

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aumoa Care Home LLC	CHAPTER 100.1
Address: 98-562 Kaimu Loop, Aiea, Hawaii 96701	Inspection Date: September 18, 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).

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> Substitute Caregiver (SCG) #1 & #6 – Current first-aid certification unavailable</p> <p>Submit a copy with plan of correction.</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>SCG #1 is no longer an employee of Aumoa Care Home. SCG #6 Current first aid certification has been completed.</p> <p>All other SCG certifications were audited and are found to be in compliance.</p>	<p>11/15/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> Substitute Caregiver (SCG) #1 & #6 – Current first-aid certification unavailable</p> <p>Submit a copy with 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>Primary Care Giver (PCG) provided an education to all SCG regarding the timely certification renewals.</p> <p>PCG created an individual calendar for each SCG to identify date due for all required certification every year.</p> <p>PCG will audit the individual calendar in the month of January and June to ensure compliance.</p>	11/15/25

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation (CPR);</p> <p><u>FINDINGS</u> SCG #1 – Current CPR certification unavailable</p> <p>Submit a copy with plan of correction.</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>SCG #1 CPR certification was missing the copy of the back page to identify expiration date. SCG #1 is no longer an employee of Aumoa Care Home.</p>	10/31/25

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation (CPR);</p> <p><u>FINDINGS</u> SCG #1 – Current CPR certification unavailable</p> <p>Submit a copy with 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>Primary Care Giver (PCG) provided an education to all SCG regarding the timely certification renewals.</p> <p>PCG created an individual calendar for each SCG to identify date due for all required certification every year.</p> <p>PCG will audit the individual calendar in the month of January and June to ensure compliance.</p>	10/01/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-10 <u>Admission policies.</u> (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department.</p> <p><u>FINDINGS</u> Resident #1-3 – Three (3) expanded level of care residents residing in facility with license maximum of two (2) expanded level of care residents permitted</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>Review of Level of Care completed for all 3 residents, and 1 expanded resident had improved and at ARCH level of care.</p>	<p>10/31/25</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department.</p> <p><u>FINDINGS</u> Resident #1-3 – Three (3) expanded level of care residents residing in facility with license maximum of two (2) expanded level of care residents permitted</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>Appointment calendar is set up for each resident. Each calendar includes Primary Care Provider appointment, type of appointment, and review of LOC.</p>	<p>11/01/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-13 <u>Nutrition.</u> (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><u>FINDINGS</u> Resident #3 – Resident prescribed a regular, thick liquid, pureed diet; however, lunch served was cooked potato wedges, diced chicken, corn, and peas. Pureed diet was not provided as ordered.</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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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u> Resident #3 – Diet order dated 2/28/25 was “regular, chopped, thick liquid” with an updated order on 8/20/25, “regular, thick liquid, pureed”. Special diet menus were unavailable for both prescribed diet orders.</p> <p>Submit a copy of “regular, thick liquid, pureed” diet menu with plan of correction.</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>4-week cycle menu were developed which includes, regular, pureed diet consistency and thickened liquid.</p>	<p>11/01/25</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u> Only two (2) weeks of diet menus were available. PCG stated menus are cycled.</p> <p>Submit a copy of four (4) week cycle menu with plan of correction.</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>4-week cycle menu were developed which includes, regular, pureed diet consistency and thickened liquid. This is posted in the dining area available for resident and resident representative.</p> <p>4-week Cycle menu will be audited monthly by the PCG.</p> <p>All SCG were given education to follow the 4-week cycle menus.</p>	09/20/25

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (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.</p> <p><u>FINDINGS</u> Resident #3 – Diet order dated 8/20/25 states, “regular, thick liquid, pureed”; however, thickness level of liquids not specified.</p> <p>Submit an updated copy of diet order with plan of correction</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>Resident #3 diet clarification completed. Diet order written as Regular, Pureed, nectar thick diet.</p>	12/09/25

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (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.</p> <p><u>FINDINGS</u> Resident #3 – Diet order dated 8/20/25 states, “regular, thick liquid, pureed”; however, thickness level of liquids not specified.</p> <p>Submit an updated copy of diet order with 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>Diet orders for each resident is listed and posted with the weekly menu.</p> <p>All SCGs were given an education regarding the diet liquid consistency for the resident, how to mix thickener and ensure nectar consistency is followed. SCG made aware of the list of diet posted with the menu for reference.</p> <p>PCG will do daily audit of liquid consistency based on diet orders.</p>	10/01/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> Kitchen refrigerator temperature ranged from 48-52°F</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>Kitchen refrigerator temperature was corrected to read 45 degrees Farenheight or lower.</p>	09/18/25

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DEC 11 2025

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> Kitchen refrigerator temperature ranged from 48-52°F</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>SCG given education on the refrigerator temperature range as required. A temperature log was created. SCG will log the refrigerator temperature reading daily.</p>	11/24/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-14 <u>Food sanitation.</u> (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation.</p> <p><u>FINDINGS</u> Bottle of bleach stored unsecured in kitchen sink cabinet</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>Bottle of bleach was removed from under the sink cabinet and relocated in a locked/secured cabinet as appropriate.</p>	<p>09/18/25</p>

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☒	<p>§11-100.1-14 <u>Food sanitation.</u> (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation.</p> <p><u>FINDINGS</u> Bottle of bleach stored unsecured in kitchen sink cabinet</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 SCG were given education on ensuring all bleach products are located in a secured kitchen cabinet.</p> <p>Daily audit will be completed by PCG to ensure all bleach products are in a secured location.</p>	09/18/25

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<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><u>FINDINGS</u> Wound dressing ointment stored in first aid kit.</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>Wound dressing ointment was removed from the first aid kit and destroyed by the PCG.</p>	<p>09/18/25</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #3 – Diet order dated 8/20/25 states, “Regular, thick liquid, pureed”; however, no documented evidence a thickening agent was prescribed</p> <p>Submit a copy of physician’s order with plan of correction.</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>Resident #3 Diet is Regular pureed; a clarification was completed for the liquid consistency. Diet order is regular, pureed, nectar thick liquid.</p>	<p>11/19/25</p>

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DEC 11 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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 – Per MAR, the following medications were administered and/or made available to the resident from 9/1/25-9/25/25 without physician’s orders:</p> <ul style="list-style-type: none"> • “Trazodone 1.5 tabs PO QHS” • “Trazodone 50mg 1 tab PO 2x/day PRN Agitation and Anxiety” • “Colace 100mg liq. PO 10mL PO QD PRN For Constipation” • “Melatonin 3mg 2 tabs PO PRN For Sleep” • “Acetaminophen ES (500mg) 1 tab PO PRN for FEVER” • “Chest Congestion Relief take 5mL (100mg) by Mouth every 4 hours as needed for cough” • “Melatonin 3mg tabs give 2 tabs @ HS” • “Mophine Sulf 100mg/5mL conc” • “Haloperidol lac 2mg/mL conc give 0.5ml (1mg) orally/subsingly every 6hrs. PRN for Agitation Nasea Vomiting” • “Lorazepam 0.5mg. Give 1 tablet orally/subsingly every 6hrs. PRN for Agitation/Anxiety” • “Hycosamine 0.125mg tab 5mL Dissolve 1 tab orally/subsingly every 4 hrs. PRN excessive secretion (max 12 tabs per day)” • “Prochlorperazine 10mg tab give 1 tab orally every 6 hrs. PRN for Nausea vomiting (max 4 tab per day)” • “Bisacodyl 10mg suppository unwrap & insert 1 supp. Rectally once a day PRN for Constipation” • “Acetaminophen 650mg suppository unwrap & insert 1 suppository rectally every 6hrs. PRN for Fever or Mild pain” • “IPRAT ALBUT 0.5-3 (2.5mg)/3mL Empty 1 capsule into nebulizer & inhale by mouth every 4hrs PRN for shortness of breath” 	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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DEC 11 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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 – Per MAR, the following medications were administered and/or made available to the resident from 9/1/25-9/25/25 without physician’s orders:</p> <ul style="list-style-type: none"> • “Trazodone 1.5 tabs PO QHS” • “Trazodone 50mg 1 tab PO 2x/day PRN Agitation and Anxiety” • “Colace 100mg liq. PO 10mL PO QD PRN For Constipation” • “Melatonin 3mg 2 tabs PO PRN For Sleep” • “Acetaminophen ES (500mg) 1 tab PO PRN for FEVER” • “Chest Congestion Relief take 5mL (100mg) by Mouth every 4 hours as needed for cough” • “Melatonin 3mg tabs give 2 tabs @ HS” • “Mophine Sulf 100mg/5mL conc” • “Haloperidol lac 2mg/mL conc give 0.5ml (1mg) orally/subsingly every 6hrs. PRN for Agitation Nasea Vomiting” • “Lorazepam 0.5mg. Give 1 tablet orally/subsingly every 6hrs. PRN for Agitation/Anxiety” • “Hycosamine 0.125mg tab 5mL Dissolve 1 tab orally/subsingly every 4 hrs. PRN excessive secretion (max 12 tabs per day)” • “Prochlorperazine 10mg tab give 1 tab orally every 6 hrs. PRN for Nausea vomiting (max 4 tab per day)” • “Bisacodyl 10mg suppository unwrap & insert 1 supp. Rectally once a day PRN for Constipation” • “Acetaminophen 650mg suppository unwrap & insert 1 suppository rectally every 6hrs. PRN for Fever or Mild pain” • “IPRAT ALBUT 0.5-3 (2.5mg)/3mL Empty 1 capsule into nebulizer & inhale by mouth every 4hrs PRN for shortness of breath” 	<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>Hospice orders were sent to the Primary Care Provider by the Hospice care provider, and all orders were approved and added on the PCG routine orders.</p> <p>All medications, supplements, such as vitamins, minerals, and formulas, shall be made available to the residents as ordered by a Physician or APRN.</p> <p>All SCG was educated that all medications, supplements, such as vitamins, minerals, and formulas listed on the medication administration record will be offered to the resident as ordered by the Primary care Physician or APRN.</p>	11/19/25

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DEC 11 2025

	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 – Physician’s order dated 11/7/25 and 4/24/25 states, “Escitalopram 10mg tab. Give 1 tab PO”; however, MAR shows medication was not administered on 2/27/25, 7/26/25</p> <p>Resident #1 – Physician’s order dated 11/7/25 states, “Trazodone 50mg tab. Give 1.5 tab PO QHS”; however, medication was not administered on 7/26/25</p> <p>Resident #1 – Physician’s order dated 11/7/25 states, “Melatonin 3mg tab give 2 tabs PO @ HS”; however, medication was not administered on 7/26/25</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>	

RECEIVED
DEC 11 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 11/7/25 and 4/24/25 states, “Escitalopram 10mg tab. Give 1 tab PO”; however, MAR shows medication was not administered on 2/27/25, 7/26/25</p> <p>Resident #1 – Physician’s order dated 11/7/25 states, “Trazodone 50mg tab. Give 1.5 tab PO QHS”; however, medication was not administered on 7/26/25</p> <p>Resident #1 – Physician’s order dated 11/7/25 states, “Melatonin 3mg tab give 2 tabs PO @ HS”; however, medication was not administered on 7/26/25</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 SCG was educated that all medications, supplements, such as vitamins, minerals, and formulas listed on the medication administration record will be offered as ordered by a Physician or APRN. Medication record will be signed as soon as the resident received the medication daily.</p> <p>Daily medication record review will be done by PCG.</p>	11/19/25

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DEC 11 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – The following medications were administered without including the time of administration:</p> <ul style="list-style-type: none"> • “Melatonin 3mg 2 tabs PO PRN for sleep” – 9/11/24, 9/12/24, 9/14/25 • “Chest Congestion Relief take 5mL (100mg) by Mouth every 4 hrs as needed for Cough” – 9/11/24 • “Acetaminophen 600mg Supp every 6 hrs. PRN for FEVER or Mild Pain” – 1/1/25, 2/7/25 	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

RECEIVED
DEC 11 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-15 <u>Medications</u>. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – The following medications were administered without including the time of administration:</p> <ul style="list-style-type: none"> • “Melatonin 3mg 2 tabs PO PRN for sleep” – 9/11/24, 9/12/24, 9/14/25 • “Chest Congestion Relief take 5mL (100mg) by Mouth every 4 hrs as needed for Cough” – 9/11/24 • “Acetaminophen 600mg Supp every 6 hrs. PRN for FEVER or Mild Pain” – 1/1/25, 2/7/25 	<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 Medication administration record PRN orders include time of administration and result of medication administration. A reminder is posted in the back of the medication door and on the medication tray to document time of the "as needed medication or PRN" and result of medication.</p> <p>SCG are educated on documenting as needed documentation time and effectiveness.</p>	11/01/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> Resident #1 – Admission assessment unavailable for admission on 7/20/24</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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DEC 11 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> Resident #1 – Admission assessment unavailable for admission on 7/20/24</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 Primary care giver maintains individual records for each resident. On admission, readmission, or transfer of a resident primary care giver will complete an assessment of resident upon admission.</p> <p>Admission record checklist was created to review resident's admission, readmission, or transfer. This review will be completed with 24 hours of admission and the checklist to be in the front of individual resident's chart.</p>	11/19/25

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DEC 11 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>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><u>FINDINGS</u> Resident #4 – Current annual physical exam unavailable for review</p> <p>Submit a copy with plan of correction</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>Resident #4 physical exam completed by the assigned APRN.</p>	10/31/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>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><u>FINDINGS</u> Resident #4 – Current annual physical exam unavailable for review</p> <p>Submit a copy with 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>Appointment calendar is set up for each resident. Each calendar includes Primary Care Provider (PCP) appointment and type of appointment. Annual Physical exam to have the head-to-toe assessment from the PCP.</p> <p>PCG to check monthly for appropriate documentation receipt from PCP.</p>	<p>11/01/25</p>

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DEC 11 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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 – The following PRN medications were administered without response to medication provided:</p> <ul style="list-style-type: none"> • “Melatonin 3mg 2 tabs PO PRN for sleep” – 9/14/24 • “Chest Congestion Relief take 5mL (100mg) by Mouth every 4 hrs as needed for Cough” – 9/17/24 	<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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DEC 11 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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 – The following PRN medications were administered without response to medication provided:</p> <ul style="list-style-type: none"> • “Melatonin 3mg 2 tabs PO PRN for sleep” – 9/14/24 • “Chest Congestion Relief take 5mL (100mg) by Mouth every 4 hrs as needed for Cough” – 9/17/24 	<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 Medication administration record PRN orders include time of administration and result of medication administration. A reminder is posted in the back of the medication door and on the medication tray to document time of the "as needed medication or PRN" and result of medication.</p> <p>SCG are educated on documenting as needed documentation time and effectiveness.</p>	<p>11/01/25</p>

RECEIVED
DEC 11 2025

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☒	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Monthly progress notes for 1/2025 and 4/2025 does not include resident's observed response to medications</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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DEC 11 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Monthly progress notes for 1/2025 and 4/2025 does not include resident’s observed response to medications</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>Monthly summary topic and information being asked on each section is highlighted. The original monthly summary is filed in the individual resident's chart for completion monthly.</p>	12/22/25

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DEC 22 2025

	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> Residents #2 & #3 – white out used in “HEIGHT AND MONTHLY WEIGHT RECORD.”</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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DEC 11 2025

	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> Residents #2 & #3 – white out used in “HEIGHT AND MONTHLY WEIGHT RECORD.”</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 medical records were reviewed and no other record found to have white out used for correction.</p> <p>All SCG were educated on proper way of correcting information in residents medical record as follows:</p> <ul style="list-style-type: none"> -draw a straight line over the error and add your initial on top. -no white out is allowed to be used in the medical record. <p>Monthly medical record audit will be done by PCG.</p>	11/19/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-19 <u>Resident accounts.</u> (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> <p><u>FINDINGS</u> Resident #1 – Financial statement unavailable for admission on 7/20/24</p> <p>Submit a copy with plan of correction</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>Financial statement completed by the resident representative.</p>	<p>12/09/25</p>

RECEIVED
DEC 11 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (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> <p><u>FINDINGS</u> Resident #1 – Financial statement unavailable for admission on 7/20/24</p> <p>Submit a copy with 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>Admission checklist includes the determination of resident account money or resident financial statement. this checklist is completed within 24 hours of admission. Person responsible in completing the admission checklist is the Primary Care Giver. Admission checklist is in front of new admission chart/re-admission chart.</p>	<p>12/09/25</p>

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DEC 11 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (e) Arrangements shall be made by the primary care giver for annual dental examinations. Arrangements shall be made by the primary or substitute care giver for emergency dental examinations.</p> <p><u>FINDINGS</u> Resident #1 – Annual dental exam unavailable for review</p> <p>Submit a copy with plan of correction.</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>Appointment calendar is set up for each resident. Each calendar includes Primary Care Provider (PCP) appointment, Specialist consult appointment (which includes cardiologist, GI, Dental etc.) and the type of appointment. Annual Physical exam to have the head-to-toe assessment from the PCP.</p> <p>PCG to check monthly for appropriate documentation receipt from PCP.</p>	11/01/25

RECEIVED

DEC 11 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (e) Arrangements shall be made by the primary care giver for annual dental examinations. Arrangements shall be made by the primary or substitute care giver for emergency dental examinations.</p> <p><u>FINDINGS</u> Resident #1 – Annual dental exam unavailable for review</p> <p>Submit a copy with 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 dental exam is not recommended for R#1 by the PCP. Appointment calendar is set up for each resident. Each calendar includes Primary Care Provider (PCP) appointment, Specialist consult appointment (which includes cardiologist, GI, Dental etc.) and the type of appointment. Annual Physical exam to have the head-to-toe assessment from the PCP.</p> <p>PCG to check monthly for appropriate documentation receipt from PCP.</p>	12/09/25

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DEC 11 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (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><u>FINDINGS</u> Resident #1 – No documented evidence resident's rights and responsibilities were provided verbally or in writing at the time of admission on 7/20/24</p> <p>Submit a copy with plan of correction</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>Admission agreement which includes the resident's rights and responsibilities were reviewed and signed by the resident's representative.</p>	<p>12/01/25</p>

RECEIVED
DEC 11 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (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><u>FINDINGS</u> Resident #1 – No documented evidence resident's rights and responsibilities were provided verbally or in writing at the time of admission on 7/20/24</p> <p>Submit a copy with 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>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established by the PCG 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: 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.</p> <p>PCG created an admission checklist which will include all the required documents and will be posted in the front of individual's medical record.</p>	11/19/25

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DEC 11 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) 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 and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence resident was informed in writing of services available and rate for services at the time of admission on 7/20/24</p> <p>Submit a copy with plan of correction</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>Admission agreement which includes the services available and rate for services at the time of admission was reviewed and signed by the resident's representative.</p>	12/01/25

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DEC 11 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) 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 and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence resident was informed in writing of services available and rate for services at the time of admission on 7/20/24</p> <p>Submit a copy with 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>PCG created an admission checklist which will include all the required documents and will be posted in the front of individual's medical record.</p>	<p>12/09/25</p>

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DEC 11 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><u>FINDINGS</u> Monthly fire drill for 12/2024 unavailable for review</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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DEC 11 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><u>FINDINGS</u> Monthly fire drill for 12/2024 unavailable 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>Monthly fire drill completed monthly, and the schedule of the fire drill varies between day and night.</p> <p>All SCG was given education by PCG for the monthly fire drill.</p>	12/09/25

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DEC 11 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><u>FINDINGS</u> No documented evidence any monthly fire drills were performed during hours of darkness</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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DEC 11 2025

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><u>FINDINGS</u> No documented evidence any monthly fire drills were performed during hours of darkness</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>Monthly fire drill completed monthly, and the schedule of the fire drill varies between day and night.</p> <p>All SCG was given education by PCG for the monthly fire drill.</p>	12/09/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (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><u>FINDINGS</u> Residents #1-4 – Four (4) non-self-preserving (NSP) residents residing in the facility. The facility has been permitted to have up to three (3) NSP residents due to sprinkler installation in process; however, NSP limit was exceeded.</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>Water sprinkler system installed and completed.</p>	<p>11/30/25</p>

RECEIVED
DEC 11 2025

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (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><u>FINDINGS</u> Residents #1-4 – Four (4) non-self-preserving (NSP) residents residing in the facility. The facility has been permitted to have up to three (3) NSP residents due to sprinkler installation in process; however, NSP limit was exceeded.</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>Appointment calendar is set up for each resident. Each calendar includes Primary Care Provider (PCP) appointment, Specialist consult appointment (which includes cardiologist, GI, Dental etc.) and the type of appointment. Annual Physical exam to have the head-to-toe assessment from the PCP and review of resident's NSP will be reviewed.</p> <p>PCG to check monthly for appropriate documentation receipt from PCP.</p>	11/01/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><u>FINDINGS</u> Resident #1, SCG #1-6 – No documented evidence substitute caregivers were trained by the case manager on personal and specialized care specific to the resident</p> <p>Submit a copy of completed training with plan of correction</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>Resident #1 nectar thick liquid and pureed diet care giver training was completed.</p>	<p>12/09/25</p>

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DEC 11 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><u>FINDINGS</u> Resident #1, SCG #1-6 – No documented evidence substitute caregivers were trained by the case manager on personal and specialized care specific to the resident</p> <p>Submit a copy of completed training with 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>All SCG training for all specialized treatment will be completed upon resident's admission to Aumoa Care Home by the case manager.</p> <p>PCG will complete the specialized training requirement and added on the Chart review on admission.</p>	<p>12/09/25</p>

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DEC 11 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence any caregivers were trained on preparing a pureed diet</p> <p>Submit a copy of completed training with plan of correction</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>Case manager documentation of the pureed diet preparation training completed.</p>	<p>12/09/25</p>

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 DEC 11 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence any caregivers were trained on preparing a pureed diet</p> <p>Submit a copy of completed training with 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>All SCG training for all specialized treatment will be completed upon resident's admission to Aumoa Care Home by the case manager.</p> <p>PCG will complete the specialized training requirement and added on the Chart review on admission.</p>	12/09/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> SCG #6 – Only eight (8) hours of continuing education completed in the past twelve months</p> <p>Submit a copy of four (4) hours of completed continuing education hours with plan of correction. Completed hours will be credit towards the 2024-2025 annual inspection only, and cannot be used towards the 2025-2026 annual inspection.</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>SCG #6 completed additional 8 hours of continuing education.</p>	<p>11/01/25</p>

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DEC 11 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> SCG #6 – Only eight (8) hours of continuing education completed in the past twelve months</p> <p>Submit a copy of four (4) hours of completed continuing education hours with plan of correction. Completed hours will be credit towards the 2024-2025 annual inspection only, and cannot be used towards the 2025-2026 annual 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>SCG #6 completed the annual education, however, lacking 4 hours.</p> <p>The calendar for each due by date for all the required certification (includes the 12-hour education) for the substitute care giver is created which will be reviewed by the primary care giver every January and June of the year.</p>	10/01/25

	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 – Care plan unavailable for review</p> <p>Submit a copy with plan of correction</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Resident #1 Case management care plan is completed and posted in the resident's medical record.</p>	<p>12/09/25</p>

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DEC 11 2025

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<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 – Care plan unavailable for review</p> <p>Submit a copy with 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>PCG will audit the resident's case management care plan and added on the admission checklist.</p> <p>Audit will be completed annually on January of each year.</p>	12/09/25

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DEC 11 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(3) 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>Review the care plan monthly, or sooner as appropriate;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence a care plan has been reviewed monthly since admission on 7/20/25</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	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 – Care plan unavailable</p> <p>Submit a copy with 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>PCG will audit the resident's case management care plan and added on the admission checklist.</p> <p>Audit will be completed annually on January of each year.</p>	12/09/25

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DEC 11 2025

Licensee's/Administrator's Signature: maria ross

Print Name: maria ross

Date: 12/11/25

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DEC 11 2025

Licensee's/Administrator's Signature: *maria ross*

Print Name: maria ross

Date: 12/22/25

RECEIVED
DEC 22 2025

Licensee's/Administrator's Signature: maria ross

Print Name: maria ross

Date: 12/22/25