

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kapamilya Care Home	CHAPTER 100.1
Address: 94-109 Palai Place, Waipahu, Hawaii 96797	Inspection Date: July 14, 2025 Annual

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

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

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

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (a)  The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Diet order dated 10/26/24-current states, “pureed solids, nectar liquids”; however, special diet menu includes inappropriate food items for such diet (e.g., Cheerios, cornbread, pancakes, chocolate chip cookies, soda crackers, chili beans, corn, lettuce &amp; tomato sandwich, cabbage w/ bread, yellow cake, scones, raisins, raw lettuce and tomato slices, sweet peas, stir fry noodles, red beans, coleslaw)</p> <p>Submit a copy of revised special diet menu with plan of correction.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>YES. For diet order dated 10/26/25. A revised special diet menu has been completed and posted. A copy of the Revised Special Diet Menu will be emailed.</p> <p>Note: Please update the date for this deficiency. 10/26/25.</p>	<p>07/17/25</p>

JUL 25 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-13 <u>Nutrition.</u> (a)  The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Diet order dated 10/26/24-current states, "pureed solids, nectar liquids"; however, special diet menu includes inappropriate food items for such diet (e.g., Cheerios, cornbread, pancakes, chocolate chip cookies, soda crackers, chili beans, corn, lettuce &amp; tomato sandwich, cabbage w/ bread, yellow cake, scones, raisins, raw lettuce and tomato slices, sweet peas, stir fry noodles, red beans, coleslaw)</p> <p>Submit a copy of revised special diet menu 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 happening again, a special diet menu will be created and available that is appropriate for each resident. A reminder notice has been placed in view to serve as a reminder for myself and my staff. I have also updated my Menu checklist to include a reminder to create special diet menu that is appropriate for each resident.</p>	<p style="text-align: center;">07/17/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a)  All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u>  Resident #1 – The following medications labeled are incorrectly:</p> <ul style="list-style-type: none"> <li>• Acetaminophen bottle label does not include the medication name, dosage and frequency to administer, and PRN indication</li> <li>• Vitamin C and calcium medication bottle labels do not include the name of supplement and dosage to administer</li> <li>• Stimulant Laxative Plus Stool Softener does include the dosage to administer on label</li> <li>• Multivitamin (MVM) does not include name of supplement on label</li> </ul>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>YES. The medications have been labeled correctly.</p>	<p style="text-align: center;">07/14/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a)  All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u>  Resident #1 – The following medications labeled are incorrectly:</p> <ul style="list-style-type: none"> <li>• Acetaminophen bottle label does not include the medication name, dosage and frequency to administer, and PRN indication</li> <li>• Vitamin C and calcium medication bottle labels do not include the name of supplement and dosage to administer</li> <li>• Stimulant Laxative Plus Stool Softener does include the dosage to administer on label</li> <li>• Multivitamin (MVM) does not include name of supplement on label</li> </ul>	<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 happening again, I will carefully review each medication order, medication label, and the MAR to confirm they are accurate. I have updated my Medication and Admission checklist to include a reminder to check all medication labels upon admission, upon receiving a new MD order and medication, and review medications every month.</p>	<p style="text-align: center;">07/17/25</p>

JUL 25 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 – External medications (bottle of latanoprost eye drops and transdermal patches) stored in same compartment as internal medications</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>YES. I have obtained a separate covered container to store the external medications from the internal medications.</p>	<p>07/14/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 – External medications (bottle of latanoprost eye drops and transdermal patches) stored in same compartment as internal medications</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 happening again, I have talked to my staff about storing external and internal medications in a separate and covered container. I have also posted a reminder notice to remind myself and my staff to do so.</p>	<p>07/17/25</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 – PCG reports administering Docusate Sodium 50mg-Sennosides 8.6mg for physician’s order “Docusate sodium 50mg tab, take 2 tabs BID for constipation” between 7/2/25-7/8/25. Medication administered did not match physician’s order.</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>§11-100.1-15 <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 – PCG reports administering Docusate Sodium 50mg-Sennosides 8.6mg for physician’s order “Docusate sodium 50mg tab, take 2 tabs BID for constipation” between 7/2/25-7/8/25. Medication administered did not match physician’s order.</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 happening again, I will review all medication orders, medication labels, and the MAR upon receiving medication and before administering the medication. I have posted a reminder notice to check medications, MD orders, labels, and MAR for accuracy upon receiving each medications.</p>	<p style="text-align: center;">07/17/25</p>

JUL 25 2025

	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 10/26/24-6/2/25 stated, “Calcium 500 + D PO Take 2 gum by mouth one time per day”; however, clarification on “D” and dosage for “D” not provided or clarified, order was incomplete. Medication administered without clarified supplement and dosage to administer.</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>§11-100.1-15 <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 10/26/24-6/2/25 stated, “Calcium 500 + D PO Take 2 gum by mouth one time per day”; however, clarification on “D” and dosage for “D” not provided or clarified, order was incomplete. Medication administered without clarified supplement and dosage 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 deficiency from happening again, I will review each medication order, medication label and MAR upon receiving each medication for completeness and accuracy. I have updated my medication checklist to include a reminder to check all medications on admission, when receiving new orders and medications, and review medications monthly.</p>	<p style="text-align: center;">07/17/25</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 – Physician’s order dated 10/26/24-6/2/25 stated, “Calcium 500 + D PO Take 2 gum by mouth one time per day”; however, MAR shows during this time period, “CALCIUM + D3 800IU 600MG 1 TAB DAILY IN THE AFTERNOON” was being administered instead. Medication administered did not match physician’s order as it relates to medication form administered (gummies vs. tab) and dosage administered</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>	

JUL 25 2025

	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 10/26/24-6/2/25 stated, “Calcium 500 + D PO Take 2 gum by mouth one time per day”; however, MAR shows during this time period, “CALCIUM + D3 800IU 600MG 1 TAB DAILY IN THE AFTERNOON” was being administered instead. Medication administered did not match physician’s order as it relates to medication form administered (gummies vs. tab) and dosage 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> <p>To prevent this deficiency from happening again, I will review all medication orders with the labels on the medication bottles, and the MAR for accuracy. If there is a discrepancy, I will clarify it with the resident's MD and notify the case manager before administering. I have updated my medications checklist to include a reminder to check all orders and medications upon receiving each medication and review on a monthly basis.</p> <p>Note: Please update the date for this deficiency. 10/26/25- 6/2/25.</p>	<p>07/17/25</p>

JUL 25 2025

	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 10/26/24, 10/31/24, and 11/20/24 states, “REFRESH TEARS OPHTH Apply into the eye(s) as needed”; however, no documented evidence medication has been made available to resident per MAR since being prescribed.</p> <p>Submit a copy of revised MAR or discontinuation 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>YES. I got an MD order to discontinue medication. A copy of MD Discontinue Refresh Tears Ophth will email separately.</p>	<p style="text-align: right;">07/17/25</p>

JUL 25 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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 10/26/24, 10/31/24, and 11/20/24 states, “REFRESH TEARS OPHTH Apply into the eye(s) as needed”; however, no documented evidence medication has been made available to resident per MAR since being prescribed.</p> <p>Submit a copy of revised MAR or discontinuation 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 happening again. I have updated my Medication and Admission checklist to include a reminder to check MD medication orders upon admission or readmission. I will also provide a copy of MAR each time there is an ER or hospital visit to have an accurate record of medications at the hospital.</p>	<p style="text-align: center;">07/17/25</p>

JUL 25 2025

	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 10/26/24, 10/31/24, and 11/20/24 states, “REFRESH TEARS OPTH Apply into the eye(s) as needed”; however, medication order does not include dosage, frequency, and PRN indication. Medication order incomplete.</p> <p>Submit a copy of updated 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>Yes. I got an MD order to discontinue medication.</p>	<p style="text-align: center;">07/17/25</p>

JUL 25 2025

	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 10/26/24, 10/31/24, and 11/20/24 states, “REFRESH TEARS OPTH Apply into the eye(s) as needed”; however, medication order does not include dosage, frequency, and PRN indication. Medication order incomplete.</p> <p>Submit a copy of updated 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 happening again, I will check all medication orders and medication labels with my MAR for completeness and accuracy. If an order is not complete, I will contact the resident's MD to get a clarification order. I have updated my Medication and Admission checklist to include a reminder to check for completeness for each MD order.</p>	<p style="text-align: center;">07/17/25</p>

JUL 25 2025

	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 - MAR shows, "ENSURE SUPPLEMENTS 2 BOTTLES" was administered from 10/26/24-10/31/24; however, physician's order to administer Ensure was unavailable</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>§11-100.1-15 <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 - MAR shows, "ENSURE SUPPLEMENTS 2 BOTTLES" was administered from 10/26/24-10/31/24; however, physician's order to administer Ensure was unavailable</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 happening again, I will have a written MD orders for all medications and supplements before administering. I have updated my Medication checklist that includes a reminder to check that there is an MD order before administering any medication or supplement.</p>	<p style="text-align: center;">07/17/25</p>

JUL 25 2025

	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 10/31/24-current states, “Ensure supplement 2-3 bottles daily as tolerated; however, supplement was administered incorrectly in the following ways per MAR:</p> <ul style="list-style-type: none"> <li>• From 10/31/24-12/31/24, supplement was administered as “ENSURE SUPPLEMENTS 2 BOTTLES” was administered</li> <li>• From 1/1/25-6/30/25, “ENSURE 2-3 BOTTLES AS PRN” was administered</li> </ul>	<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>	

	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 10/31/24-current states, “Ensure supplement 2-3 bottles daily as tolerated; however, supplement was administered incorrectly in the following ways per MAR:</p> <ul style="list-style-type: none"> <li>• From 10/31/24-12/31/24, supplement was administered as “ENSURE SUPPLEMENTS 2 BOTTLES” was administered</li> <li>• From 1/1/25-6/30/25, “ENSURE 2-3 BOTTLES AS PRN” was administered</li> </ul>	<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 happening again, I will have MD orders be written more specific and clearly. If it is not clear or cannot be understand, I will clarify it with the MD and RN CM and get clarification orders. I have updated my Medication Checklist to include a reminder to review upon receiving of new MD orders and medications, and review every month.</p>	<p>07/17/25</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 – Physician’s order dated 6/3/25 states, “Calcium 600mg – Cholecalciferol 20mcg TABS Take 1 tab by mouth one time per day”; however, supplement administered per bottle label states, calcium 600mg and vitamin D 10mcg. Dosage being administered does not reflect physician’s order.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes.I have obtained a clarification and updated order for this medication.</p>	<p>07/17/25</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 – Physician’s order dated 6/3/25 states, “Calcium 600mg – Cholecalciferol 20mcg TABS Take 1 tab by mouth one time per day”; however, supplement administered per bottle label states, calcium 600mg and vitamin D 10mcg. Dosage being administered does not reflect physician’s order.</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 happening again, I will carefully check MD orders with the medication labels and the resident's MAR for accuracy. If any discrepancy is found, I will seek clarification from the MD and RN CM. I have posted a reminder notice and updated my Medication and Admission Checklist to include a reminder to check medication labels upon receipt and on a monthly basis.</p>	<p>07/17/25</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 - Diet order dated 10/26/24-current states, "pureed solids, nectar liquids"; however, no documented evidence, per MAR, that thickener is being used to thicken liquids</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes. I have obtained an MD order to use thickener. I have updated the MAR.</p> <p>Note: Please update the correct dates for this deficiency.</p>	<p style="text-align: center;">07/14/25</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 - Diet order dated 10/26/24-current states, "pureed solids, nectar liquids"; however, no documented evidence, per MAR, that thickener is being used to thicken liquids</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 happening again, I will review the MAR and will have written MD order before administering any medication. I have updated my Medication and Admission checklist to include a reminder to review the MAR, MD orders, and medications monthly and upon admission and when new medications/orders are obtained.</p> <p>Note: Please update the correct dates for this deficiency.</p>	<p>07/17/25</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 – Per MAR, from 11/1/24-11/30/24, “RIVASTIGRINE TRANSDERMAL 9.5 MG/24HR 1 PATCH” was being administered without frequency of administration 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>	

	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 – Per MAR, from 11/1/24-11/30/24, “RIVASTIGRINE TRANSDERMAL 9.5 MG/24HR 1 PATCH” was being administered without frequency of administration documented</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent this deficiency from happening again, I will carefully check the MAR if it is printed clearly and completely, and all important informations are clearly visible. I have updated my Medication and Admission Checklist to include a reminder to carefully check MAR and all information are printed clearly, and review each MAR every month.</p>	<p style="text-align: center;">07/17/25</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 – MAR shows, “ENSURE SUPPLEMENTS 2 BOTTLES” was administered from 10/26/24-12/31/25; however, supplement was administered as 1 bottle twice daily”. Dosage was not properly documented, and frequency of administration was not provided</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>	

JUL 25 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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>FINDINGS</b> Resident #1 – MAR shows, “ENSURE SUPPLEMENTS 2 BOTTLES” was administered from 10/26/24-12/31/24, however, supplement was administered as 1 bottle twice daily”. Dosage was not properly documented, and frequency of administration was not provided</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 happening again, I will carefully review the MAR to confirm they are accurate, complete, and consistent with the physician's orders. I have updated my medication checklist to include a reminder to check the MD orders, MAR and medication labels for accuracy.</p> <p>Note: Please update the correct dates for this deficiency. 10/26/24- 12/31/25.</p>	<p style="text-align: center;">07/17/25</p>

JUL 25 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g)  All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – No documented evidence medications were reevaluated and signed by resident’s physician every 4 months between 11/20/24-6/3/25</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>	

JUL 25 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documented evidence medications were reevaluated and signed by resident’s physician every 4 months between 11/20/24-6/3/25</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 happening again, I will have the resident's MD review all medication orders every 4 months as required. I have updated my medication checklist to include a reminder to have MD review all medications and orders every 4 months.</p>	<p style="text-align: center;">07/17/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician’s order dated 10/26/24, 10/31/24, and 11/20/24 states, “REFRESH TEARS OPTH Apply into the eye(s) as needed”; however, medication order was not renewed every 4 months or discontinued since 11/20/24</p> <p>Submit a copy of updated 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>YES. I got an MD order to discontinue medication.</p>	<p style="text-align: center;">07/17/25</p>

JUL 25 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g)  All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Physician’s order dated 10/26/24, 10/31/24, and 11/20/24 states, “REFRESH TEARS OPHTH Apply into the eye(s) as needed”; however, medication order was not renewed every 4 months or discontinued since 11/20/24</p> <p>Submit a copy of updated 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 happening again, I will carefully review all medication orders for accuracy and that the resident's MD reviews all current medications every 4 months. I have updated my medication checklist to include a reminder to have it reviewed and updated every 4 months.</p>	07/17/25

	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>  Resident #1 – Per daily schedule of activities, from “10:00 AM-11:30 AM SNACKS”; however, resident observed lying in bed from 9:00a-11:30a without snack offered.</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>	

	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>  Resident #1 – Per daily schedule of activities, from “10:00 AM-11:30 AM SNACKS”; however, resident observed lying in bed from 9:00a-11:30a without snack offered.</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 happening again, I will talk and review with my staff regularly to follow resident's daily schedule of activities. If there is a situation where the schedule cannot be followed, I will document in the resident's progress notes explaining what happened. I have created and posted a reminder notice to remind me and my staff to follow daily schedule of activities.</p>	<p style="text-align: center;">07/17/25</p>

JUL 25 2025

	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 – PRN bisacodyl suppository was administered on the following dates without any documented observed response to medication: 12/13/24, 12/16/24, 12/22/24, 12/28/24, 12/31/24, 5/30/25, 5/27/25, 5/24/25, 5/18/25, 5/12/25, 5/9/25, 5/6/25, 5/3/25, 6/8/25, 6/5/26, 7/12/25, 7/4/25</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 – PRN bisacodyl suppository was administered on the following dates without any documented observed response to medication: 12/13/24, 12/16/24, 12/22/24, 12/28/24, 12/31/24, 5/30/25, 5/27/25, 5/24/25, 5/18/25, 5/12/25, 5/9/25, 5/6/25, 5/3/25, 6/8/25, 6/5/26, 7/12/25, 7/4/25</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 happening in the future, I will document observed responses when giving PRN medications. I have posted a reminder notice and updated my medications checklist to remind me to document the results after administering PRN medications.</p>	<p style="text-align: center;">07/17/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documented evidence monthly body weight/arm circumference documented for the following months: 6/2025, 10/2024-12/2024</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documented evidence monthly body weight/arm circumference documented for the following months: 6/2025, 10/2024-12/2024</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 happening in the future, I have posted a reminder notice and updated my checklist to remind me to obtain body weight or arm circumference which ever is appropriate for the resident and record in their chart/progress note on a monthly basis.</p>	<p style="text-align: center;">07/21/25</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 – Per admission assessment for admission on 10/26/25, emergency procedures were not explained to resident/legal representative at the time of admission</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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 – Per admission assessment for admission on 10/26/24; emergency procedures were not explained to resident/legal representative at the time of admission</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 happening in the future, I have updated my admission checklist to include a reminder to explain emergency procedures to resident/legal representative and have it documented and signed at the time of admission.</p> <p>Note: Please update the correct dates for this deficiency. 10/26/25</p>	<p>07/17/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Per monthly progress notes from 10/2024-current, medications are being administered crushed; however, physician's order to crush medications unavailable</p> <p>Submit a copy of physician's 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>Yes, I have obtained an MD order to crush medications for this resident. A copy of MD Order to crushed medication will email seperately.</p>	07/17/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Per monthly progress notes from 10/2024-current, medications are being administered crushed; however, physician's order to crush medications unavailable</p> <p>Submit a copy of physician's 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 happening again, I have updated my medication and admission checklist to include a reminder to obtain appropriate MD orders for crushing medications when crushed medication is required for a resident.</p>	07/17/25

JUL 25 2025

	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 #1 – No documented evidence case manager provided training on daily personal care and specialized training (e.g., administering suppository medications, crushing medications, dysphagia precautions”</p> <p>Submit a copy of completed case manager training for all caregivers with plan of correction.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes. I have corrected this by having the documented training from the case manager and placed in the resident's chart for review. A copy of completed CM training for all caregivers for Administering Rectal Suppository, How to Crush a Pill, and revised Plan of Care will email separately.</p>	<p>07/21/25</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 #1 – No documented evidence case manager provided training on daily personal care and specialized training (e.g., administering suppository medications, crushing medications, dysphagia precautions”</p> <p>Submit a copy of completed case manager training for all caregivers 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 happening in the future, I will review the resident's care plan and needs with the case manager and obtain the appropriate training and documentation upon admission. I have updated my admission checklist to include a reminder to obtain documentation for training upon admission.</p>	<p style="text-align: center;">07/21/25</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 – Current pneumococcal vaccination upon admission on 10/26/24 unavailable for review</p> <p>Submit a copy of current pneumococcal vaccination 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>Yes. I have obtained a copy of the resident's vaccination record. A copy of Pneumococcal vaccination will email separately.</p>	07/17/25

	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 – Current pneumococcal vaccination upon admission on 10/26/24 unavailable for review</p> <p>Submit a copy of current pneumococcal vaccination with plan of correction.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To prevent this deficiency from happening again , I have updated my admission checklist to include a reminder to review and have all current immunizations available upon admission for each resident.</p>	<p>07/17/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (a)  The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Current care plan states, “Assist/remind Resident to change position every 2-3 hours in bed”; however, no documented evidence such task is being performed in a time-sensitive manner.</p> <p>Submit a copy of updated treatment record 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>Yes. I have corrected this issue by creating a flowsheet to document this treatment plan. A copy of updated Reposition flowsheet and Plan of Care will email separately.</p>	07/21/25

JUL 25 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (a)  The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Current care plan states, “Assist/remind Resident to change position every 2-3 hours in bed”; however, no documented evidence such task is being performed in a time-sensitive manner.</p> <p>Submit a copy of updated treatment record 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 happening again, I have created a flowsheet so that my staff and I can document when the resident is being assisted to reposition while in bed. Going forward, I will use this flowsheet if applicable to the resident's care plan and needs. I also updated my checklist to include a reminder to create such flowsheet for a resident when applicable</p>	<p style="text-align: center;">07/21/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(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 – Resident re-admitted on 10/26/24; however, no documented evidence a pre-admission assessment was completed by case manager prior to admission into facility</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>	

	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 – Resident re-admitted on 10/26/24; however, no documented evidence a pre-admission assessment was completed by case manager prior to admission into facility</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 have discussed this issue with the resident's case manager. The case manager has verbalized that a pre-admission assessment will be conducted going forward for future re-admissions. I have updated my admission checklist to include a reminder to notify the case manager of a re admission in order for the case manager to conduct a pre-admission assessment.</p>	07/21/25

	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 – Care plan dated 7/1/25 states, "Provide and adhere to low salt diet puree"; however, resident has been prescribed a "pureed solids, nectar liquids diet". Care plan does not reflect physician's order.</p> <p>Submit a copy of revised care plan with plan of correction.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes. The care plan has been revised to reflect the MD order. A copy of revised Plan of Care will email separately.</p>	<p>07/17/25</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 – Care plan dated 7/1/25 states, "Provide and adhere to low salt diet puree"; however, resident has been prescribed a "pureed solids, nectar liquids diet". Care plan does not reflect physician's order.</p> <p>Submit a copy of revised care plan 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 happening again, I have discussed this issue with the resident's case manager. I have updated my admission checklist to include a reminder to review the resident's care plan with the case manager upon admission and on a monthly basis to prevent discrepancies.</p>	07/21/25

	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 – Current medication orders not reflected in care plan with the exception of Latanoprost eye drops and docusate sodium order</p> <p>Submit a copy of revised care plan with plan of correction.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes. I have discussed this issue with the resident's case manager. The care plan has been revised to reflect the medication orders.            A copy of revised Plan of Care for Eye drops and stool softener will email separately.</p>	<p>07/21/25</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 – Current medication orders not reflected in care plan with the exception of Latanoprost eye drops and docusate sodium order</p> <p>Submit a copy of revised care plan with plan of correction.</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>To prevent this from happening again, I have updated my checklist to include a reminder to review the care plan upon admission or re-admission and on a monthly basis. Going forward, I will review the care plan with the resident's care manager upon admission or re-admission and on a monthly basis.</p>	<p>07/21/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(9)            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>Provide ongoing evaluation and monitoring of the expanded ARCH resident's status, care giver's skills, competency and quality of services being provided;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – Case manager not providing adequate evaluation and monitoring of care services by facility as evidenced by caregivers crushing medications for administration without physician’s order and training by case manager, despite facility documenting medications are being crushed to administer in progress notes each month; numerous medication administration errors, and failure to provide time-sensitive care as directed in the care plan, “Assist/remind Resident to change position every 2-3 hours in bed”.</p> <p>Submit a plan on how the case manager will effectively evaluate and monitor care quality with plan of correction.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Yes, I have discussed this issue with the resident's case manager. The case manager has conducted training on crushing medications, and repositioning and is available for review by The Department of Health.</p>	<p>07/21/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(9)            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>Provide ongoing evaluation and monitoring of the expanded ARCH resident's status, care giver's skills, competency and quality of services being provided;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – Case manager not providing adequate evaluation and monitoring of care services by facility as evidenced by caregivers crushing medications for administration without physician's order and training by case manager, despite facility documenting medications are being crushed to administer in progress notes each month; numerous medication administration errors, and failure to provide time-sensitive care as directed in the care plan, "Assist/remind Resident to change position every 2-3 hours in bed".</p> <p>Submit a plan on how the case manager will effectively evaluate and monitor care quality 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 happening again, upon admission and on a monthly basis, I will review the resident's care plan and medications with the case manager to see if there are any discrepancies or lack of training for caregiver skills, etc. I have updated my medication and admission checklist to include a reminder to review resident's care plan and medications upon admission and re-admission and on a monthly basis.</p>	<p style="text-align: center;">07/21/25</p>

