

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Marrhey Care Home, LLC	CHAPTER 100.1
Address: 94-211 Loa Street, Waipahu, Hawaii 96797	Inspection Date: April 3, 2024 Annual

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

**YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS PER HAR 11-100.1-3(e)(2). IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

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

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>, (b)(1)(1) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law:</p> <p><b><u>FINDINGS</u></b>  SCG #1, SCG #2, SCG #3 and SCG #4 - No documentation of background check clearance on file. <i>Submit a copy of the documentation with your plan of correction (POC).</i></p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>SCG #1 &amp; #2 Documents obtained  SCG #3 &amp; #4 - no longer with care home</p>	<p>7/8/2024</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p data-bbox="332 342 692 402">§11-100.1-3 <u>Licensing</u>, (b)(1)(C) Application</p> <p data-bbox="332 423 987 602">In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p data-bbox="332 623 987 786">Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law:</p> <p data-bbox="332 813 987 894"><b><u>FINDINGS</u></b> SCG #1, SCG #2, SCG #3 and SCG #4 - No documentation of background check clearance on file.</p>	<p data-bbox="1323 326 1446 358" style="text-align: center;">PART 2</p> <p data-bbox="1274 396 1504 428" style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p data-bbox="1030 467 1748 570" 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 data-bbox="1030 581 1733 932">A checklist including required documents by the department to demonstrate that the licensee, primary caregiver, family members living in the ARCH or E-ARCH, and substitute care givers have met all the requirements of this chapter which includes documented evidence stating that all parties have no prior felony or abuse convictions in a court of law. This checklist will be used by the licensee on the first Saturday of every month to review documents. The licensee will ensure the task of obtaining Fieldprint for all staff members is completed and filed in the care home binder. Google calendar will be utilized to send out reminders to licensee when reviews are due.</p>	<p data-bbox="1785 386 1905 418">9/13/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a)  All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><b><u>FINDINGS</u></b>  Primary Caregiver (PCG), Substitute Caregiver (SCG) #1, SCG #2, SCG #3, SCG #4 – No documentation of current physical examination (PE).  <i>Submit a copy of the current PE with your POC.</i></p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>PCG - Current PE documentation obtained  SCG #1 &amp; #2 - PE pending due to rescheduling issues with physician.  SCG #3 &amp; #4 - no longer with care home and does not require updated PE</p>	7/8/2024

	<p style="text-align: center;"><b>RULES (CRITERIA)</b></p>	<p style="text-align: center;"><b>PLAN OF CORRECTION</b></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 style="text-align: center;"><b>Completion Date</b></p>
<input type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements:</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases</p> <p><b><u>FINDINGS</u></b>            Primary Caregiver (PCG), Substitute Caregiver (SCG) #1, SCG #2, SCG #3, SCG #4 - No documentation of current physical examination (PI)</p>	<p>A checklist including required documents by the department to demonstrate that the licensee, primary caregiver, family members living in the ARCH or E-ARCH, and substitute care givers have met all the requirements of this chapter which includes that all individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter have been examined by a physician annually, to certify that they are free of infectious diseases. This checklist will be used by the licensee on the first Saturday of every month to review documents. The licensee will ensure the task of obtaining current physical exams for all personnel, staffing and family members is completed and filed in the care home binder. Google calendar will be utilized to send out reminders to licensee when reviews are due.</p>	<p style="text-align: center;">9/13/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input 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>            PCG, SCG#1, and SCG#2 No documentation of current tuberculosis (TB) clearance.  <i>Submit a copy of the current TB clearance with your POC</i></p>	<p style="text-align: center;"><b>PLAN OF CORRECTION</b></p> <p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>PCG obtained TB clearance from physician for PCG, SCG#1 and SCG#2 on 3/11/2024, 6/27/2024 and 7/3/2024 respectively.</p>	<p>9/13/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
□	<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> PCG, SCG #1, and SCG #2 No documentation of current tuberculosis (TB) clearance.</p>	<p style="text-align: center;"><b>PLAN OF CORRECTION</b></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>A checklist including required documents by the department to demonstrate that the licensee, primary caregiver, family members living in the ARCH or E-ARCH, and substitute care givers have met all the requirements of this chapter which includes that 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. This checklist will be used by the licensee on the first Saturday of every month to review documents. The licensee will ensure the task of obtaining current tuberculosis clearance for all personnel, staffing and family members is completed and filed in the care home binder. Google calendar will be utilized to send out reminders to licensee when reviews are due.</p>	<p>9/13/2024</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><b><u>FINDINGS</u></b> SCG #3 and SCG #4 – No documentation of TB clearance (initial and/or current) on file. <i>Submit a copy of the TB clearance (initial and/or current) with your POC.</i></p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>SCG #3 &amp; #4 no longer with care home and never required an updated TB clearance</p>	<p>7/8/2024</p>



<input type="checkbox"/>	<p style="text-align: center;"><b>RULES (CRITERIA)</b></p> <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>  SC G-3 and SC G-4 No documentation of TB clearance (initial and or current) on file.</p>	<p style="text-align: center;"><b>PLAN OF CORRECTION</b></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>A checklist including required documents by the department to demonstrate that the licensee, primary caregiver, family members living in the ARCH or E-ARCH, and substitute care givers have met all the requirements of this chapter which includes that 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. This checklist will be used by the licensee on the first Saturday of every month to review documents.</p> <p>Furthermore, a new hire checklist will be created and utilized during new staff onboarding. This checklist will include department required documentations of an initial TB clearance which may come in the form of a 2-step or 2-single step within 12 months, a CXR if positive skin test or a Quantiferon blood test; current physical examination, Fieldprint record or a documented confirmed scheduled appointment and current First Aid/CPR certification.</p> <p>The licensee will ensure the task of obtaining current tuberculosis clearance for all personnel, staffing and family members is completed and filed in the care home binder. Google calendar will be utilized to send out reminders to licensee when reviews are due.</p>	<p style="text-align: center;"><b>Completion Date</b></p> <p style="text-align: center;">9/13/2024</p>
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	PLAN OF CORRECTION	Completion Date
<p data-bbox="512 215 808 245"><b>RULES (CRITERIA)</b></p> <p data-bbox="272 289 300 321">2</p> <p data-bbox="336 289 938 345">§11-100.1-9 Personnel, staffing and family requirements (c)(3)</p> <p data-bbox="336 345 970 407">The substitute care giver who provides coverage for a period less than four hours shall:</p> <p data-bbox="336 435 683 464">Be currently certified in first aid:</p> <p data-bbox="336 496 470 526"><b><u>FINDINGS</u></b></p> <p data-bbox="336 526 949 583">SCG #3 and SCG #4 - No documentation of first aid (FA) certificate.</p> <p data-bbox="336 583 746 612"><i>Submit a copy of the FA with your POC</i></p>	<p data-bbox="1187 212 1555 241"><b>PLAN OF CORRECTION</b></p> <p data-bbox="1315 284 1427 313"><b>PART 1</b></p> <p data-bbox="1076 355 1672 384"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p data-bbox="1070 427 1678 488"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p data-bbox="1023 561 1587 591">SCG#3 AND SCG#4 are no longer with the care home</p>	<p data-bbox="1768 386 1885 415">9/13/2024</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p><input type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid:</p> <p><b><u>FINDINGS</u></b> SCG #3 and SCG #4 - No documentation of first aid (FA) certificate</p>	<p><b>PART 2</b></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>A checklist including required documents by the department to demonstrate that the licensee, primary caregiver, family members living in the ARCH or E-ARCH, and substitute care givers have met all the requirements of this chapter which includes that all individuals who either reside or provide care or services to residents in the Type I ARCH shall be currently certified in first aid. This checklist will be used by the licensee on the first Saturday of every month to review documents.</p> <p>The licensee will ensure the task of obtaining current First Aid/CPR certification for all personnel, staffing and family members is completed and filed in the care home binder. Google calendar will be utilized to send out reminders to licensee when reviews are due.</p>	<p>9/13/2024</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p data-bbox="272 316 308 365"><input type="checkbox"/></p> <p data-bbox="336 308 936 381"><u>§11-100.1-9 Personnel, staffing and family requirements.</u> te)0-4)</p> <p data-bbox="336 365 968 446">The substitute care giver who provides coverage for a period less than four hours shall:</p> <p data-bbox="336 454 957 560">Be trained by the primary care giver to make prescribed medications available to residents and properly record such action</p> <p data-bbox="336 584 478 617"><b><u>FINDINGS</u></b></p> <p data-bbox="336 609 915 706">SCG #3 and SCG #4 No documentation that they completed training from the POC to make medications available to residents.</p> <p data-bbox="336 690 946 771"><i>Submit documentation of the training completed with your POC</i></p>	<p data-bbox="1170 219 1542 259">PLAN OF CORRECTION</p> <p data-bbox="1298 292 1425 332">PART 1</p> <p data-bbox="1064 365 1670 414"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p data-bbox="1053 430 1681 511"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p data-bbox="1010 568 1713 673">SCG#3 and SCG#4 are no longer with the care home. However, I do have documentation of their last training done on 6/1/2023 which I have submitted for your review.</p>	<p data-bbox="1755 389 1883 422">9/13/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements:</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><b><u>FINDINGS</u></b> SCG-3 and SCG-4 No documentation that they completed training from the PCG to make medications available to residents.</p>	<p><b>PART 2</b></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>A checklist including required documents by the department to demonstrate that the licensee, primary caregiver, family members living in the ARCH or E-ARCH, and substitute care givers have met all the requirements of this chapter which includes that all individuals who either reside or provide care or services to residents in the Type I ARCH shall be trained by the primary caregiver to make prescribed medications available to residents and properly record such actions. This checklist will be used by the licensee on the first Saturday of every month to review documents.</p> <p>The licensee will ensure the task of obtaining current training documentation for all personnel, staffing and family members is completed and filed in the care home binder. Google calendar will be utilized to send out reminders to licensee when reviews are due.</p>	<p>9/13/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements</u> (DCL)  The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation.</p> <p><b><u>FINDINGS</u></b>  SCG #3 and SCG #4 - No documentation of cardiopulmonary resuscitation (CPR) certificate.  <i>Submit a copy the CPR with your POC</i></p>	<p style="text-align: center;"><b>PLAN OF CORRECTION</b></p> <p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>SCG#3 and SCG#4 are no longer with the care home. However, I do have documentation of their last CPR certification valid until 9/10/2023 and 2/14/2024 respectively which I have submitted for your review.</p>	<p>9/13/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
2	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (c) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation:</p> <p><b><u>FINDINGS</u></b> SCC #3 and SCC #4 - No documentation of cardiopulmonary resuscitation (CPR) certificate.</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>A checklist including required documents by the department to demonstrate that the licensee, primary caregiver, family members living in the ARCH or E-ARCH, and substitute care givers have met all the requirements of this chapter which includes that all individuals who either reside or provide care or services to residents in the Type I ARCH shall be currently certified in CPR. This checklist will be used by the licensee on the first Saturday of every month to review documents.</p> <p>The licensee will ensure the task of obtaining current First Aid/CPR certification for all personnel, staffing and family members is completed and filed in the care home binder. Google calendar will be utilized to send out reminders to licensee when reviews are due.</p>	<p>9/13/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION  PART 1  <b><u>DID YOU CORRECT THE DEFICIENCY?</u></b>  <b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b>	Completion Date
<input type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>, (h) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><b><u>FINDINGS</u></b> Resident #2 - Diet order was not clarified to provide pureed, honey thick consistency. <i>Submit a copy of the clarified diet order with your POC</i></p>	<p>A physician's order was obtained on 4/15/2024 stating a diet order for pureed, honey thick consistency. Documentation has been submitted for your review.</p>	<p>9/13/2024</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>, (d)  Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u>  Resident #2 - Diet order was not clarified to provide pureed, honey thick consistency</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>A weekly review of patient's binders will done using a checklist that will include a current Diet Order.</p> <p>The licensee will ensure the task of obtaining current diet orders for each patient is completed and filed in patient's binder. Google calendar will be utilized to send out reminders to licensee when reviews are due.</p>	<p>9/13/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (1)  Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><b><u>FINDINGS</u></b>  Resident #2 – No special diet menu available for pureed, honey thick liquids.  <i>Submit a copy of the menu with your POC.</i></p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Diet menu obtained for pureed, honey thick liquids</p>	<p>7/8/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
2	<p>§11-100.1-13 <u>Nutrition</u> (1)  Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHS licensed to provide special diets may admit residents requiring such diets.</p> <p><b><u>FINDINGS</u></b>  Resident #2 No special diet menu available for pureed, honey thick liquids.</p>	<p style="text-align: center;"><b>PLAN OF CORRECTION</b></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>A menu binder which will include special diet menus will be available for department review. This binder will be included in the weekly review checklist.</p> <p>The licensee will ensure the task of including a copy of a special diet menu in patient binders is completed and filed accordingly. The licensee will also note in patient's MAR when a patient is on a special diet. Google calendar will be utilized to send out reminders to licensee when reviews are due.</p>	<p>9/13/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f)            Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><b><u>FINDINGS</u></b>            Toxic chemicals (Comet powder, Clorox bleach) were found unsecured in resident's bathroom.</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>Toxic chemicals were collected and properly stored in designated cabinet in the laundry area.</p>	<p>7/8/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><b><u>FINDINGS</u></b> Toxic chemicals (Comet powder, Clorox bleach) were found unsecured in resident's bathroom.</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>Staff members will be reminded by posting signs where certain chemicals are not allowed to be stored and where they should be stored in a secured area apart from food supplies.</p>	7/8/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a)  All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><b><u>FINDINGS</u></b>  Unlabeled supplements/over the counter medications found in the resident's medication storage/cabinet:</p> <ul style="list-style-type: none"> <li>• Clearlax</li> <li>• Refresh tears eye drops</li> <li>• Metamucil powder</li> <li>• Equate daily fiber</li> </ul>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>All medications were properly labeled and stored.</p>	<p>7/8/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (a)  All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH Expanded ARCH staff, and pills medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms</p> <p><b><u>FINDINGS</u></b>  Unlabeled supplements over the counter medications found in the resident's medication storage cabinet:</p> <ul style="list-style-type: none"> <li>• Clearlax</li> <li>• Refresh tears eye drops</li> <li>• Metamucil powder</li> <li>• Equate daily fiber</li> </ul>	<p style="text-align: center;"><b>PLAN OF CORRECTION</b></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>Staff members will be re-trained and reminded monthly via email with links to reading materials and videos regarding the proper handling and storage of all medications. Signs will be posted on medication lockers to remind staff members to properly handle and store medications.</p>	<p>9/13/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a)  All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><b><u>FINDINGS</u></b>  Pillbox container with medications dispensed for the week was found in Resident #2's bedroom.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>The container was emptied and no longer in use.</p>	<p>7/8/2024</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (a)  All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH expanded ARCH staff, and pills medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><b><u>FINDINGS</u></b>  Pillbox container with medications dispensed for the week was found in Resident #2's bedroom</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>Staff members will be re-trained and reminded monthly via email with links to reading materials and videos regarding the proper handling and storage of all medications. Signs will be posted on medication lockers to remind staff members to properly handle and store medications.</p>	<p>9/13/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (b)            Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><b><u>FINDINGS</u></b>            Povidone-iodine packets and a tube of Neosporin ointment were found unsecured in the resident's bathroom.</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>All medications, both prescription and over-the-counter, have been secured in a locked cabinet away from patients access.</p>	<p>7/8/2024</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p data-bbox="283 302 321 334">☐</p> <p data-bbox="353 302 970 472">§11-100.1-15 <u>Medications</u>, (b)            Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p data-bbox="353 508 485 532"><u>FINDINGS</u></p> <p data-bbox="353 532 970 589">Povidone-iodine packets and a tube of Neosporin ointment were found unsecured in the resident's bathroom.</p>	<p data-bbox="1315 289 1427 313">PART 2</p> <p data-bbox="1261 362 1481 386"><u>FUTURE PLAN</u></p> <p data-bbox="1017 431 1725 529"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p data-bbox="1017 565 1693 724">Staff members will be re-trained and reminded monthly via email with links to reading materials and videos regarding the proper handling and storage of all medications. Signs will be posted on medication lockers to remind staff members to properly handle and store medications.</p>	<p data-bbox="1761 386 1874 410">9/13/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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><b><u>FINDINGS</u></b>  Medication administration record (MAR) unavailable for review as follows:</p> <ul style="list-style-type: none"> <li>• Resident #1 for April, May and August 2023.</li> <li>• Resident #2 for June 2023 to January 2024</li> <li>• Resident #3 for May and July 2023; and from September 2023 to February 2024.</li> </ul>	<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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input 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><b><u>FINDINGS</u></b> Medication administration record (MAR) unavailable for review as follows:</p> <ul style="list-style-type: none"> <li>• Resident #1 for April, May and August 2023;</li> <li>• Resident #2 for June 2023 to January 2024</li> <li>• Resident #3 for May and July 2023; and from September 2023 to February 2024</li> </ul>	<p style="text-align: center;"><b>PLAN OF CORRECTION</b></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>A weekly review of patient's binders will done using a checklist that will include a current MAR.</p> <p>The licensee will ensure the task of producing current MAR for each patient is completed and filed in patient's binder. Google calendar will be utilized to send out reminders to licensee when reviews are due.</p>	<p>9/13/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input type="checkbox"/>	<p>§11-100.1-15 Medications. (1) Only trained staff shall be allowed to make prescribed medications available to residents.</p> <p><b>FINDINGS</b> SCG #3 signed off on residents' MARS indicating the SCG had administered medications to residents, but no documentation training was provided by the PCG. <i>Submit a copy of the training completion with your PCG</i></p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>SCG #3 received the training from PCG to make prescribed medications available on 6/1/2023. Copy of the document filed in the care home binder. SCG #3 currently no longer works in the care home.</p>	<p>9/13/2024</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input type="checkbox"/> §11-100.1-15 <u>Medications</u> , (1) Only trained staff shall be allowed to make prescribed medications available to residents.  <u>FINDINGS</u> SCG #3 signed off on residents' MARS indicating the SCG had administered medications to residents, but no documentation training was provided by the PCG.	<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>A checklist including required documents by the department to demonstrate that the licensee, primary caregiver, family members living in the ARCH or E-ARCH, and substitute care givers have met all the requirements of this chapter which includes that all individuals who either reside or provide care or services to residents in the Type I ARCH shall be trained by the primary caregiver to make prescribed medications available to residents and properly record such actions. This checklist will be used by the licensee on the first Saturday of every month to review documents.</p> <p>The licensee will ensure the task of obtaining current training documentation for all personnel, staffing and family members is completed and filed in the care home binder. Google calendar will be utilized to send out reminders to licensee when reviews are due.</p>	<p>9/13/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b>FINDINGS</b> Progress notes unavailable for review during inspection for:</p> <ul style="list-style-type: none"> <li>• Resident #1 and Resident #2 from March 2023 to March 2024.</li> <li>• Resident #3 – March 2023 to March 2024, copies of progress notes were made available the day after the inspection on 4/4/24.</li> </ul>	<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>	



	PLAN OF CORRECTION	Completion Date
<p style="text-align: center;"><b>RULES (CRITERIA)</b></p> <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> Progress notes unavailable for review during inspection for:</p> <ul style="list-style-type: none"> <li>• Resident #1 and Resident #2 from March 2023 to March 2024</li> <li>• Resident #3 - March 2023 to March 2024, copies of progress notes were made available the day after the inspection on 4-4-24.</li> </ul>	<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>Blank copies of progress notes will be available in patient binders and will be filled out progressively and be reviewed weekly by the primary caregiver. Google calendar will be utilized to send out reminders to primary caregiver when reviews are due.</p> <p>The licensee will ensure the task of obtaining current progress notes is completed and filed in the care home binder. Google calendar will be utilized to send out reminders to licensee when reviews are due.</p>	<p style="text-align: center;">9/13/2024</p>

	PLAN OF CORRECTION	Completion Date
<p style="text-align: center;"><b>RULES (CRITERIA)</b></p> <p><input type="checkbox"/> §11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #2 No physician order to crush medications. <i>Submit a copy of the order with your POC</i></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>Orders allowing medication to be crushed for Resident #2 was obtained on 2/12/2024.</p>	<p>9/13/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards</u>, (a)  The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><b><u>FINDINGS</u></b>  Resident #2 No physician order to crush medications.</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>A weekly review of patient's binders will done using a checklist that will include a current medication order. Special instruction (crushed, don't crush, ok with liquid, etc.) on any medication will be noted in patient's MAR.</p> <p>The licensee will ensure the task of producing current MAR for each patient is completed and filed in patient's binder. Google calendar will be utilized to send out reminders to licensee when reviews are due.</p>	<p style="text-align: center;">9/13/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><b><u>FINDINGS</u></b> Bedrooms #1, #2, and # signaling devices not working properly.</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>All signaling devices batteries replaced and tested to make sure they were working properly</p>	<p>7/8/2024</p>

	<p style="text-align: center;"><b>RULES (CRITERIA)</b></p> <p><input type="checkbox"/> §11-100.1-23 <u>Physical environment</u>, (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system</p> <p><b><u>FINDINGS</u></b> Bedrooms #1, #2, and -- signaling devices not working properly.</p>	<p style="text-align: center;"><b>PLAN OF CORRECTION</b></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>All signaling devices will be inspected during monthly monitoring of smoke detectors and logged.</p> <p>The licensee will ensure the task of inspection of signaling devices is completed and logged. Google calendar will be utilized to send out reminders to licensee when reviews are due.</p>	<p style="text-align: center;"><b>Completion Date</b></p> <p style="text-align: center;">9/13/2024</p>
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**RULES (CRITERIA)**

§11-100.1-8.3 Personnel and staffing requirements (1)  
In addition to the requirements in subchapter 2 and 3,

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.

**FINDINGS**

PCG, SCG #1, SCG #2, SCG #3, and SCG #4 No training provided by an RN to provide specialized care resident on hospice program.

**PLAN OF CORRECTION**

**PART 1**

**DID YOU CORRECT THE DEFICIENCY?**

**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**

SCG #3 received the training from Hospice case manager on 6/1/2023. Copy of the document filed in the care home binder. SCG #3 currently no longer works in the care home.

**Completion Date**

6/13/2024

**RULES (CRITERIA)**

§11-100.1-83 Personnel and staffing requirements. (1)  
In addition to the requirements in subchapter 2 and 3:

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.

**FINDINGS**

PCG, SCG #1, SCG #2, SCG #3, and SCG #4 No training provided by an RN to provide specialized care resident on hospice program.

**PLAN OF CORRECTION**

**PART 2**

**FUTURE PLAN**

**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**

A checklist including required documents by the department to demonstrate that the licensee, primary caregiver, family members living in the ARCH or E-ARCH, and substitute care givers have met all the requirements of this chapter which includes that all individuals who either reside or provide care or services to residents in the Type I ARCH shall be trained by a registered nurse other than the licensee or primary care giver, and monitor in providing daily personal and specialized care to residents as needed to implement their care plan. This checklist will be used by the licensee on the first Saturday of every month to review documents.

The licensee will ensure the task of obtaining current training documentation for all personnel, staffing and family members is completed and filed in the care home binder. Google calendar will be utilized to send out reminders to licensee when reviews are due.

**Completion Date**

9/13/2024

	PLAN OF CORRECTION	Completion Date
<p data-bbox="521 267 808 300" style="text-align: center;"><b>RULES (CRITERIA)</b></p> <p data-bbox="287 349 329 381">☐</p> <p data-bbox="351 332 925 406">§11-100.1-83 <u>Personnel and staffing requirements</u>, (5) In addition to the requirements in subchapter 2 and 3:</p> <p data-bbox="351 414 968 576">Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p data-bbox="351 609 500 641"><b><u>FINDINGS</u></b></p> <p data-bbox="351 625 946 698">SCG #3 and SCG #4 - No documentation of twelve (12) hours continuing education completed</p> <p data-bbox="351 682 936 820"><i>Please have the SCGs complete 12 hours of continuing education and submit verification with your plan of correction to be counted towards your 2024 annual inspection</i></p>	<p data-bbox="1308 316 1415 349" style="text-align: center;">PART 1</p> <p data-bbox="1074 381 1670 422" style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p data-bbox="1064 446 1681 527" style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p data-bbox="1021 584 1596 625">SCG #3 and SCG #4 are no longer with the care home.</p>	<p data-bbox="1755 397 1883 430">09/18/2024</p>



	PLAN OF CORRECTION	Completion Date
<p style="text-align: center;"><b>RULES (CRITERIA)</b></p> <p><input type="checkbox"/> §11-100.1-83 <u>Personnel and staffing requirements</u>. (5) In addition to the requirements in subchapter 2 and 3.</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><b><u>FINDINGS</u></b> SCG-3 and SCG-4 - No documentation of twelve (12) hours continuing education completed</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>A checklist including required documents by the department to demonstrate that the licensee, primary caregiver, family members living in the ARCH or E-ARCH, and substitute care givers have met all the requirements of this chapter which includes that all individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents. This checklist will be used by the licensee on the first Saturday of every month to review documents.</p> <p>The licensee will ensure the task of obtaining current training documentation for all personnel, staffing and family members is completed and filed in the care home binder. Google calendar will be utilized to send out reminders to licensee when reviews are due.</p>	<p>09/18/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (a) Licensees of an expanded ARCH shall admit nursing facility level residents as determined and certified by the resident's physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #2 requires 24-hour total care with ADLs, bedbound, non-ambulatory; however, the level of care was not reassessed to indicate expanded ARCH or nursing facility level. <i>Please obtain a revised level of care determination from the physician and submit a copy with your POC.</i></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>Obtained a revised level of care determination from physician.</p>	<p>7/8/2024</p>

**RULES (CRITERIA)**

§11-100.1-84 Admission requirements. (a)  
 Licensees of an expanded ARCH shall admit nursing facility level residents as determined and certified by the resident's physician or APRN.

**FINDINGS**  
 Resident #2 requires 24-hour total care with ADLs bedbound, non-ambulatory; however, the level of care was not reassessed to indicate expanded ARCH or nursing facility level.

**PLAN OF CORRECTION**

**PART 2**

**FUTURE PLAN**

**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**

In order to ensure that expanded ARCH residents have met all admission requirements, an admission checklist specifically for E-ARCH residents will be created. The checklist shall include obtaining case management, developing an interim care plan within 48-hours of admission and a care plan within 7 days of admission; and completing a comprehensive assessment completed by an RN case manager including any changes in level of care. The primary care giver will be responsible for informing licensee of admission of an E-ARCH resident via email, text or phone call within 24-hrs.

The licensee will ensure the task of obtaining completed documentation for admission of an E-ARCH resident and filing it in the resident's binder. Any delays will be noted and Google calendar will be utilized to send out reminders to ensure that all documents are obtained within 1 week of admission.

**Completion Date**

09/18/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3)  A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><b><u>FINDINGS</u></b>  Monthly fire drill (April 2023-December 2023) unavailable for review.</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>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p data-bbox="278 305 314 342">☐</p> <p data-bbox="348 305 917 423">§11-100.1-86 <u>Fire safety</u>, (a)(3) A Type I expanded ARCII shall be in compliance with existing fire safety standards for a Type I ARCII, as provided in section 11-100.1-23(b), and the following:  Fire drills shall be conducted and documented at least monthly under varied conditions and times of day.</p> <p data-bbox="348 545 480 570"><b><u>FINDINGS</u></b> Monthly fire drill (April 2023-December 2023) unavailable for review</p>	<p data-bbox="1187 220 1544 245"><b>PLAN OF CORRECTION</b></p> <p data-bbox="1310 293 1421 318"><b>PART 2</b></p> <p data-bbox="1257 367 1476 391"><b><u>FUTURE PLAN</u></b></p> <p data-bbox="1017 431 1719 529"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p data-bbox="1017 570 1676 626">A fire drill binder will be available for department review. Fire drills will be conducted on the 15th of every month.</p> <p data-bbox="1017 667 1710 789">The licensee will ensure the task of obtaining completed documentation of fire drills and filing them in the fire drill binder. Google calendar will be utilized to send out reminders to licensee when reviews are due.</p>	<p data-bbox="1757 391 1881 415">09/18/2024</p>

**RULES (CRITERIA)**

§11-100.1-88 Case management qualifications and services.  
(a)

Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who:

**FINDINGS**

Resident #2 requires 24-hour total care with ADLs, bedbound and non-ambulatory. No case management services were provided.

**PLAN OF CORRECTION**

**PART 1**

**DID YOU CORRECT THE DEFICIENCY?**

**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**

Unable to correct deficiency, Resident #2 passed away on April 28, 2024.

**Completion Date**

09/18/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☐	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (a) Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who:</p> <p><b><u>FINDINGS</u></b> Resident #2 requires 24-hour total care with ADLs, bedbound and non-ambulatory. No case management services were provided.</p>	<p style="text-align: center;"><b>PLAN OF CORRECTION</b></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 order to ensure that expanded ARCH residents have met all admission requirements, an admission checklist specifically for E-ARCH residents will be created. The checklist shall include obtaining case management, developing an interim care plan within 48-hours of admission and a care plan within 7 days of admission; and completing a comprehensive assessment completed by an RN case manager including any changes in level of care. The primary care giver will be responsible for informing licensee of admission of an E-ARCH resident via email, text or phone call within 24-hrs.</p> <p>The licensee will ensure the task of obtaining completed documentation for admission of an E-ARCH resident and filing it in the resident's binder. Any delays will be noted and Google calendar will be utilized to send out reminders to ensure that all documents are obtained within 1 week of admission.</p>	<p style="text-align: center;">06/18/2024</p>

	PLAN OF CORRECTION	Completion Date
<p data-bbox="521 235 819 267"><b>RULES (CRITERIA)</b></p> <p data-bbox="276 316 319 349">☐</p> <p data-bbox="351 300 978 373">§11-100.1-88 <u>Case management qualifications and services</u>, (c)(1)</p> <p data-bbox="351 365 978 495">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 data-bbox="351 511 978 641">Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects.</p> <p data-bbox="351 665 489 698"><b><u>FINDINGS</u></b></p> <p data-bbox="351 690 978 755">Resident #2 - No comprehensive assessment completed by an RN case manager (CM).</p>	<p data-bbox="1181 219 1553 251"><b>PLAN OF CORRECTION</b></p> <p data-bbox="1308 292 1425 324"><b>PART 1</b></p> <p data-bbox="1074 365 1670 406"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p data-bbox="1064 430 1681 511"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p data-bbox="1010 568 1702 641">Unable to correct deficiency, Resident #2 passed away on April 28, 2024.</p>	<p data-bbox="1755 389 1893 422">09/18/2024</p>



	PLAN OF CORRECTION	Completion Date
<p style="text-align: center;"><b>RULES (CRITERIA)</b></p> <p><input type="checkbox"/> §11-100.1-88 <u>Case management qualifications and services</u>, (c)(1)  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>Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects.</p> <p><b><u>FINDINGS</u></b>  Resident #2 - No comprehensive assessment completed by an RN case manager (CM).</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 order to ensure that expanded ARCH residents have met all admission requirements, an admission checklist specifically for E-ARCH residents will be created. The checklist shall include obtaining case management, developing an interim care plan within 48-hours of admission and a care plan within 7 days of admission; and completing a comprehensive assessment completed by an RN case manager including any changes in level of care. The primary care giver will be responsible for informing licensee of admission of an E-ARCH resident via email, text or phone call within 24-hrs.</p> <p>The licensee will ensure the task of obtaining completed documentation for admission of an E-ARCH resident and filing it in the resident's binder. Any delays will be noted and Google calendar will be utilized to send out reminders to ensure that all documents are obtained within 1 week of admission.</p>	<p style="text-align: center;">09/18/2024</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p data-bbox="276 308 319 349">☐</p> <p data-bbox="351 300 978 365"><u>§11-100.1-88 Case management qualifications and services, (c)(1)</u></p> <p data-bbox="351 365 978 487">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 data-bbox="351 511 978 1047">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 data-bbox="351 1071 489 1104"><b><u>FINDINGS</u></b></p> <p data-bbox="351 1104 915 1136">Resident #2 No care plan developed by an RN/CM</p>	<p data-bbox="1308 292 1425 324">PART 1</p> <p data-bbox="1074 365 1670 397"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p data-bbox="1064 430 1681 503"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p data-bbox="1010 568 1691 641">Unable to correct deficiency Resident #2 passed away on April 28, 2024.</p>	<p data-bbox="1755 389 1893 422">09/18/2024</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input 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><b><u>FINDINGS</u></b>  Resident #2 No care plan developed by an RN/CML</p>	<p><b>PART 2</b></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>In order to ensure that expanded ARCH residents have met all admission requirements, an admission checklist specifically for E-ARCH residents will be created. The checklist shall include obtaining case management, developing an interim care plan within 48-hours of admission and a care plan within 7 days of admission; and completing a comprehensive assessment completed by an RN case manager including any changes in level of care. The primary care giver will be responsible for informing licensee of admission of an E-ARCH resident via email, text or phone call within 24-hrs.</p> <p>The licensee will ensure the task of obtaining completed documentation for admission of an E-ARCH resident and filing it in the resident's binder. Any delays will be noted and Google calendar will be utilized to send out reminders to ensure that all documents are obtained within 1 week of admission.</p>	<p>09/18/2024</p>



Licensee's Administrator's Signature:

Print Name: Almira Piena

Date: 09/18/2024

Licensee's/Administrator's Signature: Almira Piena

Print Name: Almira Piena

Date: 07/08/2024