

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Grace Adult Residential Care Home	CHAPTER 100.1
Address: 94-1134 Kahuamo Street, Waipahu, Hawaii 96797	Inspection Date: March 18, 2025 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).**

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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 -- No supply available to administer the following medications as ordered:</p> <ul style="list-style-type: none"> <li>• Acetaminophen 325 mg 1 tab Q4-6 hours PRN, last reviewed by physician on 2/10/25</li> <li>• Artificial tears 1 drop both eyes QID, last reviewed by physician on 2/10/25</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>PCG asked resident #1's PCP to sign discontinuation of Acetaminophen 325 mg. Resident #1's sister brought in a box of artificial tears on 3/20/2025.</p>	6/17/25

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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 – No supply available to administer the following medications as ordered:</p> <ul style="list-style-type: none"> <li>• Acetaminophen 325 mg 1 tab Q4-6 hours PRN, last reviewed by physician on 2/10/25</li> <li>• Artificial tears 1 drop both eyes QID, last reviewed by physician on 2/10/25</li> </ul>	<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>To prevent this happens again, PCG will call ordering physician when PCG could not find right dose of prescribed OTC within 24 hours. PCG will call resident's family to bring in prescribed OTC eye drops when the available supply is low. A check list of medication availability will be placed in a binder of check lists. PCG will check and document number of medications left weekly.</p>	6/17/25

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – The following medication orders, last reviewed by physician on 2/10/25, were not clarified as follows:</p> <ul style="list-style-type: none"> <li>• Vit D3 QPM – no dosage and route</li> <li>• Vit B Complex – no dosage, route, and frequency</li> </ul> <p><i>Submit proof of correction with your plan of correction (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>PCG asked Resident #1's PCP to sign a Physician/APRN Record with order of Vit D3 50 mcg PO 1 QPM and Vitamin B complex with C one QD PO (vit B12 100 mcg/vit C 67 mcg) on 3/20/25</p>	6/17/25

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Indication for PRN medications not included for:</p> <ul style="list-style-type: none"> <li>• Fluocinonide solution 0.05% BID PRN, ordered on 5/28/24 and discontinued on 6/5/24</li> <li>• Triamcinolone cream 0.5% BID PRN, ordered on 6/5/24 and discontinued on 8/20/24</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>	

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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 -- Physician order dated 5/28/24 and renewed 8/20/24, 11/14/24, and 2/10/25 reads, "Alendronate Sodium 70 mg every week." However, MAR for December 2024 and February 2025-present indicate the medication is being given <b>daily</b>.</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>	



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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 – Physician order dated 2/10/25 for Ciprofloxacin 500 mg 1 tab x 7 days for UTI was initialed as given for 19 days (2/10/25-2/18/25), as indicated by February 2024 MAR. There's no documentation that the antibiotic treatment was extended.</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>	

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	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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><b><u>FINDINGS</u></b> Resident #1 The following medication orders do not appear on the current MAR (March 2024), and there's no documentation that they were discontinued:</p> <ul style="list-style-type: none"> <li>• Xylimelt one at HS daily, last reviewed by physician on 2/10/25</li> <li>• Acetaminophen 325 mg 1 tab Q4-6 hours PRN, last reviewed by physician on 2/10/25</li> <li>• Loratidine 10 mg QD, last reviewed by physician on 6/5/24</li> <li>• Loteprednol 0.2% eye drops 1 drop both eyes BID, last reviewed by physician on 2/10/25</li> </ul> <p><i>Submit proof of correction 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>PCG asked SCG to add Xylimelt to the MAR. Resident #1's PCP signed the discontinuation of Acetaminophen 325 mg, Loratadine, and Loteprednol eye drop on 3/20/2025. A copy of MAR was sent to the nurse consultant.</p>	6/17/25

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	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Medication order Loratidine 10 mg QD was not renewed by the physician since it was ordered on 6/5/24. <i>Submit proof of correction 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>Resident #1's PCP signed the discontinuation of Loratadine on 3/20/2025. A copy of proof of correction was sent.</p>	6/17/25

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documentation that a telephone order was obtained to administer the following antibiotics as noted on February 2024 MAR.</p> <ul style="list-style-type: none"> <li>• Amoxicillin-Clav 875-125 tab, take 1 tablet by mouth every 12 hours for 7 days - given from 2/20/25-2/827/25</li> <li>• Azithromycin 250 mg 1<sup>st</sup> day 2 tabs then IQD – given from 2/20/25-2/25/25</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>	



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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><b><u>FINDINGS</u></b> An expired (12/2024) bottle of Tums tablets was found in the resident's medication cabinet.</p> <p>Expired eye drops were found in Resident #1's medication container: Alelastine expired on 7/2024, and Loteprednol expired on 6/2024.</p>	<p>PART 1</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>PCG threw away expired OTC on the inspection day.</p>	3/20/2025

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><b><u>FINDINGS</u></b> An expired (12/2024) bottle of Tums tablets was found in the resident's medication cabinet.</p> <p>Expired eye drops were found in Resident #1's medication container: Alelastine expired on 7/2024, and Loteprednol expired on 6/2024.</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>To prevent this happens again, PCG will check all OTC medications for expiration date weekly. A check list will be placed in the binder of check lists. PCG will check the lists weekly. Expired medications will be dropped into collection box of expired medications at Long's drug pharmacy.</p>	6/17/25

	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 #2 – No primary caregiver (PCG) assessment was completed following admission on 12/29/24. <i>Submit proof of correction 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>PCG completed PCG assessment following admission on 3/18/2025.</p>	3/20/2025

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(7)  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>Height and weight measurements taken;</p> <p><b><u>FINDINGS</u></b>  Resident #2 was admitted on 12/29/24 but the admission height and weight were taken on 1/1/25.</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>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Progress notes did not include the following:</p> <ul style="list-style-type: none"> <li>• Response to antibiotic treatment for UTI (on 2/10/25) and Pneumonia (on 2/20/25)</li> <li>• Swallow study (barium swallow) procedure completed on 2/28/25, as stated by PCG</li> <li>• Notification to physician of the weight loss, as stated by PCG</li> <li>• Health monitoring when diagnosed COVID + on 2/18/25</li> </ul>	<p><b>PART 1</b></p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	



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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports</u>, (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs:</p> <p><b><u>FINDINGS</u></b> Resident #1 – Progress notes did not include the following:</p> <ul style="list-style-type: none"> <li>• Response to antibiotic treatment for UTI (on 2/10/25) and Pneumonia (on 2/20/25)</li> <li>• Swallow study (barium swallow) procedure completed on 2/28/25, as stated by PCG</li> <li>• Notification to physician of the weight loss, as stated by PCG</li> <li>• Health monitoring when diagnosed COVID + on 2/18/25</li> </ul>	<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>To prevent this happens again, PCG will complete Progress notes to describe response to treatment, procedure, weight changes, and health monitoring when residents are sick. A reminder will be placed in the binder of check lists. PCG will check the lists weekly.</p>	6/17/25

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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><b><u>FINDINGS</u></b> Resident #1 - Notation of physician visits and consultations not recorded in progress notes.</p>	<p><b>PART 1</b></p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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><b><u>FINDINGS</u></b> Resident #1 - Notation of physician visits and consultations not recorded in progress notes.</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>To prevent this happens again, PCG will complete progress notes for notation of physician visits and consultation. A reminder will be placed in the binder of check list. PCG will check the lists weekly.</p>	6/17/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><b><u>FINDINGS</u></b> Residents' monthly progress notes were missing the signatures of the individual making the entry.</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>	

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><b><u>FINDINGS</u></b> Residents' monthly progress notes were missing the signatures of the individual making the entry.</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>To prevent this happens again, PCG/SCG will sign progress notes once she/he completes the progress notes. A reminder will be posted on the first page of progress notes. PCG will check if monthly progress and progress notes signed monthly.</p>	6/17/25

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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 and #2 – Emergency information sheet is missing the following information: diet, diagnosis, allergies, and current medications. <i>Submit proof of correction 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>PCG completed the 2nd page of Emergency information sheet for Resident #1 and #2 on 3/19/2025.</p>	3/20/2025

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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 and #2 – Emergency information sheet is missing the following information: diet, diagnosis, allergies, and current medications. <i>Submit proof of correction with your POC.</i></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>To prevent this happens again, PCG will complete both pages of Emergency information on January 1st each year. A reminder sheet will be placed in the binder of check list. PCG is responsible to check the list on January 1st.</p>	6/17/25

	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 #2 -- Completed financial statement form unavailable for review.  <i>Submit a copy with your POC.</i></p>	<p>PART 1</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>PCG reviewed and signed financial statement with resident #2 on the inspection day.</p>	3/20/2025



	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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 #2 – Completed financial statement form unavailable for review.  <i>Submit a copy with your POC.</i></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>To prevent this happens again, PCG will complete the financial statement form on the admission day. A reminder sheet is placed with admission documents. PCG is responsible to check the list.</p>	6/17/25

	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 #2 was admitted on 12/29/24, but the general operation policy was signed by the resident on 2/25/25.</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>	

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (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 #2 was admitted on 12/29/24, but the general operation policy was signed by the resident on 2/25/25.</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>To prevent this happens again, PCG will request resident to sign the general operation policy on the admission day. A reminder sheet is placed with the admission documents. PCG is responsible to check it.</p>	6/17/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p data-bbox="325 332 942 435">§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p data-bbox="325 451 942 673">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 data-bbox="325 690 942 852">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 data-bbox="325 868 942 998"><b><u>FINDINGS</u></b> Resident #2 – Signed general operational policy dated 2/24/25 did not indicate the rate for ARCH services. <i>Submit proof of correction with your POC.</i></p>	<p data-bbox="1278 316 1385 349">PART 1</p> <p data-bbox="1044 381 1619 430"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p data-bbox="1038 446 1640 535"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p data-bbox="1002 560 1640 609">PCG added Kaiser Quest Rate onto the document.</p>	3/20/2025

	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 #2 – Signed general operational policy dated 2/24/25 did not indicate the rate for ARCH services.</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>To prevent this happens again, PCG will enter rate for ARCH services on admission day. A reminder sheet will be placed with admission documents. PCG is responsible for checking the reminder.</p>	6/17/25

Licensee's/Administrator's Signature: Chen-Yen Wang

Print Name: Chen-Yen Wang

Date: 03/20/2025

Licensee's/Administrator's Signature: Chen-Yen Wang

Print Name: Chen-Yen Wang

Date: 06/17/2025