

Office of Health Care Assurance

State Licensing Section

25 JUN 24 11:10

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hale Nohea, LLC	CHAPTER 100.1
Address: 5071 Maunalani Circle, Honolulu, Hawaii 96816	Inspection Date: April 2, 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. 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)(I) 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 #3 – Two consecutive years of Fieldprint clearance unavailable for review</p> <p>SCG #3 – Current Fieldprint clearance unavailable for review</p> <p>Submit a copy of current Fieldprint clearance with plan of correction.</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>Contacted SCG #3; reviewed Staff Requirements with SCG #3. SCG#3 verbalized understanding of the requirements and has agreed to do fingerprinting for 2025 and 2026.</p> <p>SCG#3 made an appointment for 04/09//2025 and received results on 04/30/2025.</p> <p>Please see attached</p>	04/30/2025

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>, (b)(1)(I) 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 #3 – Two consecutive years of Fieldprint clearance unavailable for review</p> <p>SCG #3 – Current Fieldprint clearance unavailable for review</p> <p>Submit a copy of current Fieldprint clearance with plan of correction.</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>Calendar reminders have been updated using Outlook calendar and email to provide "auto-reminders" to staff the previous month before requirements expire. Quarterly review and goal planning to include review of Hale Nohea Staff Requirements to ensure they are updated in a timely manner.</p>	04/30/2025

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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> SCG #1,3,4 – Current annual physical exam unavailable</p> <p>Submit a copy with plan of correction.</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>Contacted SCG #1, #3, and #4.</p> <p>Reviewed Staff Requirements (emailed staff requirements to SCG#4 and communicated via telephone as scg#4 is away at college)</p> <p>SCG#1 completed physical on 04/15/2025 SCG# 3 completed physical on 04/04/22025 scg#4 currently on inactive status due to being away at college had Queen's fax current physical to Hale Nohea.</p> <p>please see attached</p>	04/17/2025

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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>  SCG #1,3,4 – Current annual physical exam unavailable</p> <p>Submit a copy with plan of correction.</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>Calendar reminders have been updated using Outlook calendar and email to provide "auto reminders" to staff the previous month before requirements expire. Quarterly review and goal planning to include review of Hale Nohea Staff Requirements to ensure they are updated in a timely manner.</p>	04/17/2025

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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 #4 – Valid first-aid certification unavailable</p> <p>Submit a copy with plan of correction.</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>Contacted SCG#4 on 04/04/2025 reviewed Staff Requirements. SCG#4 understands and agrees that before returning to work all requirements must be updated.</p> <p>SCG#4 completed First Aid Certification on 04/16/2025.</p> <p>please see attached</p>	<p>04/17/2025</p>

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	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <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 #2-4 – Primary caregiver (PCG) training to make medications available is unavailable for review</p> <p>Submit a copy with plan of correction.</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>Yes, Primary Caregiver (PCG) Training has been completed and scheduled.</p> <p>SCG# 2 PCG training completed on 04/05/2025</p> <p>SCG#3 PCG training completed on 04/06/2025</p> <p>SCG#4 Currently on inactive status due to being away at college. will complete training upon return</p> <p>please see attached</p>	04/08/2025



	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" 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 #2-4 -- Primary caregiver (PCG) training to make medications available is unavailable for review</p> <p>Submit a copy with plan of correction.</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 deficiency from happening in the future, we have updated our 'New Employee Form Check List' to include a reminder to have all new hires complete the PCG training during orientation. I will refer to this checklist for all future hires. A copy of the form will be in the Hale Nohea Employee folder and updated as needed.</p> <p>see attached</p>	05/13/25

	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> Resident #2 – AZO cranberry bottle and Sennoside-Docusate Sodium bottle with homemade label covered the dosages</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>Yes, Facility purchased correct medication after Care Coordinator and RN review order and confirmed with physician.</p>	<p style="text-align: right;">04/15/2025</p>

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<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> Resident #2 – AZO cranberry bottle and Sennoside-Docusate Sodium bottle with homemade label covered the dosages</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>Staff was in-serviced and reminded not to cover original labels original medication bottle label with facility made label.</p>	<p>6/24/25</p> <p>63 JUN 24 10 29 AM '25</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’s order incomplete and does not include PRN indication for the following current orders:</p> <ul style="list-style-type: none"> <li>• “Hydrocortisone 1% cream 1 application to affected area topically once per day PRN”</li> <li>• “Compression socks daily as needed up to 8 hours per day”</li> </ul> <p>Submit a copy of updated physician’s orders with plan of correction.</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>Yes, contacted Hospice RN and Doctor and reviewed physician orders and plan going forward. Doctor changed orders. .</p> <p>See attached</p>	<p>04/14/2025</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’s order dated 3/12/25 states, “Routine ensure PLUS 8 oz BID + fortified 1 to 1.5 tbsp PB + ½ banana for Weight Loss”; however, no documented evidence peanut butter is being administered as ordered</p> <p>Submit a copy of revised medication administration record (MAR) with plan of correction</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>Yes, Care Coordinator requested from hospice nurse to have MD clarify order. MD clarified order and a new order was received on 04/15/2025.</p> <p>Corrected in our MAR (Medication Administration Record) and added Peanut butter 1 TBSP to MAR as separate entry under scheduled medications to create a record of administration.</p> <p>please see attached.</p>	04/16/2025

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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 #2 – Physician’s order dated 3/6/25 states, ‘Nutritional Therapy Gluc. Intol, Lac-free, Soy (Glucerna Shake) Oral Liqd; Give 8 ounces three times a day if po intake is under 50% of meals due to decreased po intake and weight loss’; however, no documented evidence that Glucerna Shake was given on several occasions in March 2025.</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 #2 – Physician's order dated 3/6/25 states, 'Nutritional Therapy Gluc. Intol, Lac-free, Soy (Glucerna Shake) Oral Liqd; Give 8 ounces three times a day if po intake is under 50% of meals due to decreased po intake and weight loss"; however, no documented evidence that Glucerna Shake was given on several occasions in March 2025.</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>Standard of Operations Procedures (SOP) "Rules of Charting" and "Walk thru of Charting Medications" were posted at nursing station next to computer for a reminder staff and as a reference to ensure proper documentation.</p> <p>Review of Standard of Operations Procedure during staff quarterly reviews by Administrator. Should staff need additional training a date and time will be scheduled with RN.</p>	04/04/2025

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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 #2 – Physician order for “Sennoside-Docusate Sodium 8.6mg-50mg, 1 tab PO daily. May give additional 1 tab daily PRN constipation.” However, medication was not available as ordered. Instead, observed Sennosides 8.6mg medication bottle being made available to resident.</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>Yes, Facility purchased correct medication after Care Coordinator and RN reviewed order and confirmed with physician.</p> <p>please see attached (attachement also used for page 10/11)</p>	<p>04/15/2025</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 #2 – Physician order for “Sennoside-Docusate Sodium 8.6mg-50mg, 1 tab PO daily. May give additional 1 tab daily PRN constipation.” However, medication was not available as ordered. Instead, observed Sennosides 8.6mg medication bottle being made available to resident.</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>Staff inserviced and reminded to review medication label with prescription order to ensure medication received in correct</p>	<p>06/24/25</p> <p>25 JUN 24 10:59</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(3)  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 date of referral and admission, referral agency with address and telephone number, place or source from which admitted, physician, APRN, dentist, ophthalmologist, optometrist, psychiatrist, and all other medical or social service professionals who are currently treating the resident, next of kin, legal guardian, surrogate or other legally responsible agency;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Admission assessment unavailable for admission on 5/30/24</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(3) 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 date of referral and admission, referral agency with address and telephone number, place or source from which admitted, physician, APRN, dentist, ophthalmologist, optometrist, psychiatrist, and all other medical or social service professionals who are currently treating the resident, next of kin, legal guardian, surrogate or other legally responsible agency;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Admission assessment unavailable for admission on 5/30/24</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>Administrator to use Resident Admission / Re-Admission checklist and have all supporting documents ready and available prior to admission or re-admission. Contact and coordinate with Hale Nohea Care Coordinator, Resident, Family, Guardian, Power of Attorney or responsible agency to ensure all requirements are accurate and completed.</p>	04/08/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(8)  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A current inventory of money and valuables.</p> <p><b><u>FINDINGS</u></b>  Resident #2 – Inventory of belongings not updated to include resident's current clothing inventory. Only 12 underwear, 1 muumuu, 1 shoe, 2 slippers, 1 cane was documented. PCG confirms that resident has more clothing item than stated.</p> <p>Submit an updated copy with plan of correction.</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>Inventory updated and completed on 04/08/2025</p> <p>please see attached</p>	04/08/2025

	<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> (a)(8)  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A current inventory of money and valuables.</p> <p><b><u>FINDINGS</u></b>  Resident #2 – Inventory of belongings not updated to include resident's current clothing inventory. Only 12 underwear, 1 muumuu, 1 shoe, 2 slippers, 1 cane was documented. PCG confirms that resident has more clothing item than stated.</p> <p>Submit an updated copy with plan of correction.</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>Director/Administrator or Care Coordinator/Resident Manager will use Resident Forms Checklist to ensure all necessary records are completed at time of admission/re-admission and updated as needed.</p>	04/08/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #2 – Resident receives several PRN's for insomnia and agitation in the past ten (10) months, however, staff did not consistently document response to medication when administered</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> (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 #2 – Resident receives several PRN's for insomnia and agitation in the past ten (10) months, however, staff did not consistently document response to medication when administered</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>Rules of Charting and Walk thru of Charting Medications have been posted at Nursing Station for staff reminder and reference.</p> <p>RN will retrain Medication Management and Care Coordinator will provide periodic reminders to staff to indicate outcome of as needed (PRN) medications in the Medication Administration Record (MAR) and in narrative notes followed with outcomes reflecting effectiveness.</p> <p>please see attached</p>	04/08/2025

	<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> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician’s order dated 1/14/25 states, “Oxygen (O2) 1-5 liters/min intranasally PRN SOB/Comfort”; however, no documented evidence (treatment record) oxygen is being made available to resident</p> <p>Submit a copy of treatment record with plan of correction</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>Yes, Care Coordinator added separate entries into the Medication Administration Record (MAR) to create a treatment record for administration of oxygen (O2).</p> <p>please see attached</p>	<p>04/14/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician’s order dated 1/14/25 states, “Oxygen (O2) 1-5 liters/min intranasally PRN SOB/Comfort”; however, no documented evidence (treatment record) oxygen is being made available to resident</p> <p>Submit a copy of treatment record with plan of correction</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 service completed with care coordinator and RN reminding them to transcribe all treatment orders onto treatment record. immediately upon receiving order.</p> <p>PCG and RN to review treatment orders and TAK each month</p>	<p>6/24/25</p> <p>6/24/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician’s order dated 7/10/24 states, “compression socks daily as needed up to 8 hours per day”; however, no documented evidence (treatment record) compression socks are made available to the resident</p> <p>Submit a copy of treatment record with plan of correction</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>Yes , contacted hospice RN and doctor updated orders and discontinued order for compression socks.</p> <p>please see attached</p>	04/14/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician’s order dated 7/10/24 states, “compression socks daily as needed up to 8 hours per day”; however, no documented evidence (treatment record) compression socks are made available to the resident</p> <p>Submit a copy of treatment record with plan of correction</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>Inservice completed with Care Coordinator and RN reminding them to transcribe all treatment orders into treatment record immediately upon receiving order.</p> <p>PCG and RN to review treatment orders and TALK each month.</p>	<p>6/24/25</p> <p>66 JUN 24 10:59</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)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><b><u>FINDINGS</u></b> Resident #1,2 – Initials used on monthly MARs; however, legend explaining initials unavailable</p> <p>Submit a copy of legend for initials with plan of correction.</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>Yes, Created a legend that is attached to the Medication Administration Record (MAR) and a copy of the legend is also available in Administrator's office.</p>	<p>04/14/2025</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u>  All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><b><u>FINDINGS</u></b>  Resident #2 – Observed white correction tape in resident's emergency information</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u>  All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><b><u>FINDINGS</u></b>  Resident #2 – Observed white correction tape in resident's emergency information</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><i>"DO NOT USE WHITE OUT ON FORM"</i>  <i>reminder added to instructions</i>  <i>for emergency information document</i>  <i>completion by family</i></p>	<p><i>06/24/25</i></p>

	<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 #1 – Financial statement unavailable for admission on 5/30/24</p> <p>Submit a copy with plan of correction.</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>Yes, Contacted Resident #1's POA and discussed our admission and re-admission policy, Resident and Caregiver Rights and accompanying documents that were signed at admission and asked if there were any updates. Resident #1's, POA sent a text message to address all other admission requirements.</p> <p>please see attached</p>	04/18/2025

	<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 #1 – Financial statement unavailable for admission on 5/30/24</p> <p>Submit a copy with plan of correction.</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>Created a Resident Admission/Re-Admission folder that includes a checklist and all necessary documents needed at time of admission.</p> <p>please see attached</p>	<p>04/18/2025</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (e) Arrangements shall be made by the primary care giver for annual dental examinations. Arrangements shall be made by the primary or substitute care giver for emergency dental examinations.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Documented evidence of annual dental exam unavailable</p> <p>Submit documented evidence of completed dental exam or statement of declination with plan of correction.</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>Yes, Care Coordinator called Resident #1 Dental office and requested clinical dental notes. Care Coordinator picked up clinical dental notes from DDS.</p> <p>please see attached,</p>	<p>04/18/2025</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (e) Arrangements shall be made by the primary care giver for annual dental examinations. Arrangements shall be made by the primary or substitute care giver for emergency dental examinations.</p> <p><b><u>FINDINGS</u></b> Resident #1 -- Documented evidence of annual dental exam unavailable</p> <p>Submit documented evidence of completed dental exam or statement of declination with plan of correction.</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 deficiency from happening in the future we updated the Resident Forms Check List to include a reminder to that an AVS or clinical notes from all dental exams must also be included in Resident Binders. We will refer to this check list for all future residents.</p> <p>see attached</p>	05/13/25

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(A) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally or in writing, prior to or at the time of admission, of these rights and of all rules governing resident conduct. There shall be documentation signed by the resident that this procedure has been carried out;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Signed copy resident was informed of their rights and responsibilities unavailable for admission on 5/30/24</p> <p>Submit a copy with plan of correction.</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>Yes Contacted Resident #1's POA and discussed our admission and re-admission policy, Resident and Caregiver rights and accompanying documents that were signed at admission and asked if there were any updates. Resident #1's POA sent a text message to address all other admission requirements.</p> <p>please see attached</p>	<p>04/18/2025</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(A) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally or in writing, prior to or at the time of admission, of these rights and of all rules governing resident conduct. There shall be documentation signed by the resident that this procedure has been carried out;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Signed copy resident was informed of their rights and responsibilities unavailable for admission on 5/30/24</p> <p>Submit a copy with plan of correction.</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>Created a Resident Admission/Re-Admission folder that includes a checklist and all necessary documents needed at time of admission.</p> <p>please see attached</p>	04/18/2025

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documented evidence resident was informed verbally and in writing of services available and related charges at the time of admission on 5/30/24</p> <p>Submit a copy with plan of correction.</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>Yes, Contacted Resident #1's (POA) and discussed our admission and re-admission policy, Resident and Caregiver Rights and accompanying documents that were signed at admission and asked if there were any updates. Resident #1 POA sent a text message to address all other admission requirements.</p> <p>please see attached</p>	04/18/2025



	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documented evidence resident was informed verbally and in writing of services available and related charges at the time of admission on 5/30/24</p> <p>Submit a copy with plan of correction.</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>Created a Resident Admission/Re-Admission folder that includes a checklist and all necessary documents needed at time of admission.</p> <p>please see attached</p>	04/18/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><b><u>FINDINGS</u></b> Monthly fire drills unavailable from 6/2024-3/2024</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>Yes, All fire drills were completed on time but it was not in correct folder; moved all documentation into the ARCH folder.</p> <p>please see attached</p>	<p>04/04/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u>, (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><b><u>FINDINGS</u></b> Monthly fire drills unavailable from 6/2024-3/2024</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Outlook reminder scheduled for monthly fire drills. Set for every 30th of each month indefinitely</p>	<p>6/24/25</p> <p>25 JUN 24 13:59</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><b><u>FINDINGS</u></b> Bathroom next to library does not have single-use hand towels available</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>Yes, replaced hand towels with single-use hand towels (c-folds); also, informed staff via group text that should there be a need to use hand towels; each resident must have their own,</p>	<p>04/04/2025</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><b><u>FINDINGS</u></b> Bathroom next to library does not have single-use hand towels available</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 deficiency from happening in the future we have posted a reminder in the bathroom stating: " All Staff, please ensure that c-folds are refilled daily; there should be 8 hand towels (1 for each resident). Replace as needed."</p>	05/13/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(1)(D) Bedrooms:</p> <p>General conditions:</p> <p>Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;</p> <p><b><u>FINDINGS</u></b> Bedroom #2 – Bedroom being used to store flooring, extra curtains, caulking supplies, and furniture set, belonging to the facility</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>Yes, Bedroom #2 has been cleaned out of renovation materials.</p>	04/14/2025

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§ 11-100.1-23 <u>Physical environment.</u> (o)(1)(D) Bedrooms:</p> <p>General conditions:</p> <p>Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;</p> <p><b><u>FINDINGS</u></b> Bedroom #2 – Bedroom being used to store flooring, extra curtains, caulking supplies, and furniture set, belonging to the facility</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 deficiency from happening in the future we have posted signs on each bedroom door stating " Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraires.</p>	<p>05/13/25</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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> Bedroom #2 – Signaling device unavailable in bedroom Bedroom #6 – Signaling device not working at bedside</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>Yes, a signaling device (call bell) has been placed in bedroom #2 and #6 to be used in conjunction with our camera and motion detection monitors on 04/02/2025.</p> <p>Electronic signaling devices have been ordered on 04/29/2025 and we are waiting for delivery.</p>	04/29/2025



	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> Bedroom #2 – Signaling device unavailable in bedroom  Bedroom #6 – Signaling device not working at bedside</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Shift inserviced and reminded to check for signaling devices at bedside daily <del>during</del> at the start of each shift.</p>	<p>06/24/25</p> <p>25 JUN 24 09:29</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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 #1-3 – Twelve (12) hours of annual continuing education unavailable</p> <p>Submit documented evidence of 12 hours of continuing education completed. Completed hours will be credited towards the 2025 annual inspection only and cannot be used towards the 2026 annual inspection.</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>SCG #1-3 completed all of their continuing education credits and Administrator picked up certificates from RN who corrected and reviewed and made certificates.</p>	04/03/2025

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§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 #1-3 – Twelve (12) hours of annual continuing education unavailable</p> <p>Submit documented evidence of 12 hours of continuing education completed. Completed hours will be credited towards the 2025 annual inspection only and cannot be used towards the 2026 annual inspection.</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 deficiency from happening in the future we updated our Administrative Check List that includes an Employee Check List and placed in the Administrative Binder. The check lists will be used by our Management Team to review the staff's CEUs to ensure they are on track. Also, posted Staff Requirements at nursing station as a reminder for staff.</p> <p>see attached.</p>	05/13/25

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Documented evidence of current influenza and pneumococcal vaccination unavailable</p> <p>Submit a copy of vaccination or statement of declination with plan of correction.</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>Yes, Contacted Resident #1's POA and emailed Declination form to him and he returned it on 04/15/2025.</p> <p>please see attached</p>	<p>04/15/2025</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Documented evidence of current influenza and pneumococcal vaccination unavailable</p> <p>Submit a copy of vaccination or statement of declination with plan of correction.</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>Care Coordinator to review Resident Binders quarterly utilizing our Resident Forms Check List to check for completeness and update as necessary.</p> <p>please see attached</p>	<p>04/15/2025</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) 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>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><b><u>FINDINGS</u></b> Resident #1 - Nutrition/Hydration care plan was not updated to include the current diet order, Regular diet, thin liquids ordered on 1/28/25.</p> <p>Submit a copy of revised care plan with plan of correction.</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>Called Resident #1 Case Manager and asked for an updated care plan; received updated care plan on 04/29/2025.</p> <p>please see attached</p>	<p>04/29/2025</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4)  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>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><b><u>FINDINGS</u></b>  Resident #1 - Nutrition/Hydration care plan was not updated to include the current diet order, Regular diet, thin liquids ordered on 1/28/25.</p> <p>Submit a copy of revised care plan with plan of correction.</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>Care Coordinator to fax all updates to case manager and request updates be made to plan of care. Care Coordinator and Case Manager to set up training for staff as needed.</p>	<p>04/29/2025</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4)  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>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Nutrition/Hydration care plan was not updated to reflect current Ensure supplement order, Routine Ensure Plus 8 oz BID + 1 to 1.5 Tbsp PB for weight loss, ordered on 3/12/25</p> <p>Submit a copy of revised care plan with plan of correction.</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>Yes, called Resident #1 case manager and asked for an updated plan of care; received updated plan of care on 04/29/2025.</p> <p>please see attached.</p>	<p>04/29/2025</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4)  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>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><b><u>FINDINGS</u></b>  Resident #1 - Nutrition/Hydration care plan was not updated to include the current diet order, Regular diet, thin liquids ordered on 1/28/25.</p> <p>Submit a copy of revised care plan with plan of correction.</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><i>Inservice was completed w/case management reminding CM to review current diet orders at each monthly visit and update the care plan if diet order change to reflect current orders</i></p>	<p><i>06/24/25</i></p> <p>25 JUN 24 4:29 PM</p>

Licensee's/Administrator's Signature: Michelle D. K. Marciel-Gangloff

Print Name: Michelle D. K. Marciel-Gangloff

Date: 04/30/2025

Licensee's/Administrator's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

*[Handwritten Signature]*

*Michelle D.K.M. Gangluf*

*06/24/25*

25 JUN 24 10:29  
STATE LICENSING

Licensee's/Administrator's Signature: Michelle D. K. Marciel-Gangloff

Print Name: Michelle D. K. Marciel-Gangloff

Date: 05/13/25