

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: AL & L Care Home, LLC	CHAPTER 100.1
Address: 4496 Luapele Place, Honolulu, Hawaii 96818	Inspection Date: February 19, 2026 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>§11-100.1-9 <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 clearance.</p> <p><u>FINDINGS</u> Substitute Caregiver (SCG) #2—No documentation of an initial tuberculosis clearance (2 step skin test or Interferon Gamma Release Assay (IGRA)). Record of a one step skin test dated on 9/27/24 available.</p> <p><i>Please include documentation with your Plan of Correction to resolve this deficiency.</i></p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Upon discovery the SCG file was immediately reviewed The SCG was removed from duty until compliant documentation could be obtained A TB clearance was initiated and the SCG has now completed the required TB screening in accordance with regulatory standards (2 step TB skin /IGRA as applicable Documentation has obtained and place in the employee file</p>	<p>2/25/2026</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 clearance.</p> <p><u>FINDINGS</u> Substitute Caregiver (SCG) #2—No documentation of an initial tuberculosis clearance (2 step skin test or Interferon Gamma Release Assay (IGRA)). Record of a one step skin test dated on 9/27/24 available.</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 standardize employee health clearance checklist has been implemented for all new and SCG prior to hire/assignment No CG will be allowed to work without complete TB clearance documentation verified by administration Double check system is required prior</p>	<p>2/25/26</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Per Primary Caregiver (PCG), there is no special diet menu posted. No menu provided for resident that has a 'Cardiac, consistent carbohydrate, minced diet'.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Upon identification of the deficiency a special diet to the specific resident dietary needs (cardiac consistent carbohydrate minced diet) was immediately developed and implemented. The menu is now posted in the kitchen and caregiver area for staff reference. All caregivers were informed of the resident's dietary and instructed to follow posted menu</p>	02/25/26

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	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> One (1) loose, unidentified pill was found in a medication cup inside the locked medication cabinet. The pill was not properly labeled, and the PCG was unable to identify the medication or the intended patient. The issue was corrected during the inspection.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (c) Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><u>FINDINGS</u> Observed one (1) topical medication stored with bottles of oral medications in the resident's medication bin. Issue was corrected during inspection.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (c) Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><u>FINDINGS</u> Observed one (1) topical medication stored with bottles of oral medications in the resident's medication bin. Issue was corrected during inspection.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent recurrence, all staff will be re-educated on proper medication storage protocols, specifically ensuring that topical medications are stored separately from oral medications in clearly designated and labeled areas. A medication storage audit checklist will be implemented and completed daily during each shift change to verify compliance.</p> <p>The Administrator or designee will conduct weekly random audits of medication bins to ensure ongoing adherence. Any discrepancies will be addressed immediately with staff re-training and corrective action as needed.</p> <p>Additionally, medication bins will be clearly labeled and organized to distinguish between oral, topical, and other routes of administration to promote safe medication practices and prevent medication errors.</p>	2/25/2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> 26 MAP -2 PL 87	<p>§11-100.1-15 <u>Medications</u>, (d) Appropriate liquid medicine measuring devices shall be available and in use when liquid medicine is made available.</p> <p>FINDINGS Resident #1—Observed medication order for “Robitussin DM 20-200mg/20ml; give 10 ml every four hours for cough.” PCG only had medication cups marked only at 20 ml level, and no device was available to measure a 10 ml dose.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Immediate Correction: During the inspection, an appropriate medication measuring device (10 mL marked cup/syringe) was obtained and placed in the medication area to ensure accurate dosing of Robitussin DM as ordered. Staff were instructed to use only properly calibrated devices for medication administration.</p>	<p>2/25/2026</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (d) Appropriate liquid medicine measuring devices shall be available and in use when liquid medicine is made available.</p> <p><u>FINDINGS</u> Resident #1—Observed medication order for “Robitussin DM 20-200mg/20ml; give 10 ml every four hours for cough.” PCG only had medication cups marked only at 20 ml level, and no device was available to measure a 10 ml dose.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>All caregivers will be re-educated on proper medication administration procedures, including the requirement to use clearly marked and appropriate measuring devices for all liquid medications. The facility will ensure that each medication bin contains the correct measuring device corresponding to the prescribed dose.</p> <p>An inventory checklist of medication administration supplies (including calibrated cups/syringes) will be conducted weekly to ensure availability and accuracy. The Administrator or designee will perform random audits of medication administration practices to ensure ongoing compliance.</p> <p>Any staff found not following proper measurement protocols will receive immediate re-training and corrective action to prevent recurrence and ensure resident safety.</p>	2/25/2026

	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—Observed medication order: Robitussin DM 20-200mg/20ml; give 10 ml every four hours for cough.” Medication administration Record (MAR) listed the medication as “Robitussin DM 20 ml PO three times a day.” The medication available did not match the physician-ordered dosage.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>During inspection, the discrepancy between the physician’s order and the Medication Administration Record (MAR) was immediately identified and corrected. The MAR was updated to accurately reflect the physician’s order: Robitussin DM 200 mg/ 20 mL, give 10 mL every 4 hours as needed for cough. Staff were instructed to hold incorrect administration until clarification was completed. The prescribing physician/pharmacy was notified to verify the correct order, and the medication label was reconciled to match the verified order.</p>	<p>2/25/2026</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—Observed MAR listing “Gabapentin 300 mg, take 2 tablets PO four times daily” from February through June 2025. No initial physician/APRN order was found. Per PCG, the medication was provided by family. Admission records dated 02/01/2025 show an order for “Gabapentin 100 mg, take 2 tablets PO four times daily.” Documentation of correction done on 06/08/2025.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</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—Observed a physician order for “Tylenol 500 mg, 2 tablets, three times daily.” A bottle of Tylenol 325 mg observed in medication bin. The medication available did not match the ordered dosage.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Plan of Correction</p> <p>Immediate Correction: During inspection, the discrepancy between the physician’s order (Tylenol 500 mg, 2 tablets PO three times daily) and the available medication (Tylenol 325 mg) was identified. Medication administration was held until clarification was obtained. The prescribing physician/pharmacy was contacted to verify the correct order. The incorrect strength (325 mg) was removed from the medication bin and replaced with the correct Tylenol 500 mg supply, properly labeled. The MAR was reviewed and confirmed to match the verified order prior to resuming administration.</p>	<p>2/25/2026</p>

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☒	<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—Observed a physician order for “Tylenol 500 mg, 2 tablets, three times daily.” A bottle of Tylenol 325 mg observed in medication bin. The medication available did not match the ordered dosage.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent recurrence, the facility will implement the following measures:</p> <p>All medications will be verified using a triple-check system: physician order, pharmacy label, and MAR prior to administration.</p> <p>Medications received (including refills) will be checked upon delivery to ensure correct drug, dose, and labeling before being placed in the medication bin.</p> <p>A medication reconciliation process will be conducted for all new, changed, or refilled medications.</p> <p>The Administrator or designee will perform weekly medication cart/bin audits to ensure all medications match current physician orders.</p> <p>Staff will be re-educated on medication verification and safe administration practices, emphasizing not administering medications that do not match the prescribed order.</p> <p>Any discrepancies will be corrected immediately, with staff receiving re-training and corrective action</p>	2/25/2026

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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— Observed a physician order for “Seroquel 25 mg, 0.5 tablet every morning.” The medication bottle was labeled “Seroquel 25 mg, give 1 tablet every morning.” PCG reported administering the medication according to the bottle label. The medication available did not match the physician/APRN order.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Plan of Correction Immediate Correction: Upon observation, the discrepancy between the physician/APRN order (Seroquel 25 mg, give 0.5 tablet every morning) and the pharmacy label (Seroquel 25 mg, give 1 tablet every morning) was immediately identified. Medication administration was held until clarification was obtained. The prescribing provider and pharmacy were contacted to verify the correct dosage. The medication label was corrected by the pharmacy to match the physician/APRN order, and the MAR was updated accordingly. Staff were instructed to follow the verified order moving forward.</p>	2/26/2026

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1— Observed an order for “Cephalexin 250 mg, 1 capsule PO four times daily for 14 days.” The MAR shows administration from 03/01/2025 through 03/11/2025. The medication as ordered by the physician or APRN was not available.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</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— Observed an order for “Cephalexin 250 mg, 1 capsule PO four times daily for 14 days.” The MAR shows administration from 03/01/2025 through 03/11/2025. The medication as ordered by the physician or APRN was not available.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Upon discovery of the deficiency the facility immediately reviewed the resident’s medication orders and inventory The medication supply system was evaluated to ensure that all prescribed medication are obtained promptly from the pharmacy and available for administration as ordered Plan to prevent recurrence The administrator and medication manager will implement a weekly medications are available and in adequate supply Medication orders will be reviewed immediately upon receipt and medication will be ordered from the pharmacy same day Staff responsible for medication administration will receive additional training on medication inventory on medication inventory monitoring and timely pharmacy communication</p>	<p style="text-align: right; color: red; font-weight: bold;">RECEIVED</p> <p style="text-align: right; color: blue;">MAR 17 2026</p> <p style="text-align: right;">03/16/27</p>

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MAR 17 2026

	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 evidence of medication reevaluation every four (4) months by physician or APRN. Last medication reevaluation was dated 02/01/2025.</p> <p><i>Please include documentation with your Plan of Correction to resolve this deficiency.</i></p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Plan of Correction</p> <p>Immediate Correction: Upon identification, it was confirmed that Resident #1 did not have documentation of a required medication re-evaluation every four (4) months, with the last review dated 02/01/2025. The resident's physician/APRN was immediately notified, and a current medication re-evaluation was requested and completed. Documentation of the updated review has been placed in the resident's record.</p>	<p>2/25/2026</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications. (g)</u> 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 evidence of medication reevaluation every four (4) months by physician or APRN. Last medication reevaluation was dated 02/01/2025.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Future Plan of Correction: To prevent recurrence, the facility will implement the following measures:</p> <p>A medication re-evaluation tracking system will be established for all residents to ensure reviews are completed at least every four (4) months. A calendar log/reminder system will be maintained by the Administrator or designee to track due dates for each resident's medication review. The Administrator or designee will conduct monthly chart audits to verify that all required medication re-evaluations are current and completed on time. All staff will be re-educated on regulatory requirements regarding timely physician/APRN medication reviews. Any upcoming due dates will be communicated to the provider in advance to ensure compliance. Any missed or overdue re-evaluations will be addressed immediately, and staff will receive re-training and corrective action as needed to maintain ongoing compliance.</p>	2/25/2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Permanent registry was incomplete; discharge and admission dates for the current hospitalization were not documented. Birthdate for resident #1 inconsistent with resident chart. Issue was corrected during inspection.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Permanent registry was incomplete; discharge and admission dates for the current hospitalization were not documented. Birthdate for resident #1 inconsistent with resident chart. Issue was corrected during inspection.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Future Plan of Correction: To prevent recurrence, the facility will implement the following:</p> <p>A standardized registry review process will be conducted upon admission, discharge, and after any hospitalization to ensure all required information is accurately documented.</p> <p>A double-check system will be implemented, requiring a second staff or Administrator/designee to verify all entries in the permanent registry for accuracy and completeness.</p> <p>The Administrator or designee will conduct monthly audits of the permanent registry to ensure ongoing compliance with documentation requirements.</p> <p>Staff will be re-educated on proper documentation standards and regulatory requirements for maintaining an accurate and complete permanent registry.</p> <p>Any discrepancies identified will be corrected immediately, with staff receiving re-training and corrective action as necessary.</p>	<p>2/25/2026</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(3) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of compliance with the department's uniform tuberculosis policy;</p> <p><u>FINDINGS</u> Resident #1 — History of an initial 2-step TB skin test was observed, but no updated annual TB clearance (single-step skin test or IGRA) was available.</p> <p><i>Please include documentation with your Plan of Correction to resolve this deficiency.</i></p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Plan of Correction</p> <p>Immediate Correction: Upon identification, it was noted that Resident #1 had documentation of an initial two-step TB skin test, however, no current annual TB clearance (single-step TST or IGRA) was available. The resident's physician/APRN was notified, and an order was obtained for updated TB clearance. The required TB screening (single-step skin test or IGRA) was completed, and results have been documented in the resident's record.</p>	2/25/2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(3) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of compliance with the department's uniform tuberculosis policy;</p> <p><u>FINDINGS</u> Resident #1— History of an initial 2-step TB skin test was observed, but no updated annual TB clearance (single-step skin test or IGRA) was available.</p> <p><i>Please include documentation with your Plan of Correction to resolve this deficiency.</i></p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Future Plan of Correction: To prevent recurrence, the facility will implement the following:</p> <p>A TB clearance tracking system will be established for all residents to ensure annual TB screening is completed on time. A centralized log/calendar will be maintained by the Administrator or designee to monitor due dates for TB testing and clearances. The Administrator or designee will conduct monthly audits of resident health records to verify that TB documentation is current and complete. Staff will be re-educated on regulatory requirements for initial and annual TB clearance compliance. Any upcoming or overdue TB screenings will be promptly communicated to the provider to ensure timely completion. Any deficiencies identified will be corrected immediately, with staff receiving re-training and corrective action as needed to maintain compliance and ensure resident safety.</p>	<p>2/25/2026</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (e) The primary care giver with the assistance of the case manager shall provide training to all substitute care givers and ensure that all services and interventions indicated in the expanded ARCH resident's care plan are provided to expanded ARCH residents by the substitute care giver.</p> <p><u>FINDINGS</u> Resident #1— No documentation showing that substitute caregivers completed training for the specific resident's care was available for review.</p> <p><i>Please include documentation with your Plan of Correction to resolve this deficiency.</i></p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Plan of Correction</p> <p>Immediate Correction: Upon review, it was identified that there was no documentation verifying that the substitute caregiver completed training specific to Resident #1's care needs. The substitute caregiver was immediately provided with resident-specific training, including review of the care plan, medication management, ADLs, and any special needs. Documentation of the completed training was obtained and placed in the employee file and resident record.</p>	<p>2/25/2026</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (e) The primary care giver with the assistance of the case manager shall provide training to all substitute care givers and ensure that all services and interventions indicated in the expanded ARCH resident's care plan are provided to expanded ARCH residents by the substitute care giver.</p> <p><u>FINDINGS</u> Resident #1— No documentation showing that substitute caregivers completed training for the specific resident's care was available for review.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Future Plan of Correction: To prevent recurrence, the facility will implement the following:</p> <p>All substitute caregivers will be required to complete resident-specific orientation and training prior to providing care. A standardized training checklist will be developed for each resident, including care needs, medications, diet, and safety precautions, which must be completed and signed before assignment. The Administrator or designee will verify and maintain documentation of completed training in personnel files. A log of substitute caregivers and corresponding training completion will be maintained for tracking and compliance. The Administrator or designee will conduct monthly audits of caregiver training records to ensure all documentation is complete and current. Staff will be re-educated on the importance of proper documentation and competency validation prior to</p>	2/25/2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (a) Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who:</p> <p><u>FINDINGS</u> Resident #1—Level of care (LOC) evaluation dated 01/02/2026 indicated a score for an expanded resident. No case management services were provided to date.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Plan of Correction</p> <p>Immediate Correction: Upon review, Resident #1's Level of Care evaluation dated 01/02/2026 indicated eligibility for an Expanded Adult Residential Care Home level, however, no case management services had been initiated. The appropriate case management agency was immediately notified, and a referral was completed. Coordination of care has been initiated, and documentation of contact and services has been placed in the resident's record.</p>	<p>2/25/2026</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (a) Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who:</p> <p><u>FINDINGS</u> Resident #1—Level of care (LOC) evaluation dated 01/02/2026 indicated a score for an expanded resident. No case management services were provided to date.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Future Plan of Correction: To prevent recurrence, the facility will implement the following:</p> <p>All Level of Care evaluations will be reviewed upon receipt to identify required services, including case management for Expanded level residents. A case management referral protocol will be established, ensuring referrals are made immediately upon identification of Expanded level status.</p> <p>A tracking log will be maintained to monitor referrals and confirm initiation of case management services. The Administrator or designee will conduct monthly audits of resident records to verify that all required services, including case management, are in place and documented.</p> <p>Staff will be re-educated on requirements for Expanded level of care residents, including timely coordination of case management services. Any delays or omissions identified will be addressed immediately, with staff receiving re-training and</p>	<p>2/25/2026</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)(1) 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>Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects;</p> <p><u>FINDINGS</u> Resident #1— No documentation of a comprehensive assessment completed by a case manager was available for review.</p> <p><i>Please include documentation with your Plan of Correction to resolve this deficiency.</i></p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Plan of Correction</p> <p>Immediate Correction: Upon review, it was confirmed that Resident #1 had a comprehensive assessment completed by a case manager available in the medical record. The document was verified for completeness and ensured to be properly filed and accessible for review. No further immediate correction was required.</p>	<p>2/25/2026</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)(1) 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>Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects;</p> <p><u>FINDINGS</u> Resident #1— No documentation of a comprehensive assessment completed by a case manager was available for review.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Upon identification of the deficiency the facility contacted the resident's case manager to obtain the required comprehensive assessment documentation. The document will be secured and placed in the resident's file to ensure the records are complete and compliant with expanded Arch requirements.</p> <p>Plan to prevent The administration will ensure that a comprehensive assessment completed by the case manager is obtained prior to admission for any expanded ARCH resident. An admission checklist will be implemented to verify that all required documents including the case manager's comprehensive assessment are present before the resident is accepted into the facility.</p>	<p style="text-align: center; color: red; font-size: 1.2em;">RECEIVED</p> <p style="text-align: center; color: blue; font-size: 0.8em;">MAR 17 2026</p> <p style="text-align: center;">03/16/26</p>

RECEIVED

MAR 17 2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) 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>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1—No interim care plan or initial care plan available for review.</p> <p><i>Please include documentation with your Plan of Correction to resolve this deficiency.</i></p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Plan of Correction</p> <p>Immediate Correction: Upon review, it was confirmed that Resident #1 had a comprehensive assessment completed by a case manager available in the medical record. The document was verified for completeness and ensured to be properly filed and accessible for review. No further immediate correction was required.</p>	<p>2/25/2026</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)(2) 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>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1—No interim care plan or initial care plan available for review.</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>Upon identification of the deficiency the facility contacted the resident's case manager to complete and provide the required interim comprehensive assessment documentation the document will be secured and place in the resident's file to ensure the record is complete and compliant with expanded ARCH requirements</p>	<p>RECEIVED MAR 17 2026</p> <p>03/16/26</p>

RECEIVED

MAR 17 2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(8) 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>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;</p> <p><u>FINDINGS</u> Resident #1—Resident LOC upgraded to expanded on 01/02/2026. No documentation of a face-to-face contact with case manager at least once every thirty (30) days.</p> <p><i>Please include documentation with your Plan of Correction to resolve this deficiency.</i></p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Plan of Correction</p> <p>Immediate Correction: Upon review, it was identified that Resident #1, who was upgraded to Expanded Level of Care (Tier 1, Tier 2, and Tier 6), did not have consistent documentation of face-to-face contact with the case manager at least every 30 days. The assigned case manager was immediately notified, and a face-to-face visit was completed. Documentation of the visit has been obtained and placed in the resident's medical record.</p>	<p>2/25/2026</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)(8) 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>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;</p> <p><u>FINDINGS</u> Resident #1—Resident LOC upgraded to expanded on 01/02/2026. No documentation of a face-to-face contact with case manager at least once every thirty (30) days.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Future Plan of Correction: To prevent recurrence, the facility will implement the following:</p> <p>A case manager visit tracking log will be established to monitor required monthly (every 30 days) face-to-face visits for all Expanded Level residents. The Administrator or designee will maintain a calendar reminder system to track due dates and follow up with the case manager prior to the 30-day requirement.</p> <p>A monthly audit of resident records will be conducted to ensure documentation of required case manager visits is present and current.</p> <p>Ongoing communication will be maintained with case management agencies to ensure timely scheduling and completion of visits.</p> <p>Staff will be re-educated on requirements for Expanded Level of Care residents, including mandatory case manager involvement and documentation.</p> <p>Any missed or overdue visits will be addressed</p>	<p>2/25/2026</p>

Licensee's/Administrator's Signature: Lolita Schimmel

Print Name: Lolita Schimmel

Date: Feb 26, 2026

