

25 JUL 23 P12:38

Office of Health Care Assurance

State Licensing Section

STATE OF HAWAII
DEPARTMENT OF HEALTH
STATE LICENSING

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: MSI ARCH/Expanded ARCH	CHAPTER 100.1
Address: 99-603 Alia Place, Aiea, Hawaii 96701	Inspection Date: May 16, 2025 Annual

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

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

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

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>, (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><u>FINDINGS</u> Substitute care giver (SCG) #1 – Department requirements for criminal background not met. Please obtain an acceptable Fieldprint result.</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 style="text-align: center;"><i>yes, SCG #1 action on file dated 1/13/2025. see attach A</i></p>	<p style="text-align: center; vertical-align: top;"><i>7/9/25</i></p> <div style="text-align: right; font-size: small; margin-top: 100px;"> STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES STATE LICENSING </div>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p>FINDINGS Substitute care giver (SCG) #1 – Department requirements for criminal background not met. Please obtain an acceptable Fieldprint result.</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><i>a table was created detailing staff names and expiration date of required documents such as Finger printing (AFS/CAF) and criminal Background check to remind date. Insert table in care home chart. PCG will check quarterly. PCG will ensure that the required documents of each SCG is obtained prior to expiration date</i></p>	<p style="text-align: right;"><i>5/20/25</i></p> <p style="text-align: right; font-size: small;">STATE OF NEW YORK DEPARTMENT OF SOCIAL SERVICES</p>

25 JUN 18 P 1:59

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-7 <u>General operational policies.</u> (c) A written agreement shall be completed at the time of admission between the licensee or primary care giver of the ARCH or expanded ARCH and the ARCH or expanded ARCH resident and the ARCH or expanded ARCH resident's family, legal guardian, surrogate or responsible agency that sets forth that resident's rights, the licensee or primary care giver of the ARCH or expanded ARCH responsibilities to that resident, the services which will be provided by the licensee or primary care giver of the ARCH or expanded ARCH according to that resident's schedule of activities or care plan, and that resident's responsibilities to the licensee or primary care giver of the ARCH or expanded ARCH.</p> <p><u>FINDINGS</u> Resident #1 – Care home policy was not signed and dated by the guardian/resident at readmission on 11/13/2024 after hospitalization.</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><i>yes, PCG corrected the deficiency. The legal guardian received the care home policy last may 21, 2025 that mailed. See attached G</i></p>	<p style="text-align: center;"><i>6/17/25</i></p> <p style="text-align: center;">STATE OF MICHIGAN DEPARTMENT OF STATE LICENSING</p>

25 JUN 18 P2:00

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-7 <u>General operational policies.</u> (c) A written agreement shall be completed at the time of admission between the licensee or primary care giver of the ARCH or expanded ARCH and the ARCH or expanded ARCH resident and the ARCH or expanded ARCH resident's family, legal guardian, surrogate or responsible agency that sets forth that resident's rights, the licensee or primary care giver of the ARCH or expanded ARCH responsibilities to that resident, the services which will be provided by the licensee or primary care giver of the ARCH or expanded ARCH according to that resident's schedule of activities or care plan, and that resident's responsibilities to the licensee or primary care giver of the ARCH or expanded ARCH.</p> <p><u>FINDINGS</u> Resident #1 – Care home policy was not signed and dated by the guardian/resident at readmission on 11/13/2024 after hospitalization.</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><i>Moving forward, after any discharge from a hospital admission, PCG will print carehome policy right away and send to legal guardian for signature. Once resident discharge from hospital and returns to carehome, PCG will notify RN consultant Advantage Healthcare provider immediately so that a readmission assessment will be done.</i></p>	<p style="text-align: right;"><i>6/17/25</i></p> <p style="text-align: center;">STATE JUDGING STATE JUDGING STATE JUDGING</p>

25 JUN 18 P2:00

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p>FINDINGS Resident #1 is on a regular pureed food/nectar thick diet. Menu for the special diet available at home does not meet the requirements for a pureed diet.</p> <p>Please submit weekly menus (7 days) for department review.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Yes, PCG corrected the deficiency. PCG submitted the special diet menu for the regular, pureed texture diet with nectar consistency liquids to OHCA nutritionist on July 7, 2025. On July 14, 2025 the nutritionist informed PCG that the menus are approved. See attach B</i></p>	<p style="text-align: right;"><i>7/16/25</i></p> <p style="text-align: right;">25 JUL 23 PM 2:38</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p>FINDINGS Resident #1 is on a regular pureed food/nectar thick diet. Menu for the special diet available at home does not meet the requirements for a pureed diet.</p> <p>Please submit weekly menus (7 days) for department review.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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><i>Moving forward, PCG will prepare diet menus weekly (7 days) according to resident diet order and will consult with OHCA nutritionist for approved list and foods, and to ensure the resident's health and safety and prevent any complications</i></p>	<p style="text-align: right;"><i>6/13/21</i></p> <p style="text-align: center;">STATE OF OHIO DEPARTMENT OF STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS Primary care giver (PCG) stated that medication was crushed to administer. No physician's order to crush medication.</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><i>Yes, PCG obtained physician's order to crush medication for resident #1. Refer to attached C</i></p>	<p style="text-align: center;"><i>5/20/15</i></p> <p style="text-align: center;">STATE OF ALABAMA NURSING STATE LICENSING</p>

25 JUN 18 P 2:01

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Primary care giver (PCG) stated that medication was crushed to administer. No physician's order to crush medication.</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><i>Moving forward, PCG will make ensure that all future medication order will include "instruction" to crush medications for residents who are in pure diet.</i></p>	<p style="text-align: right;"><i>5/21/25</i></p> <p style="text-align: center;">STATE OF IOWA BUREAU OF STATE LICENSING</p>

25 JUN 18 P2:01

	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>FINDINGS Resident #1 – Physician ordered to discontinue Colchicine on 11/16/2024. The medication was listed in 2/22/2025 order. Per MAR, the medication was discontinued on 11/16/2024 and was not restarted on 2/22/2025. Order was not clarified when the medication was listed in 2/22/2025 order. Most recent order dated 5/13/2025 did not include Colchicine.</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;">STATE OF MICHIGAN BOARD OF NURSING STATE LICENSING</p>

25 JUN 18 P2:02

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician ordered to discontinue Colchicine on 11/16/2024. The medication was listed in 2/22/2025 order. Per MAR, the medication was discontinued on 11/16/2024 and was not restarted on 2/22/2025. Order was not clarified when the medication was listed in 2/22/2025 order. Most recent order dated 5/13/2025 did not include Colchicine.</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><i>Moving forward, PCG will double check once a medication has been discontinued by the MD, it will be removed from the medication list immediately, so that it will no longer be included in the next medication review at the next MD appointment.</i></p>	<p style="text-align: right;"><i>5/22/27</i></p> <p style="text-align: center;">STATE OF MICHIGAN DEPARTMENT OF STATE LICENSING</p>

25 JUN 18 P2:02

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p>FINDINGS Resident #1 – No admission assessment completed at readmission after hospitalization on 11/13/2024.</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>STATE OF NEW JERSEY DEPARTMENT OF STATE LICENSING</p>

25 JUN 18 P 2:02

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> Resident #1 – No admission assessment completed at readmission after hospitalization on 11/13/2024.</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><i>Moving forward, when a resident is admitted/readmitted the PCG will document and do and complete an admission assessment on the same day the resident is admitted/readmitted to care home.</i></p>	<p style="text-align: right;"><i>7/9/25</i></p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #2 – Physician evaluation form was completed by physician on 10/5/2024. Information for standard physical exam was not included.</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><i>yes, PCG obtained physician evaluation form of 10/5/2024. see attached D.</i></p>	<p style="text-align: center;"><i>5/19/25</i></p> <p style="text-align: center;">STATE BOARD OF NURSING STATE LICENSING</p>

25 JUN 18 P2:02

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #2 – Physician evaluation form was completed by physician on 10/5/2024. Information for standard physical exam was not included.</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><i>Moving forward, after any physician evaluation is completed, PCG will request for physician notes/summary by the next business day.</i></p>	<p style="text-align: right;"><i>5/20/25</i></p> <p style="text-align: center;">STATE OF MICHIGAN DEPARTMENT OF STATE LICENSING</p>

25 JUN 18 P2:02

	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>FINDINGS Resident #1 – Regular solid pureed, honey thick liquids was ordered at discharge from hospital on 11/13/2024. On 2/22/2025, order was changed to regular diet pureed food/nectar-thick. No documentation in progress notes.</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;">STATE OF MICHIGAN DEPARTMENT OF HUMAN SERVICES DIVISION OF LICENSING JUN 18 2025 2:03 PM</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><u>FINDINGS</u> Resident #1 – Regular solid pureed, honey thick liquids was ordered at discharge from hospital on 11/13/2024. On 2/22/2025, order was changed to regular diet pureed food/nectar-thick. No documentation 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><i>Moving forward, PCG will make sure that all changes regarding diet medication, treat ment, etc are document ed on the caregivers notes on the day that cham change was made.</i></p>	<p style="text-align: right;"><i>6/13/25</i></p> <p style="text-align: center;">STATE OF PENNSYLVANIA DEPARTMENT OF STATE ELECTIONS</p>

25 JUN 18 P 2:03

	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> In permanent resident register, all fields were not recorded consistently.</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><i>yes, PCG corrected the resident # 1 register. Refer to attached E</i></p>	<p style="text-align: center;"><i>5/29/25</i></p> <p style="text-align: center; font-size: small;">STATE OF MICHIGAN DEPARTMENT OF SOCIETY SERVICES</p>

25 JUN 18 P2:03

	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> In permanent resident register, all fields were not recorded consistently.</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><i>Moving forward, on the day of admission / readmission the PCE will complete the resident register. The PCE will assign the SCE to review the resident register weekly to ensure that the record is complete and accurate.</i></p>	<p style="text-align: right;"><i>7/9/25</i></p> <p style="text-align: center;">STATE OF MICHIGAN DEPARTMENT OF STATE LICENSING</p>

25 JUL 23 12:39

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><u>FINDINGS</u> Resident #1 – Financial statement was not signed and dated by the guardian/resident at readmission on 11/13/2024 after hospitalization.</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><i>Yes, PCG corrected the deficiency. PCG mailed the documents on May 21, 2025. See attached H.</i></p>	<p><i>6/17/25</i></p> <p style="text-align: center;">STATE OF ILLINOIS DEPARTMENT OF HEALTH STATE LICENSING</p>

25 JUN 18 P2:04

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><u>FINDINGS</u> Resident #1 – Financial statement was not signed and dated by the guardian/resident at readmission on 11/13/2024 after hospitalization.</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><i>pcg will set a time line / dead line on his calendar for when to call / follow-up with the resident / guardian on the financial statement.</i></p>	<p style="text-align: right;"><i>7/9/25</i></p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPT. OF SOCIAL SERVICES STATE LICENSING</p>

25 JUL 23 12:39

	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>FINDINGS Resident #1 – Comprehensive assessment was not completed at readmission on 11/13/2024 after hospitalization.</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;">STATE OF MICHIGAN DEPARTMENT OF STATE LICENSING</p>

25 JUN 18 P 2:04

	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><u>FINDINGS</u> Resident #1 – Comprehensive assessment was not completed at readmission on 11/13/2024 after hospitalization.</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><i>Moving forward, PCG will inform the RN consultant when the client get admitted and discharged from the hospital so that the RN consultant can do the comprehensive assessment of the resident upon readmission to carehome</i></p>	<p style="text-align: right;"><i>6/13/25</i></p> <p style="text-align: center;">STATE OF MICHIGAN DEPARTMENT OF STATE LICENSING</p>

25 JUN 18 P 2:04

	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 – Orders 2/22/2025 and 5/13/2025 were regular diet puree food/nectar-thick. Order 11/13/2024 was regular diet pureed food/honey-thick.</p> <p>In case manager's notes dated 12/8/2024, diet was recorded as "pureed food and nectar thick liquids" and "pureed food and honey thick liquids" in 4/13/25 notes. Not consistent with physician's orders.</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;">STATE OF MICHIGAN DIVISION OF STATE LICENSING</p>

25 JUN 18 P 2:04

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25 JUN 18 P2:04

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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25 JUN 18 P 2:04

	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 – Current medication was not listed in care plan.</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><i>Moving forward, PCG will make sure MAR (medication Administration record and medication list are attached in care plan available for the OACA to review.</i></p>	<p style="text-align: right;"><i>6/17/25</i></p> <p style="text-align: center;">STATE OF MICHIGAN DEPARTMENT OF STATE LICENSING</p>

25 JUN 18 P 2:04

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) 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>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> Resident #1 – No record that care plan was reviewed and updated at readmission on 11/13/2024 after hospitalization.</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>STATE OF MICHIGAN DEPARTMENT OF HEALTH STATE LICENSING</p>

25 JUN 18 P 2:05

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) 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>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> Resident #1 – No record that care plan was reviewed and updated at readmission on 11/13/2024 after hospitalization.</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><i>Moving forward, after a resident is hospitalized, discharged and readmitted to carehome, PEG will notify case management agency so that the care plan will be reviewed for any updates or changes</i></p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN DEPARTMENT OF HEALTH STATE LICENSING</p>	<p><i>6/15/25</i></p> <p style="text-align: center;">25 JUN 18 P 2:05</p>

Licensee's/Administrator's Signature: 

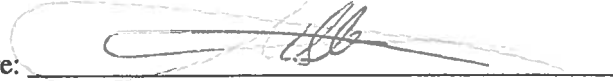
Print Name: MARCOLO LOERD

Date: JUNE 18, 2025

STATE OF TEXAS
BURNETT
STATE LICENSING

'25 JUN 18 P 2:05

Licensee's/Administrator's Signature: _____



Print Name: _____

Marcelo Ibarra

Date: _____

July 17, 2025

STATE OF CALIFORNIA
STATE LICENSING

25 JUL 23 PM 2:39