

Office of Health Care Assurance

25 JUN 30 P3:09

State Licensing Section

STATE

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Captain Cook Care Home	CHAPTER 100.1
Address: 81-1993 Haku Nui Road, Captain Cook, Hawaii 96704	Inspection Date: March 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).**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><b><u>FINDINGS</u></b>  Primary Care Giver (PCG), Substitute Care Giver (SCG) #1, SCG #3– Partial Fieldprint Fingerprint with APS/CAN was not available for review. The following E-crim records were noted:</p> <ul style="list-style-type: none"> <li>• PCG –3/4/25 E-crim only. Fieldprint was done 3/3/22 and 1/31/23.</li> <li>• SCG #1 – 3/4/25 E-crim only and 1/31/23 FP. No 2 consecutive years observed.</li> <li>• SCG #3 – 2/6/25 E-crim only. No 2 consecutive years of Fieldprint background check.</li> </ul>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>I rescheduled the appointment for myself, SCG #1 SCG #3 with Fieldprint Hawaii with the correct code FPHawaiiDOHARCH as I had originally submitted an incorrect code back in February 2025.</p>	<p>05/15/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><b><u>FINDINGS</u></b>  PCG, SCG #1, SCG #3– Partial Fieldprint Fingerprint with APS/CAN was not available for review. The following E-crim records were noted:</p> <ul style="list-style-type: none"> <li>• PCG –3/4/25 E-crim only. Fieldprint was done 3/3/22 and 1/31/23.</li> <li>• SCG #1 – 3/4/25 E-crim only and 1/31/23 FP. No 2 consecutive years observed.</li> <li>• SCG #3 – 2/6/25 E-crim only. No 2 consecutive years of Fieldprint background check.</li> </ul>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future, I will follow up with Fieldprint if I do not receive a confirmation card by mail as indicated by Fieldprint. I will maintain a compliance calendar to track all required background check renewals and ensure that myself and all SCG's complete and submit Fieldprint finger print every two years.</p>	<p>05/15/2025</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><b><u>FINDINGS</u></b>  SCG #2 – No record of a current background check available for review. Fieldprint observed on file was dated 3/22/22 and 2/2/23.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>I rescheduled the appointment for SCG #2 with Fieldprint Hawaii provided the correct code FPHawaiiDOHARCH as I had originally submitted an incorrect code back in February 2025.</p>	<p>05/16/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing.</u> (b)(1)(l) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><b><u>FINDINGS</u></b>  SCG #2 – No record of a current background check available for review. Fieldprint observed on file was dated 3/22/22 and 2/2/23.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future, I will follow up with Fieldprint after 5 days, if I do not receive a confirmation card by mail as indicated by Fieldprint. I will maintain a compliance calendar to track all required background check renewals and ensure that all SCG's complete and submit Fieldprint finger print every two years.</p>	<p style="text-align: center;">05/16/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u>  (a)  All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><b><u>FINDINGS</u></b>  SCG #1 – No current acceptable physical exam.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>SCG #1 completed a new physical exam on March 27, 2025 by a physician.</p>	05/16/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><b><u>FINDINGS</u></b> SCG #1 – No current acceptable physical exam.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future, I will make a form to track medical exam schedules and documentation to ensure all staff members complete their annual medical exams by a physician or APRN and submit updated documentation on time.</p>	05/16/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p><b><u>FINDINGS</u></b> Resident #1 – No current inventory of belongings recorded. Last recorded was in 2/2023.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>I conducted a new inventory check for Resident #1 and updated the belongings list as of the current date.</p>	<p>05/16/2025</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p><b><u>FINDINGS</u></b> Resident #1 – No current inventory of belongings recorded. Last recorded was in 2/2023.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future, inventories will be reviewed and updated whenever additional items are brought in for the residents. I will ensure that a compliance list is maintained to track all rules.</p>	05/16/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p><b><u>FINDINGS</u></b> Resident #3 – Inventory of belongings dated 1/3/25 observed blank and did not record if resident brought any personal belongings with her.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>On April 7, Resident #3's personal belongings inventory was reviewed and updated with accurate information.</p>	05/16/2025

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p><b><u>FINDINGS</u></b> Resident #3 – Inventory of belongings dated 1/3/25 observed blank and did not record if resident brought any personal belongings with her.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future, I will take inventory of all personal items brought into this care home upon the resident's admission. I will maintain a checklist to track and ensure that I am filling out all DOH requirements on the day of admission.</p>	05/16/2025

	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><b><u>FINDINGS</u></b>  Resident #2 – There was no current diet order available for review. After making it known to PCG, PCG was able to correct the deficiency by obtaining a telephone order with the APRN for a regular diet.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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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><b><u>FINDINGS</u></b>  Resident #2 -- There was no current diet order available for review.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future, I will schedule a meeting with the resident's representative before admission.</p> <p>Provide them with a detailed overview of required forms. I will use the ARCH/EXPANDED Arch Resident Admission/Re-Admission Check list</p> <p>Explain the importance of each form and ensure they understand physician requirements. The forms must be thoroughly completed by the resident's physician and I will review for compliance before admission.</p>	05/16/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b)            Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><b><u>FINDINGS</u></b>            Resident #1 – Tramadol 50mg medication bottle expired 11/13/2024.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>On April 7, I properly discarded the expired medication Tramadol by putting the medication in a ziplock bag, added old coffee ground and dispose in a sealed garbage can.</p>	05/16/2025

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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>            Resident #1 – Tramadol 50mg medication bottle expired 11/13/2024.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>IN THE FUTURE I WILL CHECK FOR EXPIRED MEDICATIONS DURING AS I ADMINISTER THEM. I WILL DEVELOP AND IMPLEMENT A DAILY CHECKLIST FOR SGL'S TO FOLLOW, ENSURING THAT NO EXPIRED MEDICATIONS REMAIN IN USE. ADDITIONALLY, I WILL TRAIN THE SGL'S ON HOW TO PROPERLY IDENTIFY AND DISPOSE OF EXPIRED MEDICATION.</i></p>	<p style="text-align: right;"><i>6/24/25 6.2.28</i></p> <p style="text-align: right;">25 JUN 30 P3:09</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician order for “Calcitonin Spray, 1 spray in one nostril alternating daily.” However, Medication Administration Record (MAR) for January 2025 and February 2025 did not indicate which nostril was used to administer the nasal spray.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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	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><b><u>FINDINGS</u></b> Resident #1 – No discontinued (d/c) order observed for Vitamin B12 ordered on 10/20/23. Medication order was no longer observed on 11/19/24 medication re-evaluation order and medication order were not observed in January 2025 MAR. However, there was no d/c order observed.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></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><b><u>FINDINGS</u></b> Resident #1 – Lexapro (Escitalopram) order was not observed in February MAR. Medication order was noted on 11/19/24 medication re-evaluation order, and medication bottle was observed. PCG confirmed that medication was not discontinued.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future, when I update the medication record each month, I will carefully review all medication orders and compare them with the resident's MAR to ensure accuracy.</p> <p>I will ensure that a compliance list is maintained to track all rules.</p>	05/16/2025

	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><b><u>FINDINGS</u></b> Resident #1 – Aldara 5% topical apply to lesions 5 times per week at bedtime for 6 weeks ordered on 12/10/24 was not observed in December 2024 and January 2025 MAR as being made available to resident.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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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><b>FINDINGS</b> Resident #1 – 11/19/25 ordered Clearlax daily with breakfast. However, in February 2025 MAR read order to be given PRN. No updated order observed to reflect that Clearlax changed from routine daily to as needed.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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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><b>FINDINGS</b> Resident #1 – Colace (Docusate Sodium) 100mg daily was ordered on 11/19/24. However, medication order was not observed in MAR from November 19, 2024, to February 2025.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></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><b><u>FINDINGS</u></b> Resident #1 – Colace (Docusate Sodium) 100mg daily was ordered on 11/19/24. However, medication order was not observed in MAR from November 19, 2024, to February 2025.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future, when I update the medication record each month, I will carefully review all medication orders and compare them with the resident's MAR to ensure accuracy.</p> <p>I will ensure that a compliance list is maintained to track all rules.</p>	05/16/2025

	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><b>FINDINGS</b> Resident #1 – Sennoside 8.6 mg twice daily was ordered 11/19/24. However, the January 2025 and February 2025 MAR shows that medication is only being given once daily at 5pm. No documented evidence that order was changed.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Sennoside 8.6 mg twice daily was ordered 11/19/24. However, the January 2025 and February 2025 MAR shows that medication is only being given once daily at 5pm. No documented evidence that order was changed.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future, I will carefully review and highlight the physician's medication orders to ensure the correct frequency is accurately recorded in the Medication Record for each resident.</p> <p>I will use highlighter pen to underline the frequency for visibility and cross check with the physician's order.</p>	<p>05/16/2025</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Tums PRN (as needed) was administered 2/15/25 and 2/16/25 but no time was indicated when it was given.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future, I will write the time for all PRN medications given to the resident, including the date, time, and my initials. I will also use a sticky note and place it on the MAR flow sheet to remind myself.</p>	<p style="text-align: center;">05/16/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g)  All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Medication orders in the past twelve (12) months were not updated every four (4) months. Medication order available was dated 10/23/23 and 11/19/24.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Medication orders in the past twelve (12) months were not updated every four (4) months. Medication order available was dated 10/23/23 and 11/19/24.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future, I will schedule a follow-up appointment for each resident after every doctor's visit to ensure continuity of care. I will record the physician or APRN follow-up appointments on the master calendar, which I will check daily to stay organized and up to date.</p>	<p>05/16/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-15 <u>Medications. (m)</u>  All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – The following medication orders were not initialed on the MAR:</p> <ul style="list-style-type: none"> <li>• “Creon 24,000-76,000-120,000 unit sr cap. Take 2 cap by mouth 3 times a day with meals” was not initialed in the morning (8AM) from 6/1/24 to 6/30/24.</li> <li>• “Calcitonin 200 unit/actuation spray. Use 1 spray in one nostril daily, alternate nostrils daily was not initialed 4/1/24-4/30/24 and 6/7/24-6/30/24.</li> </ul>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-15 <u>Medications. (m)</u>  All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – The following medication orders were not initialed on the MAR:</p> <ul style="list-style-type: none"> <li>• “Creon 24,000-76,000-120,000 unit sr cap. Take 2 cap by mouth 3 times a day with meals” was not initialed in the morning (8AM) from 6/1/24 to 6/30/24.</li> <li>• “Calcitonin 200 unit/actuation spray. Use 1 spray in one nostril daily, alternate nostrils daily was not initialed 4/1/24-4/30/24 and 6/7/24-6/30/24.</li> </ul>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future, each time I administer medication to a resident, I will immediately initial their medication record. I will place a sticky note on each resident's chart as a reminder.</p>	05/16/2025

	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><b><u>FINDINGS</u></b> Resident #1 – Monthly progress notes in the past twelve (12) months did not consistently note resident's response to medications or if there were any changes to their condition. Resident has had several medication changes including medications to treat cancerous lesions.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Monthly progress notes in the past twelve (12) months did not consistently note resident's response to medications or if there were any changes to their condition. Resident has had several medication changes including medications to treat cancerous lesions.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future, I will document my observations of each resident's response to medication changes, by highlighting the word "response to medication" on the progress note form as a reminder.</p>	05/16/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(5) During residence, records shall include:</p> <p>Entries detailing all medications administered or made available;</p> <p><b><u>FINDINGS</u></b> Resident #1 – PRN Bisacodyl suppository was initialed as given daily from 2/9/25-2/28/25 but no documentation of reason or response to PRN.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(5) During residence, records shall include:</p> <p>Entries detailing all medications administered or made available;</p> <p><b><u>FINDINGS</u></b> Resident #1 – PRN Bisacodyl suppository was initialed as given daily from 2/9/25-2/28/25 but no documentation of reason or response to PRN.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future, I will highlight all PRN's on the MARs and document the reason and the resident's response each time PRN medications are administered. I will use a highlighter on the "Reason for giving" and "Response to Medication" sheet as a reminder.</p>	<p>05/16/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(9) During residence, records shall include:</p> <p>Correspondence pertaining to the resident's physical and mental status.</p> <p><b><u>FINDINGS</u></b> Resident #2 – No documented evidence regarding resident's physical and/or mental status that led up to APRN's assessment of ICF level of care on 3/6/25.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(9) During residence, records shall include:</p> <p>Correspondence pertaining to the resident's physical and mental status.</p> <p><b>FINDINGS</b> Resident #2 – No documented evidence regarding resident's physical and/or mental status that led up to APRN's assessment of ICF level of care on 3/6/25.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>IN THE FUTURE, I WILL HAVE THE SGC USE A NOTEBOOK DAILY TO DOCUMENT ANY CHANGES IN A RESIDENT'S CONDITION BOTH PHYSICAL AND MENTAL TO INCLUDE DATE AND TIME OF DOCUMENTATION. THE SGC'S WILL REPORT AND SUBMIT CHANGES IN THE RESIDENT'S BEHAVIOR OR APPEARANCE TO THE PCC. A CHECKLIST WILL BE PROVIDED FOR THE SGC TO FOLLOW DAILY RESIDENT STATUS DOCUMENTATION CHECKLIST</i></p>	<p style="text-align: right;"><i>6/24/25 J. N. UH.</i></p> <p style="text-align: right;">25 JUN 30 PM 09</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b>FINDINGS</b> Resident #1 – Resident #1’s medication administration record in the past 12 months was incomplete as evidence by, medications orders not transcribed in the MARs (i.e. Docusate Sodium, Aldara topical), medications not initialed off as given as ordered by physician, medication orders missing in MARs with no record of medications being discontinued.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <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><b><u>FINDINGS</u></b> Resident #1 – Resident #1’s medication administration record in the past 12 months was incomplete as evidence by, medications orders not transcribed in the MARs (i.e. Docusate Sodium, Aldara topical), medications not initialed off as given as ordered by physician, medication orders missing in MARs with no record of medications being discontinued.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN’T HAPPEN AGAIN?</b></p> <p>In the future, I will ensure that medication orders and records are accurately documented, medication administered, and initialed daily in the MAR according to the physician's instructions.</p> <p>I will maintain a compliance checklist to track all records as a reminder</p>	<p>05/16/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards. (c)</u>  The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p><b><u>FINDINGS</u></b>  Resident #2 – Observed resident's monthly weight in December 2024 to be 86.5 lbs. then in January 2025 it was 80.2 lbs. No documented evidence that the caregiver contacted the physician for a significant weight loss of 6.3 lbs.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes, the resident's weight loss was reviewed and documented. The resident's physician was informed</p>	05/16/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (c)  The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p><b><u>FINDINGS</u></b>  Resident #2 – Observed resident’s monthly weight in December 2024 to be 86.5 lbs. then in January 2025 it was 80.2 lbs. No documented evidence that the caregiver contacted the physician for a significant weight loss of 6.3 lbs.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future, when recording a resident’s monthly weight, I will notify their physician of any weight changes exceeding 5 pounds to ensure appropriate follow-up and care.</p> <p>I will highlight the "weight" on the progress note as a reminder to inform the physician for a significant change in weight loss.</p>	05/16/2025

	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><b><u>FINDINGS</u></b>            Resident #1 – No documented evidence of an annual dental exam.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>During the annual inspection of this care home, the resident had already visited the dentist for an annual dental exam, and the visit was documented in the progress notes after the annual inspection.</p>	05/16/2025

	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><b>FINDINGS</b>            Resident #1 – No documented evidence of an annual dental exam.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>IN THE FUTURE, I WILL USE AND MAINTAIN A TRACKING SYSTEM TO ENSURE TIMELY SCHEDULING AND COMPLETION OF REQUIRED DENTAL EXAMS. ADDITIONALLY, SCG'S WILL RECEIVE TRAINING ON DOCUMENTATION STANDARDS TO VERIFY THAT ALL COMPLETED EXAMS ARE PROPERLY RECORDED AND READILY ACCESSIBLE.</i></p>	<p style="text-align: right;"><i>6/24/25</i> <i>P. H. Q.</i></p> <p style="text-align: right;">JUN 30 P 3:09</p> <p style="text-align: right;">STATELL. MS</p>

	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><b><u>FINDINGS</u></b> Resident #1, #2, #3 – Observed 3 non-self-preserving residents in the care home.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes, on April 2nd Resident placement was reviewed, and one resident was transferred to an EAArch Home to maintain compliance with the maximum limit of two non-self-preserving residents.</p>	<p>05/16/2025</p>

	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> Resident #1, #2, #3 – Observed 3 non-self-preserving residents in the care home.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>I will promptly follow up with each resident's family and case manager regarding any changes in their level of care as assessed and certified by the attending physician. Additionally, I will ensure compliance by maintaining a maximum of two non-self-preserving residents in the care home at any given time. I will document these communications and regularly review resident status to uphold this standard and ensure ongoing regulatory compliance. I will train the SCB to review the residents' binder to ensure that we have two non-self-preserving residents at all times and to ensure that the non-self-preserving form.</i></p> <p style="text-align: right;">STATE FACILITY STAFF</p>	<p style="text-align: right;">6/24/25 J.M.H.</p> <p style="text-align: right;">25 JUN 30 13:09</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I)(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>For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident;</p> <p><b><u>FINDINGS</u></b> There are three (3) non-self preserving residents in the care home, however observed only PCG and one (1) SCG present during the inspection. A third staff arrived to conduct an activity with residents and remained in the care home.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I)(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>For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident;</p> <p><b><u>FINDINGS</u></b> There are three (3) non-self preserving residents in the care home, however observed only PCG and one (1) SCG present during the inspection. A third staff arrived to conduct an activity with residents and remained in the care home.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future, I will ensure appropriate staffing is maintained at all times for each non-self-preserving resident.</p> <p>I will have a schedule that ensures coverage at all times.</p>	<p style="text-align: center;">05/16/2025</p>

	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><b><u>FINDINGS</u></b> Resident #2 – APRN assessed resident as ICF level of care on 3/6/25. No documented evidence of training and monitoring provided by Registered Nurse Case Manager (RNCM) for resident’s daily personal and specialized care.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes, a registered Nurse Case Manager was contacted.</p>	<p>05/16/2025</p>

	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><b>FINDINGS</b> Resident #2 – APRN assessed resident as ICF level of care on 3/6/25. No documented evidence of training and monitoring provided by Registered Nurse Case Manager (RNCM) for resident's daily personal and specialized care.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>IN THE FUTURE I WILL PROMPTLY NOTIFY THE RNCM WHEN A RESIDENT'S CONDITION INDICATES A TRANSITION FROM ARCH LEVEL OF CARE TO ICF LEVEL OF CARE. I WILL ENSURE THAT ALL SUBSTITUTE CAREGIVERS ARE TRAINED TO RECOGNIZE AND ACCURATELY DOCUMENT ANY CHANGES IN A RESIDENT'S PHYSICAL OR MENTAL CONDITION IN THE DAILY PROGRESS NOTES. IF A POTENTIAL CHANGE IN LEVEL OF CARE IS OBSERVED, THE SUBSTITUTE CAREGIVER WILL IMMEDIATELY REPORT TO ME. I, OR THE SUBSTITUTE CAREGIVER UNDER MY DIRECTION WILL THEN NOTIFY THE RNCM TO INITIATE APPROPRIATE FOLLOW-UP, ASSESSMENT, AND DOCUMENTATION.</p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN LICENSURE DIVISION</p>	<p style="text-align: right;">6/24/25 J.H.H.A.</p> <p style="text-align: right;">25 JUN 30 P 3:09</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3)  A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><b>FINDINGS</b>  Fire drills recorded in the past 12 months only observed to be conducted during the daytime hours from 7am (earliest noted) – 3:05pm (latest noted).</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3)  A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><b><u>FINDINGS</u></b>  Fire drills recorded in the past 12 months only observed to be conducted during the daytime hours from 7am (earliest noted) – 3:05pm (latest noted).</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future, I will have fire drills scheduled at various times throughout the year. I will place a sticky note on the fire drill form as a reminder.</p>	<p>05/16/2025</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (c)(2) The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have:</p> <p>Pneumococcal and influenza vaccines and any necessary immunizations following the recommendations of the Advisory Committee of Immunization Practices (ACIP);</p> <p><b><u>FINDINGS</u></b> Resident #1 – No current flu and pneumonia vaccination available for review.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes, Flu and pneumonia vaccinations were administered, and records have been updated and placed in the resident's file for documentation and compliance.</p>	05/16/2025

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (c)(2)  The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have:</p> <p>Pneumococcal and influenza vaccines and any necessary immunizations following the recommendations of the Advisory Committee of Immunization Practices (ACIP);</p> <p><b><u>FINDINGS</u></b>  Resident #1 – No current flu and pneumonia vaccination available for review.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future, I will maintain an annual checklist as a reminder to ensure timely vaccinations are taken care of.</p>	05/16/2025

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c) 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><b><u>FINDINGS</u></b> Resident #2 – Level of Care Assessment form signed by physician/APRN dated 3/6/25 evaluated resident as ICF level of care. However, no documented evidence that a discussion was made with the resident, resident's family or surrogate for Case Management services.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes, the resident's POA was contacted, and the discussion regarding the assigned case management service was documented.</p>	05/16/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u>  (c)  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><b>FINDINGS</b>  Resident #2 – Level of Care Assessment form signed by physician/APRN dated 3/6/25 evaluated resident as ICF level of care. However, no documented evidence that a discussion was made with the resident, resident's family or surrogate for Case Management services.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>IN THE FUTURE ANY CHANGES IN A RESIDENT'S LEVEL OF CARE TRANSITIONS FROM AN ARCH TO ICF WILL BE DISCUSSED WITH THE RESIDENT THEIR FAMILY OR POWER OF ATTORNEY (POA) AND RUCM. THESE DISCUSSIONS WILL BE PROMPTLY DOCUMENTED IN THE RESIDENT'S CHART UNDER THE PROGRESS NOTES TO ENSURE PROPER CONFIDENCY OF CARE. I WILL ENSURE THAT SCC'S AND TRAINERS TO REGULARLY REVIEW RESIDENT BINDERS VERIFYING THAT ALL REQUIRED DOCUMENTATION AND FOLLOW-UP ACTIONS ARE COMPLETED FOR ANY IDENTIFIED CHANGE IN LEVEL OF CARE. SCC'S WILL BE INSTRUCTED TO NOTIFY ME IMMEDIATELY IF ANY CHANGES.</i></p> <p style="text-align: right; font-size: small;">STATE LIC. BOARD</p>	<p style="text-align: right;"><i>6/24/25</i></p> <p style="text-align: right;"><i>Jim M</i></p> <p style="text-align: center;">25 JUN 30 P 3:09</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)(4) 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>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Aldara 5% topical apply to lesions 5 times per week at bedtime for 6 weeks ordered on 12/10/24 was in RN CM monthly update in December 2024 or in care plan.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>I contacted the resident's doctor to review and update the current medications. The updated medication list was faxed to the case manager to ensure accurate records and reflect the current prescriptions.</p>	<p>05/16/2025</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)(4)            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>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><b>FINDINGS</b>            Resident #1 – Aldara 5% topical apply to lesions 5 times per week at bedtime for 6 weeks ordered on 12/10/24 was in RN CM monthly update in December 2024 or in care plan.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>IN THE FUTURE ALL NEW MEDICATION ORDER WILL BE PROMPTLY REVIEWED AND A COPY WILL BE PROVIDED TO THE RN/CM TO ENSURE THAT ALL CHANGES ARE ACCURATELY DOCUMENTED IN THE RESIDENT'S MEDICAL RECORD AND MONTHLY CARE REVIEW PLAN. I WILL TRAIN SUBSTITUTE CAREGIVERS (S.C.G.'s) TO ASSIST IN REVIEWING THE RESIDENT'S CHART TO VERIFY THAT THE RN/CM HAS CORRECTLY UPDATED THE MEDICATION ADMINISTRATION RECORDS.</i></p> <p style="text-align: right;">STATE BOARD OF NURSING</p>	<p style="text-align: right;"><i>6/24/25</i>  <i>P. J. [Signature]</i></p> <p style="text-align: right;">JUN 30 3:09 PM</p>

Licensee's/Administrator's Signature: *Daniel M Higuchi*  
Print Name: Daniel M Higuchi  
Date: 05/20/2025

Licensee's/Administrator's Signature:

*[Handwritten Signature]*

Print Name:

*Andrés Winston Argueta*

Date:

*6/24/25*

25 JUN 30 P 3:09

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