State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

CHAPTER 100.1
Inspection Date: July 22, 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).

<u></u>	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
\boxtimes	§11-100.1-15 <u>Medications.</u> (a)		Date
	All medicines prescribed by physicians and dispensed by	PART 1	
	pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee,	DID VOLLGODD	
	Printing Care giver of any ARCH/Evnanda JADOTT co.	DID YOU CORRECT THE DEFICIENCY?	
	The principle of the port femous distances in the principle of the princip	LICE THE ON A COURT	
	induction contained, other man for administration of	USE THIS SPACE TO TELL US HOW YOU	
	incurrences. The storage shall be in a greater and the	CORRECTED THE DEFICIENCY	
	cabinet-counter apart from either resident's bathrooms or bedrooms.		
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	FINDINGS	I wake me That I restore at proper place. I throw it away.	
	Resident #1 – Observed "Neosporin" antibiotic ointment on	+1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_ /
	resident dresser, unlabeled and unsecured.	it proper place. I how it	7/22
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 RULES (CRITERIA)	PLAN OF CORRECTION	Completion	
§11-100.1-15 Medications. (a) All medicines prescribed by physicians and dispensed by	PART 2	4 Date p	1
pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee	<u>FUTURE PLAN</u>	SET-TILL	
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.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	ETATE LIFE E	
FINDINGS Resident #1 – Observed "Neosporin" antibiotic ointment on resident dresser, unlabeled and unsecured.	Tooks Thappen AGAIN? It make sure I will put on keep it in proper place where to be keep there is labe the substite a are given med must be recorded wethly	1 /0/25/	/2
	Mes substitte a are given med mont be recorded	1071-	
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion	
	§11-100.1-15 Medications. (1) There shall be an acceptable procedure to separately secure medication or dispose of dispo	PART 1	Date 24 001 30 P	1 2
	medication or dispose of discontinued medications. FINDINGS	DID YOU CORRECT THE DEFICIENCY?	SH.	
	Resident #1 – Observed "Neosporin" antibiotic ointment on resident dresser, unlabeled and unsecured.	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	STAIL	
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There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications. FINDINGS Resident #1 - Observed "Neosporin" antibiotic ointment on resident dresser, unlabeled and unsecured. USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? Lamples are less meet a will refuse the first of the property of the pro	◚	RULES (CRITERIA)	PLAN OF CORRECTION	Completion	
		FINDINGS Resident #1 – Observed "Negsporin" antibiotic cintractions.	PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? Lapply I waste me I will after the many of the many	Date	To lay

<u></u>	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
$\overline{\mathbf{X}}^-$	§11-100.1-17 Records and reports. (b)(7)		Date
_	During residence, records shall include:	PART 1	Date
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	Recording of resident's weight at least once a month, and	DID VOII CODDECT THE DEDICATION	24 ccr 30
	1 more often when teduested by a physician A DDXI	DID YOU CORRECT THE DEFICIENCY?	
	responsible agency;	LIGE DIVIG ON	_
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	<u>FINDINGS</u>	CORRECTED THE DEFICIENCY	STATE
	Resident #1, Resident #2, Resident #3 – No documented		Divite of the
-	evidence that a monthly weight was taken from August 2022	1 1 +1 +1	
	to present.	I do late monthly weight	
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date	
RULES (CRITERIA) §11-100.1-17 Records and reports. (b)(7) During residence, records shall include: Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency; FINDINGS Resident #1, Resident #2, Resident #3 – No documented evidence that a monthly weight was taken from August 2023 to present.	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? Lower matter and Lowel false every matter of the weighth for the weight for the weig	724 OCT 30	P : 128
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Licensee's/Administrator's Signature:	_ C. Thebiger	
Print Name: RAYMAN	44 C. Nebreja	
Date: Deteler	25, 2024	
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Licensee's: Administrator's Signature: 1997 1997 1997 1997	i	:
Print Name: A hope with the last of the second		
Date		•