

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

25 AUG 18 47 54
STATE LICENSING SECTION
OFFICE OF HEALTH CARE ASSURANCE

Facility's Name: Laniolu Hale at Hawaii Kai	CHAPTER 100.1
Address: 1261 Lunalilo Home Road, Honolulu, Hawaii 96825	Inspection Date: August 6, 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>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Substitute care giver (SCG) #1 – No annual tuberculosis clearance.</p> <p>Please submit a copy with your plan of correction (POC).</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <ul style="list-style-type: none"> • SCG#1 obtained the current TB Clearance from Lanakila Health Center on 8/12/2025, and PCG placed it in the care home binder. • Submitted a copy to address this issue. 	<p style="text-align: center;">08/12/2025</p> <p style="text-align: center; font-size: small;">25 AUG 18 11:17:54</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Substitute care giver (SCG) #1 – No annual tuberculosis clearance.</p> <p>Please submit a copy with your plan of correction (POC).</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <ul style="list-style-type: none"> • Develop a centralized record-keeping system. • Set automatic reminders for TB clearance renewals. • Conduct quarterly compliance audits to ensure all records are up to date. 	<p style="text-align: center;">08/12/2025</p> <p style="text-align: right; font-size: small;">25 AUG 18 11:54</p>

	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><u>FINDINGS</u> Resident #1 – A list of resident’s belongings was not maintained. Last updated in 2022.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Corrected during inspection. Resident's inventory list revised; noted "Updated on 08/06/2025" as there were no changes to items.</p>	<p style="text-align: center;">08/06/2025</p> <p style="text-align: center; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES 25 AUG 19 17:54</p>

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<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><u>FINDINGS</u> Resident #1 – A list of resident’s belongings was not maintained. Last updated in 2022.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <ul style="list-style-type: none"> • Will update the resident’s inventory of belongings on an annual basis, every December, regardless of whether new items are brought in or removed. • Develop a centralized record-keeping system. • Set automatic reminders for the annual inventory update every December. • Conduct quarterly compliance audits to ensure the resident's inventory is updated and maintained accurately. • Provided in-service to all ARCH staff to update the resident’s belongings sheet when new items are brought in or removed. 	<p>08/06/2025</p> <p style="text-align: right; font-size: small;">25 AUG 18 17:54</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> Posted menus used for this week did not include portions sizes for each food.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <ul style="list-style-type: none"> • Removed the menu without the portion sizes • Posted only menus that indicate portion sizes in the dining area. 	<p style="text-align: right;">08/06/2025</p> <p style="text-align: right; font-size: small; color: gray;">25 AUG 18 11:54 STATIONER 1000</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> Posted menus used for this week did not include portions sizes for each food.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <ul style="list-style-type: none"> • Posted menus that indicate portion sizes for each food item offered in the dining area. • Only display menu items with portion sizes. • If necessary, consult a registered dietician to assist in meeting dietary guidelines with appropriate menu portion sizes • Trained all ARCH staff to serve correct portion sizes for each menu item in compliance with guidelines. 	<p style="text-align: right;">08/06/2025</p> <p style="text-align: right; font-size: small; transform: rotate(90deg);"> 25 AUG 10 17:54 6706-3711-0011 </p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p><u>FINDINGS</u> Lunch menu today was "Miso soup, Tuna with Nori on Suhi Rice, Cucumber Namasu, Shrimp Cracker, Vanilla Pudding, MJCT (milk, juice, coffee, tea, per PCG)." Lunch provided was tuna sandwich, miso soup, fresh fruits (dragon fruit, mandarin orange, strawberries) and Jello. Menu substitution was not recorded.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: center;">25 MAY 13 17:54</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p><u>FINDINGS</u> Lunch menu today was “Miso soup, Tuna with Nori on Suhi Rice, Cucumber Namasu, Shrimp Cracker, Vanilla Pudding, MJCT (milk, juice, coffee, tea, per PCG).” Lunch provided was tuna sandwich, miso soup, fresh fruits (dragon fruit, mandarin orange, strawberries) and Jello. Menu substitution was not recorded.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <ul style="list-style-type: none"> • Record all menu substitutions on the menu substitution form promptly whenever changes to the listed meals occur. • All staff of the ARCH were trained to use the menu substitution form whenever meal changes occur. • Conduct quarterly audits to confirm task completion and compliance. 	<p style="text-align: center;">08/06/2025</p> <p style="text-align: right; font-size: small; color: blue;">25 AUG 13 17:54</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><u>FINDINGS</u> Resident #1 – Most recent diet order dated 5/8/25 was "Pureed diet, Thin Liquids." Type of diet was not included.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>• Obtained appropriate diet order to read "Regular Diet, Pureed Texture, Thin liquids Consistency" per physician orders on 08/07/2025</p>	<p>08/07/2025</p> <p style="text-align: right; font-size: small;">25 AUG 18 17:54</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><u>FINDINGS</u> Resident #1 – Most recent diet order dated 5/8/25 was "Pureed diet, Thin Liquids." Type of diet was not included.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <ul style="list-style-type: none"> • Will update resident diet orders per physician orders to ensure the specific dietary requirements are clearly documented and communicated . • Conduct quarterly compliance audits to ensure all records are up-to-date. • Develop a centralized record-keeping system. 	<p>08/07/2025</p> <p style="text-align: right; font-size: small;">*25 AUG 18 11 17 AM STATE LIFE</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> Cabinet under bathroom sink was locked but the key was inserted in the lock. Cleaning supplies were stored inside. Corrected during the inspection.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>25 AUG 18 17:54</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> Cabinet under bathroom sink was locked but the key was inserted in the lock. Cleaning supplies were stored inside. Corrected during the inspection.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <ul style="list-style-type: none"> • Will remove the Keys from Locked Cabinets: Immediately will detach any keys left on locked cabinets containing cleaning supplies. • Will store the keys in a secure location accessible only to authorized personnel. • Will verify Cabinet Security: Regularly inspect all cabinets that contain hazardous materials to ensure they remain locked at all times when not in use. • Provided comprehensive training to all ARCH staff on securing cleaning supplies by storing them in locked cabinets and removing keys from locks, thereby ensuring safety and compliance. 	<p style="text-align: center;">08/06/2025</p> <p style="text-align: right; font-size: small;">25 AUG 18 17:54</p>

	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><u>FINDINGS</u> Resident #1 – Medication order for Calcium carb/Vitamin D3 600-400MG Unit 1 tab one time daily was signed/dated by APRN on 5/8/25 and 11/4/25. In medication administration record (MAR), “CALVIUM CARB/VITD3 500-400MG. TAKE 1 TAB PO QD” was listed.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <ul style="list-style-type: none"> • Updated medication orders per physician orders on 8/7/2025 • Transcribed medications accurately with the correct dosage on the MAR according to physician orders 	<p>08/07/2025</p> <p style="text-align: right;">25 AUG 18 17:54</p>

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<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><u>FINDINGS</u> Resident #1 – Medication order for Calcium carb/Vitamin D3 600-400MG Unit 1 tab one time daily was signed/dated by APRN on 5/8/25 and 11/4/25. In medication administration record (MAR), “CALVIUM CARB/VITD3 500-400MG. TAKE 1 TAB PO QD” was listed.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <ul style="list-style-type: none"> • I discussed the deficiency with all caregivers. I will prepare the MAR a week before month-end and have two caregivers review it three days before the new month for accuracy and completeness. • Provided a checklist to help ensure that the physician record, medication label, and MAR are consistent. • Will ensure that each resident's medication matches the physician's orders. Will also confirm that the medication order is recorded accurately and kept up to date. • If clarification is required, contact the physician for verification within 24 hours. • Will conduct quarterly compliance audits to ensure all records are up to date 	<p style="text-align: center;">08/07/2025</p> <p style="text-align: right; color: gray; font-size: small;">25 AUG 18 17:55</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><u>FINDINGS</u> Resident #1 – Most recent diet order dated 5/8/25 was “Pureed diet, Thin Liquids.” In Emergency Information sheet, “Regular, Mechanical Soft, Thin liquids’ was listed. Corrected during the inspection.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>25 AUG 18 17:55</p>

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<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><u>FINDINGS</u> Resident #1 – Most recent diet order dated 5/8/25 was “Pureed diet, Thin Liquids.” In Emergency Information sheet, “Regular, Mechanical Soft, Thin liquids’ was listed. Corrected during the inspection.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <ul style="list-style-type: none"> • Provided an in-service to all ARCH staff on the proper diet for each resident on the emergency information sheet. • Provided a checklist to ensure the diet order is accurate and current on the emergency information sheet. • Will verify that each resident's emergency information sheet corresponds with the physician's orders. In addition, will ensure the diet order is accurately documented and consistently updated. • Resident's inventory list will be updated; noted "updated date" as there were no changes to items. 	<p>08/07/2025</p> <p style="text-align: right; font-size: small;">25 AUG 18 11:55</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards</u>, (d) When the resident has experienced a significant change in mental or physical well-being, a prompt report shall be made and provided to the resident's physician or APRN, by the primary or substitute caregiver. Any change in physician or APRN orders shall be promptly carried out.</p> <p>FINDINGS Resident #2 – No record that weight loss from August 2024 (134lbs.) to July 2025 (123lbs.) was reported to physician. Primary care giver (PCG) stated that it was reported to physician but not documented in progress notes.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>25 AUG 18 4 7:55</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (d) When the resident has experienced a significant change in mental or physical well-being, a prompt report shall be made and provided to the resident's physician or APRN, by the primary or substitute caregiver. Any change in physician or APRN orders shall be promptly carried out.</p> <p><u>FINDINGS</u> Resident #2 – No record that weight loss from August 2024 (134lbs.) to July 2025 (123lbs.) was reported to physician. Primary care giver (PCG) stated that it was reported to physician but not documented in progress notes.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Collaborate with a registered dietitian if an individual meal plan is needed.</p> <ul style="list-style-type: none"> • Suggest small, frequent meals • Provide protein-rich, nutrient-dense foods • Track and report nutrition, diet, appetite, and gastrointestinal symptoms to the doctor. Record clearly in resident's chart including the date, time, and the physician notified. <p>• Reinforce Documentation Protocols: Train all caregivers and staff on the importance of documenting every instance of significant weight change—especially changes of 2 pounds or more—in the resident's progress notes.</p> <p>The following steps would be implemented:</p> <ul style="list-style-type: none"> • Establish a Notification Checklist: Introduce a standardized checklist or form for weight monitoring. • When a resident's weight changes beyond the set threshold, staff must complete the checklist to confirm physician notification and chart documentation. • Will conduct quarterly compliance audits to ensure all records are up to date. 	<p style="text-align: center;">08/07/2025</p> <p style="text-align: right; font-size: small;">STAT 25 AUG 18 17:55</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(1)(D) Bedrooms:</p> <p>General conditions:</p> <p>Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;</p> <p><u>FINDINGS</u> In resident's room #7, incontinent supplies from previous resident were left in the closet. Corrected during the inspection.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: right;">25 AUG 18 17:55</p>

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	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><u>FINDINGS</u> Resident #1 – "Calcium 600/Vitamin D 600-400mg unit 1 mtab (sic) Po daily" was listed in care plan. The medication available at home was Calcium with Vitamin D3 500MG/5MCG (200 IU.)</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <ul style="list-style-type: none"> • I discussed the deficiency with the case manager who updated the care plan with the correct medication dosage per physician orders on 08/13/2025 • Obtained Calcium with Vitamin D3 500MG/400 IU (the correct medication dosage per physician orders on 08/13/2025) 	<p>08/13/2025</p> <p style="text-align: right;">25 AUG 18 17:55</p>

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Licensee's/Administrator's Signature: Anthony Defiesta

Print Name: Anthony Defiesta

Date: Aug 14, 2025

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