

Office of Health Care Assurance
State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aloha Elderly Care LLC	CHAPTER 100.1
Address: 1193 Ala Napunani Street, Honolulu, Hawaii 96818	Inspection Date: January 22, 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"/> §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. FINDINGS Substitute Care Giver (SCG) #2 – No documented evidence of a current tuberculosis clearance by a physician or advanced practice registered nurse (APRN) on file.	<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>Negative TB Risk Assessment & Symptoms Screen From Lanaklia Health Center and a TB Clearance form completed by APRN was both completed on 02/10/2025.</p> <p>See attachment.</p>	<p style="text-align: center;">01/22/2026</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>FINDING SCG #2 – No documented evidence of a current tuberculosis clearance by a physician or APRN on file.</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>The PCG and an SCG shall double-check that all required documents are properly filed in the care home binder for departmental review.</p>	<p style="text-align: center;">1/22/2026</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 Nutrition. (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit. FINDINGS Resident #5 – Primary Care Provider (PCP) ordered “Dysphagia diet” as a diet order. Diet order incomplete as “dysphagia” diet refers to texture of food/liquid.	<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>Resident returned from the hospital on 5/18/25 with diet orders documented in the Discharge Summary/H&P as a cardiac diet: mechanical soft solids, nectar-thick liquids, and medications crushed and mixed with puree. Though On the same date, the Physician Order Sheet notes only “Dysphagia Diet,” which is consistent with the more detailed H&P order but is less specific regarding texture and cardiac components.</p> <p>On 5/22/25, the resident was seen by the PCP for post-hospital follow-up. After clinical assessment, the diet was changed to Regular with regular-texture solids and nectar-thick liquids.</p> <p>See attachment.</p>	<p style="text-align: center;">01/22/2026</p>

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<input checked="" type="checkbox"/> §11-100.1-13 Nutrition. (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit. FINDINGS Resident #5 – PCP ordered “Dysphagia diet” as a diet order. Diet order incomplete as “dysphagia” diet refers to texture of food/liquid.	<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 inconsistent orders and documentation, the PCG and I SGG shall review the admission papers before filing them in the residents' binder. The physician who completed the form will be contacted as soon as any discrepancies between the orders and the form are identified.</p>	<p style="text-align: center;">1/22/2026</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-14 Food sanitation. (a) All food shall be procured, stored, prepared and served under sanitary conditions. FINDINGS Observed the following expired items in facility refrigerator: organic chicken stock (11/20/2025) and italian dressing (12/29/2025).	<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>Expired items such as organic chicken stock and Italian dressing were discarded as soon as they were noted by the nurse consultant.</p>	<p style="text-align: center;">01/22/2026</p>

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<input checked="" type="checkbox"/> §11-100.1-14 Food sanitation. (a) All food shall be procured, stored, prepared and served under sanitary conditions. FINDINGS Observed the following expired items in facility refrigerator: organic chicken stock (11/20/2025) and italian dressing (12/29/2025).	<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>Weekly checks (Every Sunday) of expired items in the refrigerator will be implemented to prevent oversight of expiration dates. During these checks, all food items will be reviewed and any expired products will be promptly discarded.</p> <p>To further reduce the risk of missed dates, expiration dates will be clearly marked using a marker directly on containers or labels so caregivers can see them at a glance.</p>	<p style="text-align: center;">1/22/2026</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (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. FINDINGS Observed "adult electrolyte oral solution" nutritional supplement, unlabeled and unsecured in facility refrigerator.	<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>"Adult Electrolyte Oral Solution" was transferred to the caregivers' refrigerator on the day the nurse consultant noted it. Caregivers were reminded to store their personal items in the caregivers' refrigerator and to label each item clearly with their name to prevent confusion.</p>	1/22/2026

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (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. FINDINGS Resident #1 – "Medihoney" label does not contain the actual order from the APRN.	<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>A label was made with the resident's complete name, date of birth, and the complete order received from the PCP, and attached to the Medi-Honey.</p>	<p style="text-align: center;">01/23/2026</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (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. FINDINGS Resident #1 – Medication orders not reevaluated and signed every four months between February and July 2025.	<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"/> §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. FINDINGS Resident #1 – Medication orders not reevaluated and signed every four months between February and July 2025.	<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>A medication review column has been added to the residents' requirements paper and will be checked every month during the monthly summary. In addition to the primary caregiver (PCG), another caregiver will ensure this task is reviewed monthly. A monthly task list for both the PCG and the secondary caregiver (SCG) has been created to help prevent this task from being missed.</p>	<p style="text-align: center;">4/16/2026</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications. FINDINGS Observed “adult electrolyte oral solution” nutritional supplement, unsecured in facility refrigerator.	<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>“Adult Electrolyte Oral Solution” was transferred to the caregivers’ refrigerator on the day the nurse consultant noted it. Caregivers were reminded to store their personal items in the caregivers’ refrigerator and to label each item clearly with their name to prevent confusion.</p>	<p style="text-align: center;">01/22/2026</p>

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STATE LICENSING

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; FINDINGS Resident #2, Resident #3 – No documented evidence of a current tuberculosis clearance by a physician or APRN on file.	<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>Resident #2 completed the TST and TB clearance form on 8/18/2025; both documents are located and filed in the resident's binder.</p> <p>Resident #3 was seen by the MD on 01/16/2026 for an annual physical examination, TB clearance (TST completed on 8/18/25 with a negative result), and medication review. The annual PE and medication review were completed, but the TB clearance was not finalized during that visit.</p> <p>A note on the after-visit summary states: "Labs at another time for TB form completion. Drop off for Dr. Robin Seto (PCP)." The PCP's office was contacted to follow up regarding this note, and the TB clearance form was faxed to Dr. Seto's office on 1/19/2026. Completed TB Clearance received today 1/30/26.</p> <p style="text-align: center;">See Attachment</p>	<p style="text-align: right;">1/30/2026</p>

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<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; <u>FINDINGS</u> Resident #2, Resident #3 – No documented evidence of a current tuberculosis clearance by a physician or APRN on file.	<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>For resident #2, to ensure that it does not happen again, the PCG and/or SCG will assist the nurse consultant in locating all required documents and making them readily available for department review. This includes verifying that the TST and TB clearance form, along with any other time-sensitive records, are properly filed and easily accessible in the resident's binder.</p> <p>For resident #3, a continued follow-up with the PCP's office will be completed until the missing TB clearance form is finalized and returned. The PCG and/or SCG will document each follow-up attempt, including dates and outcomes, and ensure the completed form is filed in the resident's binder for department review.</p>	<p style="text-align: center;">1/30/2026</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; FINDINGS Resident #5 – “Resident Admission Residential & Personal History” form indicated resident with “ARCH” level of care, dated and signed by physician on 5/18/2025. Concurrently, same physician evaluated on the “Level of Care Evaluation for Adult Residential Care Home Resident” that resident exceeds “ARCH” level of care, on 5/18/2025. Conflicting level of care evaluations from physician on same date.	<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>The resident’s primary care provider (PCP) was contacted to complete an updated self-preservation and level-of-care (LOC) evaluation to prevent discrepancies between the two existing forms. The facility followed the level-of-care (LOC) assessment results for the resident and has ensured that he has been assigned a case manager since May 2025, in compliance with OHCA requirements for EARCH residents. Documentation of the PCP contact, the date of the evaluation, and the results will be filed in the resident’s binder for department review once received.</p>	<p style="text-align: center;">1/29/2026</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> <p>\$11-100.1-17 Records and reports: (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p>FINDINGS Resident #5 – “Resident Admission Residential & Personal History” form indicated resident with “ARCH” level of care, dated and signed by physician on 5/18/2025. Concurrently, same physician evaluated on the “Level of Care Evaluation for Adult Residential Care Home Resident” that resident exceeds “ARCH” level of care, on 5/18/2025. Conflicting level of care evaluations from physician on same date.</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>Another caregiver shall review the admission papers after the primary caregiver so that any incomplete information can be identified and corrected right away. An admission checklist has been completed for future admissions.</p> <p>A monthly task list for both the PCG and the secondary caregiver (SCG) has been created to help prevent this task from being missed</p>	<p>4/16/2026</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; <u>FINDINGS</u> Resident #1 – Monthly progress notes do not include observations of the resident's response to medications.	<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"/> §11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; FINDINGS Resident #1 – Monthly progress notes do not include observations of the resident's response to medications.	<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 ensure that it does not happen again, the monthly progress notes were edited to include a specific section for "response to medications." The revised form will now be used consistently when documenting the monthly progress note, so that medication effectiveness, side effects, and any changes are clearly recorded for each resident. A copy of the updated form has been filed for department review.</p> <p style="text-align: center;">See Attachment</p>	<p style="text-align: center;">1/30/2026</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (b)(7) During residence, records shall include: Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency; FINDINGS Resident #1 – Resident's mid upper arm circumference not measured monthly in lieu of monthly weight.	<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"/> §11-100.1-17 Records and reports. (b)(7) During residence, records shall include: Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency; FINDINGS Resident #1 – Resident's mid upper arm circumference not measured monthly in lieu of monthly weight.	<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>An order was received from the resident's PCP to "DC monthly weights and will measure arm circumference at each provider follow-up visit (Q 3 months)." In accordance with this order, the resident's arm circumference was measured by the PCP during her visit and recorded in both the progress notes and the weights form. Documentation of the order, the PCP's measurement, and the discontinuation of monthly weights has been filed in the resident's binder and for department review.</p> <p style="text-align: center;">see attachment</p>	<p style="text-align: center;">01/22/2026</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-19 Resident accounts. (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.	<p 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>The PCC contacted the families of Residents 2, 3, and 4 to complete another "Resident Financial Statement," as the PCC was unable to sign the form at the time of admission or re-admission. For Resident 5, the "Resident Financial Statement" was completed with both the POA and PCC's signatures at admission; however, an incomplete version of the form was identified during the department review. All updated and fully completed Resident Financial Statements are filed in the respective resident binders for department review.</p> <p style="text-align: right;">see attachment</p>	<p style="text-align: right;">1/30/2026</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-19 Resident accounts. (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.	<p 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>The PCG will ensure that all forms are fully signed at the time of admission or re-admission before they are filed in the respective resident's binder. An SCG will review and re-check each form to confirm that all required sections are completed, signatures are present, and documentation is accurate. Any incomplete or unsigned forms identified during this review will be corrected promptly and then filed in the resident's binder for department review.</p>	<p style="text-align: center;">1/30/2026</p>

FINDINGS

Resident #2, Resident #3, Resident #4, Resident #5 – “Residential Financial Statement” not signed by primary care giver upon admission/re-admission.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 Physical environment. (g)(3)(i) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either: FINDINGS Resident #2 - No documented evidence of a current self-preservation evaluation by a physician or APRN on file.	<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>A self-preservation assessment was completed by the resident's PCP on 9/10/2024. To obtain a current and updated self-preservation assessment, the PCG contacted the PCP to request a new evaluation reflecting the resident's present status. Documentation of this contact, along with the updated self-preservation assessment once received, will be filed in the resident's binder for department review.</p>	<p style="text-align: center;">1/29/2026</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> <p>\$11-100.1-23 Physical environment. (g)(3)(i) Fire prevention protection.</p> <p>Type I ARCHS shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>FINDINGS Resident #2 - No documented evidence of a current self-preservation evaluation by a physician or APRN on file.</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 monthly task list for both the PCCG and the secondary caregiver (SCG) has been created to help prevent this task from being missed.</p> <p>STATE LICENSING STATE OF MISSISSIPPI</p>	<p>26 APR 20 19 45</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 Case management qualifications and services. (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: 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; FINDINGS Resident #1 – No case manager obtained until May 2025, despite intermediate care facility (ICF) level of care determination in May 2024.	PART 1 <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"/> §11-100.1-88 Case management qualifications and services. (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: 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; FINDINGS Resident #1 – No case manager obtained until May 2025, despite intermediate care facility (ICF) level of care determination in May 2024.	<p style="text-align: center;">PLAN OF CORRECTION</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>The resident's wife humbly refused case manager services on May 15, 2024, despite the PCG reviewing and explaining that case management is an OHCA requirement for EARCH residents. To comply with OHCA requirements, the PCG paid for and initiated case manager services for the resident in May 2025.</p> <p>To ensure this does not happen again, all residents will continue to be assessed prior to admission. If documentation shows that the level of care (LOC) is under EARCH, the PCG shall inform the family that it is an OHCA requirement for residents whose LOC exceeds ARCH to have a case manager (chosen by them); otherwise, the resident will not be admitted.</p>	1/29/2026

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 Case management qualifications and services. (c)(9) 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: Provide ongoing evaluation and monitoring of the expanded ARCH resident's status, care giver's skills, competency and quality of services being provided; <u>FINDINGS</u> Resident #1 – RN case manager not monitoring resident's mid upper arm circumference monthly in lieu of monthly weight.	PART 1 <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"/> §11-100.1-88 <u>Case management qualifications and services.</u> (c)(9) 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: Provide ongoing evaluation and monitoring of the expanded ARCH resident's status, care giver's skills, competency and quality of services being provided; FINDINGS Resident #1 – RN case manager not monitoring resident's mid upper arm circumference monthly in lieu of monthly weight.	<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>An order was received from the resident's PCP to "DC monthly weights and will measure arm circumference at each provider follow-up visit (Q 3 months)." In accordance with this order, the resident's arm circumference was measured by the PCP during her visit and recorded in both the progress notes and the weights form.</p> <p>The RN case manager will be informed that arm circumference is to be measured every 3 months by the provider. So she will then track compliance with the Q 3-month arm-circumference measurements and include findings in ongoing assessments and reports.</p>	<p style="text-align: center;">1/29/2026</p>

Licensee's/Administrator's Signature:



Print Name: Annabelle Chang

Date: 1/30/2026

Licensee's/Administrator's Signature:



Print Name: Annabelle Chang

Date: 4/17/2026

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