Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

CHAPTER 100.1
Inspection Date: March 5, 2025 Annual
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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.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
S11-100.1-17 Records and reports. (b)(4) During residence, records shall include: Entries describing treatments and services rendered: FINDINGS Resident #1 - Documentation of treatment provided on L outer ankle wound was not recorded on either medication or treatment record. The wound healed on 6/27/24, per progress notes.	PART 1	
	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
	§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:	PART 2	Date
	Entries describing treatments and services rendered;	<u>FUTURE PLAN</u>	
	FINDINGS Resident #1 Documentation of treatment provided on L outer ankle wound was not recorded on either medication or treatment record. The wound healed on 6/27/24, per progress notes.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
		I will put a note in each resident's binder to remind me and SCG to document all treatments. I will double check medication record periodically to make sure treatment	
		is documented when a resident has a treatment order.	

Licensee`s/Administrator`s Signature:	Elena Ragasa
Print Name:	Elena Ragasa
Date:	03/05/2025