

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Domingo, Maria-Theresa C (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 98-1651 Hoomaike Street, Pearl City, Hawaii 96782	Inspection Date: August 12, 2024 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> SCG #1 – Current TB clearance shows the name of another individual was whited out and the name of SCG written over it. Unable to verify authenticity of form.</p> <p>Submit a new copy with plan of correction</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The correct TB clearance for SCG #1 was obtained from the doctor.</p>	<p style="text-align: center;">08/26/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> SCG #1 – Current TB clearance shows the name of another individual was whited out and the name of SCG written over it. Unable to verify authenticity of form.</p> <p>Submit a new copy with plan of correction</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, I will provide a clean sheet to avoid getting a form with white out. I will bring all forms needed at every MD's appointments and by putting a reminder at the residents folder.</p>	<p style="text-align: right;">09/10/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u> Resident #1,3,4 – Special diet menu unavailable for the following residents:</p> <ul style="list-style-type: none"> • Resident #1 – Pureed Thickened • Resident #3 – Pureed • Resident #4 – Pureed. nectar thickened <p>Submit a copy with plan of correction</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The special diet menu-Pureed Thickened was made available for Resident #1 by displaying it on the refrigerator.</p> <p>The special diet menu-Pureed was made available for Resident #2 by displaying it on the refrigerator.</p> <p>The special diet menu-Pureed, nectar thickened was made available for Resident #4 by displaying it on the refrigerator</p>	<p style="text-align: center;">08/26/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>, (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u> Resident #1,3,4 – Special diet menu unavailable for the following residents:</p> <ul style="list-style-type: none"> • Resident #1 – Pureed Thickened • Resident #3 – Pureed • Resident #4 – Pureed, nectar thickened <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, I will post all menus for residents using regular and special diet including pureed. I will also ask my substitute caregivers to ensure that menus are posted and being seen at all times.</p>	<p style="text-align: right;">09/10/2024</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>FINDINGS Resident #1,3,4 – Diet orders are incomplete as stated:</p> <ul style="list-style-type: none"> • Resident #1 - Pureed Thickened • Resident #3 – Pureed • Resident #4 – Pureed, nectar thickened <p>Submit a copy of updated diet order with plan of correction. Please ensure the type of diet is included with textured consistency.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Updated diet orders obtained for all residents. See attached.</i></p>	<p style="text-align: right;">24 SEP 25 10:57</p> <p style="text-align: right;">STATE OF MICHIGAN DEPARTMENT OF HEALTH LICENSURE DIVISION</p> <p style="text-align: right;">9/25/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-13 <u>Nutrition</u>. (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><u>FINDINGS</u> Resident #1,3,4 – Diet orders are incomplete as stated:</p> <ul style="list-style-type: none"> • Resident #1 – Pureed Thickened • Resident #3 – Pureed • Resident #4 – Pureed, nectar thickened <p>Submit a copy of updated diet order with plan of correction. Please ensure the type of diet is included with textured consistency.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>A reminder note is posted on a care home binder to review all diet orders for completeness, including diet type when it is received.</i></p>	<p>24 25 MO 57</p> <p>STATE OF MD 03/13/24 STATE</p> <p>9/25/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation.</p> <p><u>FINDINGS</u> PCG reports cooking meals containing meats/poultry/fish to 160°F, below minimum acceptable temperature of 165°F</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation.</p> <p><u>FINDINGS</u> PCG reports cooking meals containing meats/poultry/fish to 160°F, below minimum acceptable temperature of 165°F</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, I will ensure that the temperature in cooking meals containing meats, poultry, and fish is 165 degrees Fahrenheit. In addition, I will post a note in the refrigerator to remind everyone including caregivers to use a minimum acceptable temperature of 165 degrees Fahrenheit when preparing food.</p>	09/10/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (g) There shall be on the premises a minimum of three days' food supply, adequate to serve the number of individuals who reside at the ARCH or expanded ARCH.</p> <p><u>FINDINGS</u> Three (3) day food supply unavailable</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The 3-day food supply was made available by purchasing the pre-pack 3-day food supply at Costco and storing it in the kitchen cabinet.</p>	<p style="text-align: center;">08/26/2024</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (g) There shall be on the premises a minimum of three days' food supply, adequate to serve the number of individuals who reside at the ARCH or expanded ARCH.</p> <p><u>FINDINGS</u> Three (3) day food supply unavailable</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, I will make a checklist of food needed every day, to ensure that there's enough food supply for each resident for a few days period. I also purchased a new refrigerator to store more food and have enough supply for 3 days</p>	<p style="text-align: center;">09/10/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 9/14/23-7/18/24 stated, “CVS Melatonin 3 MG Tabs TAKE 1 TABLET BY MOUTH ONCE A DAY AT BEDTIME AS NEEDED”; however, PRN indication was not provided until 7/18/24</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 9/14/23-7/18/24 stated, “CVS Melatonin 3 MG Tabs TAKE 1 TABLET BY MOUTH ONCE A DAY AT BEDTIME AS NEEDED”; however, PRN indication was not provided until 7/18/24</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>A reminder note is posted on the resident's folder to check that a PRN indication is provided for all PRN orders.</i></p>	<p style="text-align: center;"><i>9/25/24</i></p> <p style="text-align: center;">24 SEP 25 09:57</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 1/17/24 states, “Nutritional Supplements (ENSURE ORIGINAL PRO) Take 1 Can by mouth two times per day”; however, MAR shows resident only provided one (1) can between 1/17/24-1/31/24</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 1/17/24 states, “Nutritional Supplements (ENSURE ORIGINAL PRO) Take 1 Can by mouth two times per day”; however, MAR shows resident only provided one (1) can between 1/17/24-1/31/24</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN’T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>In-service training will be provided to staff as all caregivers to remind them to administer supplements as ordered and review MAR order to ensure it reflects to the order. They were instructed to do this at every medication update.</i></p>	<p style="text-align: center;">9/25/24</p> <p style="text-align: center;">24 SEP 25 10:57</p> <p style="text-align: center;">STATE OF MARYLAND STATE BOARD OF NURSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (j) Resident(s) manifesting behaviors that may cause injury to self or others shall be assessed by a physician or APRN to determine least restrictive alternatives to physical restraint use, which may be used only in an emergency when necessary to protect the resident from injury to self or to others. If restraint use is determined to be required and ordered by the resident's physician or APRN, the resident and the resident's family, guardian or surrogate, and case manager shall be notified and a written consent obtained. The licensee shall maintain a written policy for restraint use outlining resident assessment processes, indications for use, monitoring and evaluation and training of licensee and substitute care givers. Renewal orders for restraint use shall be obtained on a weekly basis from the resident's physician or APRN based on the assessment, monitoring and evaluation data presented by the primary care giver.</p> <p><u>FINDINGS</u> Bedroom #6 – Sofa chair pushed up against bed, sandwiching bed between bedroom wall and sofa chair. Resident lying in bed, unable to exit bed if desired, due to half rail in up position and sofa chair obstructing bottom half of bed.</p> <p>Submit a copy of physician's orders for use of appropriate restraint if deemed necessary</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The sofa chair was removed from the bottom part of the bed for ease of exit for resident.</p>	<p style="text-align: center;">08/26/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (j) Resident(s) manifesting behaviors that may cause injury to self or others shall be assessed by a physician or APRN to determine least restrictive alternatives to physical restraint use, which may be used only in an emergency when necessary to protect the resident from injury to self or to others. If restraint use is determined to be required and ordered by the resident's physician or APRN, the resident and the resident's family, guardian or surrogate, and case manager shall be notified and a written consent obtained. The licensee shall maintain a written policy for restraint use outlining resident assessment processes, indications for use, monitoring and evaluation and training of licensee and substitute care givers. Renewal orders for restraint use shall be obtained on a weekly basis from the resident's physician or APRN based on the assessment, monitoring and evaluation data presented by the primary care giver.</p> <p><u>FINDINGS</u> Bedroom #6 – Sofa chair pushed up against bed, sandwiching bed between bedroom wall and sofa chair. Resident lying in bed, unable to exit bed if desired, due to half rail in up position and sofa chair obstructing bottom half of bed.</p> <p>Submit a copy of physician's orders for use of appropriate restraint if deemed necessary</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>In-service training was provided to remind staff not to put items against resident's bed to prevent exiting. Restraint order per bed rail should be obtained.</i></p>	<p style="text-align: center;"><i>9/25/24</i></p> <p style="text-align: center;">24 SEP 25 PM 57</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #1 – Initial/annual TB clearance unavailable for review</p> <p>Submit a copy with plan of correction</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The initial/annual TB clearance for Resident #1 has been obtained from the doctor's office.</p>	<p style="text-align: center;">08/26/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #1 – Initial/annual TB clearance unavailable for review</p> <p>Submit a copy with plan of correction</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, I will use a checklist that includes Initial/Annual TB Clearance required before the admission of the resident. Renew annually and divider will be included on the resident's folder.</p>	<p style="text-align: right;">09/10/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – 6/2024 progress note did not include resident's response to daily meds</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – 6/2024 progress note did not include resident's response to daily meds</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>A reminder note posted on the resident's binder to include response to daily meds on progress notes.</i></p>	<p style="text-align: center;"><i>9/25/24</i></p> <p style="text-align: right;">24 SEP 25 09:57 STATE OF CONNECTICUT</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 – Resident emergency information sheet:</p> <ul style="list-style-type: none"> • Does not include all diagnoses (e.g., COPD, third degree heart block, HLD, CKD III, bullae, pre DM, microcytic anemia) • Allergies field not completed • Medication list does not reflect all current medication orders • TB test result states positive; however, proof of positive PPD unavailable, unable to confirm <p>Submit an updated copy with plan of correction</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The resident emergency information sheet was revised to include the following:</p> <ul style="list-style-type: none"> -All diagnoses (e.g., COPD, third degree heart block, HLD, CKD III, Bullae, Pre DM, Microcytic Anemia) -Allergies -Current medication list ordered by the doctor -Positive PPD test 	<p style="text-align: center;">08/26/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 – Resident emergency information sheet:</p> <ul style="list-style-type: none"> • Does not include all diagnoses (e.g., COPD, third degree heart block, HLD, CKD III, bullae, pre DM, microcytic anemia) • Allergies field not completed • Medication list does not reflect all current medication orders • TB test result states positive; however, proof of positive PPD unavailable, unable to confirm <p>Submit an updated copy with plan of correction</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>A reminder note was posted on the resident's binder to update emergency information sheet as relevant information changes.</i></p>	<p style="text-align: center;"><i>9/25/24</i></p> <p style="text-align: center;">24 SEP 25 10:57</p> <p style="text-align: center;">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)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><u>FINDINGS</u> No documented evidence any monthly fire drills were performed during hours of darkness</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><u>FINDINGS</u> No documented evidence any monthly fire drills were performed during hours of darkness</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, fire drills will be performed on various times in 24 hours. I will set up a reminder in the calendar 1 week advance on each month to make sure fire drills are conducted during dark hours.</p>	<p style="text-align: center;">09/10/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p>FINDINGS Bedroom #6 – Two (2) oxygen tanks stored in bedroom closet.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The two oxygen tanks were removed from bedroom #6 closet.</p>	<p style="text-align: right;">08/26/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><u>FINDINGS</u> Bedroom #6 – Two (2) oxygen tanks stored in bedroom closet.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, oxygen tanks will be stored in a dry, cool, and well ventilated area. I will also ask an assistance from RN Case Manager to give all caregivers an in-service training to educate us more about having oxygen in the facility.</p>	<p style="text-align: right;">09/10/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><u>FINDINGS</u> "Oxygen in use" warning sign not posted at entry door of house despite oxygen tanks utilized in bedroom #6</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>"Oxygen in use" warning sign was posted on the entry door of the house.</p>	<p style="text-align: center;">08/26/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p>FINDINGS "Oxygen in use" warning sign not posted at entry door of house despite oxygen tanks utilized in bedroom #6</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>I created an oxygen use checklist that include posting a "Oxygen In Use" signage, storage of oxygen tanks and related fire codes.</i></p>	<p style="text-align: center;"><i>9/25/24</i></p> <p style="text-align: center;">24 SEP 25 AM 5:57</p> <p style="text-align: center;">STATE OF MICHIGAN DEPT. OF HEALTH STATE HEALTH</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence personal (excluding administration of oral medication) and specialized care training (e.g., special diet preparation, aspiration precautions) was provided to all caregivers by case manager</p> <p>Submit documented evidence case manager provided all necessary trainings to caregivers with plan of correction</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The case manager provided training on the following: -Personal and specialized care (special diet preparation, aspiration precautions)</p>	<p style="text-align: center;">08/26/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence personal (excluding administration of oral medication) and specialized care training (e.g., special diet preparation, aspiration precautions) was provided to all caregivers by case manager</p> <p>Submit documented evidence case manager provided all necessary trainings to caregivers with plan of correction</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>I created a case management checklist to review with case manager at each monthly visit that includes training on personal and specialized care.</i></p>	<p style="text-align: center;"><i>9/25/24</i></p> <p style="text-align: center;">24 SEP 25 AM 57</p> <p style="text-align: center;">STATE OF CONNECTICUT DEPARTMENT OF STATE POLICE</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p><u>FINDINGS</u> Resident #1 – Current care plan states, "Turning and repositioning every 2 hours if unable to do on her own"; however, no documented evidence this time sensitive task is being performed every two (2) hours</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p><u>FINDINGS</u> Resident #1 – Current care plan states, “Turning and repositioning every 2 hours if unable to do on her own”; however, no documented evidence that time sensitive task is being performed every two (2) hours</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>I created a case management checklist to review with case manager at each monthly visit that includes reviewing completion of documented treatments and interventions.</i></p>	<p style="text-align: center;">9/25/24</p>
		<p style="text-align: right;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>	<p style="text-align: center;">24 SEP 25 AM 0:57</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 – Current care plan does not reflect resident's current medication orders</p> <p>Submit a revised copy of care plan with plan of correction</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Current care plan has been revised to include resident's current medication orders.</p>	<p style="text-align: center;">08/26/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 – Current care plan does not reflect resident's current medication orders</p> <p>Submit a revised copy of care plan with plan of correction</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>I created a case management checklist to review with case manager at each monthly visit that includes reviewing all current medication orders and ensuring they are included in the care plan.</i></p>	<p style="text-align: center;"><i>9/25/24</i></p> <p style="text-align: center;">24 SEP 25 AM 0:58</p> <p style="text-align: center;">STATE OF HAWAII DCH-DHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 – Current care plan does not address resident's COPD, sleep issues, risk for nutritional deficit AEB prescribed nutritional supplement, risk for impaired skin integrity due to urinary incontinence and wheelchair bound, need for redirecting/verbal cuing due to dementia</p> <p>Submit a revised copy of care plan with plan of correction</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The care plan has been revised to include the following: -COPD -Sleep Issues -Risk for nutritional deficit AEB ordered nutritional supplement -Risk for impaired skin integrity due to urinary incontinence and WC bound -Need for redirecting/verbal cueing due to dementia</p>	<p style="text-align: center;">08/26/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 – Current care plan does not address resident's COPD, sleep issues, risk for nutritional deficit AEB prescribed nutritional supplement, risk for impaired skin integrity due to urinary incontinence and wheelchair bound, need for redirecting/verbal cuing due to dementia</p> <p>Submit a revised copy of care plan with plan of correction</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, I will post a reminder note and put at the resident's folder for RN Case Manager to review and update care plan that includes medical and psychological issues.</p>	<p style="text-align: center;">09/10/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 – Current care plan states, “Provide 1 person assist when [resident’s name] ambulates”; however, per PCG, resident is unable to ambulate</p> <p>Submit a revised copy of care plan with plan of correction</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The care plan was revised to state resident is non-ambulatory.</p>	<p style="text-align: center;">08/26/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 – Current care plan states, “Provide 1 person assist when [resident’s name] ambulates”; however, per PCG, resident is unable to ambulate</p> <p>Submit a revised copy of care plan with plan of correction</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>I created a case management checklist to review w/ the case manager at each monthly visit that includes reviewing the care plan to ensure all information accurately reflects the resident.</i></p>	<p style="text-align: right;"><i>9/25/24</i></p> <p style="text-align: right;">24 SEP 25 AM 05:58</p> <p style="text-align: center; font-size: small;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(9) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Provide ongoing evaluation and monitoring of the expanded ARCH resident's status, care giver's skills, competency and quality of services being provided;</p> <p><u>FINDINGS</u> Resident #1 – Current care plan states, “Turning and repositioning every 2 hours if unable to do on her own”; however, no documented evidence this time sensitive task is being performed every two (2) hours. Consequently, no documented evidence available to verify case manager is monitoring the quality of services being provided (e.g., resident is being turned and repositioned every 2 hours).</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(9) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Provide ongoing evaluation and monitoring of the expanded ARCH resident's status, care giver's skills, competency and quality of services being provided;</p> <p>FINDINGS Resident #1 – Current care plan states, “Turning and repositioning every 2 hours if unable to do on her own”; however, no documented evidence this time sensitive task is being performed every two (2) hours. Consequently, no documented evidence available to verify case manager is monitoring the quality of services being provided (e.g., resident is being turned and repositioned every 2 hours).</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>I created a Case management checklist to review with Case Manager at each monthly visit that includes confirming with the Case manager that she has thoroughly reviewed, evaluated, and monitored the resident's status and the quality and accuracy of services being provided prior she^{around} CM leaving.</i></p>	<p style="text-align: right;"><i>9/25/24</i></p> <p style="text-align: right;">STATE OF CONNECTICUT DEPARTMENT OF HEALTH STATE LICENSING</p> <p style="text-align: right;">SEP 25 AM 0:58</p>

Licensee's/Administrator's Signature: Shamir Sheron Domingo

Print Name: MARIA-THERESA DOMINGO

Date: 9/25/24

STATE OF HAWAII
DOH-ORCA
STATE LICENSING
24 SEP 25 AM 0:58