

'24 SEP 24 P1:22

STATE OF HAWAII  
DOH-ORCA  
STATE LICENSING

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: De Rego Care Home LLC</b>	<b>CHAPTER 100.1</b>
<b>Address: 224 Lanialii Street, Wahiawa, Hawaii 96786</b>	<b>Inspection Date: December 15, 2023 Annual</b>

**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>§11-100.1-3 <u>Licensing</u>, (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><b><u>FINDINGS</u></b> Substitute Care Giver (SCG) #1 – No Fieldprint result.</p> <p>Please submit a copy with your plan of correction (POC).</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;">- SCG #1 obtained a new field print result on 08/20/24</p> <p style="text-align: center;">Copy submitted</p>	<p style="text-align: right;">09/24/24</p> <p style="text-align: right;">24 SEP 24 P1:22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>, (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><u>FINDINGS</u> Substitute Care Giver (SCG) #1 – No Fieldprint result.</p> <p>Please submit a copy with your plan of correction (POC).</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 check ARCH binder monthly to make sure that there is a field print result for every SCG and schedule an appointment for every SCG that their field print result expires within 1 month of expiration.</p>	<p style="text-align: right;">09/24/24</p> <p style="text-align: right;">24 SEP 24 P1:22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications</u>, (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current;</p> <p><b>FINDINGS</b> Primary Care Giver (PCG) – Four (4) hours of continuing education credit was completed in the past 12 months. Two (2) hours short.</p> <p>Please submit evidence of total of six (6) hours of continuing education units with your POC. These hours will not count towards your 2024 annual inspection.</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>- PCG has completed 6 hours of Continuing education credit for 2023 and 6 separate hours for 2024.</p> <p style="text-align: center;"><i>Copy attached</i></p>	<p style="text-align: right;"><i>09/24/24</i></p> <p style="text-align: center;">STATE OF CONNECTICUT DEPARTMENT OF STANDARDIZATION</p> <p style="text-align: center;">24 SEP 24 P1:22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10)  The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current;</p> <p><b><u>FINDINGS</u></b>  Primary Care Giver (PCG) – Four (4) hours of continuing education credit was completed in the past 12 months. Two (2) hours short.</p> <p>Please submit evidence of total of six (6) hours of continuing education units with your POC. These hours will not count towards your 2024 annual inspection.</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> <ul style="list-style-type: none"> <li>- PCG will set and annual reminder to have both PCG and all SCG's complete their required hours of Continuing Education.</li> </ul> <p style="text-align: center;"><i>PCG will review all records for completeness 2 months before inspection months.</i></p>	<p style="text-align: right;"><i>09/24/24</i></p> <p style="text-align: right;">24 SEP 24 P1:22</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><b><u>FINDINGS</u></b> SCG #1 and #2 – No current physical exam.</p> <p>Please submit a copy with your POC.</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>- SCG #1 completed their physical exam on 08/29/24. SCG #2 completed their physical exam on 08/26/24</p> <p style="text-align: center; font-size: 1.5em;">Copy attached</p>	<p style="text-align: right; font-size: 1.5em;">09/24/24</p> <p style="text-align: right; font-size: 0.8em;">24 SEP 24 P 1:22</p> <p style="text-align: right; font-size: 0.6em; transform: rotate(-90deg);">STATE OF MICHIGAN DEPARTMENT OF HEALTH ST. LOUIS</p>

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<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><b><u>FINDINGS</u></b> SCG #1 and #2 – No current physical exam.  Please submit a copy with your POC.</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 set a calendar alarm to review the ARCH Binder every month at the beginning of the month to ensure that each SCG has a valid Physical exam in the binder.</p>	<p style="text-align: right;">09/24/24</p> <p style="text-align: center;">STATE OF CONNECTICUT DEPARTMENT OF CORRECTIONS STATE OF CONNECTICUT</p> <p style="text-align: right;">24 SEP 24 P1:22</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><b><u>FINDINGS</u></b> SCG #1 -- No initial and annual tuberculosis clearance.</p> <p>Please submit a copy with your POC.</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>- SCG #1 obtained TB Clearance on 08/31/2024</p> <p style="text-align: center; font-size: 2em;">Copy Submitted</p>	<p style="text-align: right; font-size: 1.5em;">09/24/24</p> <p style="text-align: right; font-size: 0.8em;">STATE OF CONNECTICUT DEPARTMENT OF STATE POLICE</p> <p style="text-align: right; font-size: 0.8em;">24 SEP 24 P1:22</p>



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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><b><u>FINDINGS</u></b> Resident #1 – There is a record stating PPD was read r on 6/15/2022, but not signed by a physician or APRN. No other record available. Thus, there is no initial and annual tuberculosis clearance.</p> <p>Please submit a copy of initial and annual tuberculosis clearance results with your POC.</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>- Deficiency unable to be corrected because resident no longer resides at De Rego Care Home.</p> <p style="text-align: center;">Tb clearance was not obtained timely. resident discharged 02/15/24</p>	<p style="text-align: right;">09/24/24</p> <p style="text-align: right;">24 SEP 24 P1:22</p> <p style="text-align: center; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF SOCIETY SERVICES</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><b><u>FINDINGS</u></b> Resident #1 – There is a record stating PPD was read negative on 6/15/2022, but not signed by a physician or APRN. No other record available. Thus, there is no initial and annual tuberculosis clearance.</p> <p>Please submit a copy of initial and annual tuberculosis clearance results with your POC.</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> <ul style="list-style-type: none"> <li>- PCG will check the new resident's paperwork before admission and ensure that each form that requires a physician signature has been completed. If the form is not complete, PCG will ask the doctor to sign and fax to De Rego Care Home before the resident is admitted.</li> </ul> <p style="text-align: center;">PCG will use admission check list as reminder to obtain all required documents</p>	<p style="text-align: center;">09/24/24</p>
		<p style="text-align: center;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>	<p style="text-align: center;">24 SEP 24 P1:22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><b><u>FINDINGS</u></b> SCG #1 and #2 – No first aid certification.  Please submit a copy with your POC.</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>- SCG #1 completed a new First Aid Certification on 08/18/24 and SCG #2 completed a new First Aid Certification on 08/19/24. Both First Aid certifications were added to the ARCH Binder.</p> <p style="text-align: center;"><i>Copy Submitted</i></p>	<p style="text-align: right;"><i>09/24/24</i></p> <p style="text-align: right;"><b>24 SEP 24 P 1:23</b></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

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<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> SCG #1 and #2 – No first aid certification.</p> <p>Please submit a copy with your POC.</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> <ul style="list-style-type: none"> <li>- PCG will check ARCH Binder monthly at the beginning of each month to make sure that every SCG and the PCG have a current first aid certification in the binder.</li> </ul> <p style="text-align: center;"><i>PCG will use SCG checklist as a reminder to obtain the required documentation.</i></p>	<p style="text-align: right;"><i>09/24/24</i></p> <p style="text-align: right;">24 SEP 24 P 1:23</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><b><u>FINDINGS</u></b> SCG #2 – No record that PCG trained SCG #2 to make prescribed medication available.</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>- PCG completed training with SCG #2 on making prescribed medications available to residents on 02/20/2024 <i>and documented</i></p>	<p style="text-align: right;"><i>09/24/24</i></p>
		<p style="text-align: right;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>	<p style="text-align: right;">24 SEP 24 P 1:23</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 #2 – No record that PCG trained SCG #2 to make prescribed medication available.</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> <ul style="list-style-type: none"> <li>- PCG will check ARCH Binder monthly at the beginning of each month to make sure that every SCG has training on making medications available to the residents.</li> </ul> <p>PCG will use scg checklist as a reminder to provide training to SCG.</p>	<p style="text-align: right;">09/24/24</p> <p style="text-align: right;">24 SEP 24 P 1:23</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-ORICA STATE LICENSING</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><b><u>FINDINGS</u></b> SCG #2 – No cardiopulmonary resuscitation certification.</p> <p>Please submit a copy with your POC.</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>- SCG #2 obtained a CPR Certification on 08/19/24 and a copy of the certification was added to the ARCH Binder.</p> <p style="text-align: center;"><i>Copy attached</i></p>	<p style="text-align: right;"><i>09/24/24</i></p> <p style="text-align: center;">24 SEP 24 P 1:23</p> <p style="text-align: center;">STATE OF CONNECTICUT DOH-DHCA STATE LICENSING</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><b><u>FINDINGS</u></b> SCG #2 – No cardiopulmonary resuscitation certification.</p> <p>Please submit a copy with your POC.</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> <ul style="list-style-type: none"> <li>- PCG will check ARCH Binder monthly at the beginning of each month to make sure that every SCG has a current CPR Certificate in the binder.</li> </ul> <p><i>PCG will use scg checklist as a reminder to obtain cpr certificate.</i></p>	<p style="text-align: right;"><i>09/24/24</i></p> <p style="text-align: right;">24 SEP 24 P 1:23</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-CHCA STATE LICENSING</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><u>FINDINGS</u>  Resident #1 – No level of care.</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>- Deficiency unable to be corrected because resident no longer resides at De Rego Care Home.</li> </ul> <p style="text-align: center;">loc was not obtained timely  resident was discharged on 02/15/24</p>	<p style="text-align: right;">09/24/24</p> <p style="text-align: right;">24 SEP 24 P 1:23</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII</p>

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<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 #1 – No level of care.</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> <ul style="list-style-type: none"> <li>- All new residents will have a Level of care assessment completed by a Doctor or APRN and put into the Residents binder upon admission to De Rego Care Home.</li> </ul> <p><i>PCO will use admission checklist as remainder to obtain LOC.</i></p>	<p style="text-align: right;"><i>09/24/24</i></p> <p style="text-align: right;">24 SEP 24 P1:23</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><b><u>FINDINGS</u></b> Resident #1 – Personal items brought to care home were not recorded.</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>- Deficiency unable to be corrected because resident no longer resides at De Rego Care Home.</p> <p>Deficiency was not corrected timely. Resident was discharged 02/15/24</p>	<p style="text-align: right;">09/24/24</p> <p style="text-align: right;">24 SEP 24 P 1:23</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><b><u>FINDINGS</u></b> Resident #1 – Personal items brought to care home were not recorded.</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>- New Residents will have an inventory of their personal belongings recorded and put in the Residents binder upon admission to De Rego Care Home</p> <p><i>PCG will use admission checklist as reminder to document inventory.</i></p>	<p style="text-align: right;"><i>09/24/24</i></p> <p style="text-align: right;">24 SEP 24 P1:23</p> <p style="text-align: right;"><small>STATE OF CONNECTICUT SCTD</small></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. (c)</u>  The licensee shall conduct regular quarterly rehearsals of emergency evacuation plans for staff and residents to follow in case of fire, explosion, or other civil emergency occurring in or within the environs of the facility.</p> <p><b><u>FINDINGS</u></b>  In fire drill record, "(month) 2023 Fire drill" was recorded. No other details recorded. Fire drills were conducted between 10:50am and 3:15pm only.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: center;">24 SEP 24 P1 23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (c)  The licensee shall conduct regular quarterly rehearsals of emergency evacuation plans for staff and residents to follow in case of fire, explosion, or other civil emergency occurring in or within the environs of the facility.</p> <p><b><u>FINDINGS</u></b>  In fire drill record, "(month) 2023 Fire drill" was recorded. No other details recorded. Fire drills were conducted between 10:50am and 3:15pm only.</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> <ul style="list-style-type: none"> <li>- Every monthly fire drill will have date, time, description of drill, start time, end time, and participant fields filled out on the Fire Drill Record. The fire drills will be conducted at rotating morning, afternoon, and evening. PCG will set a phone calendar reminder to check the Fire Drill Record monthly for accuracy.</li> </ul>	<p style="text-align: right; font-size: 2em;">09/24/24</p> <p style="text-align: right; font-size: 0.8em;">STATE OF CONNECTICUT  DEPARTMENT OF SOCIAL SERVICES  STAFF</p> <p style="text-align: right; font-size: 0.8em;">24 SEP 24 P1:23</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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.  <u>FINDINGS</u> Posted menus were too small for the residents to see.	<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>- Menus are now posted on 2 pages instead of 1 in order to use a bigger font.</p>	<p style="text-align: right;">09/24/24</p> <p style="text-align: center;">24 SEP 24 P 1:23</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> Posted menus were too small for the residents to see.</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 format of the menus has been changed to a bigger font and printed on 2 pages. Will continue to use that template when printing the monthly menu going forward.</p>	<p style="text-align: right;">09/24/24</p> <p style="text-align: right;">24 SEP 24 P1:23</p> <p style="text-align: right; font-size: small;">STATE OF OHIO SHELBY</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p><b><u>FINDINGS</u></b> Lunch menu was "Turkey Sandwich: Turkey Slices, Celery Sticks, Spinach, Apple Slices, Green Peppers, WG Bread, Mayonnaise, 100% Apple Juice, water." Lunch provided was mashed avocado, turkey cold cuts, cheese, 2 slices of while bread, cherry tomatoes, cut papaya. Menu substitution was not recorded.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: center;">24 SEP 24 P 1:23</p> <p style="text-align: center;">STATE OF CONNECTICUT BOYS STATE</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p><b><u>FINDINGS</u></b> Lunch menu was "Turkey Sandwich: Turkey Slices, Celery Sticks, Spinach, Apple Slices, Green Peppers, WG Bread, Mayonnaise, 100% Apple Juice, water." Lunch provided was mashed avocado, turkey cold cuts, cheese, 2 slices of white bread, cherry tomatoes, cut papaya. Menu substitution was not recorded.</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> <ul style="list-style-type: none"> <li>- Whenever a menu substitution happens, it will be recorded in the resident's binder. The PCG or SCG will verify at the end of each day that all menu substitutions were recorded for that day.</li> </ul> <p>menu substitution form is available for all caregivers to document. PCG trained SCG to document menu substitutions.</p>	<p style="text-align: right;">09/24/24</p> <p style="text-align: right;">24 SEP 24 P1:23</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 ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Most recent diet order dated 3/20/2023 was “Reg, Low Salt, Low Chol-Sat/Fat No Conc Sweet, Low Calories uptake in Fiber.” The order was not clarified.</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>- Deficiency unable to be corrected because resident no longer resides at De Rego Care Home.</li> </ul> <p style="text-align: center;"><i>Deficiency was not corrected timely. Resident was discharged 02/15/24</i></p>	<p style="text-align: right;"><i>09/24/24</i></p> <p style="text-align: right;">24 SEP 24 P1:23</p> <p style="text-align: right;">STATE OF CONNECTICUT</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 ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Most recent diet order dated 3/20/2023 was “Reg, Low Salt, Low Chol-Sat/Fat No Conc Sweet, Low Calories uptake in Fiber.” The order was not clarified.</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> <ul style="list-style-type: none"> <li>- When a resident is newly admitted to De Rego Care Home or when a physician changes diet orders for the resident, PCG will review the orders to ensure that the order is clarified into Regular or special diet. If the diet is ordered to be a special diet, PCG will get clarification from physician on the exact diet to follow. PCG will set a calendar reminder on cell phone to review diet orders monthly.</li> </ul>	<p style="text-align: right;">09/24/24</p> <p style="text-align: right;">24 SEP 24 P 1:23</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT  DEPT. OF SOCIAL SERVICES</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Most recent diet order dated 3/20/2023 was “Reg, Low Salt, Low Chol-Sat/Fat, No Conc Sweets, Low Calorie, Uptake in fiber.” No menu for the special diet.</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>- Deficiency unable to be corrected because resident no longer resides at De Rego Care Home.</p> <p><i>Deficiency was not corrected in timely manner. Resident was discharged 02/15/24</i></p>	<p style="text-align: right;"><i>09/24/24</i></p> <p style="text-align: right;">24 SEP 24 P1:23</p> <p style="text-align: right;">STATE OF OHIO DOH STATE</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (l)  Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Most recent diet order dated 3/20/2023 was “Reg, Low Salt, Low Chol-Sat/Fat, No Conc Sweets, Low Calorie, Uptake in fiber.” No menu for the special diet.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <ul style="list-style-type: none"> <li>- Whenever a Special Diet is ordered for a resident, PCG will create a Special Diet Menu that complies with the Doctors order and post it next to the regular menu in the dining room. PCG will set monthly phone calendar reminder to update menu.</li> </ul> <p><i>PCG will contact OHCA nutritionist if further assistance is needed.</i></p>	<p style="text-align: right;"><i>09/24/24</i></p> <p style="text-align: right;">STATE OF OHIO  DEPARTMENT OF HEALTH  STATE HEALTH OFFICE  24 SEP 24 P1:24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><b><u>FINDINGS</u></b> Refrigerator in the hallway temperature was 49 degrees Fahrenheit.</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>- Refrigerator in the hallway was replaced with a brand new refrigerator.</p> <p>Temperature is kept below 45° F.</p>	<p style="text-align: right;">09/24/24</p> <p style="text-align: right;">24 SEP 24 P 1:24</p> <p style="text-align: right;">STATE OF OHIO DOH-OHIO STATE LICENSING</p>




	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><b><u>FINDINGS</u></b> Refrigerator in the hallway temperature was 49 degrees Fahrenheit.</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 or SCG will verify the fridge temperature is 45 degrees Fahrenheit or lower each day when making breakfast by checking the thermometer in the fridge.</p>	<p style="text-align: right;"><i>09/24/24</i></p>
			<p style="text-align: right;">STATE OF HAWAII DOH-DIVA STATE LICENSING 24 SEP 24 P1:24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><b><u>FINDINGS</u></b> Pine-Sol container was stored in the unlocked wall cabinet in residents' bathroom. PCG secured Pine-Sol during inspection.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: center;">24 SEP 24 P 1:24</p> <p style="text-align: center;">STATE OF HAWAII DQH-OHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><b><u>FINDINGS</u></b> Pine-Sol container was stored in the unlocked wall cabinet in residents' bathroom. PCG secured Pine-Sol during inspection.</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> <ul style="list-style-type: none"> <li>- All chemicals and cleaning agents will be stored in the cleaning supplies locked cabinet. PCG or SCG's will check all rooms to make sure there aren't any chemicals that are not secured in the cleaning supplies cabinet. Immediately after use, PCG or SCG will lock the chemicals away in the cleaning supply cabinet.</li> </ul> <p><i>SCG's will double check that all cleaning supplies are locked away when they clean the bathroom after lunch.</i></p>	<p style="text-align: right;"><i>9/24/24</i></p>
		<p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	<p style="text-align: right;">24 SEP 24 P 1:24</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 “Carbidopa-Levodopa 20-100 TAB. Take 1 tablet by mouth three times a day” was altered. “three times” was crossed with one line and “OD” was handwritten.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: right;">24 SEP 24 P 1:24</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII  DOH-CHCA  STATE LICENSING</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a)  All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><b>FINDINGS</b>  Resident #1 – Medication bottle label “Carbidopa-Levodopa 20-100 TAB. Take 1 tablet by mouth three times a day” was altered. “three times” was crossed with one line and “OD” was handwritten.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN</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> <ul style="list-style-type: none"> <li>- Should the physician modify the medication orders, either the PCG or SCG will procure a new label for the existing medication or arrange for a medication refill in accordance with the revised orders. The PCG or SCG will also verify that the labels on the medication bottles correspond with the current physician's orders while dispensing the medications to the residents.</li> </ul> <p>PCG will make a handwritten label for the new order and place it on the bottle until new bottle with updated label is obtained. PCG will train SCG.</p>	<p style="text-align: right;">09/24/24</p> <p style="text-align: right;"></p> <p style="text-align: right;">24 SEP 24 P1:24</p> <p style="text-align: right;">STATE OF HAWAII  DOH-CDCA  STATE LICENSING</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><u>FINDINGS</u> Resident #1 – External and internal medication were stored in the same container.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>- Deficiency unable to be corrected because resident no longer resides at De Rego Care Home.</p> <p><i>Deficiency was not corrected timely. Resident was discharged 02/15/24</i></p>	<p style="text-align: right;"><i>09/24/24</i></p> <p style="text-align: right;">24 SEP 24 P1 24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (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>FINDINGS</b> Resident #1 – External and internal medication were stored in the same container.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN</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> <ul style="list-style-type: none"> <li>- Separate compartments will be provided for all resident's medications to ensure that external and internal medications are segregated appropriately. All staff will receive training on the updated procedures to reinforce the importance of proper medication segregation and handling. We will introduce regular audits to ensure compliance with the revised procedures and to identify and address any potential issues promptly.</li> </ul>	<p style="text-align: right;"><i>09/24/24</i></p> <p style="text-align: right;">24 SEP 24 P 1:24</p> <p style="text-align: right;">STATE OF ...</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>FINDINGS</b> Resident #1 – Medication bottles for “Oyster Shell Calcium-Vit D, take 1 tablet by mouth every day” that was filled on 10/12/2023 and “Calcium 500-VIT D3 10mcg Chew, take 1 tablet by mouth daily” that was filled on 9/14/2023 were stored with current medication. There was no physician’s order.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>- Deficiency unable to be corrected because resident no longer resides at De Rego Care Home.</p> <p><i>Deficiency was not corrected timely. Resident was discharged 02/15/24</i></p>	<p style="text-align: right;"><i>09/24/24</i></p> <p style="text-align: right;">24 SEP 24 P1:24</p> <p style="text-align: center;">STATE OF CONNECTICUT</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>FINDINGS</b> Resident #1 – Medication bottles for “Oyster Shell Calcium-Vit D, take 1 tablet by mouth every day” that was filled on 10/12/2023 and “Calcium 500-VIT D3 10mcg Chew, take 1 tablet by mouth daily” that was filled on 9/14/2023 were stored with current medication. There was no physician’s order.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN</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> <ul style="list-style-type: none"> <li>- Whenever a new medication or adjustments to an existing medication is ordered by a physician, the PCG will obtain an updated medication list from the Doctor. PCG will set a cell phone calendar reminder to verify each month that the most current med list is in the residents binder.</li> </ul>	<p style="text-align: right; font-size: 1.2em;">09/24/24</p> <p style="text-align: right; font-size: 0.8em;">STATE OF MARYLAND 24 SEP 24 F 1:24</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><b><u>FINDINGS</u></b> Resident #1 – The following medication listed in the most recent physician’s order dated 3/20/2023, was not available at home. Please clarify with physician.</p> <p>-Cholecalciferol, Vitamin D3 (Vitamin D-3) 2000 unit oral capsule, take 1 capsule by mouth daily-oral -bisacodyl DR 5mg oral Tablet Delayed Release (E.C.), Take 2 tablets by mouth daily as needed for constipation -heparin 5000 unit/0.5mL Injection Syringe, Inject 0.5mg under the skin every 12 hours-subcutaneous -hydrocodone/acetaminophen 5-325mg oral tablet, Take 1 tablet by mouth every 4 hours as needed for Pain-moderate -Magnesium oxide (MAG-OX 400) 400mg Oral Tablet, Take 1 tab by mouth daily</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>- Deficiency unable to be corrected because resident no longer resides at De Rego Care Home.</p> <p><i>Deficiency was not corrected timely. Resident was discharged 02/15/24</i></p>	<p style="text-align: right;"><i>009/24/24</i></p> <p style="text-align: right;">24 SEP 24 P 1:24</p> <p style="text-align: right;">START</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 – The following medication listed in the most recent physician’s order dated 3/20/2023, was not available at home. Please clarify with physician.</p> <ul style="list-style-type: none"> <li>-Cholecalciferol, Vitamin D3 (Vitamin D-3) 2000 unit oral capsule, take 1 capsule by mouth daily-oral</li> <li>-bisacodyl DR 5mg oral Tablet Delayed Release (E.C.), Take 2 tablets by mouth daily as needed for constipation</li> <li>-heparin 5000 unit/0.5mL Injection Syringe, Inject 0.5mg under the skin every 12 hours-subcutaneous</li> <li>-hydrocodone/acetaminophen 5-325mg oral tablet, Take 1 tablet by mouth every 4 hours as needed for Pain-moderate</li> <li>-Magnesium oxide (MAG-OX 400) 400mg Oral Tablet, Take 1 tab by mouth daily</li> </ul>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN</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> <ul style="list-style-type: none"> <li>- Whenever a new medication or adjustments to an existing medication is ordered by a physician, the PCG will obtain an updated medication list from the Doctor. PCG will set a cell phone calendar reminder to verify each month that the most current med list is in the residents binder.</li> </ul> <p><i>If clarification is needed, PCG will contact physician within 24 hrs.</i></p>	<p style="text-align: right;"><i>09/24/24</i></p> <p style="text-align: right;">STATE OF CONNECTICUT 24 SEP 24 P1:24</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 record that medication order was reviewed and signed by physician since 3/20/2023, a period of eight (8) months.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>- Deficiency unable to be corrected because resident no longer resides at De Rego Care Home.</p> <p><i>Deficiency was not corrected timely. Resident was discharged 02/15/24</i></p>	<p style="text-align: right;"><i>09/24/24</i></p> <p style="text-align: right;">24 SEP 24 P 1:24</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 record that medication order was reviewed and signed by physician since 3/20/2023, a period of eight (8) months.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN</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> <ul style="list-style-type: none"> <li>- PCG will schedule an appointment with each resident's PCP at least every 4 months to review all medications and ensure they are up to date. PCG will set a cell phone calendar reminder to verify each month that the most current med list is in the residents binder.</li> </ul>	<p style="text-align: right;"><i>09/24/24</i></p> <p style="text-align: right;">STATE OF CONNECTICUT SEP 24 11:24</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><b>FINDINGS</b>  Resident #1, #2, #3, #5 – No medication administration record (MAR).</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>DID YOU CORRECT THE DEFICIENCY?</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>- Changed to a digital Medication Administration Record using a Tablet to record all medications. Trained SCG's to initial when they have administered any medications to residents.</li> </ul> <p style="text-align: center;"><i>MAR is available for all residents.</i></p>	<p style="text-align: right;"><i>09/24/24</i></p> <p style="text-align: center;">STATE GOVERNMENT  SEP 24 2024  P1 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><b><u>FINDINGS</u></b> Resident #1, #2, #3, #5 – No medication administration record (MAR).emer</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN</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> <ul style="list-style-type: none"> <li>- PCG will set a weekly calendar reminder on phone to check that the Digital MAR is being updated as soon as the medications are administered and recorded properly.</li> </ul>	<p style="text-align: right; font-size: 1.5em;">09/24/24</p> <p style="text-align: right; font-size: 0.8em;">STATE OF CONNECTICUT SEP 24 11:24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h)  A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><b><u>FINDINGS</u></b>  Resident #1, #2, #3, #4, #5 – No plan of care and activities schedule.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>- Changed to a digital plan of care and activities form using a Tablet to record all daily personal care and activities.</p> <p>Plan of Care is available for all residents</p>	<p style="text-align: right;">09/24/24</p> <p style="text-align: right;">24 SEP 24 P1:24</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h)  A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><b>FINDINGS</b>  Resident #1, #2, #3, #4, #5 – No plan of care and activities schedule.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN</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> <ul style="list-style-type: none"> <li>- PCG will set a weekly calendar reminder on phone to check that the plan of care and activities form is being completed daily.</li> </ul> <p><i>PCG will use admission Checklist to prep pro <del>plan</del> plan of care on admission.</i></p>	<p style="text-align: right;"><i>09/24/24</i></p> <p style="text-align: right;">24 SEP 24 P1:24</p> <p style="text-align: right; font-size: small;">STATE OF ARIZONA  DEPARTMENT OF  STATE</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1)  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p><b><u>FINDINGS</u></b>  Resident #1, #2, #3, #5 – No admission assessment.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: center;">24 SEP 24 P 1:24</p> <p style="text-align: center;">STATE OF CONNECTICUT  DEPARTMENT OF SOCIAL SERVICES  STAFF</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1)  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p><b><u>FINDINGS</u></b>  Resident #1, #2, #3, #5 – No admission assessment.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN</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> <ul style="list-style-type: none"> <li>- Upon Admission, all new residents will have an admission assessment completed. PCG will set a phone reminder to check each resident's binder monthly to ensure the admission assessment is complete and in the binder.</li> </ul> <p><i>PCG Will use admission checklist as a reminder to complete admission assessment.</i></p>	<p style="text-align: right;"><i>09/24/24 PCG</i></p> <p style="text-align: right;">24 SEP 24 P 1:24</p> <p style="text-align: center;">STATE OF CONNECTICUT  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>FINDINGS</b> Resident #4 – Progress notes was last entered on 10/6/2022. Resident #1, #2, #3, #5 – No progress notes.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: right;">24 SEP 24 P 1:25</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 #4 – Progress notes was last entered on 10/6/2022. Resident #1, #2, #3, #5 – No progress notes.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN</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> <ul style="list-style-type: none"> <li>- PCG or SCG will enter at least 1 progress note per month and any time there is an incident that needs to be documented. PCG will set a monthly phone alarm to review the residents binder to ensure notes have been placed.</li> </ul>	<p style="text-align: right;">09/24/24</p> <p style="text-align: right;">24 SEP 24 P 1:25</p> <p style="text-align: right;">STATE OF CONNECTICUT 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> (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> Cabinet for residents' binders did not have a lock.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>- Resident's binders were moved from the cabinet that did not have a lock to the bottom of the medication cabinet, which has a lock.</p>	<p style="text-align: right;"><i>09/24/24</i></p>
			<p style="text-align: right;">24 SEP 24 P 1:25 STATE OF HAWAII DHF-0103 STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(3) General rules regarding records:</p> <p>An area shall be provided for safe and secure storage of resident's records which must be retained in the ARCH for periods prescribed by state law;</p> <p><b><u>FINDINGS</u></b> Cabinet for residents' binders did not have a lock.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN</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> <ul style="list-style-type: none"> <li>- Every night, PCG or SCG will check to make sure that the Resident's binders are locked in the Medication cabinet.</li> </ul> <p>PCG trained SCG to check the cabinet is locked</p>	<p>09/24/24</p>
			<p style="text-align: center;">STATE OF HAWAII DOH-OPPA STATE LICENSING</p> <p style="text-align: center;">24 SEP 24 P1:25</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> October 2023 and November 2023 weight for resident #1, #2, #3, #5 was not recorded in the "HEIGHT AND MONTHLY WEIGHT RECORD" form.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>- Starting December 2023, the weight of each Resident was recorded on the Height and Weight monthly weight record form.</p>	<p style="text-align: right;">09/24/24</p>
			<p style="text-align: right;">24 SEP 24 P 1:25 STATE OF HAWAII DOH-ORCA STATE LICENSING</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(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> October 2023 and November 2023 weight for resident #1, #2, #3, #5 was not recorded in the "HEIGHT AND MONTHLY WEIGHT RECORD" form.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN</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>- <b>PCG will set a monthly phone alarm to check the resident's binder to ensure a weight has been recorded for each resident.</b></p> <p><i>Weight will be checked every first week of the month</i></p>	<p><i>09/24/24</i></p> <p style="text-align: right;">24 SEP 24 P 1:25</p> <p style="text-align: right; transform: rotate(-90deg);">STATE OF HAWAII DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(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 #1 – No Emergency Information sheet.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>- Deficiency unable to be corrected because resident no longer resides at De Rego Care Home.</p> <p><i>Deficiency was not corrected timely. Resident was discharged 02/15/24</i></p>	<p><i>09/24/24</i></p>
			<p style="text-align: center;">STATE OF HAWAII DOH-DHICA STATE LICENSING</p> <p style="text-align: center;">24 SEP 24 P1:25</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 #1 – No Emergency Information sheet.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN</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> <ul style="list-style-type: none"> <li>- An Emergency Information sheet will be created for each resident upon admission to De Rego Care Home. All of the Emergency Information Sheets will be in a folder on top of the medication cabinet and easily retrieved in case of an emergency by PCG or SCG. PCG will set a monthly phone alarm to make sure that the folder is updated.</li> </ul> <p>PCG will use Admission Checklist as a reminder to fill out Emergency Information sheet</p>	<p style="text-align: right;">09/24/24</p> <p style="text-align: right;">24 SEP 24 P 1:25</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><b><u>FINDINGS</u></b> Residents #3 and #5 were not recorded in Permanent Resident Register.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>- Residents #3 and #5 were recorded in the Permanent Resident Register on 01/15/24.</p>	<p style="text-align: right;"><i>09/24/24</i></p> <p style="text-align: right;">24 SEP 24 P1 05</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><b><u>FINDINGS</u></b> Residents #3 and #5 were not recorded in Permanent Resident Register.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN</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> <ul style="list-style-type: none"> <li>- Upon admission to De Rego Care Home, all new residents will be recorded in the Permanent Resident Register. PCG will set a monthly phone alarm to check the ARCH Binder to make sure that the Permanent Resident Register is accurate and up to date.</li> </ul> <p>PCG will use admission checklist as a reminder to record resident in permanent resident register on admission.</p>	<p style="text-align: right;">09/24/24</p> <p style="text-align: right;">24 SEP 24 P1:25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a)  The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><b><u>FINDINGS</u></b>  Resident #1, #3, #4, #5 – No financial statement.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>- Obtained completed Financial statements from the responsible parties for each resident.</p>	<p style="text-align: right;">09/24/24</p> <p style="text-align: right;">24 SEP 24 P1:25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a)  The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><b><u>FINDINGS</u></b>  Resident #1, #3, #4, #5 – No financial statement.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN</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> <ul style="list-style-type: none"> <li>- Whenever a new resident is admitted to De Rego Care Home, the PCG will have the responsible party fill out the financial statement and store it in the Resident's binder. PCG will set a phone calendar alarm for once a month to review each Resident's binder to check to see if correct documentation is being maintained.</li> </ul> <p><i>PCG will use admission check list as a reminder to fill out financial statement on admission</i></p>	<p style="text-align: right;"><i>09/24/24</i></p> <p style="text-align: right;">24 SEP 24 P1:25</p> <p style="text-align: right;">STATE OF CONNECTICUT</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a)  The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – No record that PCG trained SCG #1, #2, #3 for blood glucose check.</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>- PCG did training with each SCG and notated the training and recorded it on their training form that is stored in the ARCH Binder.</p>	<p style="text-align: right;">09/24/24</p> <p style="text-align: right;">24 SEP 24 P1:25</p> <p style="text-align: center; font-size: small;">STATE OF MICHIGAN  DEPARTMENT OF HEALTH &amp; HUMAN SERVICES  DIVISION OF LICENSURE</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a)  The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – No record that PCG trained SCG #1, #2, #3 for blood glucose check.</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> <ul style="list-style-type: none"> <li>- All new substitute caregivers for De Rego Care home will receive blood glucose check training at new hire training. The training will be recorded on their substitute caregiver training form and stored in the ARCH binder. PCG will set a monthly phone alarm to check the ARCH binder for accuracy.</li> </ul> <p style="text-align: center;"><i>PCG will use SCG Check list as a reminder.</i></p>	<p style="text-align: right;"><i>09/24/24</i></p> <p style="text-align: right;">24 SEP 24 P1:25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a)  The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Physician’s notes dated 2/22/2023 included “Lancet once daily,” “Lite Glucose monitor use daily,” and “Lite test strips use daily.” There was no record that blood sugar was checked daily.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: right;">24 SEP 24 P 1:25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician’s notes dated 2/22/2023 included “Lancet once daily,” “Lite Glucose monitor use daily,” and “Lite test strips use daily.” There was no record that blood sugar was checked daily.</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> <ul style="list-style-type: none"> <li>- Blood Glucose checks will be done at frequency ordered by physician and recorded in the MAR. PCG will set a monthly calendar reminder to check that the MAR is being completed accurately.</li> </ul> <p style="text-align: center;"><i>PCG Will review the record at least once per month to make sure blood Glucose is recorded accurately</i></p>	<p style="text-align: right;"><i>09/24/24</i></p> <p style="text-align: right;">24 SEP 24 P1:25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(A) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally or in writing, prior to or at the time of admission, of these rights and of all rules governing resident conduct. There shall be documentation signed by the resident that this procedure has been carried out;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Care home policy was not signed by PCG. Corrected during inspection.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>24 SEP 24 P 1:25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(A) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally or in writing, prior to or at the time of admission, of these rights and of all rules governing resident conduct. There shall be documentation signed by the resident that this procedure has been carried out;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Care home policy was not signed by PCG. Corrected during inspection.</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> <ul style="list-style-type: none"> <li>- When admitting a new resident to De Rego Care Home, PCG will sign the Care Home Policy and store it in the Resident's binder. PCG will set a phone calendar reminder to check to make sure that the forms in all the residents binders are complete and signed where necessary.</li> </ul> <p style="text-align: center;"><i>PCG will use admission checklist as a reminder.</i></p>	<p style="text-align: right;"><i>09/24/24</i></p> <p style="text-align: right;">24 SEP 24 P 1:25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(2)(E) Residents' rights and responsibilities:</p> <p>Each resident shall:</p> <p>Be treated with understanding, respect, and full consideration of the resident's dignity and individuality, including privacy in treatment and in care of the resident's personal needs;</p> <p><b><u>FINDINGS</u></b> Surveillance cameras were used in residents' bedroom #1 and #2. There was no consent document.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>- POA's for the residents in resident's bedroom #1 and #2 signed the consents form for surveillance cameras</p>	<p style="text-align: right; font-size: 2em;"><i>09/24/24</i></p> <p style="text-align: right; font-size: 1.2em;">24 SEP 24 P1:25</p> <p style="text-align: right; font-size: 0.8em;">STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(2)(E) Residents' rights and responsibilities:</p> <p>Each resident shall:</p> <p>Be treated with understanding, respect, and full consideration of the resident's dignity and individuality, including privacy in treatment and in care of the resident's personal needs;</p> <p><b><u>FINDINGS</u></b> Surveillance cameras were used in residents' bedroom #1 and #2. There was no consent document.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN</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> <ul style="list-style-type: none"> <li>- Whenever it is determined by PCG that a surveillance camera is necessary for safety of the resident, the PCG will discuss it with the responsible party for making the decisions for the resident and have them sign the surveillance camera consent form. The Consent form will be stored in the Residents binder. PCG will set a monthly phone calendar alarm to check the resident's binder for accuracy.</li> </ul>	<p style="text-align: right; font-size: 1.2em;"><i>09/24/24</i></p> <p style="text-align: right; font-size: 0.8em;">STATE OF CONNECTICUT DEPARTMENT OF CORRECTIONS 24 SEP 24 P1:25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(G) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system;</p> <p><b><u>FINDINGS</u></b> No record that smoke detectors were tested in November 2023.</p>	<p>PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: right;">STATE OF MICHIGAN DEPT. OF HEALTH COMMUNITY CARE LICENSING 72A SEP 24 P1:25</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(G) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system;</p> <p><b><u>FINDINGS</u></b> No record that smoke detectors were tested in November 2023.</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> <ul style="list-style-type: none"> <li>- PCG or SCG will test all smoke detectors in the ARCH once per month. The Smoke Detector monthly record form will be filled out and stored in the ARCH Binder. PCG will set a monthly phone alarm to check smoke detectors monthly and will review the ARCH Binder monthly to check for accuracy.</li> </ul>	<p style="text-align: right; font-size: 1.2em;">09/24/24</p> <p style="text-align: right; font-size: 0.8em;">STATE OF CONNECTICUT DEPT. OF SOCIAL SERVICES 24 SEP 24 P1:25</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> Residents #1 and #3 – No self-preservation statement.</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>- Deficiency unable to be corrected because resident #1 and resident #3 no longer reside at De Rego Care Home.</li> </ul> <p>Deficiency was not corrected timely. Resident #1 was discharged 02/15/24. Resident #3 was discharged on 06/15/24</p>	<p style="text-align: right; font-size: 2em;">09/24/24</p> <p style="text-align: right;">24 SEP 24 P1:26</p> <p style="text-align: right; font-size: 0.8em;">STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES</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> Residents #1 and #3 – No self-preservation statement.</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> <ul style="list-style-type: none"> <li>- When admitting a new resident to De Rego Care Home, PCG will ensure the new resident has a self-Preservation statement completed by a physician or APRN. Self-Preservation statement will be stored in the resident's binder. PCG will set a monthly phone alarm to check each resident's binder for accuracy.</li> </ul> <p><i>PCG will use admission check list as a reminder.</i></p>	<p style="text-align: right;"><i>09/24/24</i></p> <p style="text-align: right;">24 SEP 24 P 1:26</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF STATE POLICE</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p><b><u>FINDINGS</u></b> A urinal with urine inside was left on the shelf in resident's bedroom #4.</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>- Urinal was emptied, washed out, and returned to Resident's bedside.</p>	<p style="text-align: right;">09/24/24</p> <p style="text-align: right;">24 SEP 24 P1:26</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>§11-100.1-23 <u>Physical environment.</u> (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p><b><u>FINDINGS</u></b> A urinal with urine inside was left on the shelf in resident's bedroom #4.</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 and SCG's will check upon every 2 hour rounding of the facility to ensure that all urinals are empty and clean.</p>	<p style="text-align: right;"><i>09/24/24</i></p>
			<p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: right;">24 SEP 24 P 1:26</p>


	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p><b><u>FINDINGS</u></b> The toilet paper holder in residents' bathroom between bedroom #1 and #4 was broken.</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>- Toilet paper holder in bathroom was replaced on 01/15/24</p>	<p style="text-align: right;">09/24/24</p>
			<p style="text-align: right;">24 SEP 24 P1:26 STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p><b><u>FINDINGS</u></b> The toilet paper holder in residents' bathroom between bedroom #1 and #4 was broken.</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> <ul style="list-style-type: none"> <li>- Implement monthly inspections of all facility equipment, including bathroom fixtures, to identify and address any issues before they affect residents, PCG's, or SCG's.</li> </ul>	<p style="text-align: right;"><i>09/24/24</i></p>
			<p style="text-align: right;">STATE OF HAWAII DEPARTMENT OF STATE LICENSING 24 SEP 24 P 1:26</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> No signaling device was available in resident's bedroom #1.</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 new signaling device was installed in resident's bedroom #1.</p>	<p style="text-align: right;">09/24/24</p> <p style="text-align: right;">24 SEP 24 P 1:26</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-ORCA STATE LICENSING</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> No signaling device was available in resident's bedroom #1.</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> <ul style="list-style-type: none"> <li>- All Resident's bedside will have a stationary electronic signaling system that will be hard for residents to remove. PCG will set a monthly phone alarm to check that all equipment in the ARCH is in good working order once per month.</li> </ul>	<p style="text-align: right;">09/24/24</p> <p style="text-align: right;">24 SEP 24 P 1:26</p> <p style="text-align: right; transform: rotate(-90deg);">STATE OF HAWAII DEPARTMENT OF STATE LICENSING</p>

Licensee's/Administrator's Signature: 

Print Name: Devan De Rego

Date: 09/24/24

STATE OF HAWAII  
DOH-DHCA  
STATE LICENSING

24 SEP 24 P 1:26