

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hawaii Loa Care Services LLC	CHAPTER 100.1
Address: 272 Panio Street, Honolulu, Hawaii 96821	Inspection Date: February 16, 2024 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.**

**FAILURE TO CORRECT CITED DEFICIENCIES AS PER THE PLAN OF CORRECTION COULD RESULT IN REFUSAL TO RENEW YOUR LICENSE PER HAR 11-100.1-3(e)(3).**

24 JUN -3 11:35  
STATE LICENSING SECTION

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing.</u> (a)(1)            No person, group of persons, or entity shall operate an ARCH or expanded ARCH without a license previously obtained under and in compliance with this chapter and chapter 321, HRS.</p> <p>Any person, group of persons, or entity desiring to operate an ARCH or expanded ARCH shall apply to the department for a license on forms furnished by the department. The department shall issue a license if the applicant and home meet the requirements in this chapter;</p> <p><b><u>FINDINGS</u></b>            Primary Caregiver (PCG) - Two consecutive years of Fieldprint clearance unavailable for review. Only 2023 Fieldprint clearance available.</p> <p>Submit a copy of 2022 or 2024 Fieldprint clearance 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>The Field Print 2024 was completed and filed in my ARCH binder. A copy of clearance is attached.</p>	<p style="text-align: center;">03/19/2024</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing.</u> (a)(1)            No person, group of persons, or entity shall operate an ARCH or expanded ARCH without a license previously obtained under and in compliance with this chapter and chapter 321, HRS.</p> <p>Any person, group of persons, or entity desiring to operate an ARCH or expanded ARCH shall apply to the department for a license on forms furnished by the department. The department shall issue a license if the applicant and home meet the requirements in this chapter;</p> <p><b><u>FINDINGS</u></b>            Primary Caregiver (PCG) - Two consecutive years of Fieldprint clearance unavailable for review. Only 2023 Fieldprint clearance available.</p> <p>Submit a copy of 2022 or 2024 Fieldprint clearance with plan of correction.</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>Once a month I will refer to a spreadsheet listing of all PCG required documents to remind me to renew clearances. A reminder for the expiration of field print clearance is sent out to PCG 30 days before expiration. An appointment will be made to renew the certification at that time. I will file the field print clearance in my ARCH binder immediately.</p>	03/19/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><b><u>FINDINGS</u></b> Substitute Caregiver (SCG) #2 – Current first-aid certification 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>The SCG #2 first aid recently expired. SCG #2 attended first aid training on 3/1/24. Certificate was obtained from SCG #2 and copy was filed in the ARCH binder. An updated first aid certification is attached.</p>	<p style="text-align: right;">03/01/2024</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><b><u>FINDINGS</u></b> Substitute Caregiver (SCG) #2 – Current first-aid certification unavailable for review.</p> <p>Submit a copy with plan of correction.</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>Once a month I will refer to a spreadsheet listing of all SCG required documents to remind me and my SCGs to renew clearances. A reminder for the expiration of first aid is sent out to all caregivers 30 days before expiration. 7 days prior to expiration, SCGs will provide me with a copy of required documents. I will file it in my ARCH binder immediately. SCGs with expired first aid will not provide care to residents and will not be scheduled to substitute.</p>	03/01/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><b><u>FINDINGS</u></b> SCG #1 – PCG training to make prescribed medications available was unavailable for review.</p> <p>Submit a copy of PCG training 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>The SCG #1 training for medications was completed on 10/30/23 but not written into the training form it was written in. SCG #1 was also re-trained on 2/26/24 in medication and documentation dates were added to training form. Documentation of SCG #1 training was placed in the ARCH binder. Copy of PCG/SCG training form for SCG #1 attached.</p>	<p style="text-align: center;">02/26/2024</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><b><u>FINDINGS</u></b> SCG #1 – PCG training to make prescribed medications available was unavailable for review.</p> <p>Submit a copy of PCG training with plan of correction.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG will go over all training forms to ensure completion before a new SCG starts. PCG created a checklist listing all required documents for SCG. PCG will use this form upon hire and check each item and file documents in the ARCH binder immediately upon receipt.</p>	<p style="text-align: center;">02/26/2024</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><b><u>FINDINGS</u></b> SCG #2 – Current cardiopulmonary resuscitation (CPR) certification 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>The SCG #2 CPR recently expired. SCG #2 attended CPR training on 3/1/24. I obtained a copy of certification and filed it in the ARCH binder. An updated CPR certification is attached.</p>	<p style="text-align: center;">03/01/2024</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><b><u>FINDINGS</u></b> SCG #2 – Current cardiopulmonary resuscitation (CPR) certification unavailable for review.</p> <p>Submit a copy with plan of correction.</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>Once a month I will refer to a spreadsheet listing of all SCG required documents to remind me and my SCGs to renew clearances. A reminder for the expiration of CPR is sent out to all caregivers 30 days before expiration. 7 days prior to expiration, SCGs will provide me with a copy of required documents. I will file it in my ARCH binder immediately. SCGs with expired CPR will not provide care to residents and will not be scheduled to substitute.</p>	<p style="text-align: center;">03/01/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (d)  The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department.</p> <p><b><u>FINDINGS</u></b>  Resident #3,4 – Level of care evaluation by physician 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>- Resident #3 Level of Care is in the resident's binder dated 3/12/2024 and a copy is attached.</p> <p>- Resident #4 Level of Care is in the resident's binder dated 12/20/23 and a copy is attached.</p>	<p style="text-align: center;">03/12/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (d)  The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department.</p> <p><b><u>FINDINGS</u></b>  Resident #3,4 – Level of care evaluation by physician unavailable for review.</p> <p>Submit a copy with plan of correction.</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>In the future, binders will be kept in the care home at all times. I will complete all documentation while at the care home. I will put aside 1 hour per day, from Monday to Friday to document while I am at the care home and to make sure that all documents are updated and available in the resident's binders.</p>	<p style="text-align: center;">03/12/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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><u>FINDINGS</u></b>  Resident #2,5 – PCG reports all residents are consuming a regular diet; however, the following residents were last prescribed a special diet:</p> <ul style="list-style-type: none"> <li>• Resident #2 – No added salt, low fat diet (9/14/22)</li> <li>• Resident #5 – Regular, pureed diet (11/7/23)</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 #2 is on a regular diet as updated and available in the binder. MD order dated 2/21/23 and 3/27/24 are filed in the resident's binder.</p> <p>- There are two orders for Resident #5 which contradict each other. They are both filed in the binder. Discrepancy discussed with MD who agreed to sign an updated diet order for Regular Chopped Diet dated 3/28/24 is filed in the resident's binder. Resident #5 has been discharged on 4/1/24.</p>	<p style="text-align: center;">03/14/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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 APN, resident's preference or resident's family.</p> <p><b><u>FINDINGS</u></b>  Resident #2,5 – PCG reports all residents are consuming a regular diet; however, the following residents were last prescribed a special diet:</p> <ul style="list-style-type: none"> <li>• Resident #2 – No added salt, low fat diet (9/14/22)</li> <li>• Resident #5 – Regular, pureed diet (11/7/23)</li> </ul>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>- Resident #2. The diet order was "misfiled" in the resident's binder. Updated orders were filed chronologically with all other documents for the month. I now realize it is uncommon to file it this way and will change it to accommodate the inspector. All orders will now be filed under a tab titled Orders so that the inspector can more easily find them.</p> <p>- Resident #5 had contradicting orders from the doctor. I will check MD orders before leaving the office. If I identify any discrepancies, I will ask the doctor to correct them. I will continue to follow up with the doctor every other day by fax until the issue is resolved. Resident #5 has been discharged on 4/1/24.</p>	<p style="text-align: center;">03/14/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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> Resident #2,5 – Special diet menus unavailable for the following diet orders:</p> <ul style="list-style-type: none"> <li>• Resident #2 – No added salt, low fat diet (9/14/22)</li> <li>• Resident #5 – Regular, pureed diet (11/7/23)</li> </ul> <p>Submit special diet menus for the following residents 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>Resident #2 <sup>current</sup> diet order was located and filed in residents record. Regular Menu posted in dining + kitchen area.</p> <p>Resident #5 updated chopped diet order filed in residents binder and Special diet menu posted.</p>	<p>6/3/24</p> <p style="text-align: right;">24 JUN -3 11:35</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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> Resident #2,5 – Special diet menus unavailable for the following diet orders:</p> <ul style="list-style-type: none"> <li>• Resident #2 – No added salt, low fat diet (9/14/22)</li> <li>• Resident #5 – Regular, pureed diet (11/7/23)</li> </ul> <p>Submit special diet menus for the following residents with plan of correction.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>I will post a reminder note at workstation to remind staff to post diet menus timely when resident diet orders change.</p> <p>I posted a reminder note on my carehome binder keep a copy of cycle menu's available for posting in care home binder.</p> <p>If special diet menu unavailable, I will contact RD within 48 hours.</p>	<p>6/3/24</p>

STATE OF MICHIGAN  
DEPARTMENT OF HEALTH  
COMMUNITY CARE LICENSING

24 JUN -3 AM 1:35

	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><b><u>FINDINGS</u></b> Resident #2,5 – Special diet menus were not posted in the kitchen and dining area for the following diet orders:</p> <ul style="list-style-type: none"> <li>• Resident #2 – No added salt, low fat diet (9/14/22)</li> <li>• Resident #5 – Regular, pureed diet (11/7/23)</li> </ul> <p>Submit special diet menus for the following residents 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 style="text-align: center;"><i>Diet menu's for Resident #2 &amp; 5 have been posted in the kitchen &amp; dining area.</i></p>	<p style="text-align: center;"><i>6/3/24</i></p> <p style="text-align: right;">24 JUN -3 AM 1:35</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><b><u>FINDINGS</u></b>            Resident #2,5 – Special diet menus were not posted in the kitchen and dining area for the following diet orders:</p> <ul style="list-style-type: none"> <li>• Resident #2 – No added salt, low fat diet (9/14/22)</li> <li>• Resident #5 – Regular, pureed diet (11/7/23)</li> </ul> <p>Submit special diet menus for the following residents with plan of correction.</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 will post a reminder note at workstation to remind staff to post diet menus timely when resident diet orders change.</p>	<p style="text-align: center;">6/3/24</p>

JUN -3 11:35  
 STATE OF MICHIGAN  
 24 JUN -3 11:35

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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>  Residents #1-4 – Current diet order unavailable for review.</p> <p>Submit a copy of diet order 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 style="text-align: center;"><i>Residents #1-4 Diet orders obtained and put in records.</i></p>	<p style="text-align: center;"><i>6/3/24</i></p>

STATE OF MICHIGAN  
DEPARTMENT OF HEALTH & HUMAN SERVICES  
COMMUNITY CARE LICENSURE DIVISION  
24 JUN -3 AM 35

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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>  Residents #1-4 – Current diet order unavailable for review.  Submit a copy of diet order with plan of correction.</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'm going to stop filing the diet orders by month and rearrange resident binders by type of document instead of monthly. For example, Physician orders will be filed under Orders Tab. The Medication Administration Record will be filed under the MAR Tab, etc.</p> <p>I will file all diet orders under the Orders Tab and I will not remove the records from the care home. I will set aside 1 hour per day, from Monday to Friday to document while I am at the care home.</p>	<p style="text-align: center;">03/12/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (b) All foods shall be stored in covered containers.</p> <p><b><u>FINDINGS</u></b> Cup of vanilla pudding stored uncovered in the refrigerator.</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>Threw out the uncovered cup of vanilla pudding. Checked refrigerator and made sure no unsealed food was in refrigerator.</p>	<p style="text-align: right;">02/16/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (b) All foods shall be stored in covered containers.</p> <p><b><u>FINDINGS</u></b> Cup of vanilla pudding stored uncovered in the refrigerator.</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 added proper food storage to the training form. Discussed labeling and covering food items in the refrigerator with all SCGs and provided in-service training on proper food storage. I will check the refrigerator daily to ensure all foods are covered and sealed. We will continue to have annual training on proper food storage.</p>	<p style="text-align: center;">02/16/2024</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><b><u>FINDINGS</u></b> PCG reports cooking food to 97°F when preparing meals for residents; temperature well below safe minimum cooking temperature of 165°F.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><b><u>FINDINGS</u></b> PCG reports cooking food to 97°F when preparing meals for residents; temperature well below safe minimum cooking temperature of 165°F.</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 have reviewed food safety guidelines. In the future, I will include food handling in my annual continuing education for myself and my SCGs to ensure proper/safe food handling and preparation. I utilize the cooking thermometer to make sure that internal cooking temperature is at 165 degrees and in standard with the US Food and Drug Administration (FDA) food code.</p> <p>A chart indicating safe cooking temperatures has been posted near the stove for reference.</p>	<p style="text-align: center;">04/09/2024</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><b><u>FINDINGS</u></b>  Resident #1 – Medication bottle label states, “Buspirone 15mg tab Take 1 tablet by mouth three times a day as needed”; however, PRN indication not provided. Medication order incomplete on bottle.</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>Doctor order dated 2/16/24 reads, "Buspirone HCL 15mg tab 1 tab by mouth three times a day." Rx bottle label reads, "Take 1 tablet by mouth three times a day as needed for 90 days." I corrected the deficiency by placing a small sticker on the medication bottle stating, "See the change in order/complete orders in the resident's binder".</p> <p>The Resident #1 has been discharged on 3/29/24.</p>	<p style="text-align: center;">02/16/2024</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><b><u>FINDINGS</u></b>  Resident #1 – Medication bottle label states, “Buspirone 15mg tab Take 1 tablet by mouth three times a day as needed”; however, PRN indication not provided. Medication order incomplete on bottle.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>I will review doctor's order before leaving the office. I will ask the doctor to complete orders including the indication for the PRN medication. If PRN medication indication is not included on the medication bottle label, I will place a small sticker on the bottle stating, "See the complete orders in the resident's binder."</p>	<p style="text-align: center;">02/16/2024</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><b><u>FINDINGS</u></b>  Resident #1 – Medication bottle label states, "Loratadine 10mg tablet Take 1 tablet by mouth once a day as needed"; however, PRN indication not provided. Medication order incomplete on bottle.</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>Doctor order dated 2/16/24 reads, "Loratadine 10 mg tab 1 tab po qd for seasonal allergies" Rx bottle label reads, "Take 1 tab by mouth once a day as needed." I corrected the deficiency by placing a small sticker on the medication bottle stating, "See the complete orders in the resident's binder".</p> <p>The Resident #1 has been discharged on 3/29/24.</p>	<p style="text-align: center;">02/16/2024</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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><u>FINDINGS</u></b>  Resident #1 – Medication bottle label states, "Loratadine 10mg tablet Take 1 tablet by mouth once a day as needed"; however, PRN indication not provided. Medication order incomplete on bottle.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>I will review doctor's order before leaving the office. I will ask the doctor to complete orders including the indication for the PRN medication. If PRN medication indication is not included on the medication bottle label, I will place a small sticker on the bottle stating, "See the complete orders in the resident's binder."</p>	02/16/2024

	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><b><u>FINDINGS</u></b>  Resident #1 – Medication bottle label states, “Refresh liquigel 1% eye drop instill 1 drop into affected eye 3 times a day as needed”; however, PRN indication not provided. Medication order incomplete on bottle.</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>Doctor order dated 2/16/24 reads, "Artificial Tears (cmc) 1% eye drop 1 drop to affected eye tid prn" Rx bottle label reads, "1 drop to affected eye tid". I corrected the deficiency by placing a small sticker on the medication bottle stating, "See the complete orders in the resident's binder".</p> <p>The Resident #1 has been discharged on 3/29/24.</p>	02/16/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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 – Medication bottle label states, “Refresh liquigel 1% eye drop instill 1 drop into affected eye 3 times a day as needed”; however, PRN indication not provided. Medication order incomplete on bottle</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>I will review doctor's order before leaving the office. I will ask the doctor to complete orders including the indication for the PRN medication. If PRN medication indication is not included on the medication bottle label, I will place a small sticker on the bottle stating, "See the complete orders in the resident's binder."</p>	<p style="text-align: center;">02/16/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (c)            Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><b><u>FINDINGS</u></b>            Resident #1 – Bottle of trazadone belonging to Resident #5 found in Resident #1's medication inventory.</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>Resident #5 does not have a bottle of trazodone or medication order for trazodone. She doesn't have that medication on her med orders or MAR.</p> <p>However, Resident #3 does have that medication.</p> <p>I took out the bottle of Trazodone from Resident #1 medication bin and I put it back into Resident #3 medication bin.</p> <p>I labeled each medication shelf with each residents name.</p> <p>The Resident #1 has been discharged on 3/29/24.</p>	<p style="text-align: center;">02/16/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (c)            Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><b><u>FINDINGS</u></b>            Resident #1 – Bottle of trazadone belonging to Resident #5 found in Resident #1's medication inventory.</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 will check the medication bin of each residents upon every medication pass and I will put labels on each resident's medication bin and shelf in locked cabinet to make sure that all medications belonging to the resident is in the proper medication bin and the correct resident's shelf.</p> <p style="text-align: center;"><i>A reminder note has been posted on the Medication Cabinet to remind myself + staff to do this</i></p>	<p style="text-align: center;">2/16/2024</p> <p style="text-align: right;"><i>6/3/24</i></p> <p style="text-align: right;">24 JUN -3 11:35</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-15 <u>Medications</u>, (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b>FINDINGS</b> Resident #1 – Medication administration record (MAR) for 2/2024 shows, “Buspirone HCL 15mg tab One (1) tab by mouth three times a day” was being administered ; however, the medication bottle label states, “Take 1 tablet by mouth three times a day as needed”. Medication is not being administered in accordance with medication label on bottle.</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>Resident #1 was discharged on 3/29/24.</i></p>	<p>6/3/24</p> <p>STATE OF MICHIGAN DEPARTMENT OF HEALTH JUN -3 AM 35</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Medication administration record (MAR) for 2/2024 shows, “Buspirone HCL 15mg tab One (1) tab by mouth three times a day” was being administered ; however, the medication bottle label states, “Take 1 tablet by mouth three times a day as needed”. Medication is not being administered in accordance with medication label on bottle.</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>In the future if the doctors order changes, a sticker will be placed on the medication bottle stating " Directions is changed. Refer to chart".</p> <p>An Inservice meeting was held on 2/16/24 to train staff on this new process.</p>	<p>6/3/24</p> <p style="text-align: right;">24 JUN -3 11:35 STATE OF NJ CORRECTION</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Medication administration record (MAR) for 2/2024 shows, “Loratadine 10mg tablet 1 tab PO qd for seasonal allergies” ; however, the medication bottle label states, “Take 1 tablet by mouth once a day a day as needed”. Medication is not being administered in accordance with medication label on bottle.</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 updated the MAR PRN sheet to read "Loratadine 10 mg tablet 1 tab po qd prn for seasonal allergies."</p> <p>This medication was not needed in the month of February and was not administered.</p> <p>The Resident #1 has been discharged on 3/29/24.</p>	<p style="text-align: center;">02/16/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Medication administration record (MAR) for 2/2024 shows, “Loratadine 10mg tablet 1 tab PO qd for seasonal allergies” ; however, the medication bottle label states, “Take 1 tablet by mouth once a day a day as needed”. Medication is not being administered in accordance with medication label on bottle.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>I will double check the doctor's order with the MAR prior to the start of each month and immediately correct any inconsistencies.</p>	<p style="text-align: center;">02/16/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Medication administration record (MAR) for 2/2024 shows, “Artificial Tears (cmc) 1% eye drop 1 drop to affected eye tid”; however, the medication box label states, “Instill 1 drop into affected eye 3 times a day as needed”. Medication is not being administered in accordance with medication label on box.</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 updated the MAR PRN sheet to read "Artificial Tears (cmc) 1% eye drop 1 drop to affected eye tid prn."</p> <p>This medication was not needed in the month of February and was not administered.</p> <p>The Resident #1 has been discharged on 3/29/24.</p>	<p style="text-align: center;">2/16/2024</p> <p style="text-align: right;">24 JUN -3 11:35</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Medication administration record (MAR) for 2/2024 shows, “Artificial Tears (cmc) 1% eye drop 1 drop to affected eye tid”; however, the medication box label states, “Instill 1 drop into affected eye 3 times a day as needed”. Medication is not being administered in accordance with medication label on box.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>I will double check the doctor's order with the MAR prior to the start of each month and immediately correct any inconsistencies.</p>	<p style="text-align: center;">02/16/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Per MAR, “lorazepam 0.5mg tab 1 tab bedtime (PRN agitated)” was administered on outside the prescribed time on the following dates:</p> <ul style="list-style-type: none"> <li>• 12/2/23 at 9:00am</li> <li>• 12/3/23 at 11:00am and 3:00pm</li> <li>• 12/4/23 at 2:00pm</li> <li>• 2/8/24 at 3:30pm</li> <li>• 2/13/24 at 10:00am</li> </ul>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Per MAR, “lorazepam 0.5mg tab 1 tab bedtime (PRN agitated)” was administered on outside the prescribed time on the following dates:</p> <ul style="list-style-type: none"> <li>• 12/2/23 at 9:00am</li> <li>• 12/3/23 at 11:00am and 3:00pm</li> <li>• 12/4/23 at 2:00pm</li> <li>• 2/8/24 at 3:30pm</li> <li>• 2/13/24 at 10:00am</li> </ul>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>SCG printed out a MAR with the month of December in February, and this was corrected with the February MAR. SCG made errors on the MAR for February and it was corrected. This SCG is no longer working with us. Resident #1 has been discharged on 3/29/24.</p> <p>In the future, I will double check the orders prior to the start of each month to make sure the orders are transcribed properly. I will put aside 1 hour everyday to review all documentation and ensure they are correct.</p>	<p style="text-align: center;">02/16/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Per MAR, “lorazepam 0.5mg tab 1 tab bedtime (PRN agitated)” administered exceeded the prescribed frequency (once at bedtime) permitted on 12/3/23 at 11:00am and again at 3:00pm.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Per MAR, “lorazepam 0.5mg tab 1 tab bedtime (PRN agitated)” administered exceeded the prescribed frequency (once at bedtime) permitted on 12/3/23 at 11:00am and again at 3:00pm.</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>Moving forward PCG will be responsible for maintaining accurate MAR orders.</p> <p>A reminder note was placed on the care home binder to remind PCG to review monthly MAR orders after every physicians visit or new medication order.</p>	<p>6/3/24</p> <p style="text-align: right;">24 JUN -3 11:35 STATE OF CONNECTICUT</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><b><u>FINDINGS</u></b> Bottle of Memantine found in resident's inventory with a fill date of 2/15/24; however, medication not available on 2/2024 MAR.</p> <p>Submit updated MAR 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>Resident #1 - We picked up the medication on the 2/15/24 after the resident's bedtime. We did not administer this medication until 2/16/24 at bedtime. The MAR was updated on the afternoon of 2/16/24. Updated MAR attached.</p> <p>The Resident #1 has been discharged on 3/29/24.</p>	<p style="text-align: center;">02/16/2024</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
☒	<p>§11-100.1-15 <u>Medications</u>. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><b><u>FINDINGS</u></b> Bottle of Memantine found in resident's inventory with a fill date of 2/15/24; however, medication not available on 2/2024 MAR.</p> <p>Submit updated MAR with plan of correction.</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>When any new medication orders are received and a medication is picked up from the pharmacy, the MAR will be updated immediately to include that new medication. I will put aside one hour daily to ensure that new medications are properly added.</p>	<p style="text-align: center;">02/16/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Bottle of haloperidol stored in resident’s medication inventory; however, medication not available on 2/2024 MAR.</p> <p>Submit updated MAR 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>Haloperidol and Lorazepam were currently actively being monitored at that time by PCP and Neurologist on 2/14 to 2/16. All info obtained given to them on those dates for appointment including inspection date of 2/16. Took out page listed to show doctor on 2/14 and 2/16. I filed the PRN MAR pages back into the resident's binder on 2/16 immediately after the doctor's appointment.</p> <p>Updated MAR attached.</p> <p>The Resident #1 has been discharged on 3/29/24.</p>	<p style="text-align: center;">02/16/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Bottle of haloperidol stored in resident's medication inventory; however, medication not available on 2/2024 MAR.</p> <p>Submit updated MAR 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>An Inservice with staff was conducted on 2/16/24 to remind staff that they check all medications are in the correct residents bin at each med pass.</i></p>	<p style="text-align: center;"><i>6/3/24</i></p> <p style="text-align: right;">STATE OF NEW JERSEY SUPERVISOR OF LICENSING 24 JUN -3 AM 35</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Medication orders unavailable for the following medications listed on 2/2024 MAR:</p> <ul style="list-style-type: none"> <li>• Calcium 600+D(3) 600mg-100mcg (400unit) tab 2 tabs by mouth daily</li> <li>• Amlodipine besylate 10mg tab One tab by mouth daily</li> <li>• Digoxin 125mcg tab. One tab by mouth daily</li> <li>• Lisinopril 40mg tab. One tab by mouth daily</li> <li>• Rosuvastatin Calcium 10mg tab. One tab by mouth daily</li> <li>• Rybelsus 7mg tab. One tab by mouth daily</li> <li>• Atenolol 50mg tab. One tab by mouth twice a day</li> <li>• Buspirone HCL 15mg tab. One tab by mouth three times a day</li> <li>• Kerendia 10mg tab</li> <li>• Trintellix 10mg tab. One tab by mouth daily</li> <li>• Trintellix 5mg tab. One tab by mouth daily</li> <li>• Donepezil 5mg tab 1 tab by mouth at bedtime</li> <li>• Lorazepam 0.5mg tab 1 tab bedtime (PRN agitated)</li> <li>• Docusate sodium 100mg capsule 1 cap PRN constipation</li> <li>• Miralax 17gram/dose powder take with 8oz water b mouth daily prn constipation</li> <li>• Mupirocin 2% ointment, apply to skin prn bid broken skin</li> <li>• Loratadine 10mg tablet 1 tab po qd for seasonal allergies</li> <li>• Ibuprofen IB 200mg tablet, 2 tab po bid prn pain or fever</li> <li>• Acetaminophen extra strength 500mg tablet take 2 tab po bid prn for pain fever</li> <li>• Artificial tears 1% drop 1 drop to affected eye tid</li> <li>• Mylanta oral suspension, 500mg/5ml daily by mouth prn indigestion</li> </ul> <p>Submit a copy of medication orders 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>The medication orders are in the resident's binder. Orders were "misfiled" in the resident's binder. Updated orders were filed chronologically with all other documents for the month. I now realize it is uncommon to file it this way and will change it to accommodate the inspector. All orders will now be filed under a tab titled Orders so that the inspector can more easily find them.</p> <p>Medication Orders attached.</p> <p>The Resident #1 has been discharged on 3/29/24.</p>	03/27/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Medication orders unavailable for the following medications listed on 2/2024 MAR:</p> <ul style="list-style-type: none"> <li>• Calcium 600+D(3) 600mg-100mcg (400unit) tab 2 tabs by mouth daily</li> <li>• Amlodipine besylate 10mg tab One tab by mouth daily</li> <li>• Digoxin 125mcg tab. One tab by mouth daily</li> <li>• Lisinopril 40mg tab. One tab by mouth daily</li> <li>• Rosuvastatin Calcium 10mg tab. One tab by mouth daily</li> <li>• Rybelsus 7mg tab. One tab by mouth daily</li> <li>• Atenolol 50mg tab. One tab by mouth twice a day</li> <li>• Buspirone HCL 15mg tab. One tab by mouth three times a day</li> <li>• Kerendia 10mg tab</li> <li>• Trintellix 10mg tab. One tab by mouth daily</li> <li>• Trintellix 5mg tab. One tab by mouth daily</li> <li>• Donepezil 5mg tab 1 tab by mouth at bedtime</li> <li>• Lorazepam 0.5mg tab 1 tab bedtime (PRN agitated)</li> <li>• Docusate sodium 100mg capsule 1 cap PRN constipation</li> <li>• Miralax 17gram/dose powder take with 8oz water b mouth daily prn constipation</li> <li>• Mupirocin 2% ointment, apply to skin prn bid broken skin</li> <li>• Loratadine 10mg tablet 1 tab po qd for seasonal allergies</li> <li>• Ibuprofen IB 200mg tablet, 2 trab po bid prn pain or fever</li> <li>• Acetaminophen extra strength 500mg tablet take 2 tab po bid prn for pain fever</li> <li>• Artificial tears 1% drop 1 drop to affected eye tid</li> <li>• Mylanta oral suspension, 500mg/5ml daily by mouth prn indigestion</li> </ul> <p>Submit a copy of medication orders with plan of correction.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future, I will file the orders under the Orders tab and not file them chronologically.</p> <p>Medication Orders attached.</p>	<p>03/27/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documented evidence medication orders were reevaluated or updated since resident’s admission on 10/1/22.</p> <p>Resident #2 – No documented evidence medication orders were reevaluated or updated since 2/21/23.</p> <p>Submit a copy of updated medication orders 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 #1 discharged 3/29/24</i></p> <p><i>Resident #2 medication Orders updated on 4/1/24.</i></p>	<p style="text-align: center;"><i>6/3/24</i></p> <p style="text-align: right;"> <small>STATE OF MICHIGAN DEPARTMENT OF HEALTH DIVISION OF NURSING</small>        JUN -3 AM 1:35     </p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documented evidence medication orders were reevaluated or updated since resident’s admission on 10/1/22.</p> <p>Resident #2 – No documented evidence medication orders were reevaluated or updated since 2/21/23.</p> <p>Submit a copy of updated medication orders with plan of correction.</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>Records used to be filed chronologically and now all filed under medication orders tab. The binders will be kept at ARCH at all times and will not be removed for any reason.</p>	<p style="text-align: right;">04/09/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m)  All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – MAR dated 12/4/23 states, “Haloperidol 0.5mg tablet Take 1-2 tablet orally every 6 hours as needed severe agitation” was administered; however, dosage administered (1 or 2 tabs) was not indicated.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b> Resident #1 – MAR dated 12/4/23 states, “Haloperidol 0.5mg tablet Take 1-2 tablet orally every 6 hours as needed severe agitation” was administered; however, dosage administered (1 or 2 tabs) was not indicated.</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>SCG printed out a MAR with the month of December in February, and this was corrected with the February MAR. SCG made errors on the MAR for February and it was corrected. This SCG is no longer working with us. Whenever medication dosage states 1-2 tablets, a separate row will continue to be created for each tablet on the MAR.</p> <p>Resident #1 has been discharged on 3/29/24.</p> <p>In the future, I will double check the orders prior to the start of each month to make sure the orders are transcribed properly. I will set aside 1 hour everyday to review all documentation and ensure they are correct.</p>	02/16/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b> Resident #1 – The following medication supply did not match the medication fill date and number of pills administered per MAR:</p> <ul style="list-style-type: none"> <li>• Bottle of “lorazepam 0.5mg tab 1 tab bedtime as needed for agitation” was filled on 1/25/24, quantity thirty (30) pills. Per MAR, medication administered on 2/8/24 (1 pill) and 2/13/24 (1 pill) since bottle was filled, with a total of 2 pills administered. However, pill count during inspection was 18 pills. Twelve (12) pills unaccounted for.</li> <li>• Bottle of “Haloperidol 0.5mg tablet Take 1-2 tablet orally ever 6 hours as needed for more severe agitation” was filled on 1/22/24, quantity thirty (30) pills. Per MAR, medication has never been administered since fill date (1/22/24); however, pill count during inspection was 14 pills. Sixteen (16) pills uncounted for</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>Haloperidol and Lorazepam were actively being monitored by PCP and Neurologist on 2/14 and 2/16. All info obtained given to them on those dates for appointment including inspection date of 2/16. I took out the pages that were taken out to show doctor on 2/14 and 2/16, were immediately filed back into the resident's binder.</p> <p>The Resident has been discharged on 3/29/24.</p>	<p style="text-align: center;">02/16/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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 – The following medication supply did not match the medication fill date and number of pills administered per MAR:</p> <ul style="list-style-type: none"> <li>• Bottle of "lorazepam 0.5mg tab 1 tab bedtime as needed for agitation" was filled on 1/25/24, quantity thirty (30) pills. Per MAR, medication administered on 2/8/24 (1 pill) and 2/13/24 (1 pill) since bottle was filled, with a total of 2 pills administered. However, pill count during inspection was 18 pills. Twelve (12) pills unaccounted for.</li> <li>• Bottle of "Haloperidol 0.5mg tablet Take 1-2 tablet orally ever 6 hours as needed for more severe agitation" was filled on 1/22/24, quantity thirty (30) pills. Per MAR, medication has never been administered since fill date (1/22/24); however, pill count during inspection was 14 pills. Sixteen (16) pills unaccounted for</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 style="text-align: center;"><i>I will post a reminder note to review MAR's &amp; medication bottle labels against current Physicians orders to ensure current orders are being administered.</i></p> <p style="text-align: center;"><i>PCG will conduct review after each MD visit or new medication order.</i></p>	<p style="text-align: center;">6/3/24</p>

STATE OF MICHIGAN  
STATE OF MICHIGAN  
STATE OF MICHIGAN  
24 JUN -3 AM 1:35

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (m)  All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – 2/2024 MAR shows, “Kerendia 10mg TAB” was administered on 2/2/24, 2/5/24-2/16/24; however, frequency administered not indicated.</p> <p>Submit revised MAR 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>Doctor's order dated 11/10/23 reads "Kerendia 10 mg 1 tab by mouth everyday." I updated MAR immediately after inspection.</p> <p>The Resident #1 has been discharged on 3/29/24.</p>	<p style="text-align: center;">02/16/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b> Resident #1 – 2/2024 MAR shows, “Kerendia 10mg TAB” was administered on 2/2/24, 2/5/24-2/16/24; however, frequency administered not indicated.</p> <p>Submit revised MAR 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>A reminder note was posted on MAR to include frequency of administration in each medication order transcribed onto MAR.</i></p>	<p style="text-align: center;"><i>6/3/24</i></p> <p style="text-align: right;">24 JUN -3 AM 35</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m)  All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b>FINDINGS</b>  Resident #1 – MAR left blank from 10/1/23-11/30/23, 12/7/23-1/31/24, and 2/3/24-2/4/24. No indication provided if medication was administered, held, refused, or missed.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b> Resident #1 – MAR left blank from 10/1/23-11/30/23, 12/7/23-1/31/24, and 2/3/24-2/4/24. No indication provided if medication was administered, held, refused, or missed.</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>An inservice was done with staff reminding them to fill out the MAR after every med pass.</i></p>	<p style="text-align: center;"><i>6/3/24</i></p> <p style="text-align: right;">24 JUN -3 AM 35</p> <p style="text-align: right; font-size: small;">STATE PROGRAM STATE POLICE</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 Personal care services. (i) The primary care giver shall provide the opportunity for each resident to have pneumococcal and influenza vaccines and all necessary immunizations following the recommendations of the Advisory Committee on Immunization Practices (ACIP) or resident's physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documented evidence the resident was provided an opportunity by the PCG to receive an annual influenza vaccine.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Unable to correct deficiency. The resident was discharged on 3/29/24.</p>	<p>03/29/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-16 <u>Personal care services.</u> (i)            The primary care giver shall provide the opportunity for each resident to have pneumococcal and influenza vaccines and all necessary immunizations following the recommendations of the Advisory Committee on Immunization Practices (ACIP) or resident's physician or APRN.</p> <p><b><u>FINDINGS</u></b>            Resident #1 – No documented evidence the resident was provided an opportunity by the PCG to receive an annual influenza vaccine</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>In the future, at every doctor's appointment I will ask MD if resident is due for any immunization. At that time, the resident will have the opportunity to update the immunization. I will document this in the progress note.</p> <p>A checklist will be utilized at every doctors appointment which will include a check box to prompt the caregiver to ask the residents physician on any immunization are due. The MD's response will be noted on checklist.</p>	<p style="text-align: center;">3/29/2024</p>

STATE OF MARYLAND  
 DEPARTMENT OF HEALTH  
 STATE LICENSING  
 24 JUN -3 11:35

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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 #3,4 – Initial tuberculosis (TB) clearance 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>- Initial TB clearance for Resident #3 is filed under the Immunization Tab in the resident's binder. A copy is attached.</p> <p>- Initial TB clearance for Resident #4 is filed under the Immunization Tab in the resident's binder. A copy is attached.</p>	<p style="text-align: center;">02/16/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4)  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u>  Resident #3,4 – Initial tuberculosis (TB) clearance unavailable for review.</p> <p>Submit a copy with plan of correction.</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>All residents TB Clearances will be filed under the Immunization Tab in the residents binder. The resident binders will be in the ARCH at all times and will not be removed for any reason.</p> <p>The admission checklist will be edited to include Obtain 2 Step TB Clearance and file in the residents binder under the immunization tab.</p> <p>Annual TB clearance are tracked on the PCG monthly Task checklist.</p> <p>This item will be edited to include any clearances including TB clearances obtained have been filed in the residents binder under the Annual TB Clearance tab.</p>	<p style="text-align: center;">2/16/2024</p> <p style="text-align: right;">24 JUN -3 01:35</p>

STATE OF CONNECTICUT  
DEPARTMENT OF  
CORRECTIONS

	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 #1-4 – Annual tuberculosis (TB) clearance 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>- Resident #1's most recent TB clearance dated 3/13/24 has been filed to the resident binder and a copy is attached. The Resident #1 has been discharged on 3/29/24.</p> <p>- Resident #2's most recent TB clearance dated 3/13/24 has been filed to the resident binder and a copy is attached.</p> <p>- Resident #3's most recent TB clearance dated 3/13/24 has been filed to the resident binder and a copy is attached.</p> <p>- Resident #4's most recent TB clearance dated 3/13/24 has been filed to the resident binder and a copy is attached.</p>	<p style="text-align: center;">03/13/2024</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><b><u>FINDINGS</u></b> Resident #1-4 – Annual tuberculosis (TB) clearance unavailable for review.</p> <p>Submit a copy with plan of correction.</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 created a spreadsheet and will keep it updated to remind me when each resident's TB clearance is due. I will refer to it monthly to make sure it's current.</p> <p>I will schedule TB Skin Test, 2 weeks prior to expiration. All TB clearances will be filed under the Immunization Tab in each resident's binder.</p>	<p style="text-align: center;">03/13/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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 #1-4 – Annual physical exam 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> <ul style="list-style-type: none"> <li>- Resident #1's most recent Physical Exam dated 3/27/24 has been filed to the resident binder and a copy is attached. The Resident #1 has been discharged on 3/29/24.</li> <li>- Resident #2's most recent Physical Exam dated 3/14/24 has been filed to the resident binder and a copy is attached.</li> <li>- Resident #3's most recent Physical Exam dated 3/12/24 has been filed to the resident binder and a copy is attached.</li> <li>- Resident #4's most recent Physical Exam dated 12/20/23 has been filed to the resident binder and a copy is attached.</li> </ul> <p>The Resident #4's Physical Exam was "misfiled" in the resident's binder. All Physical Exams will now be filed under a tab titled Current Physical Exams so that the inspector can more easily find them.</p> <p>The Resident #4 has been discharged 04/30/24.</p>	<p style="text-align: center;">3/27/2024</p> <p style="text-align: right;">24 JUN -3 AM 36 STATE OF CONNECTICUT STATE DEPARTMENT OF STATE SERVICES</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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 #1-4 – Annual physical exam unavailable for review.</p> <p>Submit a copy with plan of correction.</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 created a spreadsheet and will keep it updated to remind me when each resident's Annual Physical Exam is due. I will refer to it monthly to make sure it's current.</p> <p>I will schedule Annual Physical Exam, 1 month prior to expiration. All Annual Physical Exams will be filed under the Physical Exam Tab in each resident's binder.</p> <p>All residents binders will be at the care home and must not be removed for any reasons and will be available for review at the request of the department.</p> <p>A sign will be posted on the cabinet holding all records stating "Do not remove any resident records from the facility".</p> <p>PCG will check daily that all records are secured in the locked cabinet.</p> <p>The PCG will set aside one hour per day, Monday - Friday to review all documentation and ensure that the residents binders will be accounted for daily.</p>	<p style="text-align: center;">3/27/2024</p> <p style="text-align: right;">24 JUN -3 AM 1:35</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT STATE DEPARTMENT OF CORRECTIONS</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1,2 – Monthly progress notes unavailable from 10/1/23 to present (2/16/24)</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1,2 – Monthly progress notes unavailable from 10/1/23 to present (2/16/24)</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>I will not remove any residents' documents including monthly progress notes from the ARCH. In the future, as soon as I complete the monthly progress note, I will file them in the resident binders. I will put aside 1 hour per day while at the care home to review the charts and make sure they are filed correctly in the residents binder.</p> <p>The Resident #1 has been discharged on 3/29/24.</p>	<p style="text-align: center;">02/16/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Monthly progress notes from 2/2023-9/2023 did not include resident's response to medication</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Monthly progress notes from 2/2023-9/2023 did not include resident's response to medication</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Since 9/20/23 I continued to include response to medication in all progress notes. I will continue to include the response to medication in all progress notes and will not leave it blank.</p> <p>The Resident #1 has been discharged on 3/29/24.</p> <p>Complete progress notes each month for each resident including "Response to medication" will be added to the PCG monthly checklist. <i>At the beginning of each month the PCG will review check list.</i></p>	<p>2/16/2024</p> <p><i>6/3/24</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1 – MAR shows “Haloperidol 0.5mg tablet – Take 1-2 tablet orally every 6 hours as needed severe agitation” was administered on 12/4/23; however, resident’s response to medication was not documented.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1 – MAR shows “Haloperidol 0.5mg tablet – Take 1-2 tablet orally every 6 hours as needed severe agitation” was administered on 12/4/23; however, resident’s response to medication was not documented.</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>The SCG printed out a MAR with the month of December in February, and this was corrected with the February MAR. SCG made errors on the MAR for February and it was corrected. This SCG is no longer working for us. The Resident #1 has been discharged on 3/29/24. I will put aside 1 hour everyday to review all documentation and ensure they are correct. I will retrain the SCGs on medication documentation annually and as needed to ensure the Medication Administration Records are complete and accurate.</p>	02/16/2024

	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><b><u>FINDINGS</u></b> Resident #1-5 – Monthly weight measurement unavailable for 1/2024</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>	



	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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><b><u>FINDINGS</u></b> Resident #1-5 – Monthly weight measurement unavailable for 1/2024</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>Height and Monthly Weight Record will be filed in the care home binder and documented immediately.</p> <p>In the future, I will weigh each resident on the 1st week of the month and log the weight measurements on the Height and Monthly Weight Record in the ARCH binder.</p>	02/16/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Legend including full names unavailable to distinguish initials used on MAR when administering medications.</p> <p>Submit revised MAR 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>The Legend Form is in the binder of each resident. Binder will be kept in the ARCH at all times. The Legend Form was outdated and has now been updated with all current SCGs.</p> <p>The Resident #1 has been discharged on 3/29/24.</p>	<p>03/29/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Legend including full names unavailable to distinguish initials used on MAR when administering medications.</p> <p>Submit revised MAR with plan of correction.</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>Upon hiring a new SCG, I will have them sign and initial the Legend Form in each residents binder. A Legend Form will be added to each newly admitted residents binder.</p> <p>Signed legend will be added to the New SCG Checklist to remind PCG/SCG to sign the legend for each residents upon hire.</p> <p>There will also be a checkbox added to the Admission Checklist to ensure the form is added to the resident binder upon admission.</p>	<p style="text-align: center;">3/29/2024</p> <p style="text-align: right;">24 JUN -3 11:35 STATE CLERK</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><b><u>FINDINGS</u></b>            Resident #3,4 – PCG reports resident files removed from facility and taken to PCG's personal house.</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>- Resident #3 binder was brought back to the ARCH while the inspector was present on 2/16/24.</p> <p>- Resident #4 binder was brought back to the ARCH while the inspector was present on 2/16/24.</p>	<p style="text-align: center;">02/16/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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><b><u>FINDINGS</u></b> Resident #3,4 – PCG reports resident files removed from facility and taken to PCG's personal house.</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>When going to MD appointments, I will make a copy of MAR and current MD orders instead of taking the entire resident record from ARCH.</p> <p>The resident binders will be in the ARCH at all times and will not be removed for any reason. I will put aside 1 hour daily to check and review resident binders in the care home.</p> <p>A sign will be posted on the cabinet holding all records stating "Do not remove any resident records from the facility".</p> <p>PCG will check daily that all records are secured in the locked cabinet.</p>	<p style="text-align: center;">2/16/2024</p> <p style="text-align: right;">STATE JUN 13 AM 11:35</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><b><u>FINDINGS</u></b>            Resident #3,4 – PCG allotted one (1) hour to retrieve resident files from PCG’s personal home “around the block, down the street”; however, resident files were not provided within the time frame given.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><b><u>FINDINGS</u></b> Resident #3,4 – PCG allotted one (1) hour to retrieve resident files from PCG’s personal home “around the block, down the street”; however, resident files were not provided within the time frame given.</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>When going to MD appointments, I will make a copy of MAR and current MD orders instead of taking the entire resident record from ARCH.</p> <p>The resident binders will be in the ARCH at all times and will not be removed for any reason. I will put aside 1 hour daily to check and review resident binders in the care home.</p> <p>A sign will be posted on the cabinet holding all records stating "Do not remove any resident records from the facility".</p> <p>PCG will check daily that all records are secured in the locked cabinet.</p>	<p style="text-align: center;">2/16/2024</p> <p style="text-align: right;">*24 JUN -3 AM 1:35</p>

STATE OF MARYLAND  
DEPARTMENT OF  
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Current inventory or possessions and valuables unavailable for review. Last completed at time of admission on 10/1/22.</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>Resident #1's inventory was updated on 3/15/24 has been filed to the resident binder and a copy is attached.</p> <p>The Resident #1 has been discharged on 3/29/24.</p>	<p>03/15/2024</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Current inventory or possessions and valuables unavailable for review. Last completed at time of admission on 10/1/22.</p> <p>Submit a copy with plan of correction.</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>A notice will be posted near the residents' rooms stating, "All new items brought into the care home must go through inventory with the SCGs before going into the residents' rooms." A reminder will be sent out every month by email to residents and their family members.</p> <p>In the future, I will include Resident Inventory Training in my annual continuing education for myself and my SCGs to ensure all residents belongings are properly documented and updated on the Residents Valuables Form and the Residents Clothing Form.</p> <p>Inventory for all residents will also be scheduled once a year by June 1st.</p>	<p style="text-align: center;">03/15/2024</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><u>FINDINGS</u></b> No documented evidence any monthly fire drills were performed during hours of darkness</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u></b> No documented evidence any monthly fire drills were performed during hours of darkness</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>Drills are scheduled during hours of darkness. The last drill was on March 5, 2024, at 7:10 PM.</p> <p>Fire drill log for the year 2024 includes scheduling at night twice a year. I will include scenarios in advance and assign dates, times, and person responsible. I will document and file it in the ARCH binder.</p>	<p style="text-align: center;">03/05/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p><b><u>FINDINGS</u></b> Resident #3,4 – Self-preservation status 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>- Resident #3 Self-preservation form is in the resident's binder dated 3/12/2024 and a copy is attached.</p> <p>- Resident #4 Self-preservation form is in the resident's binder dated 12/20/23 and a copy is attached.</p>	<p style="text-align: center;">03/12/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(1) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p><b><u>FINDINGS</u></b> Resident #3,4 – Self-preservation status unavailable for review.</p> <p>Submit a copy with plan of correction.</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>Binders which includes the Self-preservation documents will be kept in the ARCH at all times and not be removed for any reason. One hour will be put aside to check the documents and make sure they are filed correctly in the residents binder.</p>	<p style="text-align: center;">03/12/2024</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><b><u>FINDINGS</u></b>  Bedroom #5 – Substantial amount of lizard feces on interior window ledge . . . . .</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>Bedroom #5 interior window ledge cleaned immediately.</p>	<p style="text-align: center;">02/16/2024</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><b><u>FINDINGS</u></b>  Bedroom #5 – Substantial amount of lizard feces on interior window ledge</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>Interior and exterior window ledges and screens will be added to weekly house cleaning duties.</p> <p>I will also perform weekly checks and walk through the facility to ensure all sanitation issues are cleaned immediately. I will train the SCGs annually and as needed to ensure house cleaning duties are performed satisfactorily.</p>	<p style="text-align: center;">02/16/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (j)(1) Waste disposal:</p> <p>Every Type I ARCH shall provide a sufficient number of watertight receptacles, acceptable to the department for rubbish, garbage, refuse, and other matter. These receptacles shall be kept closed by tight fitting covers;</p> <p><b><u>FINDINGS</u></b> All bedrooms and bathroom – receptacles do not have a tight fitting cover</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>The Residents receptacle tight-fitting covers were replaced on each resident's trash bin. Many residents removed the trash lids because they find it more convenient. Resident education was provided and they were asked to keep their trash bins covered. All other trash bins that were brought in by the residents families that did not have a tight-fitting cover were removed and the family were notified that they may pick it up from the care home.</p>	<p style="text-align: center;">02/16/2024</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (j)(1) Waste disposal:</p> <p>Every Type I ARCH shall provide a sufficient number of watertight receptacles, acceptable to the department for rubbish, garbage, refuse, and other matter. These receptacles shall be kept closed by tight fitting covers;</p> <p><b><u>FINDINGS</u></b> All bedrooms and bathroom – receptacles do not have a tight fitting cover</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>Daily duties will include making sure receptacles are covered when trash is removed daily.</p> <p>I will do weekly checks at the care home to ensure all receptacles are covered. I will train the SCGs annually and as needed to ensure house cleaning duties are performed satisfactorily.</p>	<p style="text-align: center;">02/16/2024</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 protector (or resident’s initials on pillow) unavailable on pillow</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>A second pillow that was brought in by the family was not labeled. The pillow is now labeled with resident's initials.</p>	<p style="text-align: center;">02/16/2024</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 protector (c. resident’s initials on pillow) unavailable on pillow</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>A notice will be posted near the residents' rooms stating, "All new items brought into the care home must go through inventory with the SCGs before going into the residents' rooms." A reminder will be sent out every month by email to residents and their family members.</p> <p>When changing linens/pillow covers, SCGs will be trained to make sure that either the pillows are labeled with residents initials or it has a plastic pillow cover.</p>	<p style="text-align: center;">02/16/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><b><u>FINDINGS</u></b> Bedroom #2 – Signaling device unavailable at bedside</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>Bedroom #2 signaling device was replaced at bedside on 2/16/24 while inspector was present.</p>	<p style="text-align: center;">02/16/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><b><u>FINDINGS</u></b> Bedroom #2 – Signaling device unavailable at bedside</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>Daily duties include checking if the signaling device is at the bedside and in the bathroom. I will train the SCGs annually and as needed to perform daily duties including making sure that the signaling devices are always available at the bedside and in the bathroom. Extra signaling devices will be kept available in the supplies cabinet.</p>	<p style="text-align: center;">02/16/2024</p>

Licensee's/Administrator's Signature: Susan K. Halvorsen

Print Name: Susan Halvorsen

Date: 6/3/24

STATE OF IOWA  
DEPARTMENT OF  
STATE LICENSING

24 JUN -3 AM 1:35