

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Jociel Adult Care Services LLC	CHAPTER 100.1
Address: 83 Kilani Avenue, Wahiawa, Hawaii 96786	Inspection Date: June 13, 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>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(12) 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>If it is deemed necessary by the department, be examined by a physician and/or mental health professional as a condition for continued licensure. The examination shall be specifically oriented to determine if the primary care giver is physically and/or mentally capable of caring for the residents:</p> <p><b><u>FINDINGS</u></b> Primary Caregiver (PCG) – Physical exam dated 4/26/24 states individual is not capable of coping with the responsibilities of caring for elderly and disabled persons; however, PCG is currently providing care to residents.</p> <p>Submit re-examination by physician with plan of correction.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>* Physical Exam was corrected by PCP.</p> <p>* Copy was attached.</p>	<p style="text-align: center;">6/25/24</p> <p style="text-align: center;">24 MIS 28 24:27</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(12)  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>If it is deemed necessary by the department, be examined by a physician and/or mental health professional as a condition for continued licensure. The examination shall be specifically oriented to determine if the primary care giver is physically and/or mentally capable of caring for the residents:</p> <p><b><u>FINDINGS</u></b>  Primary Caregiver (PCG) – Physical exam dated 4/26/24 states individual is not capable of coping with the responsibilities of caring for elderly and disabled persons; however, PCG is currently providing care to residents.</p> <p>Submit re-examination by physician with plan of correction.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>* in the future appointments, I will make sure to read and check the forms if it was been filled correctly.  I will check binders and review every month and as needed.</p>	<p style="text-align: center;">6/25/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><b><u>FINDINGS</u></b> Substitute Caregiver (SCG) #1 – Initial PPD+ result unavailable for review</p> <p>Submit a copy with plan of correction</p>	<p style="text-align: center;"><b>PART I</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>* Can not correct yet due to SCG #1 will be back on Sept. 26, 2024. due to military duty. * Will make appointment for PPD when arrive.</p> <p style="text-align: right;">STILL</p>	<p>* pending</p> <p style="text-align: right;">24 MAR 28 07:27</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> Substitute Caregiver (SCG) #1 – Initial PPD+ result unavailable for review</p> <p>Submit a copy with plan of correction</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>When removing or adding a SCG or HHM, I will make a separate form (change form) indicating the dates of when they are added/started working in the facility and is been removed. Together with this form I will also indicate the expiration of each persons requirements such as the PPD, First Aid, etc.. This form will be posted on the Daily Routine binder. Dates will also be stored in my phone calendar and communication calendar in the hallway where we put the doctors appointment and other necessary dates for everyone to to see. SCG and HHM requirements will not be removed until reviewed by OHCA inspectors. All requirements will be complied through the day of removal. Timeline would be every quarterly.</p>	<p>09/23/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>, (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><b><u>FINDINGS</u></b> Residents were not served ¾ cup of apple juice and 1 cup of milk with their lunch, as stated on lunch menu for 6/13/24.</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 JUN 24 07:27</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> Residents were not served ¼ cup of apple juice and 1 cup of milk with their lunch, as stated on lunch menu for 6/13/24.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>* Decided to have a monthly meeting to discuss concerns and improvement.</p> <p>* Need to train SCG regarding the menu on how to do/follow/record and do a substitutions.</p> <p>* I will make a grocery list every week to make sure we have available drink and food in the menu.</p>	<p style="text-align: center;">06/18/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><b><u>FINDINGS</u></b> Bedroom #5 – Box of coconut water and bag of assorted snacks stored on the bedroom floor.</p> <p>Bottle of canola oil stored on kitchen floor.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>* Bedroom #5 resident was discharged.</p> <p>* Bought extra storage to have better organization on where to put all the snacks/food/drink that family or friends of the resident brought. Making sure that nothing is on the floor.</p> <p>* Canola oil was stored back to the cabinet intended for food.</p>	<p>6/18/24</p> <p>24 JUN 20 07:27</p>



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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (b) All foods shall be stored in covered containers.</p> <p><b><u>FINDINGS</u></b> Carton of tofu and plate of flan stored uncovered in the refrigerator</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p># Food was discarded.</p> <p># Transfer all the food to a covered container.</p>	<p style="text-align: center;">06/13/24</p> <p style="text-align: center;">74 AUG 27 8:27</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (b) All foods shall be stored in covered containers.</p> <p><b><u>FINDINGS</u></b> Carton of tofu and plate of flan stored uncovered in the refrigerator</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG bought a different size of food containers with cover for food to be stored. I also put a saran wrap, sticker label for dates and permanent marker in the cabinet next to the refrigerator. PCG will make a form indicating the temperature of the refrigerator, cleanliness, dates and if food is covered. This form will be signed daily by the PCG or SCG to ensure requirements are met. Refrigerator was also linked to "Samsung Smart Things" where I can see what's inside the refrigerator remotely.</p>	<p style="text-align: center;">09/23/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation.</p> <p><b><u>FINDINGS</u></b> PCG states she does not know the minimum safe cooking temperature when cooking meals containing meats for residents</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>* Sanitation checklist was posted by the dining area of the residents. It was also at the resource/educational binder.</p> <p>* Had copy of the Administrative Rules in communication binder for all the caregivers to read and follow.</p> <p>* Had posted the temperature required at the refrigerator as a reminder.</p>	<p style="text-align: center;">06/18/24</p> <p style="text-align: center;">21 MAY 25 04:27</p>

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	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 – Chinese writing written on atorvastatin bottle label</p>	<p style="text-align: center;">PART I</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><i>* chinese writing was erase and for the meds needs reminder I will wrote on a paper and rubber band it with the medication bottle.</i></p>	<p style="text-align: center;">06/14/24</p> <p style="text-align: right;">24  MAY 25 04:27</p>

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<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 – Senna-Docusate Sodium unavailable in medication inventory. PCG states, Senna-Docusate Sodium Oral Tablet, was discontinued in 4/2024; however, discontinuation order unavailable. Additionally, 6/2024 medication administration record (MAR) shows medication being administered once daily from 5/1/24-6/12/24 (present).</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p># Resident was able to have a new PRN and a medication review/evaluation was done. New medlist is provided and MAR was updated with new instructions.</p> <p>* Resident was discharged. 08/02/24</p>	<p>07/25/24</p> <p style="text-align: right;">78 AUG 2 04:07</p>



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<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 - Medication order dated 11/4/23-11/6/23 states, "hydralazine HCL Oral Tablet 25MG Give 1 tablet by mouth every 8 hours - 12 midnight, 8AM, 4PM"; however, per 11/2023 MAR, resident was administered medication at "6am, 2pm, 10pm"</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>* I will check the binder every month and as needed.</p> <p>* Will make sure to clarify with PCP if clarification is needed as soon as possible will reach out and fax or in-person drop a order form when needed.</p> <p>* Will have to check the MAR, doctors order, medication bottle if all are right before giving to a resident or signing the MAR.</p> <p>* Resident was discharged 08/03/24</p>	<p>06/11/24</p> <p>3</p> <p>3</p> <p>3</p> <p>3</p> <p>3</p> <p>3</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications, (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b>FINDINGS</b> Resident #1 – Hydralazine 25mg being administered daily per 5/2024 and 6/2024 MAR; however, medication was discontinued on 12/26/24</p>	<p style="text-align: center;"><b>PART I</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>→ Had a medication review from last orders and corrected the MAR.</p> <p>* Had to train caregivers to look on the MAR, doctors orders, 5 rights of medication before giving to residents or signing the MAR. Making sure that all are right. If clarification needed will let PCG know or call doctors office.</p> <p>* I will check binder every month and as needed.</p>	<p style="text-align: center;">07/14/24</p> <p style="text-align: right;">24 APR 27 04:27 L2110 2024</p>

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<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 – Carvedilol unavailable in daily medication bin despite being a prescribed daily medication. Full bottle of carvedilol filled on 2/5/24 found in separate Ziploc bag of resident's extra medications with a quantity of 97 pills in container remaining in addition to full refill bottle prepared in 5/2024.</p>	<p style="text-align: center;">PART I</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>*Medication box and MAR was checked together with the orders.</p> <p>* Corrected the MAR with the right orders. Medication box was cleaned and make sure that right meds are available.</p>	<p style="text-align: right;">06/14/24</p>

2024 JUN 14 08:47

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (f)  Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u>  Resident #1 – MAR unavailable between 1/2024-4/2024</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; vertical-align: bottom;">2/24 MAR 27 2024</p>



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<input checked="" type="checkbox"/>	<p>§11-100 1-15 <u>Medications</u>, (f)  Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident</p> <p><u>FINDINGS</u>  Resident #1 – MAR unavailable between 1/2024-4/2024</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>* Will check the binder monthly and as needed.</p> <p>A Trained the caregivers to familiarize on MAR. Will also put an extra forms and update as necessary when there is a change on order or routine.</p>	<p style="text-align: center;">06/14/24</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><u>FINDINGS</u> Resident #1 – Physician’s order dated 11/6/23 for “Multivitamin with min-ALA-herbs 50mg” and “brivaracetam 50mg” have not been reevaluated within 4 months or discontinued</p> <p>Submit renewed medication order or discontinuation orders for the aforementioned medications 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>• Medication evaluation was done 07-25-24 with the new PCE. MAR was updated and medication box was checked.</p> <p>• Resident was discharge 08/03/24</p>	<p style="text-align: center;">07/25/24</p> <p style="text-align: right;">26 10/1/24</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><u>FINDINGS</u> Resident #1 – Physician's order dated 11/6/23 for "Multivit with mm-ALA-herbs 50mg" and "brivaracetam 50mg" have not been reevaluated within 4 months or discontinued</p> <p>Submit renewed medication order or discontinuation orders for the aforementioned medications 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;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>* I will make sure that medication and medication list are the same. If any clarification, I will call PCP right away for evaluation.</p> <p>* I will check binder every month and as needed.</p> <p>* Will check and follow the admission guide during admission.</p>	<p style="text-align: center;">07/25/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (m)  All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver</p> <p><u>FINDINGS</u>  Resident #1 – PCP states Senna-Docusate Sodium Oral Tablet, was discontinued in 4/2024; however, discontinuation order unavailable. Additionally, 6/2024 MAR shows medication being administered once daily from 5/1/24-6/12/24 (present)</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><i>I went over resident's binder and organize it. Check the last doctors order and updates the MAR. Medication box was also checked.</i></p> <p><i>Medication reviewed 07/25/24 with the new PCP. MAR was updated right away.</i></p>	<p style="text-align: center; vertical-align: top;">07/25/24</p> <p style="text-align: right; vertical-align: bottom;">28 pages of 27</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100 1-15 <u>Medications</u> (m)  All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record with date, time, name of drug, and dosage initialed by the care giver</p> <p><u>FINDINGS</u>  Resident #1 – PCG states, Senna-Docusate Sodium Oral Tablet, was discontinued in 4/2024, however, discontinuation order unavailable. Additionally, 6/2024 MAR shows medication being administered once daily from 5/1/24-6/12/24 (present).</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>* When having a telehealth or any doctor visit, I will make sure that it is right and the same as discussed during the appointment. If clarification is needed, I will reach out right away and update the MAR for the changes to ensure that right medication are given and signed.</p> <p>* I will check binder every month and as needed.</p>	<p style="text-align: center; vertical-align: top;">6/25/24</p>

6/25/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100 1-15 <u>Medications</u>, (n)  Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN. Written procedures shall be available for storage, monitoring and documentation.</p> <p><u>FINDINGS</u>  Resident #1 – PCG states resident self-administers Lantus Solostar (15units) daily, however, physician's order to self-administer unavailable</p> <p>Submit self-administration orders with plan of correction.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>* Resident's new PCP provided the order 07/25/24</p> <p>* Resident was discharged 08/03/24</p>	<p style="text-align: center;">07/25/24</p> <p style="text-align: right; vertical-align: bottom;">L2076 06/20/24 166</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100 1-15 <u>Medications</u> (n)  Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN. Written procedures shall be available for storage, monitoring and documentation.</p> <p><u>FINDINGS</u>  Resident #1 – PCG states resident self-administers Lantus Solostar (15units) daily, however, physician's order to self-administer unavailable</p> <p>Submit self-administration orders 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>-# Will follow the admission guide during admission. Will make a list of what to do, what missing and needed to be done and put on the communication binder so I do not forget and other caregiver will be reminded.</p> <p>-# I will check binder every month and as needed.</p>	<p style="text-align: center;">07/25/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (n)  Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN. Written procedures shall be available for storage, monitoring and documentation.</p> <p><u>FINDINGS</u>  Resident #1 – PCG states resident self-administers Lantus Solostar (15units) daily; however, in addition to self-administration orders, written procedures for storage, monitoring and documentation are unavailable</p> <p>Submit self-administration of medication procedures 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>* Self-administration orders, written procedures and instruction was provided by new PEP and is attached on residents binder.</p> <p>* Resident was discharged 08/03/24.</p>	<p style="text-align: center;">07/25/24</p> <p style="text-align: right;">08/03/24</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (n)  Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN. Written procedures shall be available for storage, monitoring and documentation.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – PCG states resident self-administers Lantus Solostar (15units) daily; however; in addition to self-administration orders, written procedures for storage, monitoring and documentation are unavailable.</p> <p>Submit self-administration of medication procedures with plan of correction</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>As CNA not licensed to administer needles, before admitting a diabetic client now that im aware, I will include to my admission checklist the diabetic orders, diabetic training, and facility policies on a self-administration of insulin. I will submit this to my nurse advisor and wait for approval if I am in compliance. This requirements will also be check quarterly and as needed by PCG.</p>	<p>09/23/2024</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><u>FINDINGS</u>  Resident #1 – Daily schedule of activities states “snack” from 10:30-11:30; however, no evidence or observation that resident was offered a snack during this time</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 style="text-align: right;">7/2</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><u>FINDINGS</u>  Resident #1 – Daily schedule of activities states “snack” from 10:30-11:30; however, no evidence or observation that resident was offered a snack during this time.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>- Alarm clock was set for the scheduled meal and snack time.</p> <p>- Will add in “daily chores” for the caregiver to offer each client a snack as a reminder.</p>	<p style="text-align: right;">06/14/24</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 – No admission assessment available for re-admission on 12/26/24</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>12/26/24</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><u>FINDINGS</u>  Resident #1 – No admission assessment available for re-admission on 12/26/24</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>* Lesson learned the every readmission is the same procedure as admission so I will follow the admission guidelines provided.</p> <p>* Will check binder every month and as needed.</p>	<p style="text-align: right;">6/14/24</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 - Annual TB clearance unavailable for review</p> <p>Submit a current 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>* Blood Test was ordered by new PCP and waiting for results. Will put on her binder to make sure its available . . .</p> <p>* Resident # 1 was discharged  08/03/24</p>	<p style="text-align: center;">9/25/24</p> <p style="text-align: right;">24  AUG 27 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><b><u>FINDINGS</u></b>  Resident #1 – Annual TB clearance unavailable for review</p> <p>Submit a current copy with plan of correction</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p># On the patient binder, I will create a form where we can easily see any expirations. I will also put on my calendar and communication binder so everyone can help remind each other for the coming expirations, examples are PE, TB etc.</p> <p>* I will check the binder monthly and as needed.</p>	<p style="text-align: right;">07/25/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(6)  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>Physician or APRN signed orders for diet, medications, and treatments.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Medication orders signed by a physician for admission on 11-4-23 unavailable for review.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>* Medication was reviewed by the new PCP on 7/25/24. New signed medication list is placed on the binder and MAR was already updated.</i></p>	<p style="text-align: center;"><i>7/26/24</i></p> <p style="text-align: right;"><i>7/26/24</i></p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-17 <u>Records and reports.</u> (a)(6)  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>Physician or APRN signed orders for diet, medications, and treatments;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Medication orders signed by a physician for admission on 11/4/23 unavailable for review.</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>On every event that there is admission, readmission and transfer I will follow the admission guidelines and make sure that all forms are properly signed. Will follow-up with the residents doctor/PCP when clarification regarding diet, medications and treatments are missing before admission. On the guidelines, I will put a check mark when is completed for assurance that it was complied.</p>	<p style="text-align: center;">09/13/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100 1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Monthly progress notes unavailable from 6/2023-5/2024</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>05/10/2024</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><b><u>FINDINGS</u></b> Resident #1 – Monthly progress notes unavailable from 6/2023-5/2024</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>* Trained the caregivers on how to write in a progress note. Also attached the progress notes instruction provided by OPCA in the communication binder.</p> <p>* Extra copies of progress notes will be available at the blank forms binder, Daily documentation binder.</p> <p>* Will check the binder every month and as needed.</p>	<p>06/18/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs.</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documentation in progress notes regarding change in health status necessitating ER visit on 11/29/24 for vomiting and high blood pressure. No evidence health status was monitored until resident returned to baseline.</p> <p>Resident #1 – No documentation in progress notes regarding change in health status necessitating ER visit on 12/14/23 for colitis and rectal bleeding. No evidence health status was monitored until resident returned to baseline.</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>2025 AUG 27 10:30 AM</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100 1-17 <u>Records and reports</u>, (b)(3) During residence, records shall include</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs.</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documentation in progress notes regarding change in health status necessitating ER visit on 11/29/24 for vomiting and high blood pressure. No evidence health status was monitored until resident returned to baseline.</p> <p>Resident #1 – No documentation in progress notes regarding change in health status necessitating ER visit on 12/14/23 for colitis and rectal bleeding. No evidence health status was monitored until resident returned to baseline.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>* Training with caregivers was conducted to ensure that they know what and when to write at the progress notes.</p> <p>* I will check the binders every month and as needed.</p> <p>* Will also add to my reminder list about weekly progress notes.</p>	<p style="text-align: right;">07/18/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician’s order dated 11/6/23-present states, “Blood-Glucose Meter Kit 1 Use to test blood sugar BID”; however, blood sugar is only being checked once a day</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>* Order was clarified with the new PEP. Doctor’s order was placed at the resident’s binder.</p> <p>* Flow sheet was already updated.</p>	<p style="text-align: right;">07/29/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100 1-17 <u>Records and reports</u>, (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered.</p> <p><u>FINDINGS</u> Resident #1 – Physician's order dated 11/6/23-present states: "Blood-Glucose Meter Kit 1 Use to test blood sugar BID"; however, blood sugar is only being checked once a day</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>* Every-time that there will be a doctor's visit, I will make sure that what had been discussed during the visit is the same as the after visit summary. If clarification is needed, then I will contact the office right away.</p> <p>* I will check the binder every month and as needed.</p> <p>* I will also ask my doctor to write on the order form so it will be well documented.</p>	<p style="text-align: right;">07/25/24</p> <p style="text-align: right;">2</p> <p style="text-align: right;">11/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 -- Medical visits attended on 11/6/23, 2/29/24, and 4/18/24 not documented in monthly progress notes</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 APR 2024 10:00 AM</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100 1-17 <u>Records and reports</u> (b)(8) During residence, records shall include</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Medical visits attended on 11/6/23, 2/29/24, and 4/18/24 not documented in monthly progress notes</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>* Monthly progress notes will be added to my calendar and also put in to "to do list".</p> <p>* Will also put on to my phone and set that every last week of each month is documentation week.</p> <p>* Will also note when there is any changes.</p>	<p style="text-align: center;">06/18/24</p>

06/18/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c)            Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><b><u>FINDINGS</u></b>            Resident #1 – Incident reports unavailable for ED visits on 11/29/23 and 12/14/23, and hospitalization on 12/18/23.</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>12/18/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100 1-17 <u>Records and reports.</u> (c)            Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><b><u>FINDINGS</u></b>            Resident #1 – Incident reports unavailable for ED visits on 11/29/23 and 12/14/23, and hospitalization on 12/18/23</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>* All records of readmission, hospitalization will be documented as soon as possible.</p> <p>* Had a training with my fellow caregivers on how to do documentation such on MAR, progress notes, flow sheets and other forms like incident report and where to report or call if something happened.</p> <p>* Will check the binder every month and as needed.</p> <p>* Created a reminder and to do list.</p>	<p style="text-align: right; vertical-align: top;">06/19/24</p> <p style="text-align: right; vertical-align: bottom;">24 MAY 27 2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them.</p> <p><b><u>FINDINGS</u></b> Resident #1 – 6/2024 MAR does not include a legend to verify name of individual's initials used to sign off on administering medications</p> <p>Submit revised 6/2024 MAR including legend with plan of correction</p>	<p style="text-align: center;">PART 1</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>* MAR form was revised and placed in the residents binder.</p> <p>* Sample of revised MAR is attached.</p>	<p style="text-align: center;">06/15/24</p> <p style="text-align: right;">L. E. Stone 6/15/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100 1-17 <u>Records and reports.</u> (f)(2) General rules regarding records</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them.</p> <p><b><u>FINDINGS</u></b> Resident #1 – 6/2024 MAR does not include a legend to verify name of individual's initials used to sign off on administering medications</p> <p>Submit revised 6/2024 MAR including legend with plan of correction</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>* MAR is already revised and save to my computer.</p> <p>* Blank MAR will also be available at the "Blank forms binder."</p> <p>* Every caregiver will be trained on proper documentation.</p> <p>* Will check the binders every month and as needed.</p>	<p>06/15/24</p> <p>21 APR 27</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 – Admission assessment for admission on 11/4/23 incomplete and not signed by resident/resident representative</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100 1-17 <u>Records and reports.</u> (f)(4) General rules regarding records</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency</p> <p><b><u>FINDINGS</u></b> Resident #1 – Admission assessment for admission on 11/4/23 incomplete and not signed by resident/resident representative</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>* Every time that there will be an admission and re-admitted, I will follow the admission checklist provided by CHCA as a guide.</p> <p>* Will have all the possible form be completed before or during the admission.</p> <p>* Will review the next day if there are other forms and document that needed to be sign.</p>	<p>07e/15/24</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 - Emergency information sheet incomplete</p> <p>Submit completed emergency information sheet with plan of correction.</p>	<p style="text-align: center;">PART 1</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;">Emergency information was updated and placed on the main documentation binder so it is easy access when emergency happen. Another copy is placed on residents binder.</p> <p style="text-align: center;">* Resident was discharged 08/03/24</p>	<p style="text-align: center;">06/15/24</p> <p style="text-align: center;">24 JUN 28 24:28</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 - Emergency information sheet incomplete</p> <p>Submit completed emergency information sheet with plan of correction.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>* Emergency information sheet will be updated every quarterly and as needed.</p> <p>* Will put into the calendar for everyone; caregiver will be reminded.</p> <p>* Will be added to the expiration sheets so it will be updated and less chances to be forgotten.</p> <p>* Will check the binder every month.</p>	<p>07/18/24</p> <p>22 APR 21 11:25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u>  All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u>  White out used on resident register and Resident #1's emergency information sheet</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>74  AUG 27  28</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u>  All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u>  White out used on resident register and Resident #1's emergency information sheet</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>* Caregiver training was conducted for proper documentation.</p> <p>* Will check the binders every month and as needed.</p>	<p style="text-align: right;">06/18/24</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><u>FINDINGS</u>  Resident #1 – No documented evidence resident financial agreement was completed for admission on 12/26/24</p> <p>Submit an updated financial agreement signed by resident/resident representative 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>* Financial agreement was signed by the put together with the admission assesment.</p> <p>* Resident was discharged  8/03/24</p>	<p style="text-align: right;">06/15/24</p> <p style="text-align: right;">26  AUG 2 - 2024</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 – No documented evidence resident financial agreement was completed for admission on 12/26/24</p> <p>Submit an updated financial agreement signed by resident/resident representative with plan of correction.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>* Financial agreement form by OHCA will be sign during admission or prior to admission besides from the financial contract together with the policy of the carehome.</p> <p>* Will check the next day if everything is completed following the admission check list.</p> <p>* Will check the binder monthly and as needed.</p>	<p style="text-align: right;">01/15/24</p> <p style="text-align: right;">76</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><u>FINDINGS</u>  Resident #1 – 6/2024 MAR states, "Lantus SoloStar Subcutaneous Injector 100 UNIT/ML Inject 15 unit subcutaneously at bedtime for DM"; however, no documented evidence PCG and SCGs are qualified to administer injectable medication</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>* Resident can do self administer and order was created by PEP 07/29/24. PEP will provide training and delegation. Follow-up every 3 months.</i></p> <p><i>* Resident was discharge 8/03/24</i></p>	<p style="text-align: center;">07/29/24</p> <p style="text-align: right;">24 AUG 21 2 4 28</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><u>FINDINGS</u> Resident #1 – 6-2024 MAR states, "Lantus SoloStar Subcutaneous Injector 100 UNIT/ML Inject 15 unit subcutaneously at bedtime for DM", however, no documented evidence PCG and SCGs are qualified to administer injectable medication</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>* When admitting diabetic patient, I will ask my nurse if my policy and needed documents is in compliance before admission. I am aware that I can only admit an Alert level diabetic patient who can administer and monitor its own sugar.</p>	<p style="text-align: center;">07/15/24</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 – No documented evidence resident was informed of all rules governing resident conduct/rights and responsibilities in writing at the time of admission on 12/26/24</p> <p>Submit an updated signed copy of the resident contract agreement with plan of correction</p>	<p style="text-align: center;">PART 1</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>* Pre-admission policy was signed 12/26/23 and admission policy was signed 11/04/23 by the POA.</p> <p>* Resident was discharged 8/03/24</p>	<p style="text-align: center;">06/15/24</p> <p style="text-align: right;">24 APR 20 11:38</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 – No documented evidence resident was informed of all rules governing resident conduct rights and responsibilities in writing at the time of admission on 12/26/24</p> <p>Submit an updated signed copy of the resident contract agreement with plan of correction</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>* Every admission that will have, I will follow the admission check list as my guide.</p> <p>* I will follow-up and re-check the binder the next day to ensure that I am not missing any documentations.</p>	<p style="text-align: right; vertical-align: top;">6/15/24</p> <p style="text-align: right; vertical-align: bottom;">24 AUG 21 09:24</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)(C) 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 and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documented evidence resident was notified in writing of rate for services for admission on 12/26/24</p> <p>Submit updated signed copy of resident contract agreement that includes rate for services with plan of correction.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Resident was discharge and nephew who has the power of attorney is not available.</p>	<p style="text-align: center;">09/23/2024</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)(C) 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 and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate.</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documented evidence resident was notified in writing of rate for services for admission on 12/26/24</p> <p>Submit updated signed copy of resident contract agreement that includes rate for services with plan of correction</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>* Will follow the admission checklist every time I have admission and review the binder the next day to ensure I am not missing anything</p> <p>* Will also check the binder every month and as needed.</p>	<p>06/19/24</p> <p>06/23/24</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 quarterly fire drills were conducted between 6/2023-12/2023</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>26 4/9/23 11:28</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100 1-23 <u>Physical environment</u>, (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request.</p> <p><b><u>FINDINGS</u></b> No documented evidence quarterly fire drills were conducted between 6/2023-12/2023</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> <p>* Fire drill were conducted and is on separate binder. Copy is attached</p> <p>* Fire drill was set to calendar of each caregiver assigned to conduct on that month.</p> <p>* Will check the binder every month and as needed.</p>	<p style="text-align: center;">06/19/24</p> <p style="text-align: right;">24 AUG 28 P 1:25</p>

Licensee's/Administrator's Signature:         *JSF*        

Print Name:         Jociel Yang        

Date:         09/23/2024