

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ed & Rose	CHAPTER 100.1
Address: 94-1112 Kahuailani Street, Waipahu, Hawaii, 96797	Inspection Date: July 1, 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>§11-100.1-9 <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>  Substitute caregiver (SCG) #2- No documented evidence that the individual have been examined by a physician annually to certify that they are free of infectious diseases. Last examination was documented 5/17/24.</p> <p><b>Please send a copy of the annual physical exam with your plan of correction.</b></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!</p> <p>I asked SCG #2 to provide me a copy of her physical Exam</p> <p>Note: Attached is The Copy of her physical Exam</p>	<p>7/5/2025</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 #2- No documented evidence that the individual have been examined by a physician annually to certify that they are free of infectious diseases. Last examination was documented 5/17/24.</p> <p>Please send a copy of the annual physical exam with your plan of correction.</p>	<p style="text-align: center;">PART 2</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 force implement that all caregivers will provide this facility all documented evidence that they have been examined by a physician prior to their first contact with the residents of the type 1 ARCH &amp; thereafter shall be examined by a physician annually to certify that they are free of infectious diseases.</p> <ul style="list-style-type: none"> <li>- I will check the calendar binder regularly &amp; give all the substitute a reminders a month or two before it will expire.</li> <li>- I made a notebook for a reminders regarding physical exams.</li> </ul> <p>Note: Attached is the copy of her physical exam dated 6/10/25</p>	<p style="text-align: center;">7/5/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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><b><u>FINDINGS</u></b> SCG #1- No documented evidence that the individual who provide care or services to residents have an initial and annual tuberculosis clearance. Last examination was documented 6/28/24.</p> <p><b>Please send a copy of the tuberculosis exam with your plan of correction.</b></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!</p> <p>I asked SCG #1 to provide me her latest Annual Tuberculosis clearance &amp; didn't give her a schedule until she'll provide me a new one.</p> <p>Note: Attached is her recent Annual tuberculosis clearance dated 7/23/25</p>	<p>7/1/25</p>

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<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><b><u>FINDINGS</u></b> SCG #1- No documented evidence that the individual who provide care or services to residents have an initial and annual tuberculosis clearance. Last examination was documented 6/28/24.</p> <p><b>Please send a copy of the tuberculosis exam with your plan of correction.</b></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 sure that personnel, staffing a family shall have an initial &amp; annual tuberculosis clearance</p> <p>Note: Attached is SCG # 1 Annual tuberculosis clearance.</p> <p>- I will make a notebook as a regular reminder on when the TB clearance will expire &amp; give substitute caregivers a reminder a month or two to avail if.</p>	<p style="text-align: center;">7/23/25</p>

	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- No documented evidence of an inventory of personal items brought into the Type I ARCH.</p>	<p style="text-align: center;">PART 1</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!</p> <p>I put the list of her inventory on her binder. All the personal items brought into our facility</p>	<p style="text-align: center;">7/2/25</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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.  <u>FINDINGS</u> Resident #3- No documented evidence of an inventory of personal items brought into the Type I ARCH.	<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, upon admission of any Residents I will put the inventory of all items brought into the type I Arch right away on the Residents binder</p> <ul style="list-style-type: none"> <li>- I will have a regular check on the Residents personal items brought &amp; will be added items &amp; check it every 2 to 3 months</li> <li>- I created a checklist to remind me of checking the belongings</li> </ul>	<p style="text-align: center;">7/2/25</p>

25 AUG 19 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (b) All foods shall be stored in covered containers.</p> <p><b>FINDINGS</b> One bowl of raw uncooked clams left in refrigerator uncovered during the time of inspection.</p>	<p>PART 1</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>YES!</p> <p>I removed the bowl of raw uncooked clams from the refrigerator uncovered during the time of inspection right away</p> <p>- put it in a ziplock &amp; put it in the freezer</p>	<p>7/1/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation</u>, (b) All foods shall be stored in covered containers.</p> <p><b><u>FINDINGS</u></b> One bowl of raw uncooked clams left in refrigerator uncovered during the time of inspection.</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/we will make sure that all foods shall be stored in a covered containers.</p> <ul style="list-style-type: none"> <li>- Remind all substitute - family member to be mindful on all the food that is in the fridge, covered, Ziplock or put a date on it.</li> <li>- Create a sign that it says all food need to be covered</li> <li>- Buy/bought a lot of containers that is ready to use anytime &amp; everytime we need it.</li> </ul>	<p style="text-align: center;">7/2/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (a)  All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><b><u>FINDINGS</u></b>  One (1) bottle of polyethylene glycol labeled was found in one of the resident's bedside drawer.</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>Yes!</i></p> <p><i>Removed the bottle of polyethylene glycol labeled that was found in one of the resident's bedside drawer &amp; put it on the resident's medication bin in cabinet.</i></p>	<p style="text-align: right;"><i>7/1/25</i></p>

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☒	<p>§11-100.1-15 <u>Medications.</u> (a)  All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u>  One (1) bottle of polyethylene glycol labeled found in one of the resident's bedside drawer.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></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/We will make sure that all medicines prescribed by physicians &amp; dispensed by pharmacist shall be deemed properly labeled so long as no changes to the label have been made by the licensee. I will make sure that storage shall be in a staff controlled work cabinet counter Apart from either resident's bathrooms or bedrooms.</p> <p>- I'll put a sign in the rooms that it says "no medication should be in a Resident's Room"</p>	<p style="text-align: center;">7/1/25</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (a)  All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><b><u>FINDINGS</u></b>  Resident #1- Physician ordered on 2/5/25 "Trazodone 100 mg Take 1 tablet by mouth every night at bedtime. May take ½ tablet every am PRN for severe agitation"; however, the medication label read, "Trazodone 100 mg Take 1 tablet by mouth every night at bedtime". The physician order and medication label do not match.</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!</p> <p>called pharmacy to correct the label.  called the primary physicians office  to call the pharmacy for the changes</p>	<p style="text-align: center;">7/1/25</p>

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☒	<p>§11-100.1-15 <u>Medications</u>. (a)  All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><b><u>FINDINGS</u></b>  Resident #1- Physician ordered on 2/5/25 "Trazodone 100 mg Take 1 tablet by mouth every night at bedtime. May take ½ tablet every am PRN for severe agitation"; however, the medication label read, "Trazodone 100 mg Take 1 tablet by mouth every night at bedtime". The physician order and medication label do not match.</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 make sure that all medicines prescribed by physicians &amp; dispensed by pharmacist shall be deemed properly labeled so long as no changes to the label have been made by the licensee</i></p> <p><i>- I created a sign to put in the cabinet to remind me that medication label must match the medication label.</i></p>	<p style="text-align: center;">7/1/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><b><u>FINDINGS</u></b> Resident #1- Following medications were expired and found in the medication box:</p> <ol style="list-style-type: none"> <li>1. Aspirin 81 mg (Expired 11/24)</li> <li>2. Simvastatin 40 mg (Expired 4/25)</li> <li>3. Multivitamin (Expired 1/25)</li> <li>4. Donepezil HCl (Expired 11/24)</li> </ol>	<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 style="text-align: center;">YES!</p> <p style="text-align: center;">took out medication that has an expired label - put medications that has a new expiration date</p>	<p style="text-align: center;">7/1/25</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><b><u>FINDINGS</u></b> Resident #1- Following medications were expired and found in the medication box:</p> <ol style="list-style-type: none"> <li>1. Aspirin 81 mg (Expired 11/24)</li> <li>2. Simvastatin 40 mg (Expired 4/25)</li> <li>3. Multivitamin (Expired 1/25)</li> <li>4. Donepezil HCl (Expired 11/24)</li> </ol>	<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 sure that i will check labels regularly (month to month basis) to make sure that no expired medications are in the medication bin / cabinet.</p> <ul style="list-style-type: none"> <li>- I'll check medicine bottles regularly</li> <li>- Will have a separate notebook to remind me on the date given expiration so i can order in advance or for the right time.</li> </ul>	<p style="text-align: right;">7/1/25</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 #2- In the height and weight record, December 2024 was recorded 90 pounds, then in January 2025 was recorded 120 pounds. No documentation in the progress notes to explain the thirty pound weight gain.</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>	<p>7/1/25</p>

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<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>FINDINGS</b> Resident #2- In the height and weight record, December 2024 was recorded 90 pounds, then in January 2025 was recorded 120 pounds. No documentation in the progress notes to explain the thirty pound weight gain.</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 sure that Records - reports shall be written on a monthly basis</p> <ul style="list-style-type: none"> <li>- made a progress note about the changes on the Residents weight &amp; report to her / his pharmacy physician about the changes.</li> <li>- I'll put a post it to remind me to update in my height &amp; weight record</li> </ul>	<p style="text-align: right;">7/1/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c)            Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><b>FINDINGS</b>            Resident #1- No documented evidence of an incident report regarding hospitalization for acute pneumonia on 8/20/24.</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>	<p>25            APR 17</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c)  Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><b><u>FINDINGS</u></b>  Resident #1- No documented evidence of an incident report regarding hospitalization for acute pneumonia on 8/20/24.</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 make sure that records &amp; reports (incident report) shall be made &amp; retained by the primary caregiver &amp; shall be made available to the department &amp; other authorized personnel.</p> <ul style="list-style-type: none"> <li>- I will make a report as soon as the incident were done &amp; put it on the residents binder right away.</li> <li>- I'll put a sign or post it to remind me about it.</li> </ul>	<p style="text-align: center;">7/1/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-80 <u>Licensing</u>. (d) Policies and procedures shall be developed by the licensee to meet the provisions of this chapter.</p> <p><b><u>FINDINGS</u></b> Resident #1- No documented evidence of an expanded policy given to resident or resident's family.</p> <p><b>Please send a copy of the signature that expanded policy was given with your plan of correction.</b></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>YD!</p> <p>I let the wife (guardian to sign the expanded policy.</p> <p>I will combined policy ; expanded policy + put it together</p> <p>- Attached is The signed copy</p>	<p style="text-align: center;">7/21/25</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-80 <u>Licensing</u>. (d) Policies and procedures shall be developed by the licensee to meet the provisions of this chapter.</p> <p><b><u>FINDINGS</u></b> Resident #1- No documented evidence of an expanded policy given to resident or resident's family.</p> <p><b>Please send a copy of the signature that expanded policy was given with your plan of correction.</b></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 sure that i asked the family to sign the expanded policy upon admission</p> <p>- I will combine policies together so they if done not get miss</p>	<p style="text-align: center;">7/21/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (c)(3)  The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have:</p> <p>Visits to the physician every four months or more frequently to ensure adequate medical supervision.</p> <p><b>FINDINGS</b>  Resident #1- Resident was discharged from the hospital on 8/23/24. Next visit was documented on 2/5/25. No documented evidence of visits to the physician every four months or more frequently to ensure adequate medical supervision.</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>	<p>7/1/25</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services</u>, (c)(3)  The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have:</p> <p>Visits to the physician every four months or more frequently to ensure adequate medical supervision.</p> <p><b><u>FINDINGS</u></b>  Resident #1- Resident was discharged from the hospital on 8/23/24. Next visit was documented on 2/5/25. No documented evidence of visits to the physician every four months or more frequently to ensure adequate medical supervision.</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 sure that the residents from the discharged date that i will have an appointment after hospitalization &amp; visit to the physician every 4 months or more frequently to ensure adequate medical supervision.</p> <ul style="list-style-type: none"> <li>- Found a copy of it in (The) from other folder &amp; put it on his binder</li> <li>- I'll make a checklist to remind me about it.</li> </ul>	<p style="text-align: center;">7/25/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(8)            Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities:</p> <p><b>FINDINGS</b>            Resident #1- No documented evidence of a face-to-face contacts from the case manager to the expanded resident at least once every thirty days for the following months of September 2024, October 2024, and November 2024.</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>	<p>7/1/25</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 <u>Case management qualifications and services.</u> (c)(8) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:  Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities:  <u>FINDINGS</u> Resident #1- No documented evidence of a face-to-face contacts from the case manager to the expanded resident at least once every thirty days for the following months of September 2024, October 2024, and November 2024.	<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 double check            IF the document is on the            Resident's binder.</p> <p>- make a checklist to ensure that            monthly visit are in the binder            case manager - every month            case manager - every 6 months</p>	<p style="text-align: center;">7/1/25</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)(10)            Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate:</p> <p><b><u>FINDINGS</u></b>            Resident #1- No documented evidence of a comprehensive reassessment of the expanded resident at six months. Case management services initiated on 8/23/24; however, in February 2025, was documented as a monthly visit.</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>	<p>7/1/25</p> <p>05 APR 17</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)(10)            Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate:</p> <p><b>FINDINGS</b>            Resident #1- No documented evidence of a comprehensive reassessment of the expanded resident at six months. Case management services initiated on 8/23/24; however, in February 2025, was documented as a monthly visit.</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'll make sure that the case manager will conduct comprehensive reassessments of the expanded ARCH resident every 6 months or sooner as appropriate</p> <p>- make a checklist to remind me of such.</p>	<p style="text-align: center;">7/1/25</p>

Licensee's/Administrator's Signature: *RR*

Print Name: Rosalinda Remas

Date: SEPT. 12, 2025

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