

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: D-Well Care Services	CHAPTER 100.1
Address: 3443 Likini Street, Honolulu, Hawaii 96818	Inspection Date: February 10, 2026 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS PER HAR 11-100.1-3(e)(2). IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

FAILURE TO CORRECT CITED DEFICIENCIES AS PER THE PLAN OF CORRECTION COULD RESULT IN REFUSAL TO RENEW YOUR LICENSE PER HAR 11-100.1-3(e)(3).

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <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><u>FINDINGS</u> SCG #3 – Current Fieldprint clearance 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 #3 Current Fieldprint clearance completed on March 10, 2026 and documentation was placed in the ARCH binder.</p> <p>Copy submitted. (p. 2&3)</p>	<p>03/10/26</p>

RECEIVED
MAR 10 2026

	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><u>FINDINGS</u> SCG #3 – Current Fieldprint clearance 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>SCG#3. To prevent this deficiency from happening in the future, I will require print out clearance result to be filed in personnel records. Train caregivers licensee on Fieldprint renewal process and requirements.</p> <p>Copy submitted. (p. 3&4)</p>	<p>03/10/26</p>

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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> (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><u>FINDINGS</u> SCG #1,2 – Annual physical exam 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, Are no longer employed since, June 2025. Unable to locate or retrieve the SCG #1 Annual Physical Form.</p> <p>SCG#2, Completed Annual Exam on February 17, 2026 and documentation was placed in the ARCH binder. Copy submitted. (p.4&5)</p>	<p>03/10/26</p>

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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> (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><u>FINDINGS</u> SCG #1,2 – Annual physical exam 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>SCG #1& SCG#2. To prevent this deficiency from happening in the future, I will track expiration dates for compliance document (Annual Physical Exam), in multiple places, such as phone calendar and personal spreadsheet. I will also request that my SCG add these dates to their tracking systems. This dual approach, personal record plus ARCH home will help ensure timely renewals and prevent lapses while an active caregiver role under DOH/OHCA regulations.</p> <p>Copy submitted. (p. 4&5)</p>	<p style="text-align: center;">03/10/26</p>

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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> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p>FINDINGS SCG #1 – Initial TB clearance 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>I will create reminder note to retain initial TB clearance to all my staff for at least 7 years. And I will post it on my Arch binder</p>	<p>3/23/26</p>

26 MAR 23 P 15

STATE OF CONNECTICUT

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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> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> SCG #1,2 – Annual TB clearance 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, Are no longer employed since June 2025. Copy submitted. (p.8&9)</p> <p>SCG#2, Completed 2/17/2026 and documented was placed in ARCH binder. Copy submitted. (p.8&9)</p>	<p>03/10/26</p>

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MAR 10 2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> SCG #1,2 – Annual TB clearance 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>I will create reminder note to retain Annual TB clearance to all my staff for at least 7 years, And I will post it on my Arch binder</p>	<p style="text-align: center;">3/23/26</p>

26 MAR 23 P 15

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MAR 26 2026

	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> SCG #1 – Valid first-aid certification unavailable for employment from 2/1/25-6/30/25</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, Are no longer employed since June 2025. Copy submitted. (p.10&11)</p>	<p>03/10/26</p> <p style="text-align: right;">RECEIVED</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> SCG #1 – Valid first-aid certification unavailable for employment from 2/1/25-6/30/25</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>I will create reminder note to retain First-Aid certification to all my staff for at least 7 years, And I will post it on my Arch binder.</p>	<p>3/23/26</p>

26 MAR 23 11:15

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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)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> SCG #1,2 – PCG training 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. Are no longer employed since June 2025. Unavailable to locate or retrieve SCG #1 PCG training.</p> <p>SCG#2. Completed and signed and documentation was placed in ARCH binder. Copy submitted: (p.12 &13)</p>	<p>03/10/26</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>26 MAR 23 2:15</p>	<p><input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> SCG #1,2 – PCG training 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>I will create reminder note to retain PCG training to all my staff for at least 7 years. And I will post it on my Arch binder</p>	<p style="text-align: center;">3/23/26</p>

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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 – Valid CPR certification unavailable for employment from 2/1/25-6/30/25</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. Are no longer employed since June 2025. Copy submitted: (p.14 &15)</p>	<p>03/10/26</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">26 MAR 23 9:55</p>	<p><input checked="" type="checkbox"/> §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 – Valid CPR certification unavailable for employment from 2/1/25-6/30/25</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>I will create a reminder note to retain CPR certificate to all my staff for at least 7 years. And I will post it on my ARM binder</p>	<p style="text-align: center;">3/23/26</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<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 #1 – Inadequate protein and vegetable portions provided at lunch meal on 2/10/26 during inspection. Portion sizes do not meet daily nutritional needs and dietary guidelines</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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<input checked="" type="checkbox"/>	<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 #1 – Inadequate protein and vegetable portions provided at lunch meal on 2/10/26 during inspection. Portion sizes do not meet daily nutritional needs and dietary guidelines</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>Resident #1. To prevent this deficiency from happening in the future, I will train all caregivers on proper portion guideline and USDA MyPlate Standards. Additionally, the master menu cycle will be updated and maintained to ensure all meals are balanced, varied and meet resident's daily nutritional needs.</p>	03/10/26

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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 #1 – Per diet menu, lunch for 2/10/26 states, “Shrimp w/ eggplant, pumpkin, and unchoi leavers, ½c – rice, 1pc strawberry cake, 1/2c banana, 1c skim milk, 1c orange juice, 1c water”; however, lunch served was 1 slice of rotisserie chicken roll (Costco), mixed greens, grapes, coffee, water. Cycle menu not followed and substitute menu unavailable.</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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26 MAR 23 4:15	<p><input checked="" type="checkbox"/> §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 #1 – Per diet menu, lunch for 2/10/26 states, “Shrimp w/ eggplant, pumpkin, and unchoi leavers, ½c – rice, 1pc strawberry cake, 1/2c banana, 1c skim milk, 1c orange juice, 1c water”; however, lunch served was 1 slice of rotisserie chicken roll (Costco), mixed greens, grapes, coffee, water. Cycle menu not followed and substitute menu unavailable.</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>Resident #1. To prevent this deficiency from happening in the future, the cycle menu will be strictly followed, with the current week's menu posted in the kitchen and dining area at all times. A list of approved substitute options (or similar nutritive value) will be maintained and readily available in the kitchen for any deviations or resident refusals.</p> <p style="text-align: center;">STAFF WAS IN-SERVICE THIS ON 2/27/2026.</p>	<p style="text-align: center;">03/10/26</p> <p style="text-align: center;">3/23/26</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> Portion sizes were not measured when plating lunch meal during inspection on 2/10/26</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
26 MAR 23 P. 1.5	<input checked="" type="checkbox"/> §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. <u>FINDINGS</u> Portion sizes were not measured when plating lunch meal during inspection on 2/10/26	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this deficiency from happening in the future, measuring tools such as cups, spoons, scales will be kept readily available in the kitchen and required for use when plating every meal to ensure consistent portion sizes.</p> <p style="text-align: center;">Staff was in-service this on 2/27/2026.</p>	<p style="text-align: center;">03/10/26</p> <p style="text-align: center;">3/23/26</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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> Refrigerator thermometer broken and unable to read temperature</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>New refrigerator thermometers were replaced/installed on 3/15/2026.</p>	<p style="text-align: center;">03/10/26</p>

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26 MAR 23 11:05	<input checked="" type="checkbox"/> §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. <u>FINDINGS</u> Refrigerator thermometer broken and unable to read temperature	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this deficiency from happening in the future, I will mandate digital monthly logging, monthly thermometer calibration, and documented responses to all temperature excursions.</p> <p style="text-align: center;">Staff was in-service this on 2/27/2026</p>	<p style="text-align: center;">03/10/26</p> <p style="text-align: center;">3/23/26</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 1/7/26 states, “Acetaminophen 325MG 2tab p.o. every 6hrs Pain/Fever”; however, medication unavailable for administration</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>Resident #1. To prevent this deficiency from happening in the future, A medication inventory log will be maintained for all PRN medications, including acetaminophen with minimum stock levels set and weekly check by designated caregiver. Refills will be ordered when supply reaches 7-14 days remaining to ensure constant availability.</p>	<p>03/10/26</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 12/24/24-1/6/26 stated, “Senna p.o. P.R.N. 1 tab constipation”; however, dosage to administer was unavailable. Medication order was incomplete.</p> <p>Resident #1 – Physician’s order dated 12/24/24-1/6/26 stated, “Calcium 600mgVitD3 p.o. 1/day 1 tab Supplement”; however, dosage for Vit D3 was not provided. Medication order was incomplete.</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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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
25 MAR 25 P 14	<p><input checked="" type="checkbox"/> §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 12/24/24-1/6/26 stated, “Senna p.o. P.R.N. 1 tab constipation”; however, dosage to administer was unavailable. Medication order was incomplete.</p> <p>Resident #1 – Physician’s order dated 12/24/24-1/6/26 stated, “Calcium 600mgVitD3 p.o. 1/day 1 tab Supplement”; however, dosage for Vit D3 was not provided. Medication order was incomplete.</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>Resident #1. To prevent this deficiency from happening in the future, all new/renewed medication orders will be reviewed for completeness such as dosage upon receipt. Any incomplete orders will be clarified with the Physician/APRN immediately and will not be implemented or added to the MAR until fully resolved.</p> <p>A reminder note has been posted to my carehome binder to do this</p>	<p>03/10/26</p> <p>3/23/26</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 12/24/24-1/6/26 stated, “Senna p.o. P.R.N. 1 tab constipation”; however, per MAR, medication was made available during this time as “Senna 8.6mg 1 tab/PO/BID”. Medication was not administered per physician’s order.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
26 MAR 23 7:14	<input checked="" type="checkbox"/> §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. <u>FINDINGS</u> Resident #1 – Physician’s order dated 12/24/24-1/6/26 stated, “Senna p.o. P.R.N. 1 tab constipation”; however, per MAR, medication was made available during this time as “Senna 8.6mg 1 tab/PO/BID”. Medication was not administered per physician’s order.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>A reminder note has been posted to resident's binder to review all incoming orders against MAR immediately to ensure MAR accurately reflect received order.</p>	3/23/26

RECEIVED
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 - Physician's order dated 12/24/24-1/6/26 stated, "Calcium 600mg VitD3 p.o. 1/day 1 tab Supplement" and from 1/7/26-current day, physician's order states, "CVS Ca 600mg-D3 20MCG 1 tab p.o. 1/day Bone"; however, per MAR, from 2/1/25-current day (2/10/26), "Calcium-60MG 1tab/po/1d" is being administered. Medication being administered does not reflect current order.</p> <p>Submit a copy of revised MAR 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, The over the counter medication Calcium 600mg VitD3 discrepancies list has been refreshed and is now ready for review.</p> <p>Copy submitted. (p.30&31)</p>	<p>03/10/26</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 - Physician's order dated 12/24/24-1/6/26 stated, "Calcium 600mgVitD3 p.o. 1/day 1 tab Supplement" and from 1/7/26-current day, physician's order states, "CVS Ca 600mg-D3 20MCG 1 tab p.o. 1/day Bone"; however, per MAR, from 2/1/25-current day (2/10/26), "Calcium-60MG 1 tab/po/1d" is being administered. Medication being administered does not reflect current order.</p> <p>Submit a copy of revised MAR 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>A reminder note has been posted to resident's binder to review all incoming orders against the MAR immediately to ensure MAR accurately reflect received order.</p>	<p>3/27/26</p>

26 MAR 23 P 1:16

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS Resident #1 – Physician’s order dated 12/24/24-1/6/26 stated, “Acetaminophen 325mg p.o. P.R.N. 2tabs Pain/Fever”; however, frequency to administer not provided. Medication order was incomplete.</p> <p>Resident #1 - Resident #1 – Physician’s order dated 12/24/24-1/6/26 stated, “Melatonin 3mg p.o. P.R.N. 1 tab Sleep”; however, frequency to administer not provided. Medication order was incomplete.</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>	

RECEIVED
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 12/24/24-1/6/26 stated, “Acetaminophen 325mg p.o. P.R.N. 2tabs Pain/Fever”; however, frequency to administer not provided. Medication order was incomplete.</p> <p>Resident #1 - Resident #1 – Physician’s order dated 12/24/24-1/6/26 stated, “Melatonin 3mg p.o. P.R.N. 1 tab Sleep”; however, frequency to administer not provided. Medication order was incomplete.</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>Resident #1. To prevent this deficiency from happening in the future, I will immediately contact the resident's Physician to obtain an updated or clarifying order to confirming the correct details such as frequency. Once the updated order is received, I will revise MAR/Flowsheet by confirming the transcription to accurately match the current order.</p> <p><i>A reminder note has been posted to my resident's binder to do this.</i></p>	<p>03/10/26</p> <p><i>3/23/26</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Per MAR, from 2/1/25-current, Acetaminophen is being made available as “Acetaminophen 325mg 2 tabs/q6h/prn” without a PRN indication.</p> <p>Resident #1 – Per MAR, from 2/1/25-current, Melatonin is being made available as “Melatonin 3 mg 1 tab/ PO/ bedtime/ PRN” without a PRN indication.</p> <p>Submit a copy of revised MAR 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. The medication over the counter Acetaminophen and Melatonin discrepancies list has been refreshed/updated and are now ready for review.</p> <p>Copy submitted. (p.34 &35)</p>	<p>03/10/26</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
26 MAR 23 9:17 AM	<p><input checked="" type="checkbox"/> §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, from 2/1/25-current, Acetaminophen is being made available as “Acetaminophen 325mg 2 tabs/q6h/prn” without a PRN indication.</p> <p>Resident #1 – Per MAR, from 2/1/25-current, Melatonin is being made available as “Melatonin 3 mg 1 tab/ PO/ bedtime/ PRN” without a PRN indication.</p> <p>Submit a copy of revised MAR 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>Resident #1. To prevent this deficiency from happening in the future, monthly audits or MARs will be conducted to verify accuracy against current physician/APRN orders. All new/renewed medication will be double- checked for precise prescription to the MAR and medication labels before implementation. Any identified mismatches or discrepancies will be addressed 24 hrs, with no administrations occurring until the issue is fully resolved and the record/order align correctly.</p> <p>Copy submitted: (pages 34&35)</p> <p>A reminder note has been posted to my resident's binder to do this.</p>	<p>03/10/26</p> <p>3/23/26</p>

RECEIVED
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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><u>FINDINGS</u> Resident #1 – Physician’s order dated Furosemide 20mg p.o. MWFSS 1 tab Edema”; however, per MAR, medication administered erroneously on the following dates:</p> <ul style="list-style-type: none"> • Tuesday – 1/20/26 • Thursday – 1/22/26 • Tuesday – 1/27/26 • Tuesday – 11/11/25 • Thursday – 11/13/25 • Tuesday – 11/18/25 • Thursday – 11/20/25 • Tuesday – 11/25/25 • Thursday – 11/27/25 • Tuesday – 6/24/25 • Thursday – 6/26/25 • Tuesday – 5/13/25 • Tuesday – 5/20/25 • Thursday – 5/22/25 • Tuesday – 3/11/25 • Thursday – 3/13/25 • Tuesday – 3/18/25 • Thursday – 3/20/25 • Tuesday – 3/25/25 • Thursday – 3/27/25 	<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>	

RECORDED
MAR 10 2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated Furosemide 20mg p.o. MWFSS 1 tab Edema”; however, per MAR, medication administered erroneously on the following dates:</p> <ul style="list-style-type: none"> • Tuesday – 1/20/26 • Thursday – 1/22/26 • Tuesday – 1/27/26 • Tuesday – 11/11/25 • Thursday – 11/13/25 • Tuesday – 11/18/25 • Thursday – 11/20/25 • Tuesday – 11/25/25 • Thursday – 11/27/25 • Tuesday – 6/24/25 • Thursday – 6/26/25 • Tuesday – 5/13/25 • Tuesday – 5/20/25 • Thursday – 5/22/25 • Tuesday – 3/11/25 • Thursday – 3/13/25 • Tuesday – 3/18/25 • Thursday – 3/20/25 • Tuesday – 3/25/25 • Thursday – 3/27/25 	<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>A reminder note has been posted in the resident's binder to document in MAR immediately after administration the medication.</p>	<p style="text-align: center;">3/27/26</p>

26 MAR 23 2:14

RECEIVED
MAR 26 2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 12/24/24 to current states, “Furosemide 20mg p.o. MWFSS 1 tab Edema”; however, per MAR, medication was not administered as ordered on the following dates:</p> <ul style="list-style-type: none"> • Sunday – 1/18/26 • Friday – 1/23/26 • Wednesday – 11/12/25 • Monday 11/17/25 • Wednesday – 11/19/25 • Monday – 11/24/25 • Saturday – 11/29/25 • Sunday – 6/1/25 • Sunday – 6/21/25 • Sunday – 6/28/25 	<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>	

MAR 10 2026

	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 12/24/24 to current states, “Furosemide 20mg p.o. MWFSS 1 tab Edema”; however, per MAR, medication was not administered as ordered on the following dates:</p> <ul style="list-style-type: none"> • Sunday – 1/18/26 • Friday – 1/23/26 • Wednesday – 11/12/25 • Monday 11/17/25 • Wednesday – 11/19/25 • Monday – 11/24/25 • Saturday – 11/29/25 • Sunday – 6/1/25 • Sunday – 6/21/25 • Sunday – 6/28/25 	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN’T HAPPEN AGAIN?</p> <p>Resident #1- To prevent this deficiencies from happening in the future, I will conduct daily checks to ensure all ordered medications are available and ready. Perform monthly MAR audits against current orders to confirm doses were given or documented as missed/refused. Train my caregivers on timely administration "5 RIGHTS", and immediate documentation of missed/refused doses (initial, annual, and post-incident).</p>	<p>03/10/26</p>

MAR 10 2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 - Physician's order dated 12/24/24 to current states, "Furosemide 20mg p.o. MWFSS 1 tab Edema"; however, no indication if medication was held or administered on the following dates:</p> <ul style="list-style-type: none"> 5/1/25, 5/6/25, 5/8/25, 5/10/25, 5/15/25, 5/17/25, 5/19/25, 5/24/25, 5/26/25, 5/28/25, 4/1/25, 4/3/25, 4/8/25, 4/10/25, 4/15/25, 4/17/25, 4/22/25, 4/24/25, 4/29/25, 3/1-2/25, 3/4/25, 3/6/25, 3/10/25, 3/12/25, 3/14/25, 3/19/25, 3/21/25, 3/26/25, 3/28/25 	<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>	

REC'D
MAR 10 2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 - Physician's order dated 12/24/24 to current states, "Furosemide 20mg p.o. MWFSS 1 tab Edema"; however, no indication if medication was held or administered on the following dates:</p> <ul style="list-style-type: none"> • 5/1/25, 5/6/25, 5/8/25, 5/10/25, 5/15/25, 5/17/25, 5/19/25, 5/24/25, 5/26/25, 5/28/25, 4/1/25, 4/3/25, 4/8/25, 4/10/25, 4/15/25, 4/17/25, 4/22/25, 4/24/25, 4/29/25, 3/1-2/25, 3/4/25, 3/6/25, 3/10/25, 3/12/25, 3/14/25, 3/19/25, 3/21/25, 3/26/25, 3/28/25 	<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>Resident #1- To prevent this deficiencies from happening in the future, I will conduct daily-end-of shift reviews of MAR to ensure all scheduled doses have entries. I will perform monthly MAR audits to verify all entries are completed and accurate against orders. Train caregivers on complete, timely documentation, including handling hold/refusal.</p>	03/10/26

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Per 10/2025 MAR states, “Furosemide 20mg 1 tab qAM (M, W, F, S, & Sun)”; however, medication was passed twice daily from 10/14/25-10/29/25 without physician’s order</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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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
25 MAR 2025 2:34	<input checked="" type="checkbox"/> §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. <u>FINDINGS</u> Resident #1 – Per 10/2025 MAR states, “Furosemide 20mg 1 tab qAM (M, W, F, S, & Sun)”; however, medication was passed twice daily from 10/14/25-10/29/25 without physician’s order	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>A reminder note has been posted on resident's binder to read & compare physician order and medication label to ensure correct dosages administered, prior administering</p>	3/23/25

RECEIVED
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence all daily and PRN medications were administered and/or made available as prescribed between 2/3/26-2/9/26</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>§11-100.1-15 <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 – No documented evidence all daily and PRN medications were administered and/or made available as prescribed between 2/3/26-2/9/26</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>Resident #1. To prevent this deficiencies from happening in the future, daily end-of- shift reviews of the MAR will conducted to ensure all entries are complete and accurate before the shift ends. Caregivers will be trained on timely and accurate documentation and requirements including proper recording of holds, refusal and deviations.</p>	<p>03/10/26</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications. (g)</u> All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence medications were reevaluated and signed every 4 months between 12/24/24-12/23/25</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>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence medications were reevaluated and signed every 4 months between 12/24/24-12/23/25</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>Resident #1. To prevent this deficiencies from happening in the future, I will maintain a centralized log/calendar tracking medication re-evaluation due dates every 4 months from last signature. Require Physician/APRN signature and date on re-evaluation confirmation before filing. Train caregivers on requirements and tracking process (initial, annual, post-deficiency).</p>	<p>03/10/26</p>

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	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>FINDINGS Resident #1 – Per 10/2025 MAR states, “Furosemide 20mg 1 tab qAM (M, W, F, S, & Sun)”; however, medication passed twice daily from 10/14/25-10/29/25 without the time of administration documented for the second dose of the day</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>	

MAR 10 2026

	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 – Per 10/2025 MAR states, “Furosemide 20mg 1 tab qAM (M, W, F, S, & Sun)”; however, medication passed twice daily from 10/14/25-10/29/25 without the time of administration documented for the second dose of the day</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>Resident #1. To prevent this deficiency from happening in the future, I will conduct daily end-of shift MAR reviews to verifies entries include time, dose and initials. Train caregivers on requirements for complete timing documentation (initial, annual, post deficiency training).</p>	<p>03/10/26</p>

MAR 10 2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><u>FINDINGS</u> Resident #1 – Per schedule of activities, “10:30-11:30 walk”; however, resident was not observed walking during this time as indicated on 2/10/26</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>	

MAR 10 2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><u>FINDINGS</u> Resident #1 – Per schedule of activities, “10:30-11:30 walk”; however, resident was not observed walking during this time as indicated on 2/10/26</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>Resident #1. To prevent this deficiency happening in the future, I will post and follow the daily/weekly activity schedule, with caregiver signature/initials confirming implementation or adaptations for each resident. Document all activities what was provided, resident participation/refusal, reasons, alternative offered and caregiver initials.</p>	<p>03/10/26</p>


MAR 10 2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (i) The primary care giver shall provide the opportunity for each resident to have pneumococcal and influenza vaccines and all necessary immunizations following the recommendations of the Advisory Committee on Immunization Practices (ACIP) or resident's physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Annual influenza vaccination 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>Resident #1. Annual Influenza completed on March 9, 2026, and documentation was placed in ARCH resident's binder. Copy submitted. (p.52&53)</p>	<p>03/10/26</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
26 MAR 23 PM 1:04	<input checked="" type="checkbox"/> §11-100.1-16 <u>Personal care services.</u> (i) The primary care giver shall provide the opportunity for each resident to have pneumococcal and influenza vaccines and all necessary immunizations following the recommendations of the Advisory Committee on Immunization Practices (ACIP) or resident's physician or APRN. <u>FINDINGS</u> Resident #1 – Annual influenza vaccination unavailable Submit a copy with plan of correction	<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>Resident #1. To prevent this deficiency from happening in the future, quarterly reviews of the resident vaccine log will be conducted to confirm that all residents have all current-season influenza vaccination status or documented refusal/contraindication.</p> <p style="text-align: center;">A reminder not has been posted to my Resident's binder to do fnts.</p>	<p style="text-align: center;">03/10/26</p> <p style="text-align: center;">3/23/26</p>

RECEIVED
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	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 #3 – Admission assessment for admission on 2/1/26 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>Resident #3, Admission assessment completed on 2/14/26.</p> <p>Copy submitted. (p.54&55)</p>	<p>03/10/26</p>

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	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 #3 – Admission assessment for admission on 2/1/26 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>Resident #3. To prevent this deficiency from happening in the future, I will file assessment in resident record immediately upon completion. Train caregivers on requirements for admission/readmission assessments and timely filing. Copy submitted. (p.54&55)</p>	<p>03/10/26</p>

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MAR 10 2026

	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 – Resident's observed response to medications not documented in 6/2025 monthly progress notes</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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	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 -- Resident's observed response to medications not documented in 6/2025 monthly progress notes</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>Resident #1. To prevent this deficiency from happening in the future, I will perform quarterly audits of progress notes to verify medications response documentation is present and detailed. Train caregivers on requirements for complete monthly progress note, including medication response observations.</p>	<p>03/10/26</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><u>FINDINGS</u> Resident #1 – The symbol, “-”, is used numerous times throughout the MAR; however, legend does not include definition of such symbol</p> <p>Submit a copy of revised MAR legend 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. PRN prescribed medications were documented with a "-" on the MAR (indicating not given), but this has been replaced with the standard "NG" symbol to clearly denote "Not Given".</p> <p>Copy submitted: (p.58&59)</p>	<p>03/10/26</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><u>FINDINGS</u> Resident #1 – The symbol, “-”, is used numerous times throughout the MAR; however, legend does not include definition of such symbol</p> <p>Submit a copy of revised MAR legend 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>Resident #1, To prevent this deficiency from happening in the future, a mandatory initial and annual training will be required for all caregivers on all accurate MAR documentation, PRN assessment protocols, and the consistent use of standardized notation such as "NG" for NOT GIVEN.</p> <p>Copy submitted: (pages 58&59)</p>	<p>03/10/26</p>

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	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> Resident #1 – Emergency information sheet not readily available in record in the event of an emergency</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 Emergency Information has been refreshed/updated and available for review.</p>	<p>03/10/26</p>

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	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> Resident #1 – Emergency information sheet not readily available in record in the event of an emergency</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>Resident #1. To prevent this deficiency from happening in the future, I will conduct quarterly audits of resident's records to verify emergency sheets are present, current, and readily available. Train caregivers on requirements for emergency information content, updates and location.</p>	<p>03/10/26</p>

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	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> The following documents included erroneous information:</p> <ul style="list-style-type: none"> • Resident #1 - Emergency information sheet states current diagnoses as "Osteoporosis, Osteoarthritis, Spinal Stenosis"; however, resident does not have such diagnosis • Resident #3 – Admission date listed on Resident Register as "2/1/2-25"; however, resident admitted on 2/1/26 • Resident #4 – Admission date listed on Resident Register as "9/8/26" however, resident admitted on 9/8/25 • SCG #4 – PCG training dates listed as 2/1/2025 but was completed on 2/1/2026 <p>Submit a copy of revised documents 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. Emergency information diagnosis has been corrected/updated and is now ready for review.</p> <p>Resident #3 & #4. Admission date listed has been corrected/updated and is now ready for review.</p> <p>SCG#4. PCG training date listed has been corrected/updated and is now ready for review.</p> <p>Copy submitted. (p. 62&63)</p>	<p>03/10/26</p>


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	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> The following documents included erroneous information:</p> <ul style="list-style-type: none"> • Resident #1 - Emergency information sheet states current diagnoses as "Osteoporosis, Osteoarthritis, Spinal Stenosis"; however, resident does not have such diagnosis • Resident #3 – Admission date listed on Resident Register as "2/1/2-25"; however, resident admitted on 2/1/26 • Resident #4 – Admission date listed on Resident Register as "9/8/26" however, resident admitted on 9/8/25 • SCG #4 – PCG training dates listed as 2/1/2025 but was completed on 2/1/2026 <p>Submit a copy of revised documents 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>Resident #1. To prevent this deficiency from happening in the future, I will require monthly reviews of Emergency Info sheet against current Physician/APRN, Progress Note, and medical records to confirm current accurate diagnoses and medications. Update sheets immediately upon any diagnosis change or discrepancy.</p> <p>Resident #3 &4. To prevent this deficiency from happening in the future, I will conduct monthly reviews of admission dates in resident register, assessments, and Emergency Information sheet for accuracy/consistency.</p> <p>SCG #4. To prevent this deficiency from happening in the future, I will conduct monthly reviews of PCG/SCG training documentation for date accuracy and completeness.</p> <p>Train caregivers requirements for accurate personnel/training records including double-checking dates; provide initial, annual, and post- deficiency training</p> <p>A reminder note has been posted to my car home Arzu binder to do this.</p>	<p>03/10/26</p> <p>3/23/26</p>

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	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</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>Resident #1. To prevent this deficiency from happening in the future, I will maintain a dental/oral health log or calendar to track offers and statutes of resident. Train caregivers on requirements for dental exam arrangements, refusal documentation, and oral health monitoring. Copy submitted. (p.64&65)</p>	<p>03/10/26</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(4) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>Water supply. Hot and cold water shall be readily available to residents for personal washing purposes. Temperature of hot water at plumbing fixtures used by residents shall be regulated and maintained within the range of 100°-120°F.</p> <p><u>FINDINGS</u> Maximum hot water temperature measured at 89.9°F, below minimum of 100°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>Hot water heater thermostat adjusted 2/10/2026. Water now within 100°F-120°F range.</p>	<p>03/10/26</p>


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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(4) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>Water supply. Hot and cold water shall be readily available to residents for personal washing purposes. Temperature of hot water at plumbing fixtures used by residents shall be regulated and maintained within the range of 100°-120°F.</p> <p><u>FINDINGS</u> Maximum hot water temperature measured at 89.9°F, below minimum of 100°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>To prevent this deficiencies from happening in the future,I will conduct monthly hot water temperature checks at all resident-used fixtures like kitchen, bathroom and sink. Train caregivers on temperature monitoring, safe ranges, and immediate reporting of low hot water.</p>	<p>03/10/26</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><u>FINDINGS</u> Bedroom #1,2,4 – Plastic pillow protectors or resident's initials unavailable on pillows</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>Bedroom #1,2,4- Plastic pillows protectors were added to those without them and resident initials were marked on personal/owned pillow.</p>	<p>03/10/26</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><u>FINDINGS</u> Bedroom #1,2,4 – Plastic pillow protectors or resident’s initials unavailable on pillows</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>Bedroom #1,2,4- To prevent this deficiency from happening in the future, supply pliable pillow protectors on all pillows at admission/readmission or immediately upon identification of need; marked resident initial on personal/owned pillows if no protector used. Train caregivers in bedding requirements, including pillow protectors necessity and labeling.</p>	<p>03/10/26</p>

MAR 10 2026

Licensee's/Administrator's Signature: [Signature]

Print Name: Maria T. Dugle

Date: 3/23/2026

3/23/2026