

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Inspire Care Home LLC</b>	<b>CHAPTER 100.1</b>
<b>Address: 98-1713 Laauhuahua Way, Pearl City, Hawaii 96782</b>	<b>Inspection Date: February 20, 2026 Annual</b>

**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).**

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><b><u>FINDINGS</u></b> Shared bathroom and Bedroom #3 (bathroom) – Bottles of Lysol disinfectant stored in bathroom sink cabinets unsecured</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>Upon discovery, the disinfectant bottle was immediately removed from the bathroom sink cabinet and placed in a designated locked storage area inaccessible to residents. Caregiver on duty was immediately instructed not to leave any chemicals unattended and to return all products to locked storage after use. A group memo was sent to all the caregivers, enforcing proper chemical storage and safety compliance.</p>	02/20/26

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><b><u>FINDINGS</u></b> Shared bathroom and Bedroom #3 (bathroom) – Bottles of Lysol disinfectant stored in bathroom sink cabinets unsecured</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 prevent future deficiencies, the facility will implement the following measures:</p> <p>1. All cleaning agents and chemicals will be stored in a designated locked cabinet or storage area at all times when not in use. The caregiver on duty must ensure that all cleaning agents and chemicals are stored in designated storage or cabinets. A daily checklist will be initiated each day.</p> <p>- Checklist will include locking cleaning agents in secured cabinets.</p>	<p>02/20/26</p> <p>3/24/26</p>

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	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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 – Bottles of vit B complex, Centrum MVM, melatonin, meclizine, Tums, and Tylenol are not labeled with prescribed dosage and frequency to administer</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>All OTC medications - Bottles of vit B complex, Centrum MVM, Melatonin, Meclizine, Tums, and Tylenol were immediately labeled. Each bottle was properly labeled with resident's name, frequency, and route of administration. The MAR was reviewed and updated as needed.  Policy was reinforced that no medication (prescription or OTC) may be administered without complete labeling.</p>	02/20/26



	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (c)            Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><b><u>FINDINGS</u></b>            Resident #1 – Internal and external (latanoprost and lidocaine patches) medication stored together</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>All internal and external medications were immediately separated by putting latanoprost and lidocaine patches into separate sealed bags.</p>	<p>02/20/26</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (c)            Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><b><u>FINDINGS</u></b>            Resident #1 – Internal and external (latanoprost and lidocaine patches) medication stored together</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 prevent recurrence, the primary caregiver will ensure that all internal and external medications are properly separated upon admissions.            Staff will be re-educated that internal and external medications must be clearly labeled and stored separately in designated sealed bags and containers.</p>	02/20/26

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Per 2/2026 MAR, “Hydrocortisone cream 2.5% crm pad qty. Apply sparingly 3 times daily as needed to affected area”; however, physician’s order unavailable</p> <p>Submit a copy of medication order 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>The physicians order for the Hydrocortisone cream has now been obtained and placed in the resident #1 binder. Copy submitted.</p>	03/03/26

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Per 2/2026 MAR, “Hydrocortisone cream 2.5% crm pad qty. Apply sparingly 3 times daily as needed to affected area”; however, physician’s order unavailable</p> <p>Submit a copy of medication order 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 prevent this deficiency from occurring in the future, all new medication orders will be verified and properly filed in the resident's binder prior to being added into the MAR.</p> <p>Copy submitted.</p> <p><i>- staff was in-serviced on this 3/21/26</i></p>	<p>03/03/26</p> <p><i>3/24/26</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Per 2/2026 MAR, “Hydrocortisone cream 2.5% crm pad qty. Apply sparingly 3 times daily as needed to affected area”; however, PRN indication unavailable</p> <p>Submit a copy of revised MAR 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>The physician's order has now been obtained and placed in the resident's binder that shows the PRN indication. Copy submitted.</p>	03/03/26

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Per 2/2026 MAR, “Hydrocortisone cream 2.5% crm pad qty. Apply sparingly 3 times daily as needed to affected area”; however, PRN indication unavailable</p> <p>Submit a copy of revised MAR 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>The revised MAR has been placed in the resident's binder, and the PRN indication is clearly reflected in the physician's order. Moving forward, all new and updated medication orders will be reviewed to ensure the indication is included and properly documented in both the physicians order and MAR prior filing. Copy submitted.</p> <p>- staff was in-serviced on this 3/21/26</p>	<p>03/03/26</p> <p>3/25/26</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b>FINDINGS</b> Resident #1 – Physician’s order dated 12/30/25-1/9/26 stated, “Meclizine 12.5mg BID PRN dizziness”; however, per MAR, “Meclizine 25mg tablet Take 1 tab by mouth every 6 hours as needed for dizziness” was being made available during this time</p> <p>Resident #1 – Physician’s order dated 12/30/25-1/9/26 stated, “Tums 500mg Q4H PRN heartburn”; however, per MAR, medication was being made available for “stomach discomfort” during this time</p> <p>Resident #1 – Physician’s order dated 12/30/25-1/9/26 stated, “Tylenol 650mg PO Q4Hour PRN pain/fever”; however, per MAR, medication was being made available as “Acetaminophen (Tylenol) 325mg tablet Take 1 tablet by mouth every 4 hours, as needed for pain or fever” during this time</p> <p>Resident #1 – Physician’s order dated 12/30/25-1/9/26 stated, “Melatonin 5mg QHS PO”; however, per MAR, medication was being made available as “Melatonin 10mg tabs Take 1 tab by mouth every night at bedtime” during this time</p> <p>Resident #1 – Physician’s order dated 12/30/25-1/9/26 stated, “Gabapentin 100mg BID chronic pain”; however, per MAR medication was being made available as “Gabapentin 100mg capsule Take 1 tab by mouth three times per day” during this time</p> <p>Resident #1 – Physician’s order dated 12/30/25-1/9/26 stated, “Cetaphil moisturizing topical lotion apply to face BID”; however, per MAR medication being administered as “Cetaphil moisturizing lotion. Apply twice daily for dry skin. Avoid eyes”</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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☒	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician’s order dated 12/30/25-1/9/26 stated, “Meclizine 12.5mg BID PRN dizziness”; however, per MAR, “Meclizine 25mg tablet Take 1 tab by mouth every 6 hours as needed for dizziness” was being made available during this time</p> <p>Resident #1 – Physician’s order dated 12/30/25-1/9/26 stated, “Tums 500mg Q4H PRN heartburn”; however, per MAR, medication was being made available for “stomach discomfort” during this time</p> <p>Resident #1 – Physician’s order dated 12/30/25-1/9/26 stated, “Tylenol 650mg PO Q4Hour PRN pain/fever”; however, per MAR, medication was being made available as “Acetaminophen (Tylenol) 325mg tablet Take 1 tablet by mouth every 4 hours, as needed for pain or fever” during this time</p> <p>Resident #1 – Physician’s order dated 12/30/25-1/9/26 stated, “Melatonin 5mg QHS PO”; however, per MAR, medication was being made available as “Melatonin 10mg tabs Take 1 tab by mouth every night at bedtime” during this time</p> <p>Resident #1 – Physician’s order dated 12/30/25-1/9/26 stated, “Gabapentin 100mg BID chronic pain”; however, per MAR medication was being made available as “Gabapentin 100mg capsule Take 1 tab by mouth three times per day” during this time</p> <p>Resident #1 – Physician’s order dated 12/30/25-1/9/26 stated, “Cetaphil moisturizing topical lotion apply to face BID”; however, per MAR medication being administered as “Cetaphil moisturizing lotion. Apply twice daily for dry skin. Avoid eyes”</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>- Staff will be in-service at the next staff meeting on reviewing current physician orders against the MAR's on the first of every month to ensure MAR's reflects current orders.</i></p>	<p style="text-align: right; color: blue;">RECEIVED MAR 25 2026</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician’s order dated 12/30/25-current states, “Calcium carbonate 600mg BID weekly Mon/Wed/Fri”; however, per MAR from 12/30/25-2/31/26, medication being made available as “Calcium carbonate (CALCIUM 600 PO) Take 0.5 tabs by mouth two times per day. Take 1 tab in the morning and evening. INDICATION: OTC – TAKEN MON, WED, FRI.” Dosage administered does not reflect physician’s order.</p> <p>Submit a copy of revised MAR 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>For Resident #1, calcium carbonate has been discontinued by the physician, and the change has been updated and reflected in the MAR. Copy submitted.</p>	03/03/26

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MAR 25 2026

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
'26 MAR 24 P 3:55 575 6/2/26	<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.  <b>FINDINGS</b> Resident #1 – Physician’s order dated 12/30/25-current states, “Calcium carbonate 600mg BID weekly Mon/Wed/Fri”; however, per MAR from 12/30/25-2/31/26, medication being made available as “Calcium carbonate (CALCIUM 600 PO) Take 0.5 tabs by mouth two times per day. Take 1 tab in the morning and evening. INDICATION: OTC – TAKEN MON, WED, FRI.” Dosage administered does not reflect physician’s order.  Submit a copy of revised MAR with plan of correction	<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 prevent this from happening in the future, all medication orders will be carefully reviewed and verified against the physicians' current orders before being documented in the MAR. Any medication changes, including discontinuations will be updated immediately in the MAR and Resident records to ensure accuracy and compliance.            Copy submitted.   <i>staff was in- serviced on this 3/21/26</i> </p>	<p>03/03/26</p> <p>3/25/26</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b>FINDINGS</b> Resident #1 – The following physician’s orders are not being administered as ordered on 12/30/25:</p> <ul style="list-style-type: none"> <li>• “Ammonium lactate 12% lotion BID apply extremities/trunk dry skin”</li> <li>• “Biofreeze gel 4% apply neck/chest/legs/feet PRN painful areas”</li> <li>• “Odansetron 4mg PRN nausea/vomiting”</li> <li>• “Senna Plus 8.6-50mg take 2 tabs QPM (Hold loose stools)</li> <li>• “Estradiol cream vaginal apply pea size amount vagina Mon, Wed, Fri” (12/3/25-1/9/26)</li> </ul> <p>Submit a copy of updated MAR or discontinuation 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 style="text-align: center;">3/25/26</p> <p>The discontinued medication orders is now available in the Residents binder and has been properly reflected in the MAR. Copy submitted.</p>	<p>03/03/26</p>

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'26 MAR 24 P 1:55	<p><input checked="" type="checkbox"/> §11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – The following physician’s orders are not being administered as ordered on 12/30/25:</p> <ul style="list-style-type: none"> <li>• “Ammonium lactate 12% lotion BID apply extremities/trunk dry skin”</li> <li>• “Biofreeze gel 4% apply neck/chest/legs/feet PRN painful areas”</li> <li>• “Odansetron 4mg PRN nausea/vomiting”</li> <li>• “Senna Plus 8.6-50mg take 2 tabs QPM (Hold loose stools)</li> <li>• “Estradiol cream vaginal apply pea size amount vagina Mon, Wed, Fri” (12/3/25-1/9/26)</li> </ul> <p>Submit a copy of updated MAR or discontinuation 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 avoid this from happening in the future, all discontinued medication orders will be promptly obtained, documented, and filed in the Residents binder, and immediately updated in the MAR to ensure accurate and current medication records. Regular medication records audits will also be conducted to maintain compliance and accuracy.</p> <p><i>- staff was in-serviced on this. Audit will be perform monthly. 3/21/26</i></p>	<p>03/03/26</p> <p>3/25/26</p>

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'26 MAR 24 P 05	<p><input checked="" type="checkbox"/> §11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b>FINDINGS</b> Resident #1 – Physician’s order dated 1/9/26 states, “Boost Glucose Control 120mL, oral twice a day BID”; however, per MAR supplement is not being administered</p> <p>Resident #1 – Physician’s order dated 1/9/26 states, “Calcium 600mg (400IU) of Vitamin D3, Dietary Supplement”; however, per MAR supplement is not being administered</p> <p>Submit a copy of revised MARs or discontinuation 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 style="text-align: center;"><i>ww 3/25/26</i></p> <p>The discontinued medication order is now available in the Residents binder and has been properly updated and reflected in the MAR. Copy submitted.</p>	03/03/26

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician’s order dated 1/9/26 states, “Boost Glucose Control 120mL, oral twice a day BID”; however, per MAR supplement is not being administered</p> <p>Resident #1 – Physician’s order dated 1/9/26 states, “Calcium 600mg (400IU) of Vitamin D3, Dietary Supplement”; however, per MAR supplement is not being administered</p> <p>Submit a copy of revised MARs or discontinuation 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 prevent this from happening in the future, all discontinued medication order will be promptly obtained, documented, and filed in the Residents binder. and immediately updated in the MAR to ensure accurate and current medication records. Regular medication records audits will also be conducted to maintain compliance and accuracy. Copy submitted.</p> <p><i>- staff was in-serviced on this. 3/21/26 Audit will be perform monthly.</i></p>	<p>03/03/26</p> <p><i>3/25/26</i></p>

26 MAR 24 11:05

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	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician’s order dated 1/9/26 states, “Calcium 600mg (400IU) of Vitamin D3, Dietary Supplement”; however, medication order does not include the dosage of Vitamin D3 and frequency of administration</p> <p>Submit a copy of updated medication order 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>The discontinued medication order is now available in the Residents binder and has been properly updated and reflected in the MAR. Copy submitted.</p>	03/03/26

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MAR 25 2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician’s order dated 1/9/26 states, “Calcium 600mg (400IU) of Vitamin D3, Dietary Supplement”; however, medication order does not include the dosage of Vitamin D3 and frequency of administration</p> <p>Submit a copy of updated medication order 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 prevent this from happening in the future, all discontinued medication order will be promptly obtained, documented and filed in the Residents MAR to ensure accurate and current medication records. Regular medication record audits will also be conducted to maintain compliance and accuracy. Copy submitted.</p> <p>- staff was in-serviced on this. 3/21/26 Audit will be perform monthly-</p>	<p>03/03/26</p> <p>3/25/26</p>

26 MAR 24 F 1:5

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician’s order dated 12/20/25 partially illegible, without clarification to execute order, “Ondansetron 4mg [illegible writing] PRN nausea/vomiting”. Frequency of administration unavailable</p> <p>Submit a copy of clarified medication order 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>The discontinued medication order is now available in the Residents binder with her primary physician signature. Copy submitted.</p>	<p>03/03/26</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician’s order dated 12/20/25 partially illegible, without clarification to execute order, “Ondansetron 4mg [illegible writing] PRN nausea/vomiting”. Frequency of administration unavailable</p> <p>Submit a copy of clarified medication order 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>- Staff was in-serveized on this 3/21/26 if medication orders are illegible to contact physician office to obtain clarified orders.</p>	<p style="text-align: right;">3/25/26</p>

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MAR 25 2026

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician’s order dated 1/9/26-current states, “Acetaminophen 325 mg. Take 1 tab orally every 4 hours as needed. Pain level 1-3 Do not exceed 3 grams/24hours”; however, per MAR, medication being made available for “pain or fever”. Fever is not a prescribed PRN indication to administer medication.</p> <p>Submit a copy of revised MAR 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>The physician's order is now available in the resident's binder, with the correct dosage, indication, and instruction for administering the medication and the MAR has been revised to reflect. Copy submitted.</p> <p><i>PRN added to fever indication on the current updated orders.</i></p>	<p>03/03/26</p> <p><i>3/25/26</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
26 MAR 24 PM 4:55	<input checked="" type="checkbox"/> §11-100.1-15 Medications. (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.  <u>FINDINGS</u> Resident #1 – Physician’s order dated 1/9/26-current states, “Acetaminophen 325 mg. Take 1 tab orally every 4 hours as needed. Pain level 1-3 Do not exceed 3 grams/24hours”; however, per MAR, medication being made available for “pain or fever”. Fever is not a prescribed PRN indication to administer medication.  Submit a copy of revised MAR with plan of correction	<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 prevent this from happening again in the future, all physician orders will be verified for correct dosage and indication before being filed in the resident's binder and documented in the MAR. Regular medication audits will also be conducted to ensure accuracy and compliance.</p> <p><i>-staff was in-serviced on this - 3/21/26            Audit will be perform monthly. 3/25/26</i></p>	<p style="text-align: center;">03/03/26</p>

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MAR 25 2026

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
☒	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician’s order dated 1/14/26 states, “Continue Estradiol vaginal cream PRN on affected area”; however, dosage, frequency of administration, and PRN indication unavailable. Medication order incomplete</p> <p>Submit a copy of updated medication order 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>Updated medication order is now filed in the resident's binder including indication, dosage, and frequency of administration and MAR has been updated. Copy submitted.</p>	<p>03/03/26</p>

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MAR 25 2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
'25 MAR 24 P. 05	<p><input checked="" type="checkbox"/> §11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician’s order dated 1/14/26 states, “Continue Estradiol vaginal cream PRN on affected area”; however, dosage, frequency of administration, and PRN indication unavailable. Medication order incomplete</p> <p>Submit a copy of updated medication order 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 prevent this from happening in the future, all physicians' orders will be verified for correct dosage, indication and frequency of administration before being filed in the resident's binder and documented in the MAR. Regular medication audits will also be conducted to ensure accuracy and compliance. Copy submitted.</p> <p><i>- staff was in-serviced on this. 3/21/26 Audit will be perform monthly.</i></p>	<p style="text-align: center;">03/03/26</p> <p style="text-align: right;"><i>3/25/26</i></p>

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MAR 25 2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician’s order dated 1/9/25-current states, “Acetaminophen Tab 325mg. Take 1 tab orally every 4 hours as needed. Pain level 1-3 do not exceed 3 grams/24 hours”; however, per MAR, on 1/15/25 (12:00p, 9:00p) and 1/17/25 (12:00p, 9:00p), 2 tabs were given each time medication was administered. Dosage exceeded prescribed amount permitted.</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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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician’s order dated 1/9/25-current states, “Acetaminophen Tab 325mg. Take 1 tab orally every 4 hours as needed. Pain level 1-3 do not exceed 3 grams/24 hours”; however, per MAR, on 1/15/25 (12:00p, 9:00p) and 1/17/25 (12:00p, 9:00p), 2 tabs were given each time medication was administered. Dosage exceeded prescribed amount permitted.</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>- staff was in-serviced on 3/21/26 to obtain verbal order for doses change for any medication prior to administering.</p>	<p style="text-align: right;">3/25/26</p>

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MAR 25 2026

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Per MAR, “Metoprolol tartrate 25mg tablet Take 1 tab by mouth twice per day with breakfast and dinner” administered between 1/1/26-1/8/26 without a physician’s order to administer</p>	<p><b>PART 1</b></p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Per MAR, “Metoprolol tartrate 25mg tablet Take 1 tab by mouth twice per day with breakfast and dinner” administered between 1/1/26-1/8/26 without a physician’s order to administer</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 prevent this from happening in the future all physician orders will be verified and properly filed in the resident's binder prior to adding in the MAR. Physician order is now filed in the resident's binder.</p> <p>- staff was in-serveed on this 3/21/26</p>	<p>03/03/26</p> <p>3/25/26</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician’s order dated 1/9/25-current states, “Acetaminophen Tab 325mg. Take 1 tab orally every 4 hours as needed. Pain level 1-3 do not exceed 3 grams/24 hours”; however, per MAR, on 1/15/25 (9:00p) and 1/17/25 (12:00p, 9:00p) without response to medication documented</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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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician's order dated 1/9/25-current states, "Acetaminophen Tab 325mg. Take 1 tab orally every 4 hours as needed. Pain level 1-3 do not exceed 3 grams/24 hours"; however, per MAR, on 1/15/25 (9:00p) and 1/17/25 (12:00p, 9:00p) without response to medication documented</p>	<p style="text-align: center;"><b>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>- To prevent this from occurring in the future, <del>documentation</del><sup>has</sup> been updated to include the "MAR legend" abbreviations "I" for ineffective and "E" for effective to accurately reflect the resident's response during each medication administration. This will consistently followed by appropriate progress notes to ensure clear and complete documentation.</p> <p>- staff was in-serviced on this 3/21/26.</p>	<p style="text-align: right;">3/25/26</p>

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MAR 25 2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Response to medications (daily and as needed) unavailable in monthly progress notes</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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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Response to medications (daily and as needed) unavailable in monthly progress notes</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>- A reminder not was placed on Care Home binder to document residents response to medications in monthly progress notes.</p>	<p style="text-align: right;">3/25/26</p>

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MAR 25 2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b><u>FINDINGS</u></b> Resident Register – “Admitted from” field is not being completed for each resident entry</p> <p>Submit a revised copy of resident register 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>The admitted from field of the resident register has been completed for each resident and is available in the care home binder.</p>	<p>3/25/20</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b><u>FINDINGS</u></b> Resident Register – “Admitted from” field is not being completed for each resident entry</p> <p>Submit a revised copy of resident register 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 prevent this from happening in the future this part will be included as part of the admissions process to ensure completeness and compliance. Copy submitted.</p> <p>The admitted from field has been added <del>admitted</del><sup>to</sup> to admission checklists. Checklist will be used upon admissions.</p>	<p>03/03/26</p> <p>3/25/26</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><b><u>FINDINGS</u></b> Resident #2 – Resident admitted on 8/15/25 is not documented in resident register</p> <p>Submit a revised copy of resident register 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 #2 was been added to resident register.</p>	<p style="text-align: right;">3/25/26</p>

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MAR 25 2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><b><u>FINDINGS</u></b> Resident #2 – Resident admitted on 8/15/25 is not documented in resident register</p> <p>Submit a revised copy of resident register 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>The resident register has been added to admission checklists. Checklist will be used upon admission.</p>	<p style="text-align: right;">3/25/26</p>

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	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a)  The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Signed financial statement 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>Financial statement is now available in the resident binder. copy submitted.</p>	<p style="text-align: center;">03/03/26</p>

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MAR 25 2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a)  The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Signed financial statement 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>The signed financial statement has been added to admission checklists. Checklists<sup>nt</sup> will be used upon admission.</p>	<p style="text-align: right;">3/25/26 25 ut</p>

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MAR 25 2026

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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><b><u>FINDINGS</u></b> No documented evidence any monthly fire drill was performed during hours of darkness</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>On March 1,2026, a fire drill was conducted at 7:30pm during hour of darkness. T</p>	<p>03/03/26</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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Licensee's/Administrator's Signature: karen Tomlins

Print Name: karen Tomlins

Date: 03/03/26

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Licensee's/Administrator's Signature: MMF

Print Name: Karen Tomlins

Date: 3/25/26

25 MAR 2026

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