

State Licensing Section

STATE OF HAWAII
BUSINESS
STATE LICENSING

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hanau Mua Connie's Home	CHAPTER 100.1
Address: 2010 Puaala Lane, Honolulu, Hawaii 96819	Inspection Date: July 18, 2025 Annual

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

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(9) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Have achieved acceptable levels of skill and training in first aid, nutrition, cardiopulmonary resuscitation, and appropriate nursing and behavior management as required for care of all residents admitted to the Type I ARCH;</p> <p><u>FINDINGS</u> SCG#7: CPR certification expired.</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>Yes, the deficiency was corrected.</p> <p>Substitute care giver (SCG) #7: CPR certification was completed on 5/17/2025. Certificate has been filed in the SCG's record.</p>	<p style="text-align: center;">7/19/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(9) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Have achieved acceptable levels of skill and training in first aid, nutrition, cardiopulmonary resuscitation, and appropriate nursing and behavior management as required for care of all residents admitted to the Type I ARCH;</p> <p><u>FINDINGS</u> SCG#7: CPR certification expired.</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 deficiency from occurring again in the future, I have updated the substitute care giver's checklist to include a reminder to obtain a current annual CPR certification. I will refer to this checklist twice a year (May & November).</p>	<p style="text-align: center;">7/19/2025</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><u>FINDINGS</u> Substitute care giver #4: No documented evidence of annual TB clearance. No TB testing attached to certification.</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>Yes, the deficiency was corrected.</p> <p>Substitute care giver (SCG) #4: Annual TB clearance was completed on 6/1/2025. Based on the new guidelines:</p> <p>TB Form G (Risk Assessment): completed on 6/1/2025</p> <p>TB Form H (Symptoms Screen): completed on 6/1/2025</p> <p>TB Document F (Clearance): completed on 6/1/2025</p> <p>TB skin test result: completed on 1/12/2024</p> <p>The documentations are filed in the SCG's record for your review.</p>	<p style="text-align: center;">7/19/2025</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><u>FINDINGS</u> Substitute care giver #4: No documented evidence of annual TB clearance. No TB testing attached to certification.</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 deficiency from occurring again in the future, I have updated the substitute care giver's checklist to include a reminder to attach TB skin test result to the certificate. I will refer to this checklist twice a year (May & November).</p>	<p style="text-align: center;">07/19/2025</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><u>FINDINGS</u> Resident #2: expired annual TB clearance. Last TB clearance on 7/11/23.</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>Yes, the deficiency was corrected.</p> <p>Resident #2: Annual TB clearances were completed on the following dates:</p> <p>7/11/2023 TB Skin Test was completed by Kuakini Medicare Center</p> <p>7/15/2024 TB Document F completed by PCP</p> <p>7/1/2025 TB Document F completed by PCP</p> <p>8/1/2025 TB Document G completed by RN</p> <p>8/1/2025 TB Document H completed by RN</p> <p>Documentations have been filed in the resident's record.</p>	<p style="text-align: center;">8/1/2025</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><u>FINDINGS</u> Resident #2: expired annual TB clearance. Last TB clearance on 7/11/23.</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 deficiency from occurring again in the future, I have updated all residents' checklist in their chart to include a reminder to obtain annual TB clearance with TB Documents G, H, and F (completed and signed by MD/APRN and/or medical staff) with the latest TB skin test visibly attached. I will refer to this checklist monthly and/or twice yearly (May and November).</p>	<p style="text-align: center;">8/1/2025</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><u>FINDINGS</u> Resident #3: expired annual TB clearance. Last TB clearance on 7/10/24</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>Yes, the deficiency was corrected.</p> <p>Resident #3: Annual TB clearance was updated by her PCP on 10/8/2025. Documentation has been filed in the resident's record.</p>	<p>10/8/2025</p> <p style="text-align: center;">6-11-25 10:19 AM</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><u>FINDINGS</u> Resident #3: expired annual TB clearance. Last TB clearance on 7/10/24</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this deficiency from occurring again in the future, I have updated the resident's checklist to include a reminder to update annual TB clearance. I will refer to this checklist twice yearly (May & November).</p>	<p style="text-align: center;">10/8/2025</p> <p style="text-align: center;">10/10/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><u>FINDINGS</u> Resident #5: No documented evidence that annual diet order was renewed.</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>No, the deficiency was not corrected.</p> <p>Resident #5: Expired on 7/25/2025. Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future correction I will plan to ensure that it does not happen again.</p>	<p style="text-align: center;">6/13/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><u>FINDINGS</u> Resident #5: No documented evidence that annual diet order was renewed.</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 deficiency from occurring again in the future, I have updated all residents' checklist in their chart to include a reminder to obtain annual diet order. I will refer to this checklist every 4 months or more frequently as needed.</p>	<p>8/1/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> Menu not posted in a conspicuous place for residents to see.</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>Yes, the deficiency was corrected.</p> <p>Updated menu was posted in a conspicuous place for residents to see on 8/1/2025.</p>	<p>8/1/2025</p> <p style="text-align: right; font-size: small;">6.1.10 0-100 27</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> Menu not posted in a conspicuous place for residents to see.</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 deficiency from occurring again in the future, I created a reminder note, (POST MENU IN A CONSPICUOUS PLACE FOR RESIDENTS TO SEE) and placed it in front of the refrigerator for all the care givers to see. We will refer to this note during all meal preparations.</p>	<p style="text-align: center;">8/1/2025</p> <p style="text-align: center;">25 08 01 11:39</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #2: Diet order of Dysphagia diet, no documented evidence diet is being given as ordered.</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>Yes, the deficiency was corrected.</p> <p>Resident #2: Diet order of Dysphagia diet, is now being documented as being given (as ordered) in the medication administration record (MAR) starting from 7/19/2025. Documentation has been filed in the resident's record.</p>	<p>7/19/2025</p> <p style="text-align: right; font-size: small;">6813 0-100 55</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #2: Diet order of Dysphagia diet, no documented evidence diet is being given as ordered.</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 deficiency from occurring again in the future, I have created a note, (DOCUMENT DAILY DYSPHAGIA DIET IN THE MAR) and placed it in front of the daily flowsheet for everyone to see. We will refer to this note daily.</p>	<p style="text-align: right;">7/19/2025</p> <p style="text-align: right; font-size: small;">6/19/2025 6:10:00 AM</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #3: Diet order of thin liquids, no documented evidence diet is being given as ordered.</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>Yes, the deficiency was corrected.</p> <p>Resident #3: Diet order of thin liquids is now being documented in the medication administration record (MAR) as of 7/19/2025. Documentation has been filed in the resident's record.</p>	<p>7/19/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #3: Diet order of thin liquids, no documented evidence diet is being given as ordered.</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 deficiency from occurring again in the future, I have created a note, (DOCUMENT DAILY DIET ORDER IN THE MAR) and placed it in front of the daily flowsheet where it can be seen easily by all the care givers. We will refer to this note daily.</p>	<p style="text-align: center;">7/19/2025</p> <p style="text-align: center;">6-150 02.</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><u>FINDINGS</u> Resident #4: Calcium tabs, Multivitamin, Vitamin B12 and Zinc unlabeled in cabinet.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, the deficiency was corrected.</p> <p>Resident #4: Calcium tablet, multivitamins, Vitamin B12, and Zinc were labeled immediately on 7/19/2025.</p>	<p>7/19/2025</p> <p style="text-align: right; font-size: small;">68110-100 (2)</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><u>FINDINGS</u> Resident #4: Calcium tabs, Multivitamin, Vitamin B12 and Zinc unlabeled in cabinet.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this deficiency from occurring again in the future, I created a reminder note, (LABEL ALL ORDERED OTC SUPPLEMENTS) and placed it inside the resident's medicine box where it can be easily seen by all caregivers. We will refer to this note daily.</p>	<p>7/19/2025</p> <p style="text-align: center;">6/27/2025 11:09 AM</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: Following medication ordered by physician on 4/16/2025 not available: Calcium with Vitamin D3 tabs, Lipitor 10mg tabs, Ventolin HFA 90mcg, and Vitamin C 500mg tabs</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>Yes, the deficiency was corrected.</p> <p>Resident #1: Medications and supplements (Calcium/Vitamin D3 tablets, Lipitor 10mg tablets, Ventolin HFA 90mcg, and Vitamin C 500mg tablets) are now available since 7/25/2025.</p>	<p style="text-align: center;">7/25/2025</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: Following medication ordered by physician on 4/16/2025 not available: Calcium with Vitamin D3 tabs, Lipitor 10mg tabs, Ventolin HFA 90mcg, and Vitamin C 500mg tabs</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 deficiency from occurring again in the future, I have provided an in-service to all the substitute care givers (SCG) regarding the importance of medications and supplements and created a note, (ALERT PCG WHEN MEDICATIONS/SUPPLEMENTS ARE LOW OR OUT). I placed the note in the medication cabinet where everyone can see it. I will provide in-service to all SCG every 3-4 months or more frequently as needed and will refer to the note daily.</p>	<p>7/25/2025</p> <p style="text-align: right; font-size: small;">25 09:00 AM '25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1: Following medication ordered by physician on 4/16/2025 not available: Calcium with Vitamin D3 tabs, Lipitor 10mg tabs, Ventolin HFA 90mcg, and Vitamin C 500mg tabs. Medication administration record signed indicating medication were given to patient.</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: Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future correction I will plan to ensure that it does not happen again.</p>	<p>7/25/2025</p> <p style="text-align: center;">6-10-100 22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1: Following medication ordered by physician on 4/16/2025 not available: Calcium with Vitamin D3 tabs, Lipitor 10mg tabs, Ventolin HFA 90mcg, and Vitamin C 500mg tabs. Medication administration record signed indicating medication were given to patient.</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 deficiency from occurring again in the future, I have provided an in-service to all the substitute care givers (SCG) regarding the importance of medications/supplements and the appropriateness when signing medication administration record (MAR). I have also created a note, (ALERT PCG WHEN MEDICATIONS AND SUPPLEMENTS ARE LOW OR OUT). I placed the note in the medication cabinet where it can be seen easily. I will provide in-service to all SCG every 3-4 months or more frequently as needed and will refer to the note daily.</p>	<p>8/1/2025</p> <p style="text-align: center; font-size: small;">2025 OCT 9 11:29 AM 6010 6-100 02</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> Resident #1: Incomplete admission assessment on 1/1/2025</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>Yes, the deficiency was corrected.</p> <p>Resident #1: Admission assessment was completed on 7/19/2025. Documentation has been filed in the resident's record.</p>	<p>7/19/2025</p> <p style="text-align: center;">6:00 PM - 6:10 PM</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> Resident #1: Incomplete admission assessment on 1/1/2025</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 deficiency from occurring again in the future, I have updated my admission checklist to include a reminder to complete the residents Admission Assessment/Plan of Care during the day of admission. I will refer to this checklist during all future admissions.</p>	<p>7/19/2025</p> <p style="text-align: right; vertical-align: middle;">25 007-0-100-02</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><u>FINDINGS</u> Fire drill log does not indicate which residents participated in drill.</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>Yes, the deficiency was corrected.</p> <p>Fire drill was conducted on 8/1/2025. Residents who participated in the activity was documented on 8/1/2025. Documentation has been filed in the care home binder.</p>	<p>8/1/2025</p> <p style="text-align: center;">6-100-9-100-92</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><u>FINDINGS</u> Fire drill log does not indicate which residents participated in drill.</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 deficiency from occurring again in the future, I created a reminder note, (FIRE DRILL: NOTE RESIDENTS WHO PARTICIPATED DURING THE ACTIVITY) and I placed it in front of the care home binder where it can be easily seen. I will refer to this note during all future fire drill.</p>	<p style="text-align: center;">8/1/2025</p> <p style="text-align: center;">25 OCT -9 11:39 60110 6-100 27</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)(6) 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>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p>FINDINGS SCG #1: No case management training for all substitute care givers for resident #2 and #5.</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>Yes, the deficiency was corrected.</p> <p>SCG #1: Case management training for resident #²/5_{PM} was completed on 7/15/2023, 9/8/2023, 11/8/2023.</p> <p>Please see documentations in file.</p> <p>Resident #⁵/2_{PM} expired on 7/25/2025. Unable to provide necessary and specific training.</p>	<p>8/8/2025</p> <p style="text-align: center;">25 OCT 9 11:50</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)(6) 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>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p><u>FINDINGS</u> SCG #1: No case management training for all substitute care givers for resident #2 and #5.</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 deficiency from occurring again in the future, I created a reminder note, (FOR TRAINING: UPDATE CARE GIVERS LIST WITH CASE MANAGEMENT) and I placed it on the resident's file cabinet where it can be easily seen. I will refer to this note twice a year (May and November).</p>	<p>8/8/2025</p> <p style="text-align: right; font-size: small;">02-09-2025 10:00:00</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)(6) 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>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p><u>FINDINGS</u> SCG #2: No case management training for all substitute care givers for resident #2 and #5.</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>Yes, the deficiency was corrected.</p> <p>SCG #2: Case management training for resident #2 was completed on 8/8/2025. Documentations have been filed in the resident's record.</p> <p>Resident #5 expired on 7/25/2025. Case manager was unable to provide necessary and specific training.</p>	<p>8/8/2025</p> <p style="text-align: center;">725 007-9 11 50</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)(6) 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>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p><u>FINDINGS</u> SCG #2: No case management training for all substitute care givers for resident #2 and #5.</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 deficiency from occurring again in the future, I created a reminder note, (FOR TRAINING: UPDATE CARE GIVERS LIST WITH CASE MANAGEMENT) and I placed it on the resident's file cabinet where it can be easily seen. I will refer to this note twice a year (May and November).</p>	<p style="text-align: center;">8/8/2025</p> <p style="text-align: center;">25 OCT -9 11:50</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)(6) 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>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p><u>FINDINGS</u> SCG #3: No case management training for all substitute care givers for resident #2 and #5.</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>Yes, the deficiency was corrected.</p> <p>SCG #3: Case management training for resident #2 was completed on 8/8/2025. Documentations have been filed in the resident's record.</p> <p>Resident #5 expired on 7/25/2025. Case manager was unable to provide necessary and specific training.</p>	<p style="text-align: center; vertical-align: top;">8/8/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(6) 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>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p><u>FINDINGS</u> SCG #3: No case management training for all substitute care givers for resident #2 and #5.</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 deficiency from occurring again in the future, I created a reminder note, (FOR TRAINING: UPDATE CARE GIVERS LIST WITH CASE MANAGEMENT) and I placed it on the resident's file cabinet where it can be easily seen. I will refer to this note twice a year (May and November).</p>	<p style="text-align: center;">8/8/2025</p> <p style="text-align: center;">03-10-2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(6) 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>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p><u>FINDINGS</u> SCG #4: No case management training for all substitute care givers for resident #2 and #5.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, the deficiency was corrected.</p> <p>SCG #4: Case management training for resident #2 was completed on 8/8/2025. Documentations have been filed in the resident's record.</p> <p>Resident #5 expired on 7/25/2025. Case manager was unable to provide necessary and specific training.</p>	<p>8/8/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(6) 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>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p><u>FINDINGS</u> SCG #4: No case management training for all substitute care givers for resident #2 and #5.</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 deficiency from occurring again in the future, I created a reminder note, (FOR TRAINING: UPDATE CARE GIVERS LIST WITH CASE MANAGEMENT) and I placed it on the resident's file cabinet where it can be easily seen. I will refer to this note twice a year (May and November).</p>	<p style="text-align: center;">8/8/2025</p> <p style="text-align: center;">03-10-2025 10:10 AM</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)(6) 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>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p><u>FINDINGS</u> SCG #5: No case management training for all substitute care givers for resident #2 and #5.</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>Yes, the deficiency was corrected.</p> <p>SCG #5: Case management training for resident #2 was completed on 8/8/2025. Documentations have been filed in the resident's record.</p> <p>Resident #5 expired on 7/25/2025. Case manager was unable to provide necessary and specific training.</p>	<p>8/8/2025</p> <p style="text-align: center;">25 001-9 21:50</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)(6) 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>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p><u>FINDINGS</u> SCG #5: No case management training for all substitute care givers for resident #2 and #5.</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 deficiency from occurring again in the future, I created a reminder note, (FOR TRAINING: UPDATE CARE GIVERS LIST WITH CASE MANAGEMENT) and I placed it on the resident's file cabinet where it can be easily seen. I will refer to this note twice a year (May and November).</p>	<p>8/8/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(6) 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>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p><u>FINDINGS</u> SCG #6: No case management training for all substitute care givers for resident #2 and #5.</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>Yes, the deficiency was corrected.</p> <p>SCG #6: Case management training for resident #2 was completed on 8/8/2025. Documentations have been filed in the resident's record.</p> <p>Resident #5 expired on 7/25/2025. Case manager was unable to provide necessary and specific training.</p>	<p>8/8/2025</p> <p style="text-align: center;">08/08/2025 10:00</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)(6) 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>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p><u>FINDINGS</u> SCG #6: No case management training for all substitute care givers for resident #2 and #5.</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 deficiency from occurring again in the future, I created a reminder note, (FOR TRAINING: UPDATE CARE GIVERS LIST WITH CASE MANAGEMENT) and I placed it on the resident's file cabinet where it can be easily seen. I will refer to this note twice a year (May and November).</p>	<p style="text-align: center;">8/8/2025</p> <p style="text-align: center;">25 OCT -9 6:20</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)(6) 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>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p><u>FINDINGS</u> SCG #7: No case management training for all substitute care givers for resident #2 and #5.</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>Yes, the deficiency was corrected.</p> <p>SCG #7: Case management training for resident #2 was completed on 9/8/2023, 11/8/2023, and 8/8/2025. Documentations have been filed in the resident's record.</p> <p>Resident #5 expired on 7/25/2025. Case manager was unable to provide necessary and specific training.</p>	<p>8/8/2025</p> <p style="text-align: right;">25 OCT -9 10:50</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)(6) 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>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p><u>FINDINGS</u> SCG #7: No case management training for all substitute care givers for resident #2 and #5.</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 deficiency from occurring again in the future, I created a reminder note, (FOR TRAINING: UPDATE CARE GIVERS LIST WITH CASE MANAGEMENT) and I placed it on the resident's file cabinet where it can be easily seen. I will refer to this note twice a year (May and November).</p>	<p>8/8/2025</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES 25 OCT -9 4:10 PM</p>

Licensee's/Administrator's Signature: Pamela G. Miyashiro, APRN

Print Name: PAMELA G. MIYASHIRO, APRN

Date: 10/3/2025

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
STATE LICENSES
25 OCT -9 11:50