

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Melody R. Chapman Residential Care Home	CHAPTER 100.1
Address: 94-880 Lumiiki Street, Waipahu, Hawaii 96797	Inspection Date: January 22, 2026 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 – Available results were dated 8/14/23 (APS and CAN) and 7/31/23 (eCrim). Department requirements for background check were not met. Current Fieldprint result was not available.</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 FIELDPRINT CHECK FOR SCG #1</p>	<p>02/04/2026</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> Substitute care giver (SCG) #1 – Available results were dated 8/14/23 (APS and CAN) and 7/31/23 (eCrim). Department requirements for background check were not met. Current Fieldprint result was not available.</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>PCG CREATED A CHECKLIST TO MONITOR FINGERPRINTS EXPIRATION DATES. PCG WILL REVIEW THE CHECKLIST MONTHLY AND OBTAIN UPDATED RESULTS AS NEEDED.</p>	<p>02/04/2026</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> SCG #2 – No initial TB clearance. Only one negative PPD skin test 8/26/25 was available.</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 OBTAINED TB CLEARANCE FOR SCG#2</p>	<p style="text-align: center;">02/06/2026</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> SCG #2 – No initial TB clearance. Only one negative PPD skin test 8/26/25 was available.</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>PCG CREATED A CHECKLIST TO MONITOR TB CLEARANCE EXPIRATION DATES. PCG WILL REVIEW THE CHECKLIST MONTHLY AND OBTAIN UPDATED RESULTS AS NEEDED.</p>	<p>02/06/2026</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> Primary care giver (PCG) – No first aid certification, expired 1/5/26.</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 OBTAINED VALID FIRST AID CERTIFICATION TO MEET REGULATORY REQUIREMENTS.</p>	<p>01/26/2026</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> Primary care giver (PCG) – No first aid certification, expired 1/5/26.</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>PCG MUST RENEW FIRST AID BEFORE EXPIRATION DATE. PCG WILL DOCUMENT REMINDER IN THE TABLET OR CHECKLIST TO ENSURE TIMELY RENEWAL.</p>	<p>01/26/2026</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><u>FINDINGS</u> PCG – No current cardiopulmonary certification, expired 1/5/26.</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 OBTAINED VALID CARDIOPULMONARY CERTIFICATION TO MEET REGULATORY REQUIREMENTS.</p>	<p>01/26/2026</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><u>FINDINGS</u> PCG – No current cardiopulmonary certification, expired 1/5/26.</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>PCG MUST RENEW CADIOPULMONARY CERTIFICATE BEFORE EXPIRATION DATE, PCG WILL DOCUMENT REMINDER IN THE TABLET OR CHECKLIST TO ENSURE TIMELY RENEWAL.</p>	<p>01/26/2026</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><u>FINDINGS</u> Resident #2 was on No added salt diet. Regular diet was provided for lunch.</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>§11-100.1-13 <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><u>FINDINGS</u> Resident #2 was on No added salt diet. Regular diet was provided for lunch.</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>PCG WILL STRICTLY FOLLOW THE NO ADDED SALT DIET FOR RESIDENT#2. ALL MEALS BE REVIEWED BEFORE SERVICE TO ENSURE NO ADDED SALT ARE PROVIDED. APPROVED NO ADDED SALT SUBSTITUTION WILL BE PREPARED AND DOCUMENTED.</p>	01/22/2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Medication cabinet was not locked upon department arrival. Corrected during the inspection.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Medication cabinet was not locked upon department arrival. Corrected during the inspection.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>PCG AND STAFF REMINDED THAT THE MEDICATION CABINET MUST REMAIN LOCKED AT ALL TIMES WHEN NOT IN USE. A PRINTED REMINDER WAS POSTED ON THE MEDICATION CABINET TO REINFORCE PROPER MEDICATION SECURITY PROCEDURES AND PREVENT RECURRENCE.</p>	<p>01/26/2026</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 – medication order dated 7/25/25 (admission was 11/1/25) was Escitalopram Oxalate 5mg, take 1 tab by mouth daily. Per medication administration record (MAR), Escitalopram 10mg 1 tab daily was given since admission. Order and MAR were not consistent. Updated written order for 10mg was obtained 12/2/25.</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>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – medication order dated 7/25/25 (admission was 11/1/25) was Escitalopram Oxalate 5mg, take 1 tab by mouth daily. Per medication administration record (MAR), Escitalopram 10mg 1 tab daily was given since admission. Order and MAR were not consistent. Updated written order for 10mg was obtained 12/2/25.</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 PREVENT RECURRENCE, ALL MEDICATION ORDERS WILL BE VERIFIED AGAINST THE MEDICATION ADMINISTRATION RECORD (MAR). UPON ADMISSION TO ENSURE ACCURACY AND CONSISTENCY. ANY DISREPECENCIES WILL BE PROMPTLY CLARIFIED WITH THE PRESCRIBING PROVIDER BEFORE MEDICATIONS ARE ADMINISTRED .</p>	<p>04/08/2026</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 – medication order was Melatonin 10mg tab, 1 tab orally daily. MAR listed “Melatonin 5mg gummies. Take 1 gummy 30 minutes before bedtime.” Medication bottle was also labeled “Melatonin 5mg gummies. Take 1 gummy 30 minutes before bedtime. Order and medication available at home do not match.</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 NOTIFIED THE PHYSICIAN FOR CLARIFICATION OF THE CORRECT DOSE AND FORMULATION. A CORRECTED ORDER WAS OBTAINED IN WRITING. THE MAR WAS UPDATED AND THE MEDICATION LABEL WAS VERIFIED TO ENSURE IT MATCHED THE UPDATED ORDER.</p>	<p>01/26/2026</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – medication order was Melatonin 10mg tab, 1 tab orally daily. MAR listed “Melatonin 5mg gummies. Take 1 gummy 30 minutes before bedtime.” Medication bottle was also labeled “Melatonin 5mg gummies. Take 1 gummy 30 minutes before bedtime. Order and medication available at home do not match.</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>ALL MEDICATIONS LISTED ON THE MAR WILL BE VERIFIED AGAINSTS PHYSICIAN ORDERS UPON ADMISSION. ANY MEDICATIONS WITHOUT A VALID ORDER WILL BE HELD AND CLARIFIED WITH PRESCRIBING PROVIDER BEFORE MEDICATIONS ARE ADMINISTERED.</p> <p><i>PCG will reviewed all medication orders and bottle within one week of admission. If clarification is needed I will contact the physician within 24 hrs</i></p>	<p>04/08/2026</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 – Per PCG, bedtime was scheduled between 8-9pm. The order was “Donepezil 10mg tab take 1 tablet by mouth at bedtime.” Administration time in MAR was recorded as 5pm.</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 CORRECTED THE MAR TO REFLECT ADMINISTRATION AT THE RESIDENT'S BEDTIME (8PM-9PM) PER THE PHYSICIAN ORDER. PCG ADMINISTER DONEPEZIL 10MG TAB. TAKE 1 TABLET BY MOUTH AT BEDTIME. AND TO VERIFY SCHEDULED ADMINISTRATION TIMES WITH THE RESIDENT'S ROUTINE TO ENSURE COMPLIANCE WITH THE ORDER.</p>	<p style="text-align: center;">01/26/2026</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Per PCG, bedtime was scheduled between 8-9pm. The order was “Donepezil 10mg tab take 1 tablet by mouth at bedtime.” Administration time in MAR was recorded as 5pm.</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>ALL MEDICATIONS ORDERED AT BEDTIME WILL BE SCHEDULED AND ADMINISTERED ACCORDING TO THE RESIDENT'S ESTABLISHED BEDTIME ROUTINE. MAR ENTRIES WILL BE REVIEWED REGULARLY TO ENSURE ADMINISTRATION TIMES MATCH PHYSICIAN ORDERS AND RESIDENT SCHEDULES.</p>	01/26/2026

	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 – “Adult Multivitamins Gummies Dietary Supplement. Give 2 gummies by mouth one daily (OTC)” was listed in MAR since admission 11/1/25. There was no physician’s order.</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 REVIEWED MEDICATION AND WAS NOTIFIED TO PHYSICIAN AND A WRITTEN ORDER WAS OBTAINED TO AUTHORIZE CONTINUED ADMINISTRATION. THE MAR AND RESIDENT RECORD WERE UPDATED TO REFLECT THE VALID ORDER.</p>	01/26/2026

	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 – “Adult Multivitamins Gummies Dietary Supplement. Give 2 gummies by mouth one daily (OTC)” was listed in MAR since admission 11/1/25. There was no physician’s order.</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>ALL SUPPLEMENTS AND MEDICATIONS LISTED ON THE MAR WILL BE VERIFIED AGAINST PHYSICIAN ORDERS UPON ADMISSION. ANY ITEMS WITHOUT A VALID ORDER WILL BE HELD AND CLARIED WITH THE PROVIDER BEFORE ADMINISTRATION WITH ROUTINE AUDITS TO ENSURE COMPLIANCE.</p> <p><i>PCG will review all the medication orders and bottle within one week of admission. If clarification is needed. I will contact the physician within 24 hrs.</i></p>	<p>04/08/2026</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 – There was an order for Centrum Men tab 1 tab orally daily dated 7/25/25. No medication available, not listed in 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>PCG NOTIFIED PHYSICIAN AND ORDER WAS CLARIFIED AND MAR WAS UPDATED. THE CENTRUM MEN TAB 1 TAB ORALLY DAILY WAS DISCONTINUED BY THE PHYSICIAN ORDER.</p>	01/26/2026

	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 – There was an order for Centrum Men tab 1 tab orally daily dated 7/25/25. No medication available, not listed in 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>ALL PHYSICIAN ORDERS WILL BE REVIEWED AGAINST MAR AND MEDICATIONS IN THE HOME UPON ADMISSION AND ROUTINELY THEREAFTER. ANY MISSING MEDICATIONS DISCREPANCIES WILL BE CLARIFIED WITH THE PHYSICIAN ORDERS AND CORRECTED PROMPTLY.</p>	01/26/2026

	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 - order was Vitamin D3 125 MCG (5000UT) cap, 1 cap orally twice weekly. Medication available at home was Vitamin D3 50mcg (2000IU). Order and medication do not match.</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 NOTIFIED PHYSICIAN FOR CLARIFICATION OF ORDER. VIT D3 50MCG (2000IU) 1 SOFT GEL BY MOUTH ONCE DAILY (OTC) WAS OBTAINED BY PHYSICIAN ORDER.</p>	<p style="text-align: center;">01/26/2026</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 - order was Vitamin D3 125 MCG (5000UT) cap, 1 cap orally twice weekly. Medication available at home was Vitamin D3 50mcg (2000IU). Order and medication do not match.</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 PREVENT RECURRENCE, ALL MEDICATION ORDERS WILL BE VERIFIED AGAINST THE MEDICATION ADMINISTRATION RECORD (MAR). UPON ADMISSION TO ENSURE ACCURACY AND CONSISTENCY. ANY DISCREPANCIES WILL BE PROMPTLY CLARIFIED WITH THE PRESCRIBING PROVIDER BEFORE MEDICATIONS ARE ADMINISTERED,</p> <p><i>pcg will review the medication orders and bottle within one week of admission. if clarification is needed i will contact the physician within 24 hrs.</i></p>	<p>04/08/2026</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 – MAR listed “Tamsulosin HCL 0.4mg Capsule, Take 1 capsule by mouth at bedtime. There was no physician’s order.</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 NOTIFIED PHYSICIAN AND WRITTEN ORDER WAS OBTAINED. THE MAR AND RESIDENT RECORD WERE UPDATED TO REFLECT THE VALID ORDER TO ENSURE ACCURATE AND COMPLIANT MEDICATION ADMINISTRATION.</p>	<p>01/26/2026</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 – MAR listed “Tamsulosin HCL 0.4mg Capsule, Take 1 capsule by mouth at bedtime. There was no physician’s order.</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>ALL MEDICATIONS LISTED ON THE MAR WILL BE VERIFIED AGAINST PHYSICIAN ORDERS UPON ADMISSION. ANY MEDICATIONS WITHOUT A VALID ORDER WILL BE HELD AND CLARIFIED WITH THE PROVIDER BEFORE MEDICATIONS ARE ADMINISTERED.</p> <p><i>I will review medication order bottle, mar to make sure they are consistent at least once a month. if clarification is needed I will contact physician within 24 hrs.</i></p>	<p>04/08/2026</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – medication order was Melatonin 10mg tab, 1 tab orally daily. MAR listed “Melatonin 5mg gummies. Take 1 gummy 30 minutes before bedtime.” Order and MAR were not consistent.</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 PHYSICIAN WAS NOTIFIED AND CLARIFIED WRITTEN ORDER WAS OBTAINED TO REFLECT THE CORRECT DOSAGE AND ADMINISTRATION. THE MAR WAS UPDATED TO MATCH THE CLARIFIED ORDER.</p>	01/26/2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – medication order was Melatonin 10mg tab, 1 tab orally daily. MAR listed “Melatonin 5mg gummies. Take 1 gummy 30 minutes before bedtime.” Order and MAR were not consistent.</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>ALL MEDICATIONS LISTED ON THE MAR WILL BE VERIFIED AGAINST PHYSICIAN ORDERS UPON ADMISSION. ANY MEDICATIONS WITHOUT A VALID ORDER WILL BE HELD AND CLARIFIED WITH THE PRESCRIBING PROVIDER BEFORE MEDICATIONS ARE ADMINISTERED.</p> <p><i>I will review medication order, mar to make sure this are consistent at least once a month. if clarification is needed. I will contact physician within 24 hrs.</i></p>	04/08/2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – order was Vitamin D3 125 MCG (5000UT) cap, 1 cap orally twice weekly. MAR listed “Vitamin D3 50mcg (2000IU) soft gels, take 1 soft gel by mouth one daily (OTC).</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>VIT D3 50 MCG (2000IU) WERE REVIEWED AND CLARIFIED WITH THE PROVIDER. THE MAR WAS CORRECTED TO MATCH THE PHYSICIAN ORDER AND ANY INCORRECT OR UNVERIFIED MEDICATION WERE UPDATED OR DISCONTINUED ACCORDINGLY ON THE MAR.</p>	04/08/2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – order was Vitamin D3 125 MCG (5000UT) cap, 1 cap orally twice weekly. MAR listed “Vitamin D3 50mcg (2000IU) soft gels, take 1 soft gel by mouth one daily (OTC).</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>ALL MEDICATIONS LISTED ON THE MAR WILL BE VERIFIED AGAINST PHYSICIAN ORDERS UPON ADMISSION. ANY MEDICATIONS WITHOUT A VALID ORDER WILL BE HELD AND CLARIFIED WITH THE PROVIDER BEFORE MEDICATIONS ARE ADMINISTERED.</p> <p><i>I will review medication order and mar to make sure they are consistent.</i></p>	<p>04/08/2026</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications. (m)</u> All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – Ondansetron 4mg tablet, take 1 tablet (oral) every 6 hours for 3 days (PRN-nausea and vomiting) was ordered on 11/25/25. Not listed in 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>PCG ADDED ONDANSETRON 4MG TABLET. TAKE 1 TABLET EVERY 6 HOURS FOR 3 DAYS (PRN- NAUSEA AND VOMITING) TO THE MAR IMMEDIATELY. PCG AND STAFF WERE REMINDED TO PROMPTLY TRANSCRIBE ALL NEW MEDICATION ORDER TO THE MAR.</p>	01/26/2026

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – Ondansetron 4mg tablet, take 1 tablet (oral) every 6 hours for 3 days (PRN-nausea and vomiting) was ordered on 11/25/25. Not listed in 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>ALL NEW AND PRN MEDICATIONS ORDER WILL BE ENTERED INTO THE MAR UPON RECEIPT AND CHECKED DURING ROUTINE MAR AUDITS FOR ACCURACY.</p>	<p>01/26/2026</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 – No schedule of daily activities.</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>A DAILY ACTIVITY SCHEDULE WAS DEVELOPED AND ADDED TO THE RESIDENT #1 RECORD. STAFF WERE INSTRUCTED TO FOLLOW AND DOCUMENT PARTICIPATION.</p>	01/26/2026

	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 – No schedule of daily 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>UPON ADMISSION, A SCHEDULED DAILY ACTIVITY PLAN WILL BE DEVELOPED AND DOCUMENTED WITH INPUT FROM THE FAMILY AND UPDATED AS NEEDED TO MAINTAIN APPROPRIATE CARE AND CONSISTENCY.</p> <p><i>I will admission checklist as a reminder everytime.</i></p>	<p>04/08/2026</p>

	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 – admitted 11/1/25. Admission assessment by PCG was dated 11/9/25.</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>§11-100.1-17 <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 – admitted 11/1/25. Admission assessment by PCG was dated 11/9/25.</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>ADMISSION ASSESSMENT MUST BE COMPLETED AND DATED ON THE DAY OF ADMISSION TO MAINTAIN TIMELY AND ACCURATE DOCUMENTAION.</p> <p><i>I will admission checklist as a reminder to complete admission assessment.</i></p>	<p>04/08/2026</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(8) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A current inventory of money and valuables.</p> <p><u>FINDINGS</u> Resident #1 – items brought to the care home were not recorded. Admission was 11/1/25.</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 COMPLETED A FULL INVENTORY OF ALL ITEMS BROUGHT TO THE CAREHOME AND DOCUMENTING THEM IN THE RESIDENT CLOTHING VALUABLES.</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)(8) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A current inventory of money and valuables.</p> <p><u>FINDINGS</u> Resident #1 – items brought to the care home were not recorded. Admission was 11/1/25.</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>ALL ITEMS BROUGHT TO THE CARE HOME WILL BE INVENTORIED AND DOCUMENTED UPON ADMISSION. STAFF WILL FOLLOW THE ADMISSION CHECKLIST AND WILL PERFORM ROUTINE COMPLIANCE REVIEWS.</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)(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 – No progress notes for December 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>§11-100.1-17 <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 – No progress notes for December 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>ENSURE THAT PROGRESS NOTES ARE COMPLETED AND DOCUMENTED ON MONTHLY BASIS FOR ALL RESIDENTS IN TIMELY AND CONSISTENT MANNER TO MAINTAIN ACCURATE RECORDS,</p> <p><i>I will document in progress in the last day of month and I will update as needed.</i></p>	<p>04/08/2026</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(3) General rules regarding records:</p> <p>An area shall be provided for safe and secure storage of resident's records which must be retained in the ARCH for periods prescribed by state law;</p> <p><u>FINDINGS</u> Resident binder cabinet was not locked upon department arrival. Corrected during the inspection.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(3) General rules regarding records:</p> <p>An area shall be provided for safe and secure storage of resident's records which must be retained in the ARCH for periods prescribed by state law;</p> <p>FINDINGS Resident binder cabinet was not locked upon department arrival. Corrected during the inspection.</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>PCG AND STAFF REMINDED THAT THE RESIDENT CABINET MUST REMAIN LOCKED AT ALL TIMES WHEN NOT IN USE. A PRINTED REMINDER WAS POSTED ON THE RESIDENT CABINET TO REINFORCE PROPER RESIDENT SECURITY PROCEDURES AND PREVENT RECURRENCE.</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> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p>FINDINGS One discharged resident was not recorded in permanent resident register.</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>THE DISCHARGED RESIDENT WAS IMMEDIATELY ADDED TO THE PERMANENT REGISTRY AND RECORDS WERE REVIEWED FOR ACCURACY.</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> (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> One discharged resident was not recorded in permanent resident register.</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>PCG MUST RECORD RESIDENT DISCHARGE IN THE PERMANENT RESIDENT REGISTRY ON THE SAME DAY THE RESIDENT IS DISCHARGED. THE CAREHOME BINDER MUST BE PRESENT PRIOR TO DISCHARGE AND DOCUMENTATION MUST BE COMPLETED IMMEDIATELY.</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> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p>FINDINGS Resident #1 uses a CPAP machine during nighttime. There was no order.</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>PCG NOTIFIED PCP AND AN ORDER FOR CPAP USE DURING NIGHTTIME WAS OBTAINED AND PLACED IN THE RESIDENT RECORD. MAR UPDATED ACCORDINGLY.</p>	<p>01/26/2026</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 uses a CPAP machine during nighttime. There was no order.</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>ALL RESPIRATORY EQUIPMENT USE WILL REQUIRE A CURRENT PHYSICIAN'S ORDER. ADMISSION WILL VERIFY THAT ORDERS ARE PRESENT AND CURRENT.</p>	<p>01/26/2026</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(G) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system;</p> <p><u>FINDINGS</u> Smoke detectors were tested only in June 2025 and September 2025.</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>§11-100.1-23 <u>Physical environment.</u> (g)(3)(G) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system;</p> <p><u>FINDINGS</u> Smoke detectors were tested only in June 2025 and September 2025.</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>SMOKED DETECTORS WILL BE TESTED AND DOCUMENTED MONTHLY. A MAINTENANCE LOG WILL BE REVIEWED REGULARLY TO ENSURE ONGOING COMPLIANCE.</p>	<p style="text-align: center;">01/26/2026</p>

Licensee's/Administrator's Signature: *M Chapman*

Print Name: MELODY R CHAPMAN

Date: Feb 13, 2026

Licensee's/Administrator's Signature: MRChapman / MRChapman 4/10/2026

Print Name: MELODY R CHAPMAN

Date: Apr 8, 2026