

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Mary's Peaceful Haven LLC	CHAPTER 100.1
Address: 2777 Kalihi Street, Honolulu, HI 96819	Inspection Date: March 21, 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 PER HAR 11-100.1-3(e)(2). 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).

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> Substitute Care Giver (SCG) #3 No documented evidence of a current physical examination clearance signed by a physician or advanced practice registered nurse (APRN).</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>SCG#3 physical examination completed on: 3/27/24</p> <p>On file</p>	<p>3/27/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> SCG #3 - No documented evidence of a current physical examination clearance signed by a physician or APRN.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG and SCG to check physical, TB, and all necessary documents to ensure everything is updated and renewed before the expiration date on the 10th of each month. Will be marked on calendar for PCG and SCG's to note.</p>	3/21/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p>	
	<p><u>FINDINGS</u> SCG #3 -- No documented evidence of a current tuberculosis clearance signed by a physician or APRN.</p>	<p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>SCG #3 TB Test Negative: 4/12/24 on file</p>	<p>4/12/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> SCG #3 No documented evidence of a current tuberculosis clearance signed by a physician or APRN.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG and SCG will be more prompt with checking all expiration dates for annual exams and tests and create a spreadsheet of all dates to ensure no future error.</p> <p>Charts and spreadsheet will be checked on or before the 10th of each month.</p> <p>Spreadsheet will carry all expiration dates and filing dates for all relevant documents. Appointments will be scheduled 1-2 months before expiration in order to prevent lapse in information.</p>	<p>4/12/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p><u>FINDINGS</u> Resident #1 No documented evidence of an inventory of belongings completed on admission.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Resident #1 inventory of belongings and checklist recorded by PCG on 3/22/24</p>	<p>3/22/24</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p><u>FINDINGS</u> Resident #1 No documented evidence of an inventory of belongings completed on admission.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG and SCG to record all materials and belongings into a new list for the resident prior to admission to the ARCH.</p> <p>Charts will be regularly checked and updated accordingly, on or before the 10th of each month.</p>	3/22/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (d) Records of disaster evacuation and safety drills shall be available for inspection by the department.</p> <p><u>FINDINGS</u> Fire drill conducted on 7/8/2023 included one (1) participant that was no longer a resident at the facility during that time.</p>	<p style="text-align: center;">PART I</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: center;">3/21/24</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (d) Records of disaster evacuation and safety drills shall be available for inspection by the department.</p> <p><u>FINDINGS</u> Fire drill conducted on 7/8/2023 included one (1) participant that was no longer a resident at the facility during that time.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG will ensure that only active residents and active SCGs will practice and perform any fire drills under the direction of PCG. Documents to be reviewed before and after. The documents will be reviewed on or before the 10th of each month before each fire drill is conducted.</p>	<p style="text-align: center;">3/21/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (d) Records of disaster evacuation and safety drills shall be available for inspection by the department.</p> <p><u>FINDINGS</u> Fire drill conducted on 2/6/2024 included two (2) participants that were no longer a resident at the facility during that time.</p>	<p style="text-align: center;">PART I</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (d) Records of disaster evacuation and safety drills shall be available for inspection by the department.</p> <p><u>FINDINGS</u> Fire drill conducted on 2/6/2024 included two (2) participants that were no longer a resident at the facility during that time.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG will ensure that only active residents and active SCGs will practice and perform any fire drills under the direction of PCG. Documents to be reviewed before and after.</p> <p>The documents will be reviewed on or before the 10th of each month before each fire drill is conducted.</p>	<p>3/21/24</p>

	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 ARCII 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>FINDINGS Resident #3 No documented evidence of a specified diet ordered by a physician or APRN. Physician ordered "Regular/low salt" diet on 6/28/2023. Need clarification by provider.</p>	<p style="text-align: center;">PART I</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PCG called resident #3 PCP for an updated diet orders and for a new appointment Order updated: 4/12/24</p>	<p>4/12/24</p>

Resident Name: <u>Cye Makakura</u> Date: <u>4/12/24</u>
Diet Order: <u>regular Diet</u>
Level of Care: <input type="checkbox"/> Independent Living <input checked="" type="checkbox"/> ARCH <input type="checkbox"/> ICF <input type="checkbox"/> SNF
Activity Orders: Ambulation: <input checked="" type="checkbox"/> Ambulatory without Assistance <input type="checkbox"/> Walker <input type="checkbox"/> Cane <input type="checkbox"/> W/C Passes: <input type="checkbox"/> May go on a day-pass without Supervision for a maximum period of _____ hours. <input type="checkbox"/> May go on day-pass with Supervision for a maximum period of _____ hours. Restraints: <input type="checkbox"/> Seat Belt W/C <input type="checkbox"/> Side-rails _____ <input type="checkbox"/> Lap Tables <input type="checkbox"/> Other: _____
Medications, Vitamins and Supplements: (Please include Drug name, dosage, route, and frequency)
Other:

Date: 4/12/24 Physician Name / Signature: Benjamin Ramsey

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><u>FINDINGS</u> Resident #3 No documented evidence of a specified diet ordered by a physician or APRN. Physician ordered "Regular/low salt" diet on 6/28/2023. Need clarification by provider.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG and all SCG's to review all PCP orders for new residents upon admission, and will follow orders for each resident. All SCG's will be informed with the same information (by the PCG) and will regularly check to ensure the meals fed to each resident are appropriate for their diet plans.</p>	3/21/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p>FINDINGS No evidence of a meat thermometer available in the ARCH.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>SCG #2 located the meat thermometer Date: 3/21/24</p> <p>Meat thermometer is now prominently displayed/attached to refrigerator door. This serves as a reminder to PCG and all SCG's to use it regularly. In addition, a note has been placed next to the thermometer which reads:</p> <p><i>"Please use meat thermometer to ensure proper food safety for EACH meal."</i></p>	<p style="text-align: center;">3/21/24</p>

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	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><u>FINDINGS</u> Resident #1 Physician ordered "Magnesium oxide 400mg, 1 tablet orally three times a day" on 3/1/2024. Medication not documented on March 2024 medication administration record (MAR).</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PCG and SCG's to revise MAR list and now corrected on file</p>	<p>3/21/24</p>

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<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>FINDINGS Resident #1 Physician ordered "Aspirin 81mg, 1 tab orally every day." Medication not on January 2024, February 2024 and March 2024 MAR.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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	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 Physician ordered "Magnesium oxide 400mg, 1 tablet orally three times a day" on 3/1/2024. No documented evidence that the aforementioned medication was either administered to, refused by, or not taken by resident from 3/1/2024 to 3/21/2024.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications</u> , (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initiated by the care giver FINDINGS Resident #1 Physician ordered "Aspirin 81mg, 1 tab orally every day." No documented evidence that the aforementioned medication was either administered to, refused by, or not taken by resident from 1/1/2024 to 3/21/2024.	PART 1 Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

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<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><u>FINDINGS</u> Resident #1 No documented evidence of a schedule of activities created for resident on file.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PCG created and placed daily activity tracking sheet in resident's file</p>	3/21/24

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<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><u>FINDINGS</u> Resident #1 No documented evidence of a schedule of activities created for resident on file.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG and SCG's to record all activities daily in the activity tracker for resident. All documents will be reviewed daily by PCG/SCG's to ensure accurate information is on file available for review.</p>	3/21/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports</u>, (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs:</p> <p>FINDINGS Resident #1 No documented evidence in the progress notes of resident's response to medication used for skin/wound care.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports</u>, (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs:</p> <p><u>FINDINGS</u> Resident #1 No documented evidence in the progress notes of resident's response to medication used for skin/wound care.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG and SCG's to document resident's responses to medication, and have created a more comprehensive document to track progress of skin/wound care.</p> <p>Records to be reviewed on the 1st of each month to ensure accuracy and compliance.</p>	<p>3/21/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry:</p> <p>FINDINGS Resident #4 Observed blue ink used by facility staff on "Admission Policy" and "Financial Statement" on file.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry:</p> <p>FINDINGS Resident #4 Observed blue ink used by facility staff on "Admission Policy" and "Financial Statement" on file.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG to ensure that adequate supply of black ink pens are on hand, and that other colors are not used. Will encourage MD or other people to also use black ink.</p> <p>All documents and charts will be reviewed to ensure no other colored ink was used. Resident #4 "Admission Policy" and "Financial Statement" have been re-written and corrected.</p> <p>Records to be reviewed on the 1st of each month to ensure accuracy and compliance.</p>	<p style="text-align: center;">3/21/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports</u>, (D)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #4 No documented evidence of a current emergency information sheet on file. Last update was 10/31/2022.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PCG updated resident #4 emergency information. Updated documents on file.</p>	3/25/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #4 No documented evidence of a current emergency information sheet on file. Last update was 10/31/2022.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG and SCG's to check and review all residents' emergency information files on the 1st of each month to ensure all information is accurate and current.</p>	3/25/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 No documented evidence a current emergency information sheet on file. Current emergency information sheet incomplete.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PCG updated resident #1 emergency information. Updated documents on file.</p>	<p>3/25/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (D)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 - No documented evidence a current emergency information sheet on file. Current emergency information sheet incomplete.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG and SCG's to check and review all residents' emergency information files on the 1st of each month to ensure all information is accurate and current.</p>	<p style="text-align: center;">3/25/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (g) All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u> Observed white correction tape/liquid on the facility's "Resident Register."</p>	<p>PART I</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u> Observed white correction tape/liquid on the facility's "Resident Register."</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG removed all white correction tape and liquid from the facility.</p> <p>PCG and SCG's to review all resident charts to ensure no correction tape/liquid is used. Resident charts will be checked daily to ensure all information is accurate and original.</p>	3/21/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u> Resident #2 Observed "Release of Responsibility for Leave of Absence" from a previous resident in Resident #2's chart.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PCG removed "leave of absense" from the resident's file</p>	<p>3/21/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u> Resident #2 Observed "Release of Responsibility for Leave of Absence" from a previous resident in Resident #2's chart.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG will be more diligent with removing old paperwork from residents' files upon discharging, and will be more careful when creating new divider sections for any new resident(s) in the future.</p> <p>A new process has been established where all documents are retained in a separate location immediately after the resident is discharged.</p> <p>Documents will be checked additionally on the 1st of each month to ensure only paperwork from current residents is filed.</p>	3/21/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records: A permanent general register shall be maintained to record all admissions and discharges of residents:	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u>	
	<u>FINDINGS</u> Previous resident's discharge date and disposition not updated on facility's "Resident Register."	<u>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</u> PCG re-wrote Resident Register with updated information reflecting current residents only. New registry on ARCH file.	3/21/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents.</p> <p><u>FINDINGS</u> Previous resident's discharge date and disposition not updated on facility's "Resident Register."</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG and SCG's to review and communicate to update resident registries upon resident discharge and admission from/to the ARCH. This will happen immediately upon resident discharge or admission to ensure consistent and accurate information is on file at all times and available for review.</p> <p>Additionally, the register will be reviewed on the 1st of each month to ensure all information is accurate and current.</p>	3/21/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents.</p> <p>FINDINGS Resident #1 - No documented evidence of resident's admission updated on facility's "Resident Register."</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PCG re-wrote updated Resident Registry reflecting accurate and current admission and discharge information.</p>	<p>3/21/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents:</p> <p><u>FINDINGS</u> Resident #1 - No documented evidence of resident's admission updated on facility's "Resident Register."</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG and SCG's to ensure proper protocol upon admission of any new resident(s) and diligently update the Resident Registry accordingly. All documents will be updated by PCG with the assistance of SCG's on the same day as any resident admission or discharge. Documents will be checked daily and available for review.</p>	<p>3/21/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents:</p> <p><u>FINDINGS</u> Two (2) entries of a previous resident's admission and discharge date are not accurate.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PCG corrected previous resident's admission and discharge information in an updated registry.</p>	<p>3/21/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> Two (2) entries of a previous resident's admission and discharge date are not accurate.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG to review all information more promptly, in order to have an accurate document representing admission and discharge dates.</p> <p>PCG and SCG's to ensure proper protocol upon admission of any new resident(s) and diligently update the Resident Registry accordingly. All documents will be updated by PCG with assistance from SCG's on the same day as any resident admission or discharge. Documents will be checked daily and available for review.</p>	3/21/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p data-bbox="329 324 925 381"><u>§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1)</u> Residents' rights and responsibilities:</p> <p data-bbox="329 430 925 625">Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p data-bbox="329 657 925 763">FINDINGS Resident #1 - The facility's policies and procedures in resident's file was not signed by the licensee/primary care giver.</p>	<p data-bbox="1127 332 1468 365" style="text-align: center;">PART 1</p> <p data-bbox="1010 397 1574 438" style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p data-bbox="1000 462 1585 535" style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p data-bbox="957 568 1457 641">PCG signed ARCH Policies & Procedures Date: 3/22/24</p>	3/22/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p data-bbox="302 365 908 451">§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1) Residents' rights and responsibilities:</p> <p data-bbox="302 475 908 673">Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p data-bbox="302 703 908 816"><u>FINDINGS</u> Resident #1 The facility's policies and procedures in resident's file was not signed by the licensee/primary care giver.</p>	<p data-bbox="1221 358 1330 386" style="text-align: center;">PART 2</p> <p data-bbox="1168 423 1383 451" style="text-align: center;"><u>FUTURE PLAN</u></p> <p data-bbox="938 492 1613 586" style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p data-bbox="929 646 1540 716">The Policy and Procedures document has now been signed by the PCG.</p> <p data-bbox="929 751 1572 889">This will be prevented in the future by having both the PCG and SCG's review resident documentation upon admission, so that all documents are accurate and complete.</p> <p data-bbox="929 922 1583 992">Resident paperwork will be checked on the 1st of each month to ensure accuracy and compliance.</p>	3/22/24

	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>FINDINGS Resident #1 - Physician evaluated resident as "self-preserving" on the "Resident Admission Medical and Personal History" form on 11/11/2023. However, physician evaluated resident as "non-self-preserving" on the "Self-Preservation Statement" on 11/11/2023. Need clarification by provider.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Upon PCG and SCG #3 review and discussion on the two documents in question, a conclusion has been made that information appears consistent and accurate on both documents. Follow up and clarification on this correction is requested.</p> <p>On "Resident Admission Medical and Personal History", the following question is marked "Yes":</p> <p><i>"Patient is physically and mentally capable of following directions and taking appropriate action for self-preservation in the event of fire or other emergency"</i></p> <p>On "Self-Preservation Statement":</p> <p><i>Resident is capable of following directions and talking. Resident is not ambulatory.</i></p> <p>PCG and resident POA agree that resident is capable of following directions. Resident #1 is capable of moving self in wheelchair but not able to walk without assistance.</p> <p>Resident #1 MD sent signed "Self-Preservation" Statement via fax, and no information has been changed or modified.</p>	<p>Latest "Self-Preservation" document signed by MD:</p> <p>4/19/24</p> <p>Multiple attempts to reach doctor since 3/25/24</p>

DEPARTMENT OF HEALTH
OFFICE OF HEALTH CARE ASSURANCE
SELF PRESERVATION STATEMENT

Name of ARCH

I, Monica Cherny Katz certify that
(Print physician's name)

Roberta Dias
(Resident's name)

is is not ambulatory (*).
He/she is is not capable of following directions and taking
appropriate action for self-preservation under emergency conditions.

[Signature] 4/19/24
Physician / APRN signature Date

Monica Cherny Katz
Print or type Physician / APRN name

(*) "Ambulatory" means able to walk without human assistance.

HAR, Title 11, Chapter 100.1, mandates that each resident of a Type I ARCH 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 [refer to section 11-100.1-23(g)(3)(1)].

	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>FINDINGS Resident #1 Physician evaluated resident as "self-preserving" on the "Resident Admission Medical and Personal History" form on 11/11/2023. However, physician evaluated resident as "non-self-preserving" on the "Self-Preservation Statement" on 11/11/2023. Need clarification by provider.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG, with the assistance of SCG's will review resident records to ensure accuracy and consistency.</p> <p>All documentation will be checked on or before the 10th of each month by PCG/SCG's.</p>	<p style="text-align: center;">3/25/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(1)(D) Bedrooms:</p> <p>General conditions:</p> <p>Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;</p> <p>FINDINGS Bedroom #5 Room used as storage for linens and peri-care supplies for facility.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PCG and SCG#2 cleaned and moved linens and supplies from Room #5 and stored in more appropriate areas on 3/22/24.</p>	<p>3/22/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(1)(D) Bedrooms:</p> <p>General conditions:</p> <p>Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries:</p> <p><u>FINDINGS</u> Bedroom #5 Room used as storage for linens and peri-care supplies for facility.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Worked hard to be more organized and efficient in other storage areas. PCG, SCG#2, and SCG#3 re-organized the main storage closet in the ARCH, and now have sufficient space to store all items that were previously stored in Room #5. Date: 3/22/24</p> <p>PCG and SCG's will check Bedroom #5 multiple times each day to ensure it is not used for storage, and only used by a resident. Room will be checked: <i>morning, lunch time, dinner time, overnight each day.</i></p>	<p>3/22/24</p>

Licensee's/Administrator's Signature:

Marvic M. Parting

Print Name:

MARVIC M. PARTING

Date:

April 12, 2014