

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Marrhey Care Home, LLC	CHAPTER 100.1
Address: 94-211 Loaa Street, Waipahu, Hawaii 96797	Inspection Date: April 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> Primary Care Giver (PCG) – No documentation of current background check clearance. Last completed was February 2023. <i>Submit documentation with your plan of correction (POC).</i></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>PCG obtained a background check clearance on 3/21/2025. This document has been filed accordingly. Document will be included with this POC.</p>	<p>11/11/2025</p>

	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> Primary Care Giver (PCG) – No documentation of current background check clearance. Last completed was February 2023.</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>A checklist including required documents by the department to demonstrate that the licensee, primary caregiver, family members living in the ARCH or E-ARCH, and substitute care givers have met all the requirements of this chapter which includes documented evidence stating that all parties have no prior felony or abuse convictions in a court of law. This checklist will be used by the licensee on the first Saturday of every month to review documents. The licensee will ensure the task of obtaining Fieldprint for all staff members is completed and filed in the care home binder. Google calendar will be utilized to send out reminders to licensee when reviews are due.</p>	<p>11/11/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> (repeated deficiency) PCG – No documentation of current physical examination (PE). <i>Submit documentation with your POC.</i></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>PCG's last physical examination was dated 3/11/24. PCG had a scheduled appointment on 5/15/25. Both documents will be included with this POC.</p>	<p>11/11/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p>FINDINGS (repeated deficiency) PCG – No documentation of current physical examination (PE).</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>A checklist including required documents by the department to demonstrate that the licensee, primary caregiver, family members living in the ARCH or E-ARCH, and substitute care givers have met all the requirements of this chapter which includes documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. This checklist will be used by the licensee on the first Saturday of every month to review documents. The licensee will ensure the task of obtaining a physical examination for all staff members is completed and filed in the care home binder. Google calendar will be utilized to send out reminders to licensee when reviews are due.</p>	11/11/2025

	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> (repeated deficiency) PCG – No documentation of current tuberculosis (TB) clearance. <i>Submit documentation with your POC.</i></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>PCG's last TB clearance was dated 3/11/24. A current TB clearance was obtained on 5/15/25. Both documents will be included with this POC.</p>	11/11/2025

	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> (repeated deficiency) PCG – No documentation of current tuberculosis (TB) clearance.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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> <p>A checklist including required documents by the department to demonstrate that the licensee, primary caregiver, family members living in the ARCH or E-ARCH, and substitute care givers have met all the requirements of this chapter which includes documented evidence of an initial and annual tuberculosis clearance. This checklist will be used by the licensee on the first Saturday of every month to review documents. The licensee will ensure the task of obtaining an initial and annual tuberculosis clearance for all staff members is completed and filed in the care home binder. Google calendar will be utilized to send out reminders to licensee when reviews are due.</p>	11/11/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p>FINDINGS (repeated deficiency) PCG, SCG#1 and SCG #2 - No documentation of current first aid certification. <i>Submit documentation with your POC.</i></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>PCG,SCG#1 and SCG#2 obtained documents that they received their CPR/First Aid certificates on 2/2025 which will expire in 2/2027. These documents will be included with this POC.</p>	<p>11/11/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid:</p> <p><u>FINDINGS</u> (repeated deficiency) PCG, SCG#1 and SCG #2 - No documentation of current first aid certification.</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>A checklist including required documents by the department to demonstrate that the licensee, primary caregiver, family members living in the ARCH or E-ARCH, and substitute care givers have met all the requirements of this chapter which includes documented evidence of First Aid/CPR certification. This checklist will be used by the licensee on the first Saturday of every month to review documents. The licensee will ensure the task of obtaining First Aid/CPR certification for all staff members is completed and filed in the care home binder. Google calendar will be utilized to send out reminders to licensee when reviews are due.</p>	11/11/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> (repeated deficiency) PCG, Substitute Care Giver (SCG) #1 and SCG #2 – No documentation of current cardiopulmonary resuscitation (CPR) certification. <i>Submit documentation with your POC.</i></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>PCG,SCG#1 and SCG#2 obtained documents that they received their CPR/First Aid certificates on 2/2025 which will expire in 2/2027. These documents will be included with this POC.</p>	<p>11/11/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p>FINDINGS (repeated deficiency) PCG, Substitute Care Giver (SCG) #1 and SCG #2 – No documentation of current cardiopulmonary resuscitation (CPR) certification.</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>A checklist including required documents by the department to demonstrate that the licensee, primary caregiver, family members living in the ARCH or E-ARCH, and substitute care givers have met all the requirements of this chapter which includes documented evidence of First Aid/CPR certification. This checklist will be used by the licensee on the first Saturday of every month to review documents. The licensee will ensure the task of obtaining First Aid/CPR certification for all staff members is completed and filed in the care home binder. Google calendar will be utilized to send out reminders to licensee when reviews are due.</p>	11/11/2025

	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 and Resident #2 – an inventory of all personal items/belongings unavailable for review. <i>Submit documentation with your POC.</i></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>Resident #1 has been discharged from Marrhey Care Home 5/20/2025. Inventory for Res#2 has been obtained and filed accordingly. A copy will be included with this POC.</p>	11/11/2025

	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 and Resident #2 – an inventory of all personal items/belongings unavailable for review.</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>In order to ensure that ARCH residents have met all admission requirements, an admission package will be prepared for ARCH residents which includes a checklist provided by OHCA. Each task will have a due date and with consideration of weekend/holidays; but all items within the package will be completed no later than 7 working days from admission. The primary care giver will be responsible for informing licensee of admission of an ARCH resident via email, text or phone call within 24-hrs.</p> <p>The licensee will ensure the task of obtaining completed documentation for admission of an ARCH resident and filing it in the resident's binder. Any delays will be noted and Google calendar will be utilized to send out reminders to ensure that all documents are obtained within the 7 working days from admission date.</p>	11/11/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> Expired canned goods were noted in the kitchen pantry: chicken enchiladas (9/2024), crab meat (7/2023), cranberry sauce (3/2025), and ube condensed milk (3/2025)</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>All expired canned good were discarded.</p>	11/11/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> Expired canned goods were noted in the kitchen pantry: chicken enchiladas (9/2024), crab meat (7/2023), cranberry sauce (3/2025), and ube condensed milk (3/2025)</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>To ensure that expired foods are disposed of in a timely manner a bi-weekly inventory check will be practiced and those nearing expiration will be removed or have a special label to be used first. Staff and household members will be educated and highly encouraged to dispose of expired food immediately. Google calendar will be utilized to set-up reminder dates for the bi-weekly inventory.</p>	<p>11/11/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> The outside refrigerator did not have a thermometer to check whether the temperature was within the acceptable range.</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>An appropriate thermometer has been placed in the outside refrigerator.</p>	<p>11/11/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation</u>, (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> The outside refrigerator did not have a thermometer to check whether the temperature was within the acceptable range.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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> <p>Refrigerator Temperature Monitoring Procedure</p> <p>To ensure food safety and regulatory compliance, all refrigerators storing perishable items must have an accurate, calibrated thermometer.</p> <p>Standard: Maintain an internal temperature at or below 4°C (40°F) to inhibit bacterial growth and safeguard resident health.</p> <p>Weekly Inspection: Designated staff will inspect each refrigerator weekly.</p> <p>Documentation: Record the temperature, date, time, and staff initials in the Refrigerator Temperature Log.</p> <p>Corrective Action: If the temperature exceeds 4°C (40°F), immediately take and document corrective action (e.g., adjust thermostat, check seals) and record a follow-up temperature reading.</p>	<p>11/11/2025</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><u>FINDINGS</u> Resident #1 – No available supply to administer the following medications as ordered by the physician: Hydrocortisone 1% cream apply to affected area 2x/day PRN for itching (ordered 1/10/25), Miconazole Nitrate 2% OTC as directed on affected area BID (ordered 11/14/24), and Acetaminophen 325 mg take 2 tabs po Q 4 hours PRN pain/fever (ordered 9/13/24).</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>Resident #1 has been discharged from Marrhey Care Home on 5/20/2025.</p>	11/11/2025

	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><u>FINDINGS</u> Resident #1 – No available supply to administer the following medications as ordered by the physician: Hydrocortisone 1% cream apply to affected area 2x/day PRN for itching (ordered 1/10/25), Miconazole Nitrate 2% OTC as directed on affected area BID (ordered 11/14/24), and Acetaminophen 325 mg take 2 tabs po Q 4 hours PRN pain/fever (ordered 9/13/24).</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>To ensure a seamless admission process and continuity of care, all patient medications must be filled and delivered to our care facility before the admission date.</p> <p>This pre-admission requirement serves to:</p> <ol style="list-style-type: none"> 1. Confirm the availability of all active medications for the patient. 2. Allow for the proper documentation of discontinued medications in the Medication Administration Record (MAR) and all other relevant patient medication records. <p>This process should be initiated by coordinating with the patient's primary care physician, followed by confirmation with the chosen pharmacy to address and secure coverage for any associated costs.</p>	11/11/2025

	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><u>FINDINGS</u> Resident #1 - Miconazole Nitrate 2% OTC as directed on affected area BID (ordered 11/14/24) not implemented on MAR.</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>Resident #1 has been discharged from Marrhey Care Home on 5/20/2025.</p>	<p>11/11/2025</p>

	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><u>FINDINGS</u> Resident #1 - Miconazole Nitrate 2% OTC as directed on affected area BID (ordered 11/14/24) not implemented on MAR.</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>The resident's binder will undergo a weekly review utilizing a checklist. This checklist will include ensuring that resident MAR is current and properly filled out.</p> <p>The licensee will ensure that the checklist is completed and significant changes reported in a timely manner. Google calendar will be utilized to send out reminders to licensee when reviews are due.</p>	01/22/2026

	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><u>FINDINGS</u> Resident #1 – Acetaminophen 325 mg take 2 tabs po Q4H PRN pain/fever ordered on 9/13/24 was not reviewed every 4 months by the physician.</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>Resident #1 has been discharged from Marrhey Care Home on 5/20/2025.</p>	11/11/2025

	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><u>FINDINGS</u> Resident #1 – Acetaminophen 325 mg take 2 tabs po Q4H PRN pain/fever ordered on 9/13/24 was not reviewed every 4 months by the physician.</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>The resident's binder will undergo a weekly review utilizing a checklist. This checklist will include confirmation that the resident's Medication Administration Record (MAR) is reviewed quarterly by the primary physician or APRN, with the next review due date noted.</p> <p>The licensee is responsible for ensuring the checklist is completed promptly and that all identified errors are corrected in a timely manner. Google Calendar will be used to schedule and send reminders to the licensee when these reviews are due</p>	01/22/2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Expired medications noted in the medication cabinet: Aspirin 81 mg tablets, Metamucil powder.</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>All expired medication has been discarded accordingly.</p>	11/11/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Expired medications noted in the medication cabinet: Aspirin 81 mg tablets, Metamucil powder.</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>A weekly medication review is mandatory for all residents (Weekly Review Checklist). Any expired medication shall be deposited in a designated onsite receptacle. Subsequently, all accumulated expired medication will be transferred weekly to a separate container for pharmacy disposal.</p> <p>The licensee is responsible for ensuring the checklist is completed promptly and that all identified errors are corrected in a timely manner. Google Calendar will be used to schedule and send reminders to the licensee when these reviews are due.</p>	<p>01/22/2026</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><u>FINDINGS</u> Resident #1 and Resident #2 -No documentation of plan of care or schedule of activities. <i>Submit documentation with your POC.</i></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>Resident #1 has been discharged from Marrhey Care Home on 5/20/2025. Documentation of Scheduled Activities for Resident #2 has been obtained and filed accordingly. A copy of this document will be included with this POC.</p>	11/11/2025

	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><u>FINDINGS</u> Resident #1 and Resident #2 -No documentation of plan of care or schedule of activities.</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>As part of the admission process, a plan of care as well as a schedule of activities will be developed by the primary caregiver with the assistance of the resident's circle of support that could include but are not limited to friends, family, case managers, service coordinator, etc.</p> <p>The licensee is responsible for ensuring the admission checklist is completed promptly and that all identified errors are corrected in a timely manner. Google Calendar will be used to schedule and send reminders to the licensee if and when corrections are due.</p>	<p>01/22/2026</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(7) 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>Height and weight measurements taken;</p> <p><u>FINDINGS</u> Resident #2 – Height measurements not taken on admission. <i>Submit documentation with your POC.</i></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>Resident #2 documentation of his height obtained and filed accordingly. A copy of this document will be included with this POC.</p>	<p>11/11/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(7) 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>Height and weight measurements taken;</p> <p><u>FINDINGS</u> Resident #2 – Height measurements not taken on admission.</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>As part of the admission process, and using the Admission Checklist, a resident's height and weight will be taken.</p> <p>The licensee is responsible for ensuring the admission checklist is completed promptly and that all identified errors are corrected in a timely manner. Google Calendar will be used to schedule and send reminders to the licensee if and when corrections are due.</p>	01/22/2026

	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><u>FINDINGS</u> Monthly weights were not taken as follows:</p> <ul style="list-style-type: none"> • Resident #1 – none for January and March 2025 • Resident #2 – none for February and March 2025 	<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>	

	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><u>FINDINGS</u> Monthly weights were not taken as follows:</p> <ul style="list-style-type: none"> • Resident #1 – none for January and March 2025 • Resident #2 – none for February and March 2025 	<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>Resident's height and weight will be recorded monthly by primary physician or APRN during a scheduled visit or on the third Friday of each month by the primary caregiver or substitute caregivers.</p> <p>The licensee is responsible for ensuring accurate and consistent record-keeping. Google Calendar will be used to schedule and send reminders to the licensee.</p>	<p>01/22/2026</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u> ARCH facility records were not accessible at the start of the annual inspection, and substitute caregivers (SCG) #1 and #2 stated that the primary caregiver (PCG) had the records. PCG arrived one hour later with all the facility records.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u> ARCH facility records were not accessible at the start of the annual inspection, and substitute caregivers (SCG) #1 and #2 stated that the primary caregiver (PCG) had the records. PCG arrived one hour later with all the facility records.</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>A Weekly Review Checklist will include making sure that all resident records are in their designated space available for review by the department. The primary caregiver, substitute caregiver and the licensee will have keys/codes to access these records. Records will be kept in locked drawer in the common area of the home.</p> <p>The licensee is responsible for ensuring the checklist is completed promptly and that all identified errors are corrected in a timely manner. Google Calendar will be used to schedule and send reminders to the licensee when these reviews are due.</p>	<p>01/22/2026</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> Permanent general register did not reflect the admission of Resident #1 and Resident #2. <i>Submit documentation with your POC.</i></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>The ARCH general register has been updated to reflect the admission of both residents.</p>	<p>12/22/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p>FINDINGS Permanent general register did not reflect the admission of Resident #1 and Resident #2.</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>As part of the admission process, all resident admission shall be recorded in the General Registry in the ARCH binder by the primary caregiver or substitute caregiver.</p> <p>The licensee is responsible for ensuring the admission checklist is completed promptly and that all identified errors are corrected in a timely manner. Google Calendar will be used to schedule and send reminders to the licensee if and when corrections are due.</p>	<p>01/22/2026</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards</u>, (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p><u>FINDINGS</u> Resident #1 – Monthly weight loss of > or = to 5 pounds not reported to the physician as follows:</p> <ul style="list-style-type: none"> • - 5.2 lbs between September (118.2 lbs) and October (113 lbs) • - 6.2 lbs between December 2023 (110 lbs) and January 2025 (103.8 lbs) 	<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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-20 <u>Resident health care standards.</u> (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p><u>FINDINGS</u> Resident #1 – Monthly weight loss of > or = to 5 pounds not reported to the physician as follows:</p> <ul style="list-style-type: none"> • - 5.2 lbs between September (118.2 lbs) and October (113 lbs) • - 6.2 lbs between December 2023 (110 lbs) and January 2025 (103.8 lbs) 	<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>Resident Binders will undergo a weekly review by the primary caregiver or their substitute utilizing a checklist. This checklist will provide instructions for documenting and reporting significant changes in the resident's health status. It will also offer both general examples and specific examples tailored to each resident's individual health needs to illustrate what constitutes a significant change.</p> <p>The licensee is responsible for ensuring the timely completion of this checklist and the prompt reporting of any significant changes. Google Calendar will be used to schedule and send reminders to the licensee when these reviews are due.</p>	01/22/2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate:</p> <p><u>FINDINGS</u> Resident #1 and Resident #2 – Rates/charges not specified in the general operational policy agreement. <i>Submit documentation with your POC.</i></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>The general operation policy agreement has been updated for Resident #2 to reflect the specific rates/charge. Resident #1 has been discharged from our facility on 5/20/2025.</p>	12/22/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><u>FINDINGS</u> Resident #1 and Resident #2 – Rates/charges not specified in the general operational policy agreement.</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>The current ARCH General Operational Policy Agreement will be reviewed by the licensee and primary caregiver and undergo changes which will include specific breakdown of what is included and what is not included in the basic per diem rate.</p> <p>Prior to admission, the responsible party(ies) will be provided with a discussion of all rates and charges by the primary caregiver. Written documentation outlining these policies will be signed by all parties to confirm understanding and agreement.</p> <p>The licensee is responsible for ensuring the admission checklist is completed promptly and that all identified errors are corrected in a timely manner. Google Calendar will be used to schedule and send reminders to the licensee if and when corrections are due.</p>	01/22/2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> PCG, SCG #1, and SCG #2 – No documentation of twelve (12) hours of continuing education completed. <i>Submit documentation with your POC, CEUs to be counted towards your 2025 annual inspection.</i></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>Documentation of 12 hours of continuing education have been obtained for PCG, SCG#1 and SCG#2.</p>	12/22/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> PCG, SCG #1, and SCG #2 – No documentation of twelve (12) hours of continuing education completed.</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>The licensee will schedule quarterly continuing education courses which will be included in the shared google calendar with primary caregiver and substitute caregivers. Reminders will be set to ensure that proper documentation is received within 7 business days.</p> <p>The licensee is responsible for ensuring accurate and consistent record-keeping. Google Calendar will be used to schedule and send reminders to the licensee.</p>	<p>01/22/2026</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><u>FINDINGS</u> Resident #1 – No documented evidence that a comprehensive assessment was completed by the RN case manager prior to or upon admission into the ARCH facility.</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>	

	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 – No documented evidence that a comprehensive assessment was completed by the RN case manager prior to or upon admission into the ARCH facility.</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>As part of the E-ARCH admission process, the primary caregiver is responsible for setting up an appointment with the RN case manager for the day of the resident admission to ensure that a comprehensive assessment of the resident is completed.</p> <p>The licensee is responsible for ensuring the admission checklist is completed promptly and that all identified errors are corrected in a timely manner. Google Calendar will be used to schedule and send reminders to the licensee if and when corrections are due.</p>	01/22/2026

	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><u>FINDINGS</u> Resident #1 – Care plan dated 9/14/24 indicates the following:</p> <ul style="list-style-type: none"> • Use of side rails—but according to the PCG, the resident doesn't use side rails, and there's no physician order for side rail use. • Offer Glucerna/Ensure – but there's no physician order to offer these supplements • Goal to eat at least 70% of meals – but meal intake not being monitored/recorded <p><i>Submit a copy of the revised care plan with your POC.</i></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>Resident #1 has been discharged from our facility on 5/20/2025</p>	12/22/2025

	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><u>FINDINGS</u> Resident #1 – Care plan dated 9/14/24 indicates the following:</p> <ul style="list-style-type: none"> • Use of side rails—but according to the PCG, the resident doesn't use side rails, and there's no physician order for side rail use. • Offer Glucerna/Ensure – but there's no physician order to offer these supplements • Goal to eat at least 70% of meals – but meal intake not being monitored/recorded 	<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>The primary caregiver is responsible for setting up an appointment with designated case manager to complete a care plan within the 7 days grace period. This meeting must be in person. An interim care plan must accompany the resident upon admission. The primary caregiver will inform placing agency of this requirement to ensure that the 48-hours window is not violated. This will be included in both the ARCH and E-ARCH Admission Checklist.</p> <p>The licensee is responsible for ensuring the admission checklist is completed promptly and that all identified errors are corrected in a timely manner. Google Calendar will be used to schedule and send reminders to the licensee if and when corrections are due.</p>	01/22/2026

	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 – Care plan does not address the resident's behavior of medication refusals, disrobing, and all medication orders and treatments. <i>Submit a copy of the revised care plan with your POC.</i></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>Resident #1 has been discharged from our facility on 5/20/2025</p>	12/22/2025

	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><u>FINDINGS</u> Resident #1 – Care plan does not address the resident's behavior of medication refusals, disrobing, and all medication orders and treatments.</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>The primary caregiver is responsible for setting up an appointment with designated case manager to complete a care plan within the 7 days grace period. This meeting must be in person. An interim care plan must accompany the resident upon admission. The primary caregiver will inform placing agency of this requirement to ensure that the 48-hours window is not violated. This will be included in both the ARCH and E-ARCH Admission Checklist. A checklist will also be used to ensure that all parts of the care plan are accurately discussed using §11-100.1-88 as a guideline.</p> <p>The licensee is responsible for ensuring the admission checklist is completed promptly and that all identified errors are corrected in a timely manner. Google Calendar will be used to schedule and send reminders to the licensee if and when corrections are due.</p>	01/22/2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(3) 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>Review the care plan monthly, or sooner as appropriate;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence that RN case manager reviewed the care plan in October 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>The primary caregiver is responsible for setting up a recurring monthly in-person appointment with designated case manager to complete a review of the care plan. A visit summary will be requested from the designated case manager and a signature will be required on resident's progress note after each visit.</p> <p>The licensee is responsible for ensuring accurate and consistent record-keeping. Google Calendar will be used to schedule and send reminders to the licensee.</p>	01/22/2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(8) 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>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence the RN case manager performed a face-to-face contact/visit with the resident in March 2025.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(8) 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>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence the RN case manager performed a face-to-face contact/visit with the resident in March 2025.</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>The primary caregiver is responsible for setting up a recurring monthly in-person appointment with designated case manager to complete a review of the care plan. A visit summary will be requested from the designated case manager and a signature will be required on resident's progress note after each visit.</p> <p>The licensee is responsible for ensuring accurate and consistent record-keeping. Google Calendar will be used to schedule and send reminders to the licensee.</p>	<p>01/22/2026</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)(10) 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 comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate;</p> <p><u>FINDINGS</u> Resident #1 - No documented evidence that the RN case manager conducted a comprehensive assessment every six months, due March 2025. <i>Submit a copy with your POC.</i></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>Resident #1 has been discharged from our facility on 5/20/2025</p>	<p>12/22/2025</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)(10) 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 comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate;</p> <p><u>FINDINGS</u> Resident #1 - No documented evidence that the RN case manager conducted a comprehensive assessment every six months, due March 2025.</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>The primary caregiver is responsible for setting up a six months in-person appointment with designated case manager to complete a comprehensive reassessment of E-ARCH resident. A visit summary will be requested from the designated case manager and a signature will be required on resident's progress note after each visit.</p> <p>The licensee is responsible for ensuring accurate and consistent record-keeping. Google Calendar will be used to schedule and send reminders to the licensee.</p>	01/22/2026

Licensee's/Administrator's Signature: Almira Piena

Print Name: Almira Piena

Date: 12/22/2025

Licensee's/Administrator's Signature: Almira Piena

Print Name: Almira Piena

Date: 01/22/2026