-align: right;">23 SEP 26 10:20 <small>STATE OF ILLINOIS DEPARTMENT STATE LICENSING</small></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> Resident #1 – No menu for “Heart Healthy – Reg Consistency +thin liquids” ordered on 4/20/2023.</p> <p>Submit a menu 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;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>Tools:</i> I will review my special diet training resources during my diet class, or i will call my teacher ms Annette Jackson, to ask an advice or to review my menu.</p>	<p style="text-align: center;">9-12-23</p> <p style="text-align: right;">23 SEP 26 10:20 STATE OF ILLINOIS DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> The menu posted in dining area is printed on a letter size sheet and too small to read.</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><i>PCB printed a bigger sheet of menu copy, all menus printed out 11' x 17" and posted in residents' dining area.</i></p>	<p><i>4/26/2023</i></p> <p style="text-align: right;"><i>16000 16000</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> The menu posted in dining area is printed on a letter size sheet and too small to read.</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;"><i>PC6 will ensure to check all clients diets orders, and make sure to print bigger sizes.</i></p>	<p style="text-align: right;"><i>4/26/23</i></p> <p style="text-align: right;"><i>PC6</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation.</p> <p><u>FINDINGS</u> One (1) unopened red wine bottle stored in refrigerator by the residents' dining table.</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><i>Removed unopened red wine bottle stored in refrigerator right away after the inspection.</i></p>	<p style="text-align: right;"><i>4/24/2023</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation.</p> <p><u>FINDINGS</u> One (1) unopened red wine bottle stored in refrigerator by the residents' dining table.</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>PC6 will ensure that no wine in client refrigerator and will be kept in lock storage.</i></p> <p><i>- In part of SC6 training that alcohol is kept in a locked cabinet.</i></p> <p><i>- I will double check the refrigerator every morning.</i></p>	<p style="text-align: right;"><i>9-12-23</i></p> <p style="text-align: right;">23 SEP 26 10:20</p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> A key was left in the pad lock under the wet bar sink downstairs.</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>Removed the key right away in the pad lock under the wet bar sink downstairs.</i></p>	<p style="text-align: right;"><i>4/24/23</i></p> <p style="text-align: right; font-size: small;">93 NOV 28 11 00</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> A key was left in the pad lock under the wet bar sink downstairs.</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>In part of SC6 training that the cabinet must be locked at all the times, in addition I posted a sign to remind caregiver that all cabinet will make sure that locked properly.</i></p> <p><i>- I will double check if the cabinet is locked every morning.</i></p>	<p style="text-align: right;"><i>9-12-23</i></p> <p style="text-align: right;">23 SEP 26 10:19</p> <p style="text-align: right; font-size: small;">STATE OF CALIFORNIA DEPT. OF SOCIAL SERVICES STATE LICENSES</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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> A key was left in the pad lock for the medication cabinet.</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>PCG did locked the cabinet and take off the key and put in a safe place right away during the inspection and must locked w/o the key at all the times.</i></p>	<p style="text-align: right;"><i>9-12-23</i></p> <p style="text-align: right;">23 SEP 26 AM 11:19</p> <p style="text-align: right;">STATE OF OHIO DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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> A key was left in the pad lock for the medication cabinet.</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>In part of SC6 training that the medication cabinet must be locked at all times. in addition I posted a sign to remind that all cabinet will make sure and check that locked properly.</i></p> <p><i>- I will double check if the medication cabinet is locked every morning.</i></p>	<p style="text-align: right;"><i>9-12-23</i></p> <p style="text-align: right;">23 SEP 26 AM 10:19</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <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> Nasal spray, Antacid Calcium Carbonate 750mg, was left on resident's bedside nightstand and Minoxidil Topical Aerosol 5% foam left in the bathroom in bedroom #2.</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><i>Resident's wife came to visit during the inspection, when we check resident's room we saw all those. So I removed right away and put all in the lock cabinet, and on the next day 4/25/2023 when the wife came to visit again i returned all.</i></p>	<p style="text-align: right;"><i>4/24/2023</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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. <u>FINDINGS</u> Nasal spray, Antacid Calcium Carbonate 750mg, was left on resident's bedside nightstand and Minoxidil Topical Aerosol 5% foam left in the bathroom in bedroom #2.	<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>PCG will ensure that nasal spray, Antacid Calcium Carb. 750mg will not be left on resident's bedside and minoxidil Topical Aerosol etc will not be left in resident's bathroom.</i></p> <p><i>PCG will explain to the wife that if she will bring ointment or medication over the counter, she need to tell me so I can put in my notes especially if not prescribed by the doctor.</i></p>	<p style="text-align: right;"><i>4/24/2023</i></p> <p style="text-align: right;"><i>92 Nov 20 2023</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 – No label for Bisacodyl.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>PC6 labelled Bisacodyl on April 24, 2023.</i></p>	<p><i>4/24/23</i></p> <p style="text-align: right;"><i>23 APR 27 04</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 – No label for Bisacodyl.</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>PCG will use the Resident Admission Checklist, and make sure that everytime, there is admission I will ensure all medication has a label at residents admission and when new medication was received, always check the labels, and write it to my MAR.</i></p>	<p style="text-align: right;"><i>9-12-23</i></p> <p style="text-align: right;">23 SEP 26 AM 0:19</p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN DEPT. OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 – Motegrity bottle label was altered with a black pen. Original label not visible. Other 12 out of 18 medication bottles labels were altered with a black pen. Per PCG, all markings were made by the resident's family, but it was not recorded at admission.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: center;">02 MAR 2010</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 – Motegrity bottle label was altered with a black pen. Original label not visible. Other 12 out of 18 medication bottles labels were altered with a black pen. Per PCG, all markings were made by the resident's family, but it was not recorded at admission.</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>PCG will ensure that all medication bottle will not, ^{be} altered, if so will explain to the wife that not supposed to be altered. All markings were made by the wife. I will make sure that every admission i will make a note, recorded to my progress notes that all markings in the resident's bottle was made by the wife.</i></p>	<p style="text-align: right;">4.24-2023</p> <p style="text-align: right; font-size: small;">23 MAR 20 01:10</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS Resident #1 – Physician’s order dated 4/20/2023 includes “magnesium hydroxide (MOM) 400MG/5ML SUSP suspension, Take 30ml by mouth once per day as needed.” No indication for as needed use provided.</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><i>Clarification order for magnesium Hydroxide (MOM) 400mg/5ml suspension, take 30 ml by mouth once per day as needed if no BM for 3 days.</i></p> <p><i>- fax sent dated 5-19-23 at DR Jeremy Kort clinic.</i></p>	<p style="text-align: right;"><i>9x12-23</i></p> <p style="text-align: right;">23 SEP 26 AM 19</p> <p style="text-align: right; font-size: small;">STATE OF ILLINOIS DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 4/20/2023 includes “magnesium hydroxide (MOM) 400MG/5ML SUSP suspension, Take 30ml by mouth once per day as needed.” No indication for as needed use provided.</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>PCG will ensure that every medication that PRN, I will check the indication for as needed use provided. I will review the order every time, and if there is a clarification I will call the doctor right away.</i></p> <p><i>- I will review medication order at the end of the month.</i></p>	<p style="text-align: center;"><i>9-12-23</i></p> <p style="text-align: right;">23 SEP 26 AM 10:19</p> <p style="text-align: right; font-size: small;">STATE OF CALIFORNIA DEPT. OF CA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Unable to confirm that medication was given as ordered as medication administration record (MAR) was not initialed since 4/22/2023 AM dose.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: right; vertical-align: bottom;">4/22/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Unable to confirm that medication was given as ordered as medication administration record (MAR) was not initialed since 4/22/2023 AM dose.</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;"><i>PCG will ensure to initial MAR everyday after giving medication to Resident.</i></p>	<p style="text-align: right;"><i>4/24/23</i></p> <p style="text-align: right; font-size: small;">APR 24 2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Nasal spray, Antacid Calcium Carbonate 750mg, and Minoxidil Topical Aerosol 5% foam were left in resident's bedroom. No physician's order available.</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><i>Return Nasal spray, Antacid Calcium Carbonate 750 mg and topical Aerosol 5% foam to Resident's wife on 4/24/23.</i></p>	<p><i>4/25/23</i></p> <p style="text-align: right; vertical-align: bottom;"><i>22 APR 26 2023</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Nasal spray, Antacid Calcium Carbonate 750mg, and Minoxidil Topical Aerosol 5% foam were left in resident's bedroom. No physician's order available.</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>PCG will ensure on each admission will inform the family for any medication that they will bring will need physician order and need to give to PCG, not to leave bedside or client's bath room; unless order by a physician.</i></p>	<p style="text-align: right;"><i>4/25/23</i></p> <p style="text-align: right;"><i>23</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – MAR last initialed on 4/22/2023 am dose.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: center;">23 APR 24 PM 1:13</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – MAR last initialed on 4/22/2023 am dose.</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>PC6 will ensure that every-time the resident took their medication, signed MAR right away in a timely manner. - I will review MAR at the end of the month.</i></p>	<p style="text-align: right;"><i>9-12-23</i></p> <p style="text-align: right;">23 SEP 26 AM 0:9</p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN DONOR STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order is: -“Esomeprazole 40mg capsule, Take 1 cap by mouth two times per day.” 4/21/2023 AM and 4/22/2023 MAR not initialed. -“Mirtazapine 15mg tablet, Take 1 tab by mouth every night at bedtime.” 4/21/2023, 4/22/2023, 4/23/2023 MAR not initialed.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: right; vertical-align: bottom;">20 MAR 2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p>FINDINGS Resident #1 – Physician's order is: -“Esomeprazole 40mg capsule, Take 1 cap by mouth two times per day.” 4/21/2023 AM and 4/22/2023 MAR not initialed. -“Mirtazapine 15mg tablet, Take 1 tab by mouth every night at bedtime.” 4/21/2023, 4/22/2023, 4/23/2023 MAR not initialed.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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>PCG and Substitute will make sure that the MAR is initialed in a timely manner, and review MAR every day.</i></p>	<p style="text-align: right;"><i>9-12-22</i></p> <p style="text-align: center;">23 SEP 26 AM 19</p> <p style="text-align: center;">STATE OF ILLINOIS DEPARTMENT OF STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver. <u>FINDINGS</u> Resident #1 – Indication for PRN use for Acetaminophen 325mg, Bisacodyl 10mg, and Magnesium Hydroxide 400mg/5ml susp not listed in MAR.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>PCB put the indication for PRN listed in MAR.</i></p> <ul style="list-style-type: none"> <i>* - Acetaminophen 325 mg take 2 tabs by mouth every 4 hours as needed for pain.</i> <i>* Bisacodyl 10 mg Place 1 suppository rectally once per day as needed for constipation</i> <i>* Magnesium Hydroxide 400mg/5ml take 30 ml by mouth per day as needed for constipation.</i> 	<p style="text-align: center;"><i>4/24/23</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p>FINDINGS Resident #1 – Indication for PRN use for Acetaminophen 325mg, Bisacodyl 10mg, and Magnesium Hydroxide 400mg/5ml susp not listed in MAR.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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>- PC6 will ensure that complete medication administration is recorded in the MAR and review everyday for complete. HES.</p> <p>- always check the indication for as needed use provided. ex. Acetaminophen use for pain: - magnesium - if no BM for 3 days.</p>	<p style="text-align: right;">9-12-23</p> <p style="text-align: right;">23 SEP 26 11:19</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES STAFF LIAISON</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 – No plan of care activities schedule.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Plan of Care and Activities Schedule completed on 4/24.</i></p>	<p style="text-align: right;"><i>4/24/2023</i></p> <p style="text-align: center;">23 MAY 23 10:53</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 – No plan of care activities schedule.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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>PCG will use the Resident Admission check list. for each resident daily activities which includes special needs care provided in their plan of care, and to be completed for their first day of my care home.</i></p>	<p><i>9-12-23</i></p> <p style="text-align: right;">23 SEP 26 10:19 STATE OFFICE DON-CLARK STATE LORAIN, MS</p>

	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><u>FINDINGS</u> Resident #1 – No record that height, weight, and vital signs were taken at admission.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	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><u>FINDINGS</u> Resident #1 – No record that height, weight, and vital signs were taken at admission.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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>PC6 will ensure to get their weight, vital signs during admission.</i></p> <p><i>PC6 will review the Resident Admission check list.</i></p>	<p style="text-align: center;"><i>9-12-23</i></p> <p style="text-align: right;">23 SEP 26 AM 19</p> <p style="text-align: right; font-size: small;">STATE OF MISSOURI DEPARTMENT OF HEALTH STATE LIAISON</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(8) 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 current inventory of money and valuables.</p> <p><u>FINDINGS</u> Resident #1 – Inventory of personal items not recorded at admission.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Resident # 1 inventory of personal items recorded on April 24, 2023 and place into home record chart.</i></p>	<p><i>4/24/23</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(8) 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 current inventory of money and valuables.</p> <p>FINDINGS Resident #1 – Inventory of personal items not recorded at admission.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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>PCG will ensure that upon admission shall maintain all Resident's personal items or belongings are recorded.</i></p> <p><i>- Review Resident Admission Checklist - tools to remind myself.</i></p>	<p style="text-align: center;"><i>9-12-23</i></p> <p style="text-align: right;">23 SEP 26 AM 19</p> <p style="text-align: right; font-size: small;">STATE OF MARYLAND DEPARTMENT OF HEALTH STATE DEPARTMENT</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports</u>, (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – No progress notes.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Documentation shall be made upon admission and monthly or more often as appropriate.</i></p> <ul style="list-style-type: none"> <i>• Any changes of Resident's Condition</i> <i>• medication</i> <i>• Treatments</i> <i>• Diet</i> <i>• Plan of Care and Activities.</i> 	<p style="text-align: center;">4/24/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p>FINDINGS Resident #1 – No progress notes.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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>PCG and SCG will ensure that any changes in condition such as: medication, treatments, diet, plan of care activities, injury, behavior.</i></p> <p><i>Documentation shall be made monthly or more often as appropriate.</i></p> <p><i>- I will review all documents at the end of the month and I will update as needed.</i></p>	<p><i>9-12-23</i></p> <p style="text-align: right;">23 SEP 26 AM 0:19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) 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><u>FINDINGS</u> Height and Monthly Weight Record form not available.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I recieved the forms from Ms Akemi and do the Height and monthly weight record right away.</i></p>	<p style="text-align: right;"><i>4/27/23</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) 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><u>FINDINGS</u> Height and Monthly Weight Record form not available.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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>PC6 will ensure that upon admission height and weight (recorded on admission and monthly thereafter).</i></p> <p><i>Review Resident Admission checklist, and monthly for their weight.</i></p>	<p style="text-align: right;"><i>9-12-23</i></p> <p style="text-align: right;">23 SEP 26 AM 10:19</p> <p style="text-align: right; font-size: small;">STATE OF WASH NOV-2023 STATE LICENSE</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(3) General rules regarding records:</p> <p>An area shall be provided for safe and secure storage of resident's records which must be retained in the ARCH for periods prescribed by state law;</p> <p><u>FINDINGS</u> A key was left in the pad lock for the binder cabinet.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>PC6 locked the binder cabinet and removed key from the padlock and kept in a safe place.</i></p>	<p style="text-align: center;"><i>9-12-23</i></p> <p style="text-align: center;">23 SEP 26 AM 11 19</p> <p style="text-align: center;">STATE OF NEW YORK REGISTRATION STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(3) General rules regarding records:</p> <p>An area shall be provided for safe and secure storage of resident's records which must be retained in the ARCH for periods prescribed by state law;</p> <p><u>FINDINGS</u> A key was left in the pad lock for the binder cabinet.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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>PC6 will ensure to removed all key from the pad lock and kept in a safe place.</p> <ul style="list-style-type: none"> - Always check all cabinet are locked; then remove the key. - I will check the padlock binder cabinet every morning. 	<p>9-12-23</p> <p style="text-align: right;">23 SEP 26 AM 1:19</p> <p style="text-align: right; font-size: small;">STATE OF INDIANA DEPARTMENT OF STATE INDIAN AFFAIRS</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 – Emergency information sheet did not have page 2.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>PCC completed the Emergency information sheet page 2.</i></p>	<p style="text-align: right;"><i>4/27/23</i></p> <p style="text-align: right; vertical-align: bottom;"><i>23 NOV 26 P1 12</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p>FINDINGS Resident #1 – Emergency information sheet did not have page 2.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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>PCG will ensure that Emergency information is complete page 1 and 2 upon admission. Review information if there's a change and new order in a timely manner, or contact family, guardian, power of atty etc.</i></p> <p><i>- PCG completed the emergency information sheet pg. 2.</i></p> <p><i>- I will review and update after doctor visit.</i></p>	<p style="text-align: right;"><i>9-12-23</i></p> <p style="text-align: right;"><i>23 SEP 26 AM 1:19</i></p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPT. OF SOCIAL SERVICES STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> Permanent Resident Register not available.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>PCB completed the Resident Register the Resident's info.</i></p> <p><i>Date of Birth</i></p> <p><i>Religion</i></p> <p><i>Marital Status</i></p> <p><i>Diagnosis</i></p> <p><i>Admitted by</i></p> <p><i>Condition</i></p>	<p><i>4/27/23</i></p> <p><i>and so</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><u>FINDINGS</u> Permanent Resident Register not available.</p>	<p>PART 2</p> <p>FUTURE PLAN</p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>PC6 did and complete Resident and Register right away. tools that i will use to remind myself is to review the Resident Admission checklist.</i></p> <p><i>Completed:</i> <i>Date of Birth</i> <i>Religion</i> <i>Marital Status</i> <i>Diagnosis</i> <i>Condition.</i></p>	<p><i>9-12-23</i></p> <p>STATE OF CONNECTICUT ADM. SERV. STATE LICENSING</p> <p>23 SEP 26 AM 19</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><u>FINDINGS</u> No record that smoke detectors were tested.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>10/16/01 EG</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><u>FINDINGS</u> No record that smoke detectors were tested.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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>PCG completed the smoke detector monthly record and will ensure to obtain every month, and make a reminder alert to my cellphone, calendar.</i></p>	<p style="text-align: center;"><i>9-12-23</i></p> <p style="text-align: right;"> <small>STATE OF CONNECTICUT DON-6014 STATE LICENSING</small> *23 SEP 26 10:19 </p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) 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>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p>FINDINGS One (1) oxygen tank was stored in a closet in resident's bedroom #1. PCG removed it during inspection.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: center;">23 MAY 21 11</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) 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>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u> One (1) oxygen tank was stored in a closet in resident's bedroom #1. PCG removed it during inspection.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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>PCG will ensure to comply with applicable state laws and rules relating environment safety and maintain the facility equipment in a safe and minimize hazard.</p> <ul style="list-style-type: none"> - always store oxygen at least 20 ft. from kitchen, open flames, heat sources. - "Oxygen" and NO SMOKING signs. - DANGER - OXYGEN NO SMOKING, NO OPEN FLAMES. 	<p style="text-align: right;">9-12-23</p> <p style="text-align: right;">23 SEP 26 AM 19</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF SPECIAL SERVICES</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(1)(D) Bedrooms:</p> <p>General conditions:</p> <p>Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;</p> <p>FINDINGS Care giver's belongings were stored in closet in resident's bedroom #3.</p>	<p>PART 1</p> <p>DID YOU CORRECT THE DEFICIENCY?</p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>PC6 removed caregiver's belongings right away.</i></p>	<p><i>4/24/23</i></p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);"><i>25 APR 2023 11:11</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(1)(D) Bedrooms:</p> <p>General conditions:</p> <p>Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;</p> <p><u>FINDINGS</u> Care giver's belongings were stored in closet in resident's bedroom #3.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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>PC6 will ensure that residents' bedroom shall not be used to put out belongings.</i></p>	<p style="text-align: right;"><i>4/24/23</i></p> <p style="text-align: center; font-size: small;">23 NOV 23 5:11</p>

Licensee's/Administrator's Signature: Abmalva

Print Name: Mariallie malvar

Date: April 22, 2023

Licensee's/Administrator's Signature: Abmalva

Print Name: Marinellie malvar

Date: Sept. 12, 2023

Oct. 20, 2023

2A P111