

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Giovannie Senior Living, LLC	CHAPTER 100.1
Address: 1352 Molehu Drive, Honolulu, Hawaii 96818	Inspection Date: April 3, 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).**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u> (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.</p> <p><b><u>FINDINGS</u></b> Resident #1 Physician order for Boost 100 calorie smart supplement was not clarified to indicate the correct supply available (Regular Boost 240 cal) and instructions on how much and when to administer the supplement. <i>Submit proof of correction with your plan of correction</i></p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes, I corrected this deficiency by sending a change order to residents PCP. Waiting.</p>	<p>4/21/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u> (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.</p> <p><b><u>FINDINGS</u></b> Resident #1 Physician order for Boost 100 caloric smart supplement was not clarified to indicate the correct supply available (Regular Boost 240 cal) and instructions on how much and when to administer the supplement.</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 have created a memo: "All supplement orders MUST include the amount to give and frequency/time of administration. Check physician's order for the correct supply," and posted on medicine cabinet. I will refer to this memo whenever a resident has a supplement order. I have also informed my caregiver of this process and to double check the supplements.</p>	<p>7/31/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (b)            Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><b><u>FINDINGS</u></b>            Observed three (3) pill minders dispensed for the week in Resident #1's medication supply.</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, Pill reminders have been removed.</p>	<p>4/21/25</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<div data-bbox="287 332 329 381"> <input type="checkbox"/> </div> <div data-bbox="361 324 989 511"> <p>11-100.1-15 <u>Medications</u>, (b)            Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> </div> <div data-bbox="361 535 989 633"> <p><u>FINDINGS</u>            Observed three (3) pill minders dispensed for the week in Resident #1's medication supply.</p> </div>	<div data-bbox="1308 300 1436 349"> <p>PART 2</p> </div> <div data-bbox="1255 373 1500 422"> <p><u>FUTURE PLAN</u></p> </div> <div data-bbox="1021 438 1734 560"> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> </div> <div data-bbox="1042 576 1713 706"> <p>To prevent fr happening again in the future i will create a tool &amp; post by meds cab. "NO to PILLBOX". I as the PCG Throw away all the pillbox.</p> </div>	<div data-bbox="1755 349 1872 397"> <p>7/15/25</p> </div>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input 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><b><u>FINDINGS</u></b> Resident #1 – Diclofenac Sodium gel 1% observed in resident's medication bin has no physician's order. <i>Submit a copy of the physician order with your POC</i></p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes, I corrected this deficiency by obtaining a PCP order.</p>	4/21/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications, (c)</u> 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 - Diclofenac Sodium gel 1% observed in resident's medication bin has no physician's order.</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 have created a memo: "File after visit summary notes from the physician right away," and posted it on the resident's binder.</p> <p>I will double check end of the day to make sure the after visit summary note is filed.</p>	<p>7/31/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.4-15 <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 Lexapro order was changed to 20 mg PO in the morning on 3/25/25, but changes do not reflect on the April 2025 MAR. <i>Submit proof of correction with your POH</i></p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes, I corrected this deficiency by obtaining a PCP order, and updated my MAR reflected on the April 2025 MAR.</p>	<p>4/21/25</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input 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 Lexapro order was changed to 20 mg PO in the morning on 3/25/25, but changes do not reflect on the April 2025 MAR.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><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 have created a memo: "Changes to medication order must be carried out immediately and make the changes in the medication record right away. The new order will be transcribed in the MAR on a new column," and posted this on medicine cabinet and resident's binder. I will double check the MAR end of the day to make sure the changes are implemented.</p>	<p>7/31/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 July 2024 MAR indicates the Metoprolol order was not initialed as either given to, held, or refused by the resident on 7/23/24 and from 7/29/24-7/31/24.</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>	

	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><b><u>FINDINGS</u></b> Resident #1 July 2024 MAR indicates the Metoprolol order was not initialed as either given to, held, or refused by the resident on 7/23/24 and from 7/29/24-7/31/24.</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>I have created a memo: "MAR shall be signed/initialed right after administering medications," and posted this on medicine cabinet and MAR binder for residents. I will double check end of the day to make sure the MAR is initialed.</p>	<p>7/31/25</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><b>FINDINGS</b>  Resident #1 Physician order (7/12/24) for Ciprofloxacin 500mg, 1 tab po x 5 days was recorded on MAR as "Ciprofloxacin," and did not include the dosage, route, and frequency.</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>§11-100.1-15 <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 initiated by the care giver.</p> <p><b><u>FINDINGS</u></b> Resident - F Physician order (7-12-24) for Ciprofloxacin 500mg 1 tab po x 5 days was recorded on MAR as "Ciprofloxacin," and did not include the dosage, route, and frequency.</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 in the future, I as a PCG shall update the MAR with all recorded dosages listed on the PCP medication order. I have also noted on my MAR "include dosage, route, and frequency for any new meds".</p>	<p>4/21/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h)  A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><b><u>FINDINGS</u></b>  Resident #1, #2, #3 Plan of care schedule of activities unavailable for review.  <i>Submit documentation with your POA</i></p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes, I corrected the deficiency by creating their own individual plan and implemented it into their routine. I have posted their plan of care in their binder.</p>	<p>4/21/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
[ ]	<p>§11-100.1-16. <u>Personal care services.</u> (b) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><b><u>FINDINGS</u></b> Resident #1, #2, #3 - Plan of care schedule of activities unavailable for review.</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 have created a memo: "Complete Plan of Care/schedule of activities upon admission and update as needed," and posted on medicine cabinet.</p> <p>I will refer to this memo when admitting/re- admitting new residents. Copy of the plan of care will be filed in the resident's binder.</p> <p>I will double check the resident's binder every 3 months to make sure it's completed.</p>	7/31/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input 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 PRN medications was not recorded in the progress notes.</p>	<p>PART I</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
<div data-bbox="293 295 336 332" data-label="Image"> </div>	<p data-bbox="366 295 808 324">§ 11-100.1-17 <u>Records and reports.</u> (b)(3)</p> <p data-bbox="366 328 783 357">During residence, records shall include:</p> <p data-bbox="366 386 995 592">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 data-bbox="366 620 500 649"><u>FINDINGS</u></p> <p data-bbox="366 652 925 706">Resident #1: Response to PRN medications was not recorded in the progress notes.</p>	<p data-bbox="1202 224 1564 251">PLAN OF CORRECTION</p> <p data-bbox="1330 295 1436 324">PART 2</p> <p data-bbox="1272 365 1493 397"><u>FUTURE PLAN</u></p> <p data-bbox="1032 435 1734 535"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p data-bbox="1042 597 1713 787">To prevent fr happening again in the future, I will create a tool posting on the med cab or ref, such as "PRN meds must sign with time &amp; date the same day it was administered .&amp; as a PCG to double check if it's done.</p>	<p data-bbox="1770 376 1876 406">7/16/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
2	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Progress notes for July 2024 and January-March 2025 are unavailable for review</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 data-bbox="387 305 821 360">§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p data-bbox="387 393 1017 594">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 data-bbox="387 626 514 652"><b><u>FINDINGS</u></b></p> <p data-bbox="387 652 970 711">Resident #1 – Progress notes for July 2024 and January - March 2025 are unavailable for review</p>	<p data-bbox="1349 295 1459 328">PART 2</p> <p data-bbox="1293 367 1515 399"><b><u>FUTURE PLAN</u></b></p> <p data-bbox="1051 435 1753 539"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p data-bbox="1042 649 1757 906">I have created a post it note, "Update or finish monthly progress notes before end of the month," and posted on resident's binder. Once completed, I will transfer the post it note to the following month as a reminder to complete. I will double check end of the month to ensure it's completed.</p>	<p data-bbox="1817 328 1923 360">7/31/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c)            Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><b><u>FINDINGS</u></b>            Resident #1 - No incident report was generated for a fall incident that occurred on 3/14/25.  <i>Submit a copy with your POC</i></p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes I generated an incident report required including any information regarding the incident, and I noted it in the resident's progress notes.</p>	<p>4/21/25r</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c)            Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u>            Resident #1: No incident report was generated for a fall incident that occurred on 3/14/25.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>I have created a reminder note: "Finish incident report within 24-48 hours following the incident," and posted it on the medicine cabinet. Once completed, I will file the report on the incident report binder.</p>	<p>7/31/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
2	<p>§11-100.1-17 <u>Records and reports.</u> (c)            Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u>            Resident #1 Incident report dated 7/26/24 was filed in the resident binder.</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, I removed the incident reports from the resident binder and filed it in a separate incident report binder.</p>	<p>7/16/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<div data-bbox="321 298 357 334" data-label="Text"> <input type="checkbox"/> </div>	<div data-bbox="389 298 1010 591" data-label="Text"> <p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> </div> <div data-bbox="389 623 1010 708" data-label="Text"> <p><b><u>FINDINGS</u></b> Resident #1 Incident report dated 7/26/24 was filed in the resident binder.</p> </div>	<div data-bbox="1349 292 1464 321" data-label="Section-Header"> <p><b>PART 2</b></p> </div> <div data-bbox="1293 363 1519 393" data-label="Section-Header"> <p><b><u>FUTURE PLAN</u></b></p> </div> <div data-bbox="1051 431 1761 532" data-label="Text"> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> </div> <div data-bbox="1042 610 1761 867" data-label="Text"> <p>I have created a reminder note: "All incident report shall be filed in the incident report binder. DO NOT file in the resident's record," and posted it on the medicine cabinet. I've informed my caregivers of this requirement. I will also double check resident's binder to ensure no incident report is filed.</p> </div>	<div data-bbox="1817 324 1932 354" data-label="Text"> <p>7/31/25</p> </div>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p data-bbox="374 293 810 350">§11-100.1-17 <u>Records and reports.</u> (b)(4) General rules regarding records</p> <p data-bbox="374 383 1002 472">All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p data-bbox="374 505 502 529"><b><u>FINDINGS</u></b></p> <p data-bbox="374 529 1002 586">Resident #1 White correction tape was used in August and October 2024 MAR</p>	<p data-bbox="1342 293 1449 318">PART 1</p> <p data-bbox="1055 683 1736 1000"><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
<div data-bbox="300 337 331 370" style="border: 1px solid black; width: 15px; height: 15px; display: flex; align-items: center; justify-content: center;">5</div>	<p data-bbox="374 326 800 391">§11-100.1-17 <u>Records and reports.</u> (b)(4) General rules regarding records:</p> <p data-bbox="374 407 981 513">All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p data-bbox="374 537 502 570"><b><u>FINDINGS</u></b></p> <p data-bbox="374 553 991 626">Resident #1 White correction tape was used in August and October 2024 MAR</p>	<p data-bbox="1204 228 1555 269"><b>PLAN OF CORRECTION</b></p> <p data-bbox="1332 302 1438 334"><b>PART 2</b></p> <p data-bbox="1278 375 1491 407"><b><u>FUTURE PLAN</u></b></p> <p data-bbox="1034 440 1736 553"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p data-bbox="1034 561 1651 667">To prevent this in the future, I will post a reminder on my medicine cabinet to not use correction tape for any legal documents.</p>	<p data-bbox="1779 342 1874 383">4/21/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1)(A) Residents' rights and responsibilities</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally or in writing, prior to or at the time of admission, of these rights and of all rules governing resident conduct. There shall be documentation signed by the resident that this procedure has been carried out.</p> <p><b><u>FINDINGS</u></b>  Resident #1 General operational policy was not signed by the resident resident's legal representative.  <i>Submit documentation with your POA</i></p>	<p><b>PART I</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, I corrected this deficiency by informing legal representative of Resident #1 to sign Giovannie Senior Living LLC operational policy.</p>	<p>4/21/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input type="checkbox"/>	<p>§11-100 1-21 Residents' and primary care givers' rights and responsibilities, (a)(1)(A) Residents' rights and responsibilities.</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally or in writing, prior to or at the time of admission, of these rights and of all rules governing resident conduct. There shall be documentation signed by the resident that this procedure has been carried out.</p> <p><b><u>FINDINGS</u></b></p> <p>Resident #1 General operational policy was not signed by the resident resident's legal representative.</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 have created a reminder note: "GOP has to be signed by the POA same day of resident admission," and posted it on the medicine cabinet. I will double the GOP is signed by the POA before filing in the resident's binder.</p>	<p>7/31/25</p>

Licensee's/Administrator's Signature: Giovannie A. Sibayan

Print Name: Giovannie A. Sibayan

Date: 04/21/2025

Licensee's Administrator's Signature *Giovannie Sibayan*

Print Name: **Giovannie Sibayan**

Date: **07/10/2025**

Licensee's Administrator's Signature:



Print Name:

GIOVANNIE SIBAYAN

Date:

July 31, 2025