

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Jociel Adult Care Services LLC	CHAPTER 100.1
Address: 83 Kilani Avenue, Wahiawa, Hawaii 96786	Inspection Date: June 16, 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).

54029 11:17

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis (TB) clearance.</p> <p><u>FINDINGS</u> PCG, SCG #1 – Annual TB clearance unavailable</p> <p>Submit a copy with plan of correction.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Called doctor office for PCG's copy of TB clearance be obtained with actual date and initialled by staff with stamp.</p> <p>SCG #1 made appointment to PCP for Annual TB clearance. Both PCG and SCG's Annual TB clearance is obtained and filed it to the ARCH binder.</p>	<p>07/24/25</p> <p>2025 JUL 28 PM 1:17</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis (TB) clearance.</p> <p><u>FINDINGS</u> PCG, SCG #1 – Annual TB clearance unavailable</p> <p>Submit a copy with plan of correction.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Copy of PCG and SCG #1 Annual clearance is attached. Before handing over any forms, PCG will pre-fill the form with necessary info such name, DOB and exact date of appointment. After the appointment, I will make sure that the form is completely filled and signed by doctor /staff before leaving the doctor's office. I will put reminder on my phone as back-up.</p>	<p>07/24/25</p> <p>75 JUL 23 PM 4:7</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation.</p> <p><u>FINDINGS</u> PCG reports cooking food to 120°F, below safe minimum temperature of 165°F</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>25 JUL 29 PM 47</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation.</p> <p><u>FINDINGS</u> PCG reports cooking food to 120°F, below safe minimum temperature of 165°F</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>A right cooking food temperature of 165° and 135° for reheating is written on the reminder notes posted on the kitchen wall and patient dinning area. Another notes is written to the communication binder for PCG and SCG reminder.</p>	<p>07/24/25</p> <p>25 JUL 29 PM 1:47</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1 – Physician's order dated 5/14/25 states, "Start Trazodone 50mg tablet. Desyrel. Take 0.5 tablet by mouth every night at bedtime. May also take 0.5 tablet two times daily as needed (insomnia). For anxiety and agitation"; however, medication bottle label states, "May take 0.5 tabs by mouth at bedtime as needed (insomnia). May also take 0.5 tabs two times daily as needed. For anxiety and agitation". Medication label does not reflect physician's order.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PCP changed the order to "TRAZODONE 50mg tablet: Commonly known as: DESYREL. Take 1 tab by mouth every night at bedtime. For anxiety and agitation. New medication was ordered with the right label. MAR was also updated with new instruction. MAR copy is attached.</p>	<p>06/25/2025</p> <p>75 JUL 23 PM 1:17</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1 – Physician's order dated 5/14/25 states, "Start Trazodone 50mg tablet. Desyrel. Take 0.5 tablet by mouth every night at bedtime. May also take 0.5 tablet two times daily as needed (insomnia). For anxiety and agitation"; however, medication bottle label states, "May take 0.5 tabs by mouth at bedtime as needed (insomnia). May also take 0.5 tabs two times daily as needed. For anxiety and agitation". Medication label does not reflect physician's order.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To put a reminder on my phone and calendar to check the medication label with the right order and to update the MAR monthly and when there is changes. A checklist will also be attached on the binder that includes about medication as a reminder and efficiency.</p>	<p>07/24/2025</p> <p>25 JUL 23 PM 4:47</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 12/4/25-current date states, “Acetaminophen 325mg tablet Take 1-2 tabs by mouth every 4 hours as needed for PAIN or FEVER”; however, medication administration record (MAR) shows medication is being administered as “Acetaminophen 325 mg tablet Take 1-2 tab by mouth every 4 hrs PRN”. Reason for administering medication is not documented and cannot be confirmed to be administered per physician’s order</p> <p>Submit revised copy of MAR with plan of correction.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>copy of updated MAR is attached. PCP changed the order for acetaminophen.</p>	<p>07/24/25</p> <p>25 JUL 29 PM 1:17</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 12/4/25-current date states, “Acetaminophen 325mg tablet Take 1-2 tabs by mouth every 4 hours as needed for PAIN or FEVER”; however, medication administration record (MAR) shows medication is being administered as “Acetaminophen 325 mg tablet Take 1-2 tab by mouth every 4 hrs PRN”. Reason for administering medication is not documented and cannot be confirmed to be administered per physician’s order</p> <p>Submit revised copy of MAR with plan of correction.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN’T HAPPEN AGAIN?</p> <p>From now on, I will put "time" on the MAR time slot so PCG/SCG will not forget to put the time. If order is 1-2 tabs, I will also indicate the number of how many tablets are given by putting another space for "tablets given".</p> <p>Example:</p> <table border="1" data-bbox="945 974 1711 1380"> <thead> <tr> <th colspan="2"></th> <th colspan="8">MAR</th> </tr> <tr> <th colspan="2"></th> <th>time</th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> <th>6</th> <th>7</th> <th>8</th> </tr> </thead> <tbody> <tr> <td rowspan="3">Acetaminophen 325mg tab. take 1-2 tabs by mouth every 4 hrs PRN for Pain or fever</td> <td>PRN</td> <td>yes</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Time</td> <td>2am</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Tablets</td> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			MAR										time	1	2	3	4	5	6	7	8	Acetaminophen 325mg tab. take 1-2 tabs by mouth every 4 hrs PRN for Pain or fever	PRN	yes									Time	2am									Tablets	2									<p>07/24/2025</p> <p>25 JUL 28 PM 1:45</p>
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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – MAR shows, “Benzonatate 200mg capsule take 1 cap by mouth 3 times a day PRN” from 12/1/25-2/28/25 was made available; however, PRN indication to administer was unavailable</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>MAR is updated and will check every month and when there is changes. Will include in the check list on how to make the MAR the right way. Reminder checklist will include the order, MAR and medication bottle should be the same.</p>	<p>07/24/2025</p> <p>25 JUL 29 PM 1:46</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Between 12/1/24-12/3/24 the following medications were made available without a physician's order:</p> <ul style="list-style-type: none"> • Benzonatate, Acetaminophen, Allopurinol, Aspirin, Atorvastatin, Melatonin, Propanolol, Senna-docusate, thiamine, vitamin D3 	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>25 JUL 2011 11:46</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>FINDINGS Resident #1 – Physician’s order dated 1/13/25 states, “Allopurinol 100mg tablet Take 1 tab by mouth everyday with breakfast”; however, MAR shows medication was not administered as ordered from 2/4/25-2/16/25</p> <p>Resident #1 – Physician’s order dated 1/13/25 states, “Aspirin low dose 81mg chewable tablet Take 1 tab by mouth one time per day”; however, MAR shows medication was not administered as ordered from 2/4/25-2/19/25 and 6/14/25-6/15/25</p> <p>Resident #1 – Physician’s order dated 1/13/25 states, “propranolol 10mg tablet Take 1 tab by mouth one time per day”; however, MAR shows medication was not administered as ordered from 2/13/25-2/18/25</p> <p>Resident #1 – Physician’s order dated 1/16/25 states, “Melatonin 5mg CAPS Take 1 cap by mouth every night at bedtime”; however, MAR shows medication was not administered on the following days 2/11/25-2/13/24 and 2/19/25-2/21/25, 4/4/25-4/11/25</p> <p>Resident #1 – Physician’s order dated 5/14/25 states, “Start Clopidogrel 75mg tablet. Take 1 tab by mouth daily for 1 year”; however, MAR shows medication was not administered on the following days 6/14/25-6/15/25</p> <p>Resident #1 – Physician’s order dated 5/14/25 to administer Vitamin D3 daily; however, supplement was not administered on 6/15/25</p> <p>Resident #1 – Physician’s order dated 1/13/25 states to pass the following medications daily; however, medications were not administered between 2/11/25-2/13/25 as ordered:</p> <ul style="list-style-type: none"> • Senna 8.6mg-docusate sodium 50mg • Thiamine 100mg • Vitamin D3 25mcg (1000U) 	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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☒	<p>§11-100.1-15 <u>Medications</u>. (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 1/13/25 states, “Allopurinol 100mg tablet Take 1 tab by mouth everyday with breakfast”; however, MAR shows medication was not administered as ordered from 2/4/25-2/16/25</p> <p>Resident #1 – Physician’s order dated 1/13/25 states, “Aspirin low dose 81mg chewable tablet Take 1 tab by mouth one time per day”; however, MAR shows medication was not administered as ordered from 2/4/25-2/19/25 and 6/14/25-6/15/25</p> <p>Resident #1 – Physician’s order dated 1/13/25 states, “propranolol 10mg tablet Take 1 tab by mouth one time per day”; however, MAR shows medication was not administered as ordered from 2/13/25-2/18/25</p> <p>Resident #1 – Physician’s order dated 1/16/25 states, “Melatonin 5mg CAPS Take 1 cap by mouth every night at bedtime”; however, MAR shows medication was not administered on the following days 2/11/25-2/13/24 and 2/19/25-2/21/25, 4/4/25-4/11/25</p> <p>Resident #1 – Physician’s order dated 5/14/25 states, “Start Clopidogrel 75mg tablet. Take 1 tab by mouth daily for 1 year”; however, MAR shows medication was not administered on the following days 6/14/25-6/15/25</p> <p>Resident #1 – Physician’s order dated 5/14/25 to administer Vitamin D3 daily; however, supplement was not administered on 6/15/25</p> <p>Resident #1 – Physician’s order dated 1/13/25 states to pass the following medications daily; however, medications were not administered between 2/11/25-2/13/25 as ordered:</p> <ul style="list-style-type: none"> • Senna 8.6mg-docusate sodium 50mg • Thiamine 100mg • Vitamin D3 25mcg (1000U) 	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN’T HAPPEN AGAIN?</p> <p>PCG will request to have 3 month follow-up for each resident to ensure that medications are on the right track. PCG will include medication review on each visit. This will be added on the checklist posted on each resident binder that will be make available each visit. A back-up reminder will be added on the phone calendar. The check list will indicate order, MAR and medication bottle should be the same. If clarification is needed, contact doctor office immediately. Signing MAR will be daily.</p>	<p>07/24/2025</p> <p>01</p> <p>01</p> <p>01</p> <p>01</p> <p>01</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – 2/2025 MAR shows, “Melatonin 3mg Tab take 1 tab by mouth every night” was being made available from 2/1/25-2/28/25; however, medication was discontinued on 1/16/25.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>2/28/25</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><u>FINDINGS</u> Resident #1 – 2/2025 MAR shows, “Melatonin 3mg Tab take 1 tab by mouth every night” was being made available from 2/1/25-2/28/25; however, medication was discontinued on 1/16/25.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>A training with SCG's will be conducted every month to update and train them with care home needs, rule etc. A check list will be made a day before meeting together with the standard reminder check list. A check list will indicate MAR, order and medication bottle is the same. MAR will be signed daily and update monthly and change as needed. A reminder will be noted on the calendar and to my phone.</p>	<p>07/29/2025</p> <p>01</p> <p>02</p> <p>03</p> <p>04</p> <p>05</p> <p>06</p> <p>07</p> <p>08</p> <p>09</p> <p>10</p> <p>11</p> <p>12</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 5/14/25 states, “sennosides/docusate sodium 8.6/50mg tab”; however, medication order incomplete and does not include frequency and dosage to administer</p> <p>Submit a copy of updated order with plan of correction.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>New medication order is attached. MAR is also updated.</p>	<p>07/23/25</p> <p>DI M S T N</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician's order dated 5/14/25 states, "sennosides/docusate sodium 8.6/50mg tab"; however, medication order incomplete and does not include frequency and dosage to administer</p> <p>Submit a copy of updated order with plan of correction.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>MAR will be signed daily. Update will be made every time that there will be changes and to be checked monthly. A check list will indicate that MAR, order and medication bottle should be the same. Medication update will be made every 3 months with physician of each resident. This includes checking the after visit summary and medication list before leaving the doctor's office. This will be noted to the calendar and "To do list" with a back-up reminder on the cellphone.</p>	<p>6/23/25</p> <p>01 18 3 12 21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 – Medication administration records unavailable from 6/1/24-11/30/24</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>5.11.2024</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence medication orders were evaluated and signed by a physician every 4 months between 9/11/23-12/4/24</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>05/24/24</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence medication orders were evaluated and signed by a physician every 4 months between 9/11/23-12/4/24</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG/SCG will request a 3 month follow-up to physician on each visit that includes medication review. MAR will be updated when changes are made to orders. Monthly check will be done and daily signature for MAR. The appointment will be posted on the calendar and reminder back-up on my phone.</p>	<p>67/24/2025</p> <p>5:12 PM 05/11/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – Physician's order dated 12/4/25 to current date states, "Acetaminophen 325mg tablet Take 1-2 tabs by mouth every 4 hours as needed for PAIN or FEVER"; however, dosage being administered (1 or 2 tabs) is not documented</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>25 JAN 20 11:45</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date																												
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – Physician's order dated 12/4/25 to current date states, "Acetaminophen 325mg tablet Take 1-2 tabs by mouth every 4 hours as needed for PAIN or FEVER"; however, dosage being administered (1 or 2 tabs) is not documented</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The MAR will be updated that will indicate time, tablets taken and initial of caregiver giving meds. The checklist will give instruction of how to update MAR.</p> <p>Example:</p> <table border="1"> <thead> <tr> <th></th> <th>time</th> <th>1</th> <th>2</th> <th>3</th> <th>3</th> <th>4</th> </tr> </thead> <tbody> <tr> <td>Acetaminophen 325mg tablet. Take 1-2 tabs by mouth every 4 hours as needed for PAIN or FEVER</td> <td>PRN</td> <td>5pm</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Time</td> <td>2am</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Tablets</td> <td>2</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		time	1	2	3	3	4	Acetaminophen 325mg tablet. Take 1-2 tabs by mouth every 4 hours as needed for PAIN or FEVER	PRN	5pm						Time	2am						Tablets	2					<p>7/24/2025</p> <p>0111 0216 01</p>
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – Physician's order dated 12/4/25 states, "Acetaminophen 325mg tablet Take 1-2 tabs by mouth every 4 hours as needed for PAIN or FEVER"; however, time medication administered is unavailable</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The MAR will be updated every time physician has new order. MAR will be signed daily for accuracy and will be reviewed monthly. A checklist will include the instruction of MAR update. A reminder will be placed to the calendar and a back-up on my cellphone for all 3 month follow-up of each residents and Medication related such as daily signature.</p>	<p>7/24/2025</p> <p>25 JUL 2025 11:45</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (i) The primary care giver shall provide the opportunity for each resident to have pneumococcal and influenza vaccines and all necessary immunizations following the recommendations of the Advisory Committee on Immunization Practices (ACIP) or resident's physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence of current influenza and pneumococcal vaccinations</p> <p>Submit a copy with plan of correction.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>During doctor appointment (06/25/25) PCP suggested to do the influenza vaccine on September as season is already done. Together with the pneumococcal and the new COVID vaccine. Resident's PCP changed and still waiting for the replacement/call from Straub. Staff is aware about the vaccine request.</p>	<p>06/25/20</p> <p>01 11 3 11 11</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (i) The primary care giver shall provide the opportunity for each resident to have pneumococcal and influenza vaccines and all necessary immunizations following the recommendations of the Advisory Committee on Immunization Practices (ACIP) or resident's physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence of current influenza and pneumococcal vaccinations</p> <p>Submit a copy with plan of correction.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Vaccine update is added to the checklist together with the annual PE. If series of vaccine is needed, it will be posted as a reminder to the calendar and phone reminder. It will also be logged in the monthly progress notes.</p>	<p>06/25/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Monthly progress notes unavailable from 6/2024-10/2024</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>05 JUL 27 11:06</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Monthly progress notes unavailable from 6/2024-10/2024</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Monthly progress notes will be made every time that has changes and every month. This will be added to the check list and a reminder on the phone preferably by the last week of each month. Extra blank copy is also made available and is placed to a separate binder .. intended for daily task such as MAR.</p>	<p>07/24/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Response to medications unavailable in monthly progress notes from 11/2024-5/2025</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	25 JUL 27 PM 1:26

	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><u>FINDINGS</u> Resident #1 – Response to medications unavailable in monthly progress notes from 11/2024-5/2025</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Instruction on how to document a MAR, progress notes etc. will be placed on separate binder under Resource/ Education binder. A checklist will be made available on each residents binder. A reminder on my phone every end of each month will be recorded on my alarm.</p>	<p>07/24/25</p> <p>25 JUL 23 9:15 AM</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Response to medication not being documented when resident is administered as needed medications (acetaminophen and benzonatate)</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	25 JUL 29 PM 4:45

	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><u>FINDINGS</u> Resident #1 – Response to medication not being documented when resident is administered as needed medications (acetaminophen and benzonatate)</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will follow the instruction on properly documenting the progress notes. Instruction will be placed on a separate binder under Resources/Education Binder. A checklist will indicate proper documenting of forms. A monthly reminder on my calendar and phone will be recorded/set alarm.</p>	<p>6/24/2025</p> <p>25 JUN 20 11:45</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Physician's order dated 12/4/25 states, "Acetaminophen 325mg tablet Take 1-2 tabs by mouth every 4 hours as needed for PAIN or FEVER". MAR shows medication has been administered almost daily since 12/2/24; however, no documented evidence daily administration of PRN acetaminophen for chronic pain has been discussed with physician</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>During the doctor's visit on 6/29/25, pain was addressed so Acetaminophen has new order. 1 for daily 2x a day and a PRN. Updated medlist and updated MAR is attached.</p>	<p>07/24/2025</p> <p>25 JUL 23 11:45</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Physician's order dated 12/4/25 states, "Acetaminophen 325mg tablet Take 1-2 tabs by mouth every 4 hours as needed for PAIN or FEVER". MAR shows medication has been administered almost daily since 12/2/24; however, no documented evidence daily administration of PRN acetaminophen for chronic pain has been discussed with physician</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>A 3month follow-up will be requested to the physician that will include medication review. If PRN medication is given daily for a period of time, I will concern the PCP. A check list will be made prior to appointment date to have all question with doctor be addressed. A reminder on my phone will be made.</p>	<p>7/24/2025</p> <p>25 JUL 2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><u>FINDINGS</u> Resident #1 – Dashes used throughout MAR in date boxes; however, symbol with definition unavailable in MAR legend</p> <p>Resident #1 – Initial (“a”) used on 2/2025 and 5/2025 MAR without individual’s name listed on MAR legend, initial (“Y”) used on 4/2025 MAR without individual’s name listed on MAR legend</p> <p>Submit a copy of updated monthly MAR legend with plan of correction.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Dashes will no longer be used. SCG was retrained on MAR documentation. Each caregiver signed the MAR next to each name.</p>	<p>6/28/25</p> <p>25 JUN 20 11:25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><u>FINDINGS</u> Resident #1 – Dashes used throughout MAR in date boxes; however, symbol with definition unavailable in MAR legend</p> <p>Resident #1 – Initial (“a”) used on 2/2025 and 5/2025 MAR without individual’s name listed on MAR legend, initial (“Y”) used on 4/2025 MAR without individual’s name listed on MAR legend</p> <p>Submit a copy of updated monthly MAR legend with plan of correction.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN’T HAPPEN AGAIN?</p> <p>MAR will be updated when change is needed. MAR will also be checked daily for signature and to make sure that will also sign on the legend part. A reminder is set every end of the month on my phone to check on MAR. Instruction on proper documentation is on separate binder together with the rules and Regulation.</p>	<p>07/24/25</p> <p>2025 JUL 24 PM 5:14</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u> Resident #1 – White out used on 5/2025 MAR</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>5/12/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u> Resident #1 – White out used on 5/2025 MAR</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>SCG/PCG training for proper documentation will be held monthly to remind us the correct way of doing the forms. This is listed on checklist and posted on phone reminder.</p>	<p>25 JUL 2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> Resident #1 – Annual dental exam unavailable</p> <p>Submit a copy with plan of correction.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Made an appointment to Hawaii family dental in Mililani. Appointment will be on August.</p>	<p>06/25/2025</p> <p>2025 JUN 25 PM 2:54</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (c) 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><u>FINDINGS</u> Resident #1 – Annual dental exam unavailable</p> <p>Submit a copy with plan of correction.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Annual dental Exam is added to the Annual checklist together with the PE, vaccines etc. A reminder is posted to patient binder, calendar and my phone.</p>	<p>06/29/2025</p> <p>5:13 PM</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u>. (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p>FINDINGS Bedroom #4 – Signaling device at bedside unavailable Bathroom (stall #1) – Signaling device unavailable</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Bedroom #4 Signaling device is already placed by the resident's bedside rails. a bell is also placed on the bed side as back-up. Bathroom stall #1 - battery is already been replaced and is working.</p>	<p>06/16/2025</p> <p>25 JUL 20 11:25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u>. (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><u>FINDINGS</u> Bedroom #4 – Signaling device at bedside unavailable Bathroom (stall #1) – Signaling device unavailable</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>All alarms will be checked daily (morning and last rounds) to ensure that its by the patient's bedside. Battery will be check weekly and replace when needed. A back-up bell is also placed at the bedside in-case the alarms is not working. This will be written on the "To do List" and a reminder is set on the phone.</p>	<p>06/17/25</p> <p>25 JUL 25 PM 1:45</p>

Licensee's/Administrator's Signature: Sociel Yang

Print Name: Sociel Yang

Date: 07-29-2025

25 JUL 29 01:45