

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: J. Quinabo ARCH #1	CHAPTER 100.1
Address: 1553 Kaweloka Street, Pearl City, Hawaii 96782	Inspection Date: January 16, 2025 Annual

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

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

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

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>, (a)(4)            No person, group of persons, or entity shall operate an ARCH or expanded ARCH without a license previously obtained under and in compliance with this chapter and chapter 321, HRS.</p> <p>The license issued by the department shall be posted in a conspicuous place visible to the public, on the premises of the ARCH or expanded ARCH;</p> <p><b><u>FINDINGS</u></b>            License posted expired on 7/31/24.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Posted current license after the annual inspection</p>	<p>1/16/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (a)(4)            No person, group of persons, or entity shall operate an ARCH or expanded ARCH without a license previously obtained under and in compliance with this chapter and chapter 321, HRS.</p> <p>The license issued by the department shall be posted in a conspicuous place visible to the public, on the premises of the ARCH or expanded ARCH:</p> <p><b><u>FINDINGS</u></b>            License posted expired on 7/31/24.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>I included in my checklist to post new license as soon as received.            I will check the wall where license is posted during spot checks.</p>	<p>1/16/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(5) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Follow planned menus, prepare and serve meals, including special menus and be able to make appropriate substitutions, as required.</p> <p><b><u>FINDINGS</u></b> Observed substitute caregiver (SCG) #1 preparing lunch for the residents. However, the lunch menu was not being followed. Lunch served was manapua, tossed salad, and fresh fruit, but the menu says, "stuffed baked chicken, black-eyed peas, and wild rice."</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>I documented the lunch served today on the meal substitution log.</p>	<p>1/16/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(5) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Follow planned menus, prepare and serve meals, including special menus and be able to make appropriate substitutions, as required.</p> <p><b><u>FINDINGS</u></b> Observed substitute caregiver (SCG) #1 preparing lunch for the residents. However, the lunch menu was not being followed. Lunch served was manapua, tossed salad, and fresh fruit, but the menu says, "stuffed baked chicken, black-eyed peas, and wild rice."</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>Since every single one of the patients can request one of their favorite food to be served weekly, I will ask every one of them on every Sunday afternoons. I will plan ahead to make sure that the meal to be served is substituted according to the count of calorie intake indicated in the menu. I will retrain SCG about meal substitution. I will write down on my calendar for reminders.</p>	1/16/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p><b><u>FINDINGS</u></b> Resident #1- Eyeglass, magnifying glass, complete upper and lower dentures, wheelchair not listed in personal belongings.</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>After annual inspection, the following were documented on patient's inventory of valuables:</p> <ol style="list-style-type: none"> <li>1.) Eye glasses</li> <li>2.) Magnifying glasses</li> <li>3.) Dentures</li> <li>4.) Wheel chair</li> </ol>	1/16/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p><b><u>FINDINGS</u></b> Resident #1- Eyeglass, magnifying glass, complete upper and lower dentures, wheelchair not listed in personal belongings.</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>On the day of admission, I will:</p> <ol style="list-style-type: none"> <li>1.) Assess patient if he/she uses eye glasses, magnifying glass, dentures or wheelchair.</li> <li>2.) If patient is non cooperative, or confuse, I will ask family members.</li> <li>3.) Document on patient 's valuables form right away and keep on patient's chart.</li> <li>4.) I will review with family all valuable belongings on their next visit in the Home.</li> <li>5.) Let family member sign the form</li> </ol>	1/20/25

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><b><u>FINDINGS</u></b> The lunch menu during the inspection was not followed. Lunch served was manapua, tossed salad, and fresh fruit, but the menu says, "stuffed baked chicken, black-eyed peas, and wild rice."</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>I documented the lunch given today on the meal substitution log.</p>	1/16/25

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>, (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><b><u>FINDINGS</u></b> The lunch menu during the inspection was not followed. Lunch served was manapua, tossed salad, and fresh fruit, but the menu says, "stuffed baked chicken, black-eyed peas, and wild rice."</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Since every single one of my patients can request one of their favorite meal to be served weekly, I will ask them on Sunday afternoons. I will plan ahead to make sure that the meal to be served is substituted according to the count of calorie intake indicated in the menu. I will retrain SCG about meal substitution. I write down on my calendar for reminders.</p>	<p>1/16/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (b) All foods shall be stored in covered containers.</p> <p><b><u>FINDINGS</u></b> Cut papaya stored in the refrigerator was not kept in an airtight container or wrapped in plastic wrap.</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>After the annual inspection, the cut out papaya was stored in a plastic container and kept in the refrigerator.</p>	1/16/25

	<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> (b) All foods shall be stored in covered containers.</p> <p><b><u>FINDINGS</u></b> Cut papaya stored in the refrigerator was not kept in an airtight container or wrapped in plastic wrap.</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>1.) Bought more 3 different sizes of containers from Walmart.</p> <p>2.) I will retrain SG to keep left overs stored in a tight containers.</p> <p>3.) Posted a note that says: "UTILIZE SMALL CONTAINERS FOR ANY LEFT OVER FOODS, SEAL CONTAINER TIGHTLY AND STORE IN REFRIGERATOR"</p>	<p>1/20/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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>  A tube of antifungal cream was found inside the bedside drawer in resident bedroom #3.</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>After the annual inspection, I removed the antifungal cream inside the bedside drawer of Resident bedroom #3  Place the anti fungal cream on the topical medication receptacle.  Place the receptacle in the medication cabinet  Locked the cabinet with padlock.</p>	<p>1/16/25</p>

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☒	<p>§11-100.1-15 <u>Medications</u>. (a)  All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><b><u>FINDINGS</u></b>  A tube of antifungal cream was found inside the bedside drawer in resident bedroom #3.</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>1.) All medications will be taken out from each medication containers per administration.  2.) Retrained SCG the direct application of prescribed medications to patient following the 5 R'S of medication administration.  3.) Posted a reminder guideline on the medication cabinet to return all medications to its original receptacle after each administration and lock cabinet.</p>	1/16/25

	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- PRN indication and frequency of administration for Miralax order dated 10/28/24 not available. <i>Clarify the order and submit documentation with your plan of correction (POC).</i></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> <ol style="list-style-type: none"> <li>1.) After annual inspection, I contacted the client's Physician to retrieve a telephone order.</li> <li>2.) Clarified the medication order</li> <li>3.) Rewritten the order on Physician Notes.</li> <li>4.) Applied 1x1 post it notes on the left hand corner of the document to remind me to have it signed on the next doctor's visit.</li> </ol>	<p>07/31/2025</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- PRN indication and frequency of administration for Miralax order dated 10/28/24 not available.</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>1.) I will keep extra copies of physician notes form on client's chart for immediate use. 2.) Recheck with SCG about doctor's orders, medication labels and MAR to make sure three are the same and correct. 3.) Made a memo reminder on client's chart to "document any telephone conversations and physician orders immediately".</p>	<p>07/31/2025</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 #4--There is no supply available to administer Xalatan eye drops, as the current supply expired in February 2023.</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> <ol style="list-style-type: none"> <li>1.)I called the patient's son to pick up medications and deliver any remaining medications he has at home.</li> <li>2.)Initiated to check medication labels for expiration dates.</li> <li>3.) Kept medications that are satisfactory and disregarded expired medications.</li> </ol>	1/30/25

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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 #4— There is no supply available to administer Xalatan eye drops, as the current supply expired in February 2023.</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>1.) Upon admission, I will discuss with family about medication pick up and delivery. 2.) If family decides to pick up and deliver medications, an agreement between PCG and family shall state that medications shall be refilled within one week before existing medications are consumed. 3.0 Upon each delivery, both PCG and family shall check medication for expiration dates.</p>	<p>1/30/25</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><b><u>FINDINGS</u></b> Resident #1—There is no supply available to administer Potassium Chloride 20 mEq BID with meals, as ordered on 10/19/24.</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>1.) Called patient's POA to remind again to pick up and deliver medications. 2.) Reminded him again that medications must be refilled within one week before existing medications are consumed and be delivered right away.</p>	<p>1/16/25</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><b><u>FINDINGS</u></b> Resident #1—There is no supply available to administer Potassium Chloride 20 mEq BID with meals, as ordered on 10/19/24.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>1.) Upon admission, I will discuss with family about medication pick up and delivery. 2.) If family decides to pick up and deliver medicines, an agreement with PCG and family shall state that medications shall be refilled within one week prior to existing medications are consumed and be delivered right away. 3.) Upon each delivery, both PCG and family will check medication container for correct labeling.</p>	<p>2/10/25</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><b><u>FINDINGS</u></b>  Resident #1—The hospital discharge order on 10/18/24 includes starting Miralax QD for 28 days, but this was not recorded on the medication administration record. The order was changed to PRN on 10/29/24.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m)  All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b>FINDINGS</b>  Resident #1 – January 2025 medication administration record (MAR) shows the following medications were not initialed as either given to, held, or refused by the resident from 1/13/25-1/15/25: Dutasteride 0.5 mg QD, Potassium Chloride 20 MEQ BID with meals, and Tamsulosin 0.45mg QD.</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> (n)  Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN. Written procedures shall be available for storage, monitoring and documentation.</p> <p><b><u>FINDINGS</u></b>  Resident #4 -- No physician order on file to self-administer the following eye drops: Refresh tears, Xalatan, and Dorzolamide. Eye drops were noted in the possession of the resident, who stated that the eye drops were self-administered.  <i>Submit of a copy of the physician's order with your POC.</i></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>1.) I took all the eye medications from resident's possession.  2.) Explained to patient and SCG that a physician order is needed for patient to administer medicine.  3.) Placed medication on a medications receptacle on the medication cabinet, locked.</p>	<p>1/16/25</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (n)  Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN. Written procedures shall be available for storage, monitoring and documentation.</p> <p><b><u>FINDINGS</u></b>  Resident #4 – No physician order on file to self-administer the following eye drops: Refresh tears, Xalatan, and Dorzolamide. Eye drops were noted in the possession of the resident, who stated that the eye drops were self-administered.</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> <ol style="list-style-type: none"> <li>1.) On the day of admission, I will ask family if there are medications that patient self administer at home.</li> <li>2.) If patient self administer some medications, I will discuss with patient and his family that I require a memo from physician stating that patient is capable to self administer medications.</li> <li>3.) If there is none, PCG or SCG will administer medications following doctor's order.</li> <li>4.) I will include this requirement in my admission checklist and use it on every admission in the ARCH.</li> </ol>	<p>4/23/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h)  A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><b><u>FINDINGS</u></b>  Residents #1, #2, #3, and #4 - Plan of care/schedule of activities unavailable for review.  <i>Submit a copy of the documentation with your POC.</i></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>1.) After annual inspection, I evaluated patients #1, #2, #3, and #4 if they have any interest in any activity.  2.) I documented the activities.  3.) I encouraged every patient to do the activity as tolerated.  4.) Schedule all activities that include personal services and care for patient.</p>	<p>1/16/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-16 <u>Personal care services.</u> (h)  A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><b><u>FINDINGS</u></b>  Residents #1, #2, #3, and #4 - Plan of care/schedule of activities unavailable for review.</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>1.) I included " Activities can do" on the Admission Checklist.  2.) I will use checklist to evaluate patient for any interest in an activity.  3.) If patient is confuse, I will ask family members.  4.) Document on patient's Chart or on the admission form.</p>	<p>6/27/25</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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><b><u>FINDINGS</u></b> Resident #1 – No primary caregiver assessment was completed following readmission on 10/18/24.</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>1.) Completed admission assessment form right after inspection. 2.) Discussed the completed form with family/POA and patient. 3.) Let POA sign the form 4.) Signed form is now kept in Client's chart.</p>	1/16/25

	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><b><u>FINDINGS</u></b>  Resident #1 – No primary caregiver assessment was completed following readmission on 10/18/24.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>For future admission"</p> <ol style="list-style-type: none"> <li>1.) I will gather all necessary documents required for admission to the care home.</li> <li>2.) Give copy of the checklist to SCG</li> <li>3.) Review with SCG of what is required</li> <li>4.) Set schedule of admission</li> <li>5.) Recheck forms and documents if completed and signed</li> <li>6.) Utilize above information to complete caregiver assessment forms.</li> <li>7.) Review with POA all completed documents</li> <li>8.) PCG and POA will sign completed forms</li> <li>9.) File in client's chart</li> </ol>	<p>1/16/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(8)  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A current inventory of money and valuables.</p> <p><b><u>FINDINGS</u></b>  Residents #2, #3, and #4 – List of valuables/belongings not available for review.  <i>Submit documentation with your POC.</i></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>1.) After annual inspection, SCG checked and documented the belongings of each residents.  2.) Kept the forms in each of the Resident's Chart  3.) Locked charts on the cabinet</p>	<p>1/20/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(8)  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A current inventory of money and valuables.</p> <p><b><u>FINDINGS</u></b>  Residents #2, #3, and #4 – List of valuables/belongings not available for review.</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>1.) Before admission, I will gather admission checklist and prepare all forms needing to be filled out.  2.) On the day of admission, document all valuables and personal belongings on the DOH Personal Belongings Form right away.  3.) I will review with family all valuables and belongings on their next visit to the Home.  4.) I will let family member sign the Form  5.) I will include List of Valuables and Belonging on my Admission checklist for future admission.</p>	<p>1/20/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports</u>, (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs:</p> <p><b><u>FINDINGS</u></b> Resident #1 – Response to antibiotic treatment following hospitalization on 10/18/24 was not recorded on 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>	

	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 antibiotic treatment following hospitalization on 10/18/24 was not recorded on 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>1.) I will use small sticky notes in my calendar as a reminder to do Progress Notes every time there is an order for antibiotic treatments.</p> <p>2.) I will use DOH Form ARCH IR22 for complete charting.</p>	6/30/25

	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 #3 – PCG assessment completed on 5/11/24 was not signed by the resident/family representative.  <i>Submit a copy with your POC.</i></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> <ol style="list-style-type: none"> <li>1.) Called patient's POA for an appointment</li> <li>2.) Prepared the Admission Assessment Form</li> <li>3.) On the day the POA was in the Home, reviewed and discussed the completed form.</li> <li>4.) POA signed the form</li> <li>5.) Signed form is now kept in the Client's chart.</li> </ol>	<p>1/16/25</p>

	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 #3 – PCG assessment completed on 5/11/24 was not signed by the resident/family representative.</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> <ol style="list-style-type: none"> <li>1.) Gather all necessary documents required for admission to the Home prior to admission.</li> <li>2.) Give copy of checklist to SCG.</li> <li>3.) I will review with SCG what is required.</li> <li>4.) Recheck forms and documents if completed and signed.</li> <li>5.) If documents were not signed during admission, I will make a note with post it to remind SCG to review document with family and will have family member or POA sign document.</li> <li>6.) File in client's chart right away.</li> </ol>	<p>1/16/25</p>

	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 #1 – RN case manager admission assessment notes dated 8/31/24 were inconsistent and inaccurate with the resident’s care home documents. CM states, “Resident has been at the care home for 1 month, and level of care (LOC) changed from ARCH to expanded.” However, the signed LOC dated 8/30/24 reads “Expanded ARCH,” and the resident register shows admission to the care home on 8/31/24.</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>	

	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 #1 – RN case manager admission assessment notes dated 8/31/24 were inconsistent and inaccurate with the resident’s care home documents. CM states, “Resident has been at the care home for 1 month, and level of care (LOC) changed from ARCH to expanded.” However, the signed LOC dated 8/30/24 reads “Expanded ARCH,” and the resident register shows admission to the care home on 8/31/24.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN’T HAPPEN AGAIN?</b></p> <p>1.) I made a checklist that includes initial comprehensive assessment for each EARCH client admission. 2.) I will utilize the checklist during admission. 3.) Both me and CM will review the admission notes and double check that all the information are accurate.</p>	<p>07/31/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u>  All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><b><u>FINDINGS</u></b>  Records for Residents #2 and #4 were not readily accessible and available to the department during the inspection. The records were in the possession of the PCG at the other care home.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (g)  All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><b><u>FINDINGS</u></b>  Records for Residents #2 and #4 were not readily accessible and available to the department during the inspection. The records were in the possession of the PCG at the other care home.</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 noted in my calendar to do my charting every last week of each month at the Quinabo ARCH 1 facility so that charts will be kept at the facility for easy accessibility and availability at all times.</p>	7/1/25

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities, (a)(1)(C)</u> Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate:</p> <p><b><u>FINDINGS</u></b> Resident #2, #3, and #4 - No documentation of signed or completed general operational policy. <i>Submit documentation with your POC.</i></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>1.) I called patient's POAs and Family member to schedule a meeting at the care home. 2.) I reviewed the Home policy with them. 3.) I asked if they have any questions. 4.) I let them all signed the general operational policies. 5.) Signed documents are filled on the patient's chart.</p>	1/20/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><b><u>FINDINGS</u></b> Resident #2, #3, and #4 – No documentation of signed or completed general operational policy.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>1.) I will always utilize admission checklist. 2.) I will recheck admission check list if all documents are completed and signed. 3.) File completed and signed documents on patient's chart.</p>	<p>1/20/25</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><b><u>FINDINGS</u></b> January 2024 fire drill did not include the time taken to safely evacuate residents from the building.</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>	

	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><b><u>FINDINGS</u></b> January 2024 fire drill did not include the time taken to safely evacuate residents from the building.</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> <ol style="list-style-type: none"> <li>1.) Posted a reminder note on my calendar to conduct fire drills on the first day of each month with varying times of the day.</li> <li>2.) Made new fire drill record form specifically for Quinabo #1 facility.</li> <li>3.) Instructed SCG to utilize form after each fire drill.</li> </ol>	<p>2/1/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3)  The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><b><u>FINDINGS</u></b>  SCG #1 stated that the PCG's husband sometimes cooks the residents' food for lunch and dinner at the other care home, and SCG #2 would pick up the food to serve to the residents. SCG #2 stated that the food is stored in a plastic container.  The care home failed to ensure that meals were prepared and stored under sanitary conditions and that proper food temperature requirements were maintained during transportation.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><b><u>FINDINGS</u></b> SCG #1 stated that the PCG's husband sometimes cooks the residents' food for lunch and dinner at the other care home, and SCG #2 would pick up the food to serve to the residents. SCG #2 stated that the food is stored in a plastic container. The care home failed to ensure that meals were prepared and stored under sanitary conditions and that proper food temperature requirements were maintained during transportation.</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> <ol style="list-style-type: none"> <li>1.) PCG's husband now cooks food requests by patients at the Quinabo 1 facility.</li> <li>2.) I informed SCG and my husband of this requirement that food prep and cooking meals shall be done at the facility.</li> <li>3.) I posted a memo that states: " For all other food requests from patients, 3 days is required for prepping and cooking".</li> </ol>	<p style="text-align: center;">07/31/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><b><u>FINDINGS</u></b> SCG#1- No documentation of RN training to provide specialized care for Resident #1. <i>Submit documentation with your POC.</i></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>1.) Case Manager training initiated during January monthly visit. 2.) Documented satisfactory training by SCG#1. 3.) Basic Training Form is now filled in the patient's chart.</p>	<p>1/26/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan:</p> <p><b><u>FINDINGS</u></b> SCG#1- No documentation of RN training to provide specialized care for Resident #1.</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> <ol style="list-style-type: none"> <li>1.) Included SCG Training in my checklist for CM.</li> <li>2.) I will utilize checklist for any training needed for specific care for an expanded resident.</li> <li>3.) I will have a copy of results and keep on the patient's folder.</li> <li>4.) I will post checklist in my filing cabinet.</li> </ol>	<p>1/26/25</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><b><u>FINDINGS</u></b> Resident #2 - Substitute caregiver #2 stated that tube feeding (TF) is being administered via syringe feed using the plunger to push the formula, but no RN delegation training is documented. The training provided by the RN on file was for TF administration for intermittent gravity using a feeding bag. <i>Submit documentation with your POC.</i></p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>I called the CM to schedule for training and delegation with SCG. CM documented the satisfactory training and filled in the patient's chart.</p>	<p>1/26/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan:</p> <p><b><u>FINDINGS</u></b> Resident #2 - Substitute caregiver #2 stated that tube feeding (TF) is being administered via syringe feed using the plunger to push the formula, but no RN delegation training is documented. The training provided by the RN on file was for TF administration for intermittent gravity using a feeding bag.</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>1.) I included SCG Training and Documentation in my checklist for CM. 2.) I will utilize checklist for any training needed for specific care for an expanded resident. 3.) I will have a copy of the documentation and keep on the Care Home binder. 4.) I will post checklist in the front of the filling cabinet.</p>	<p>1/26/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(4)  Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Evidence of current pneumococcal vaccine unavailable for review.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>I called the patient's doctor's office.  A copy of Pneumococcal Vaccine was obtained from the physician Office.</p>	<p>1/20/25</p>


	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-84 <u>Admission requirements</u>. (b)(4)  Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><b><u>FINDINGS</u></b>  Resident #1 - Evidence of current pneumococcal vaccine unavailable for review.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>I made a checklist exclusively for yearly vaccinations.  I will use the checklist each time patient goes for yearly physical examination appointment.  I will check all forms when doing monthly spot checks.</p>	2/20/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(1) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects;</p> <p><b><u>FINDINGS</u></b> Resident #1 – RN case manager (CM) comprehensive assessment did not include an oral assessment (as resident has complete dentures) and an assessment of ADLs to determine and evaluate the resident's current level of functioning and any need for nursing intervention. <i>Have the RN CM reassess the resident and submit a copy with your POC.</i></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>Made appointment with CM Reviewed the care plan together during the visit CM made necessary correction on the care plan.</p>	<p>2/15/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(1) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects:</p> <p><b><u>FINDINGS</u></b> Resident #1 -- RN case manager (CM) comprehensive assessment did not include an oral assessment (as resident has complete dentures) and an assessment of ADLs to determine and evaluate the resident's current level of functioning and any need for nursing intervention.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>I made a checklist that includes initial comprehensive assessment to be used by CM during admission I will utilize the checklist prior EARCH client admission to make sure that all requirements from CM are on file prior to admission.</p>	2/15/25


	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) 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>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><b><u>FINDINGS</u></b> Resident #1 – The RN CM assessment indicated no issues or abnormalities with vision, but the care plan developed (Impaired physical mobility) includes reminders and assistance for wearing eyeglasses.</p> <p>Resident #1 – Care plan intervention includes ambulation assistance, but resident is nonambulatory.</p> <p>Resident #1 – Current care plan did not address ADL needs such as grooming, shower/bathing, and oral care. <i>Please have the RN CM revise and update the care plan accordingly and submit a copy with your POC.</i></p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Made appointment with CM Presented and reviewed Care Plan during the visit CM made necessary corrections on the care plan.</p>	<p>2/15/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2)  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>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><b><u>FINDINGS</u></b>  Resident #1--The RN CM assessment indicated no issues or abnormalities with vision, but the care plan developed (Impaired physical mobility) includes reminders and assistance for wearing eyeglasses.</p> <p>Resident #1 – Care plan intervention includes ambulation assistance, but resident is nonambulatory.</p> <p>Resident #1 – Current care plan did not address ADL needs such as grooming, shower/bathing, and oral care.  <i>Please have the RN CM revise and update the care plan accordingly and submit a copy with your POC.</i></p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>I made a checklist that includes initial comprehensive assessment upon admission  I will utilize the checklist prior to EARCH Client admission, to make sure that all requirement from CM are on file.</p>	<p>2/20/25</p>

Licensee's/Administrator's Signature: 

Print Name: Jesusa Quinabo

Date: 07/25/2025

Licensee's/Administrator's Signature: 

Print Name: Jesusa Quinabo

Date: 07/31/2025