

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

24 APR -9 AM 11:52
STATE LICENSING

Facility's Name: Monegas Care Home and Expanded ARCH	CHAPTER 100.1
Address: 94-913 Kuhaulua Street, Waipahu, Hawaii 96797	Inspection Date: March 28, 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"/> '24 APR -9 AM 52 STATE BOARD OF PHARMACY STATE LICENSING	<p>§11-100.1-15 <u>Medications</u>. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1- Physician ordered on 5/15/23 for Polyethylene Glycol "Take 17 gm PO QD PRN constipation"; however, the medication label reads, "Take 17 gm PO QD". The physician order and medication label does not match.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>I put the label that match the physician order on the medication bottle.</i></p>	<p style="text-align: center;"><i>3/28/24</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1- Physician ordered on 5/15/23 for Polyethylene Glycol "Take 17 gm PO QD PRN constipation"; however, the medication label reads, "Take 17 gm PO QD". The physician order and medication label does not match.</p> <p>24 APR -9 AM 52 STATE LICENSING</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future to prevent this deficiency that happened again I the primary care giver have a notebook to take note from the physician order that match the medication order. I will refer this notebook for monthly audit or in the evening.</i></p>	<p style="text-align: center;">4/9/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #2- Physician ordered on 1/11/24 for Boost "Give 1-2 cans per day"; however, no documentation that the supplement was made available.</p> <p style="text-align: center;">STATE OF MICHIGAN DEPARTMENT OF STATE LICENSING</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>I corrected by adding the order from the MAR (medication record)</i></p>	<p style="text-align: center;"><i>3/28/24</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> 24 APR -9 AM 11:53 STATE BOARD OF NURSING STATE LICENSING	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #2- Physician ordered on 1/11/24 for Boost "Give 1-2 cans per day"; however, no documentation that the supplement was made available.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future to prevent the deficiency that happened again I the primary care giver had a notebook checklist that I will review the physician order to be included in the MAR and I will refer to this checklist when I do my monthly audit.</p>	<p>4/9/24</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><u>FINDINGS</u> Resident #1- Physician ordered on 4/6/23 for "Calcium Carbonate 1250 mg (500 ca) Take 1 tablet by mouth once daily"; however, no documented evidence on the medication administration record (MAR) that the medication was provided from May 2023 to March 2024.</p> <p>24 APR -9 AM 11:53 STATE BOARD OF NURSING STATE LICENSING</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <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 on 4/6/23 for "Calcium Carbonate 1250 mg (500 ca) Take 1 tablet by mouth once daily"; however, no documented evidence on the medication administration record (MAR) that the medication was provided from May 2023 to March 2024.</p> <p>24 APR -9 AM 1:53 STATE BAR STATE LICENSING</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future to prevent the deficiency that happened I the PCG will create a checklist in my notebook to include the medication on the MAR I will refer this checklist when I do my monthly audit.</p>	<p>4/9/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1- Physician ordered Amlodipine blood pressure parameter to "hold if SBP <95"; however, no blood pressure parameter was recorded in April 2023 and July 2023 to March 2024 MARs.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

24 APR -9 AM-53

STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1- Physician ordered Amlodipine blood pressure parameter to "hold if SBP <95"; however, no blood pressure parameter was recorded in April 2023 and July 2023 to March 2024 MARs.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future to prevent the deficiency that happen again I the PCG create a checklist in my notebook to include blood pressure in the MAR I will refer this checklist my weekly audit.</i></p>	<p style="text-align: center;">4/9/24</p>

24 APR -9 AM 5:33

STATE OF OHIO
DEPARTMENT OF
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1- All medications on 9/30/23 was not initialed by the care giver as given on the September 2023 MAR.</p> <p style="text-align: center;"> 24 APR -9 AM 11:53 STATE LICENSING </p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <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- All medications on 9/30/23 was not initialed by the care giver as given on the September 2023 MAR.</p> <p>24 APR -9 AM 1:53</p> <p>STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES STATE LICENSING</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future to prevent this deficiency that happened again I the PCG create a posted note that will say, "sign out all your medication. I will put this posted note in the resident binder, I will refer to this note daily audit."</p>	<p>4/9/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1- Physician ordered on 5/15/23 for "Acetaminophen 325 mg Take 1-2 tablets PO every 6 hours PRN pain/fever"; however, on the July 2023 MAR reflected "Acetaminophen 325 mg Take 2 tablets by mouth every 4 hours PRN pain" and from September 2023 to March 2024 MAR reflected "Acetaminophen 325 mg tablet by mouth every 6 hours PRN pain and fever". The physician order and reflected MAR does not match.</p> <p>'24 APR -9 AM 53 STATE BOARD OF NURSING STATE LICENSING</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <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 on 5/15/23 for "Acetaminophen 325 mg Take 1-2 tablets PO every 6 hours PRN pain/fever"; however, on the July 2023 MAR reflected "Acetaminophen 325 mg Take 2 tablets by mouth every 4 hours PRN pain" and from September 2023 to March 2024 MAR reflected "Acetaminophen 325 mg tablet by mouth every 6 hours PRN pain and fever". The physician order and reflected MAR does not match.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future to prevent this deficiency that will happen again I the PCG will create a posted note that will say Physician order must match medication order in the MAR the posted note will post in the resident binder and I will use this posted note for my daily audit.</p>	<p>4/9/24</p>

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STATE OF CONNECTICUT
DEPARTMENT OF
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(8) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A current inventory of money and valuables.</p> <p><u>FINDINGS</u> No current inventory for Resident #3, last was documented 1121/22, and Resident #4, last was documented on 1215/22.</p> <p>'24 APR -9 AM STATE LICENSING BOARD STATE LICENSING</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Resident inventory checklist was corrected to the current year.</i></p>	<p style="text-align: center;"><i>3/25/24</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(8) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A current inventory of money and valuables.</p> <p><u>FINDINGS</u> No current inventory for Resident #3, last was documented 11/21/22, and Resident #4, last was documented on 12/15/22.</p> <p>*24 APR -9 AM 11:53</p> <p>STATE LICENSING</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future to prevent this deficiency that happens again I the PCG will create a checklist to include current inventory. I will use this checklist for monthly audit.</p>	<p style="text-align: center;">4/9/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1- Progress notes did not include changes in medication orders (4/6/23, 5/15/23, 7/24/23) or observations of the resident's response.</p> <p>24 APR -9 AM 11:53 STATE OF CONNECTICUT STATE LICENSING</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> (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- Progress notes did not include changes in medication orders (4/6/23, 5/15/23, 7/24/23) or observations of the resident's response.</p> <p>*24 APR -9 AM 5:33 STATE LICENSING</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future to prevent this happen again I the PCG will create a notebook to include my observation in the progress note, I will place my notebook in my office area and refer this notebook for monthly audits!</i></p>	<p>4/9/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><u>FINDINGS</u></p> <ol style="list-style-type: none"> 1. Resident #1- Physician ordered on 11/8/23 for “low salt/DASH, low fat/starch diet”; however, no documented evidence that the diet order was clarified. 2. Resident #2- Physician ordered on 1/11/24 for “minimum fat/sugar”; however, no documented evidence that the diet order was clarified. 	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I create a specific order for the special diet and place in front my refrigerator</i></p>	<p>3/28/24</p>

24 APR -9 AM 11:53

STATE OF NEW YORK
DEPARTMENT OF HEALTH
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> '24 APR -9 AM 11:53 STATE LICENSING	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><u>FINDINGS</u></p> <ol style="list-style-type: none"> 1. Resident #1- Physician ordered on 11/8/23 for “low salt/DASH, low fat/starch diet”; however, no documented evidence that the diet order was clarified. 2. Resident #2- Physician ordered on 1/11/24 for “minimum fat/sugar”; however, no documented evidence that the diet order was clarified. 	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future to prevent this deficiency from happening again I the PCG will create a posted note to include a special diet. I will place this posted note in the refrigerator. I will refer to this posted note when I do my weekly audit.</i></p>	<p style="text-align: center;"><i>4/9/24</i></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 #1- Blue ink was used to transcribe initials in the August 2023 MAR.</p> <p>24 APR -9 AMT 53</p> <p>STATE LICENSING</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"/> 24 APR -9 AM 11:54 SUPERVISOR STATE LICENSING	<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 #1- Blue ink was used to transcribe initials in the August 2023 MAR.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future to prevent this happening again I the PCG will a pr create a posted note to include "no blue ^{pen} marker" I will place this posted note in the office area. I will refer this posted note when I do my monthly audit.</p>	<p>4/9/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><u>FINDINGS</u> All fire drills conducted between 7:00 am and 7:00 pm. No fire drills conducted during the evening hours.</p> <p style="text-align: center;">STATE OF ARIZONA DEPARTMENT OF STATE LICENSING</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>the next fire drill will do evening and night hour.</i></p>	<p style="text-align: center;">4/9/24</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><u>FINDINGS</u> All fire drills conducted between 7:00 am and 7:00 pm. No fire drills conducted during the evening hours.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future to prevent this deficiency from happening again I, the PCG will create a note. I will place this in the calendar in front the refrigerator. I will refer to this calendar when I do my monthly audit.</p>	<p>4/9/24</p>

24 APR -9 AM 11:54

STATE OF CONNECTICUT
DEPARTMENT OF
STATE LICENSING

Licensee's/Administrator's Signature: Brenda M. Monegas

Print Name: Brenda M. Monegas

Date: 4/9/24

'24 APR -9 AM 54

STATE LICENSING