

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

|  |                                       |
|--|---------------------------------------|
| Facility's Name: Eura's Graceful Garden Residence            | CHAPTER 100.1                         |
| Address:<br>94-1591 #C Waipahu Street, Waipahu, Hawaii 96797 | Inspection Date: July 16, 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).**

JUL 27 2025

|                                     | RULES (CRITERIA)  | PLAN OF CORRECTION   | Completion Date |
|-------------------------------------|---|--|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u><br/>(b)<br/>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><br/>SCG #1 – Initial 2-step TB clearance unavailable</p> <p>Submit a copy with plan of correction.</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 received the 2-step clearance of my SCG dated 1/14/23 and 12/6/23 and filed it in my care home binder.</p> | <p>07/27/25</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u><br/>(b)<br/>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><br/>SCG #1 – Initial 2-step TB clearance unavailable</p> <p>Submit a copy with plan of correction.</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>To ensure that it doesn't happen again, I have posted a reminder note in my care home binder to remind me that all SCG and family members living in my care home must have an initial 2-step skin test filed in my care home binder. I will also note on their files to not remove it from my binder.</p> | 07/27/25        |

|   | RULES (CRITERIA)   | PLAN OF CORRECTION  | Completion Date |
|---|--|---|-----------------|
| ☒ | <p>§11-100.1-14 <u>Food sanitation</u>, (d)<br/>Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation.</p> <p><b><u>FINDINGS</u></b><br/>PCG reports cooking entrees to 100°F, below safe minimum temperature of 165°F</p> | <p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> |                 |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-14 <u>Food sanitation.</u> (d)<br/>Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation.</p> <p><b><u>FINDINGS</u></b><br/>PCG reports cooking entrees to 100°F, below safe minimum temperature of 165°F</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 now know that all foods cooked must be at a minimum 165 degrees temperature. I have posted a sign on my kitchen cabinet near my stove to remind me.</p> | <p>07/27/25</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (a)<br/> 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><br/> Resident #1 – Physician’s order dated 12/4/24-current states, “Tylenol 500 daily PRN”; however, medication bottle label states, “Acetaminophen 500mg Tablet Take 1 tablet every 6 hours as needed for pain”. Medication label does not reflect physician’s order.</p> | <p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>I went to the doctor of Resident #1 on 7/17/25 to clarify order and visit summary now has "Acetaminophen 500mg. Take 1 tablet by mouth every 6 hours as needed for pain" Form is filed in my resident binder and now matches medication label.</p> | <p>07/17/25</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (a)<br/> 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><br/> Resident #1 – Physician’s order dated 12/4/24-current states, “Tylenol 500 daily PRN”; however, medication bottle label states, “Acetaminophen 500mg Tablet Take 1 tablet every 6 hours as needed for pain”. Medication label does not reflect physician’s order.</p> | <p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>I created a reminder checklist posted in my care home binder that my medication bottle labels must match the physician order. If it does not match, I will contact the physician to clarify and get a telephone order if needed.</p> | <p>07/27/25</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (e)<br/>All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b><br/>Resident #1 – Physician’s orders dated 2/14/25 are incomplete and do not include the dosage amount:</p> <ul style="list-style-type: none"> <li>• Tylenol 500 daily PRN</li> <li>• Lisinopril 40 daily</li> <li>• Metoprolol 100 BID</li> <li>• Pravastatin 40 daily</li> <li>• Amlodipine 5 daily</li> </ul> <p>Submit a copy of updated orders with plan of correction.</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>Resident #1's visit summary for 7/17/25 now has dosages included.</p> | <p>07/17/25</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications</u>. (e)<br/>All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b><br/>Resident #1 – Physician’s orders dated 2/14/25 are incomplete and do not include the dosage amount:</p> <ul style="list-style-type: none"> <li>• Tylenol 500 daily PRN</li> <li>• Lisinopril 40 daily</li> <li>• Metoprolol 100 BID</li> <li>• Pravastatin 40 daily</li> <li>• Amlodipine 5 daily</li> </ul> <p>Submit a copy of updated orders with plan of correction.</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>To ensure that it doesn't happen again, I have printed the 5 rights of medication administration and posted it in my care home binder to refer to when obtaining an order from the physician. I will review the 5 rights with the physician order to make sure it is complete. If it is incomplete, I will get clarification either in person or obtain a telephone order.</p> | <p style="text-align: center;">07/17/25</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (e)<br/> All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b><br/> Resident #1 – Physician’s order dated 2/14/25 states, “Tylenol 500 daily PRN”; however, PRN indication unavailable. Medication order incomplete</p> <p>Submit a copy of updated orders with plan of correction.</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>Resident #1's visit summary for 7/17/25 with medication order has been updated to have an indication for pain.</p> | 07/17/25        |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications</u>. (e)<br/>All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b><br/>Resident #1 – Physician’s order dated 2/14/25 states, “Tylenol 500 daily PRN”; however, PRN indication unavailable. Medication order incomplete</p> <p>Submit a copy of updated orders with plan of correction.</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>To ensure that it doesn't happen again, I have printed the 5 rights of medication administration and included that PRN medications must have an indication. It is posted it in my care home binder to refer to when obtaining an order from the physician. I will review the 5 rights with the physician order to make sure it is complete. If it is incomplete, I will get clarification either in person or obtain a telephone order.</p> | <p style="text-align: center;">07/17/25</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications</u>. (e)<br/> All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b><br/> Resident #1 – Physician’s order dated 2/14/25-present states, “Lisinopril 40 daily”; however, medication administration record (MAR) shows medication was administered as, “Lisinopril 40mg tab, take 1 tab by mouth 2x daily” between 2/14/25-2/28/24, Medication was administered incorrectly during this time period.</p> | <p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> |                 |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications</u>. (e)<br/>All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b><br/>Resident #1 – Physician’s order dated 2/14/25 states, “Tylenol 500 daily PRN”; however, MAR shows medication was not made available until 3/1/25</p> | <p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> |                 |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (e)<br/>All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b><br/>Resident #1 – Physician’s order dated 2/14/25 states, “Tylenol 500 daily PRN”; however, MAR from 3/1/25-present states medication is being made available , “Acetaminophen 500mg tab, take 1 tab PO every 6 hrs as needed for pain”.</p> <p>Submit evidence a revised MAR was completed, or updated medication order was obtained, to ensure the MAR and medication order are matching.</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 obtained a visit summary on 7/17/25 with the Acetaminophen order that says: Acetaminophen 500 mg oral tablet. Take 1 tablet by mouth every 6 hours as needed for pain. This was for the visit on 2/14/25.</p> | 07/17/25        |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (g)<br/>All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><b><u>FINDINGS</u></b><br/>Resident #1 – Medications were not reevaluated and signed every four months between 2/14/25-7/16/25</p> | <p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> |                 |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (m)<br/> All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b><br/> Resident #1 – Progress note dated 5/26/25 and 5/28/25 state Tylenol was administered for pain; however, medication administration was not documented on MAR</p> | <p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> |                 |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports</u>, (a)(4)<br/> 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>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><b><u>FINDINGS</u></b><br/> Resident #3 – Initial 2-step and current TB clearance unavailable for review</p> <p>Submit a copy with plan of correction.</p> | <p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Resident #3 received a Quantiferon Gold on 12/5/24 but I forgot to ask for the result. I received the results on 7/18/25 and filed in my binder.</p> | <p>07/18/25</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (a)(4)<br/> 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>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><b><u>FINDINGS</u></b><br/> Resident #3 – Initial 2-step and current TB clearance unavailable for review</p> <p>Submit a copy with plan of correction.</p> | <p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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, so that it doesn't happen again, I will review my admission and readmission checklist to make sure my binder is complete of DOH requirements. If it is not available to me, I will ask the family or the resident's physician for a copy immediately and I will write it in my progress notes.</p> | <p style="text-align: center;">07/27/25</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (b)(3)<br/>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><br/>Resident #1 – Per progress note dated 5/29/25, Tylenol was administered for pain; however, resident's response to medication was not documented</p> | <p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> |                 |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (b)(3)<br/>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><br/>Resident #1 – Per progress note dated 5/29/25, Tylenol was administered for pain; however, resident's response to medication was not documented</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 made a note in the bottom of my MAR that if I give medication as needed, I will note in my progress notes the response of the medication. This will be reviewed by me and my SCGs daily when the sign off on the MAR.</p> | <p>07/27/25</p> |

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|                                     | <b>RULES (CRITERIA)</b>   | <b>PLAN OF CORRECTION</b>  | <b>Completion Date</b> |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (f)(2)<br/>           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><b><u>FINDINGS</u></b><br/>           Resident #1 – Initials “CB” documented on MAR as administering medications daily from 5/1/25-5/9/25; however, individual’s name is not listed on the MAR legend</p> | <p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> |                 |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (f)(4)<br/>General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b><u>FINDINGS</u></b><br/>Resident #1 – Per MAR, all daily medications were administered on 2/29/25-2/31/25 despite only there being only twenty-eight (28) days in February 2025. Falsified documentation of services noted on MAR.</p> | <p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> |                 |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (f)(4)<br/>           General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b><u>FINDINGS</u></b><br/>           Resident #1 – Resident/POA/family member was not notified of the emergency procedures at the time of admission on 12/6/24, per admission assessment</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>Resident, family and POA were notified of emergency procedures but I missed to check it. I reviewed it again with family when they visited and I checked off that section of the form.</p> | <p>07/27/25</p> |

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|-------------------------------------|--|--|---|
| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (f)(4)<br/>General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b><u>FINDINGS</u></b><br/>Resident #1 – Resident/POA/family member was not notified of the emergency procedures at the time of admission on 12/6/24, per admission assessment</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 will review the admission assessment with the resident, family and POA at admission and make sure everything is completely and accurately completed. This deficiency will serve as a reminder for me to carefully review my paperwork.</p> | <p style="text-align: center;">07/27/25</p> |

Licensee's/Administrator's Signature: Miguel

Print Name: jesusa corazon miguel

Date: 07/27/25

Licensee's/Administrator's Signature: jesusa corazon miguel

Print Name: jesusa corazon miguel

Date: 08/10/25