

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Nabua Quality Care Home	CHAPTER 100.1
Address: 94-947 Lumihoahu Street, Waipahu, Hawaii 96797	Inspection Date: October 2, 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>FINDINGS Household Member (HHM) #1 - No documented evidence indicating person has no prior felony or abuse convictions in a court of law, on file for department review.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I have obtain and now have a document evidence indicating person has no prior felony or abuse convictions in a court of law for (HHM) #1 and placed it into my care Home binder.</p>	<p>10.28 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> HHM #1 – No documented evidence indicating person has no prior felony or abuse convictions in a court of law, on file for department 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>To prevent this from happening again in the future, the PCG will be responsible to check & carefully review each required documents for a house hold member or SCG a week before moving or adding in the home. My SCG's and myself (PCG) will check at the beginning of each month all the required documents from resident & HHM to ensure they are up to date. I will check my reminder notes at the beginning of the month to make sure this deficiency doesn't happen again.</p>	<p style="text-align: center;">10.2.25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current;</p> <p>FINDINGS Primary Care Giver (PCG) – No documented evidence of six (6) continuing education hours completed within past twelve (12) months.</p>	<p style="text-align: center;">PART I</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I have obtain documented evidence of six (6) continuing education hours completed within past twelve (12) months and how it's inside my care Home Binder</p>	<p>10.23. 2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current;</p> <p><u>FINDINGS</u> PCG – No documented evidence of six (6) continuing education hours completed within past twelve (12) months.</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 this from happening again in the future, the PCG will be responsible to check and carefully review each required documents for HHM, SCG, & PCG's a week before adding or care-giving in the home. My SCG's and myself (PCG) will check at the beginning of each month all the required documents to ensure they are up to date. I will check my remindersⁱⁿ notes at the beginning of the month to make sure this deficiency doesn't happen again.</p>	<p>10.23.2015</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 Substitute Care Giver (SCG) #4, HHM #1 – No documented evidence of a current physical examination clearance by a physician or advanced practice registered nurse (APRN) on file.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I now have the documented evidence of a current physical examination clearance by a physician for Substitute Care Giver (SCG) #4 and HHM #1 and has been added in to my Care Home Binder.</p>	<p>10-17-2025</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> SCG #4, HHM #1 – No documented evidence of a current physical examination clearance by a physician or APRN on file.</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 this from happening again in the future, the PCG will be responsible to check & carefully reviewed each required documents for HHM and SCG a week before moving or subbing in the home. Myself (PCG) & SCG will check at the beginning of each month all the required documents from residents & HHM to ensure they are up to date. I will check my reminder notes at the beginning of the month to make sure this deficiency doesn't happen again.</p>	<p style="text-align: center;">10.17.25</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>FINDINGS SCG #2, HHM #2 - No documented evidence of a current tuberculosis clearance by a physician or APRN on file.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I have obtain and now have a documented evidence of current tuberculosis clearance for SCG #2 and HHM #2 and filed it into my care Home Binder.</p>	<p>10-17-2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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>FINDINGS SCG #2, HHM #2 – No documented evidence of a current tuberculosis clearance by a physician or APRN on file.</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 this from happening again in the future, the PCG will be responsible to check & carefully reviewed each required documents for SCG and HHM a week before moving or subbing in the home. Myself (PCG) & SCG will check at the beginning of each month all the required documents from residents and HHM to make sure they are up to date. I will check my reminder notes at the beginning of the month to ensure this deficiency doesn't happen again.</p>	<p style="text-align: right;">10-17-25</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>FINDINGS SCG #2, SCG #3 – No documented evidence of a current First Aid certification on file for department review.</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>I now have a documented evidence of current First Aid certification for SCG #2 and SCG #3 and place it into my Care Home binder.</p>	<p>10/10/2025</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> SCG #2, SCG #3 – No documented evidence of a current First Aid certification on file for department 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>To prevent this from happening again in the future, the PCG will be responsible to check & carefully review each required documents for a HHM and SCG a week before adding or moving in the home. Myself (PCG) and SCG will check beginning of each month all the required documents from resident & HHM to ensure they are up to date. I will check my reminder notes at the beginning of the month to make sure this deficiency doesn't happen again.</p>	<p style="text-align: center;">10.7.25</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 SCG #2, SCG #3 – No documented evidence of a current cardiopulmonary resuscitation certification on file for department review.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I have obtain a documented evidence of a current cardio-pulmonary resuscitation certification for SCG # 2 and SCG # 3 and now has been added into my Care Home Binder.</p>	<p>10.7. 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><u>FINDINGS</u> SCG #2, SCG #3 – No documented evidence of a current cardiopulmonary resuscitation certification on file for department 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 the future, to prevent this from happening again. The PCG (myself) will be responsible to check & carefully review each required documents for HHTM and SCG a week before adding or moving in the home. Myself (PCG) and SCG will check beginning of each month all the required documents from residents & HHTM to ensure they are up to date. I will check my reminder notes at the beginning of the month to make sure this deficiency doesn't happen again.</p>	<p>10. 7.25</p>

	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>FINDINGS Observed sticky orange residue on silver refrigerator door shelf where food items are stored.</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>I have clean the sticky orange residue on silver refrigerator door shelf and now food items are stored.</p>	<p>10-3-2025</p>

	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>FINDINGS Observed sticky orange residue on silver refrigerator door shelf where food items are stored.</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 this from happening, everyday I will check each refrigerator for any sticky residue left and clean it immediately. I will make a note as a reminder and posted in the fridge for all caregivers or AHM who will use fridge.</p>	<p>10.3.2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation.</p> <p>FINDINGS Observed the following expired items in silver facility refrigerator: "Mayo Buffalo Style Dressing (exp 11/2/2023)," "Dried fruit prunes (exp 2/13/2025)," "Oven roast turkey (9/17/2025), and "Crab salad (6/1/2025)."</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>I have remove all expired items in silver facility refrigerator and now it's clear.</p>	<p>10.2.2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation.</p> <p>FINDINGS Observed the following expired items in silver facility refrigerator: "Mayo Buffalo Style Dressing (exp 11/2/2023)," "Dried fruit prunes (exp 2/13/2025)," "Oven roast turkey (9/17/2025), and "Crab salad (6/1/2025)."</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 prevent this from happening again, everyday I will check the fridge to make sure there is no item that has expired inside the fridge. Also, I will make a note as a reminder for all caregivers and HHM and post it in the fridge.</p>	<p>10.2.2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation</u>. (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation.</p> <p>FINDINGS Observed a bag of molded dinner rolls in silver facility refrigerator.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I have remove a bag of molded dinner rolls in silver facility refrigerator and now it's clear.</p>	<p>10-2-2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation</u>. (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation.</p> <p>FINDINGS Observed a bag of molded dinner rolls in silver facility refrigerator.</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 the future, to prevent this from happening. Everyday I will check the fridge to ensure there is no bag of molded dinner rolls or any item molded in the fridge. Also, I will make a note as a reminder to all caregivers and HAM and post it into the fridge.</p>	<p>10-2-2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation</u>. (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation.</p> <p>FINDINGS Observed the following expired items in white facility refrigerator: "Sesame dressing (exp 11/29/2024)."</p>	<p style="text-align: center;">PART I</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">I have remove the expired items out of the fridge and now it's clear.</p>	<p style="text-align: center;">10-2-2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation.</p> <p>FINDINGS Observed the following expired items in white facility refrigerator: "Sesame dressing (exp 11/29/2024)."</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>In the future, to prevent this from happening, I will everyday check the fridge to ensure there is no expired items. Also, I will put a note to remind all caregivers and HHA for any food item expiring or expired.</p>	<p>10.3.2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation.</p> <p>FINDINGS Observed the following expired items in facility pantry: "Roasted seaweed (1/31/2025)," and "Stuffing mix (7/31/2025)."</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>I have remove the expired items out of the facility pantry after the inspection.</p>	<p>10-2-2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation</u>, (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation.</p> <p>FINDINGS Observed the following expired items in facility pantry: "Roasted seaweed (1/31/2025)," and "Stuffing mix (7/31/2025)."</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 prevent this from happening again. In the future I will everyday check the fridge to ensure there is no expired items. Also, I will put a note as a reminder for all caregivers and HHA for any food item expired.</p>	<p>10-3-2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Observed the following medications in white facility refrigerator, unlabeled, and unsecured: "Severe cold & flu" capsules & "Robitussin" cough syrup.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I have remove all medications unlabeled and unsecured out of the fridge after inspection.</i></p>	<p><i>10-2-2025</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Observed the following medications in white facility refrigerator, unlabeled, and unsecured: "Severe cold & flu" capsules & "Robitussin" cough syrup.</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 this from happening again, in the future I have checked every day each medication in white facility refrigerator to make sure I have all medication being labeled and place into a container with locked.</p>	<p>10-2-2025</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p>FINDINGS Observed the following medications in facility pantry, unlabeled, and unsecured: "Robitussin" cough syrup.</p>	<p style="text-align: center;">PART I</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I now have medication being labeled and was placed in a box with locked.</p>	<p>10.4.2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Observed the following medications in facility pantry, unlabeled, and unsecured: "Robitussin" cough syrup.</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 the future I have checked everyday each medication to make sure I have all label being added and placed each medication into a cabinet with locked.</p>	<p>10.4.2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p>FINDINGS Resident #1 - Observed "Muciprocin 2% ointment" unlabeled in resident medication bin.</p>	<p style="text-align: center;">PART I</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>I now have the Muciprocin 2% ointment being labeled in resident medication bin.</i></p>	<p style="text-align: center;"><i>10.3.2025</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1 - Observed "Muciprocin 2% ointment" unlabeled in resident medication bin.</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 this from happening again, in the future I have checked everyday the resident medication bin to ensure I have all the label being added each of the medications.</p>	<p>10.3.2025</p>

	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>FINDINGS Observed the following medications in white facility refrigerator, unlabeled, and unsecured: "Severe cold & flu" capsules & "Robitussin" cough syrup.</p>	<p style="text-align: center;">PART I</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>I now have each medication in white facility refrigerator being label added and was placed in a box with locked.</i></p>	<p style="text-align: center;"><i>10.3.2025</i></p>

	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>FINDINGS Observed the following medications in white facility refrigerator, unlabeled, and unsecured: "Severe cold & flu" capsules & "Robitussin" cough syrup.</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 the future I have checked everyday each medication to ensure I have an label being added and placed each medication into a cabinet with locked.</p>	<p>10-3-2025</p>

	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>FINDINGS Observed the following medications in facility pantry, unlabeled, and unsecured: "Robitussin" cough syrup.</p>	<p>PART I</p> <p>PART I</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I now have medication being label added and was placed in a box with locked.</i></p>	<p><i>10.4.2025</i></p>

	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> Observed the following medications in facility pantry, unlabeled, and unsecured: "Robitussin" cough syrup.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, to prevent this from happening, I have checked everyday each medication to ensure I have all label being added and placed each medication into a cabinet with locks.</p>	<p>10-4-2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (c) Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p>FINDINGS Resident #1 – Observed topical medications not segregated from oral medications in resident's medication bin.</p>	<p style="text-align: center;">PART I</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I now have the internal and external medications being separated in residents medication bin.</p>	<p>10.4.2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (c) Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p>FINDINGS Resident #1 - Observed topical medications not segregated from oral medications in resident's medication bin.</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 this from happening, I will place external and internal medications separated from each other in separate containers or plastic ziplock bags. Substitutes and myself (P/G) will check daily to ensure that external and internal medications are remained separated.</p>	<p>10.4.2025</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>FINDINGS Resident #1 - Observed the following medications in resident's medication bin without a physician or APRN medication order on file: "Losartan potassium 25mg tab," "Rosuvastatin calcium 100mg tab," and "Cetirizine 10mg tab."</p>	<p style="text-align: center;">PART I</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I have updated my resident #1 physician order and now the Losartan potassium 25mg tab, Rosuvastatin calcium 100mg tab and Cetirizine 10mg tab are on the physician order.</p>	<p>10.14.2025</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 – Observed the following medications in resident’s medication bin without a physician or APRN medication order on file: “Losartan potassium 25mg tab,” “Rosuvastatin calcium 100mg tab,” and “Cetirizine 10mg tab.”</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 this from happening again. At the beginning of the month I will double check the residents physician orders and check each medications, to ensure that the medications are on the physicians orders and labels correctly. Myself (PC6) and SC6's will look at the reminder note at the beginning of the month as we are responsible to documents changes immediately.</p>	<p style="text-align: center;">10-14-25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 – "Muciprocin 2% ointment" was ordered on 10/12/2024, and reordered 4/16/2025. On physician notes dated 10/12/2024 and 1/18/2025, physician noted to apply the aforementioned medication onto open sores twice a day as needed. Medication not documented on October 2024 – September 2025 medication administration record (MAR).</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>§11-100.1-15 <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 – “Muciprocin 2% ointment” was ordered on 10/12/2024, and reordered 4/16/2025. On physician notes dated 10/12/2024 and 1/18/2025, physician noted to apply the aforementioned medication onto open sores twice a day as needed. Medication not documented on October 2024 – September 2025 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>In the future, to prevent this from happening again. Once I receive a physician's order, I will double check the summary visit from the doctors and immediately add the physician's order on the current MAR on the same day it was received. Myself (PLG) and SCG's will look at the reminder note at the beginning of the month as we are responsible to document changes immediately.</p>	<p style="text-align: center;">10-14-25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 - "Muciprocin 2% ointment" was ordered on 10/12/2024, and reordered 4/16/2025. On physician notes dated 10/12/2024 and 1/18/2025, physician noted to apply the aforementioned medication onto open sores twice a day as needed. Medication not documented on October 2025 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>I now have "Muciprocin 2% ointment" being added into the MAR and place it in my resident #1 binder.</p>	<p>10/14/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 – “Muciprocin 2% ointment” was ordered on 10/12/2024, and reordered 4/16/2025. On physician notes dated 10/12/2024 and 1/18/2025, physician noted to apply the aforementioned medication onto open sores twice a day as needed. Medication not documented on October 2025 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>To prevent this from happening again. The moment I receive a physician's order, I will double check the summary visit and immediately add the physicians order on the current MAR on the same day it was received. Also I will keep a reminder note into my care home binder. Myself (PCG) and SCG's will look at the reminder note at the beginning of the month as we are responsible to document changes immediately.</p>	<p>10.14.25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p>FINDINGS Resident #1 – "Muciprocin 2% ointment" was ordered on 10/12/2024, and reordered 4/16/2025. On physician notes dated 10/12/2024 and 1/18/2025, physician noted to apply the aforementioned medication onto open sores twice a day as needed. No documented evidence that medication was administered, refused by, or is no longer applicable to the resident from 10/12/2024 – 10/2/2025.</p>	<p style="text-align: center;">PART I</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>§11-100.1-15 <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 – “Muciprocin 2% ointment” was ordered on 10/12/2024, and reordered 4/16/2025. On physician notes dated 10/12/2024 and 1/18/2025, physician noted to apply the aforementioned medication onto open sores twice a day as needed. No documented evidence that medication was administered, refused by, or is no longer applicable to the resident from 10/12/2024 – 10/2/2025.</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>Once a medication has been applied or administered, I will immediately document it on the MAR and progress note of the effective/ineffectiveness of the medication. I will keep a reminder note into in my care home binder to ensure this deficiency doesn't happen again. My SCG's and myself (PCG) will check at the beginning of each month the reminder note as we are responsible to documents changes immediately.</p>	<p>10-14-25</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>FINDINGS Resident #1 – "Muciprocin 2% ointment" was ordered on 10/12/2024, and reordered 4/16/2025. On physician notes dated 10/12/2024 and 1/18/2025, physician noted to apply the aforementioned medication onto open sores twice a day as needed. No documented evidence in resident progress notes of any open sores on resident's skin or any application of "Muciprocin 2% ointment" on file. Muciprocin ointment tube appeared to be open and used in medication bin.</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
☒	<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 – “Muciprocin 2% ointment” was ordered on 10/12/2024, and reordered 4/16/2025. On physician notes dated 10/12/2024 and 1/18/2025, physician noted to apply the aforementioned medication onto open sores twice a day as needed. No documented evidence in resident progress notes of any open sores on resident’s skin or any application of “Muciprocin 2% ointment” on file. Muciprocin ointment tube appeared to be open and used in medication bin.</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>Once a medication has been applied or administered. I will immediately document into the MAR and progress note of the effectiveness/ineffectiveness of the medication. I will keep a note into my care home binder. Myself (PCG) and SCC's will look at the beginning of each month the reminder note as we are responsible to document changes immediately.</p>	10-15-25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p>FINDINGS Resident #1 – No documented evidence of the resident's response to the plan of care of care and/or a plan of care documented in progress notes from October 2024 – January 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>§11-100.1-17 <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 documented evidence of the resident's response to the plan of care of care and/or a plan of care documented in progress notes from October 2024 – January 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>In the future, to prevent this from happening again, at the end of every month. I will double check my progress note to ensure that I have documented the residents response to the plan of care. My SCG's and myself (PCG) will check at the beginning of each month all the required document from residents and HAM to ensure they are up to date. I will check my reminder notes at the beginning of the month to make sure this deficiency doesn't happen again.</p>	<p style="text-align: center;">10.15.25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p>FINDINGS Resident #3 - No documented evidence of a current "Resident Emergency Information" form complete in the event of an emergency, on file for department review. None found in resident or facility binder.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">I have created a Resident Emergency Information form for resident #3 and have place it inside resident's chart.</p>	<p style="text-align: center;">10.16.2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #3 -- No documented evidence of a current "Resident Emergency Information" form complete in the event of an emergency, on file for department review. None found in resident or facility binder.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>To prevent this from happening again. On the same day of a resident's admission into my care home. I will complete a resident emergency form and place it inside their chart's. I will keep a reminder note of this deficiency inside my care home binder. myself (PLG) and SCB's will check at the reminder note at the beginning of the month as we are responsible to documents changes immediately.</i></p>	<p><i>10-16-25</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p>FINDINGS Resident #1 – No documented evidence of a current "Resident Emergency Information" form in the event of an emergency, on file for department review. Last update 5/7/2024. Medications not updated.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I have created a current "Resident Emergency Information" form for Resident #1 and updated all medications. I have placed both documents into the residents chart.</p>	<p>10-17-2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p>FINDINGS Resident #1 – No documented evidence of a current "Resident Emergency Information" form in the event of an emergency, on file for department review. Last update 5/7/2024. Medications not updated.</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 the future, to prevent this from happening. On the same day of the admission into my care home I will complete a Resident Emergency Form and place it inside their charts. Also, I will update the medication sheets yearly or immediately when there is a change in the information. I will put a reminder into my calendar before the expiration of the info to be updated.</p>	<p>10-17-2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p>FINDINGS Resident #1 – No documented evidence of a current inventory of belongings on file. Last update was 2/6/2024.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I now have a resident's inventory of belongings and placed inside the resident's binder.</p>	<p>10.17.2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts</u>, (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p>FINDINGS Resident #1 - No documented evidence of a current inventory of belongings on file. Last update was 2/6/2024.</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>To prevent this from happening again, I will immediately document within a week of being added any personal belongings of my residents. I will put a reminder note in to my care home binder and review the record once a month.</p>	<p>10.17. 2025</p>

	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>FINDINGS Resident #1 - Signed General Operating Policy, dated 1/4/2023, by PCG and resident, does not indicate monthly rate for adult residential care home (ARCH) services or any prorated rates in "Rates for Service" section. Items were left blank.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I have documented the monthly rate including the prorated rates for Resident #1 and now fully completed the Signed General Operating Policy. Also, gave the resident a copy.</i></p>	<p style="text-align: center;">10-18-2025</p>


	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 – Signed General Operating Policy, dated 1/4/2023, by PCG and resident, does not indicate monthly rate for ARCH services or any prorated rates in “Rates for Service” section. Items were left blank.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>To prevent this from happening again. Upon admission - I will check my care home policy to ensure monthly rate included on any prorated rates and have the family or guardian sign it and place into resident's binder. Also I will update the resident's monthly rates sheets immediately when there is a changes. My SCo's and myself (PCG) will check documents each beginning of the month to ensure they are up to date.</i></p>	<p><i>11-18-25</i></p>

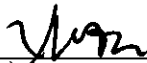
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(1) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence of a current self-preservation evaluation by a physician or APRN on file.</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><i>I have obtained a current copy of self-preservation form and is now inside my resident # 1 binder.</i></p>	<p><i>10-18-2025</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence of a current self-preservation evaluation by a physician or APRN on file.</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 this from happening again. Upon a resident's admission, I will double check the resident's ARCH documents and use DDH residents checklist to ensure that I have all documents required for residents. Myself (P(G) and SUG's will check at the beginning of each month all the required document from residents and HTHM to ensure they are up to date. I will check my reminder notes at the beginning of the month to ensure this deficiency doesn't happen again.</p>	<p>10-19-25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u> (h)(1)(B) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>Housekeeping: After discharge of any resident, the bed, bed furnishings, bedside furniture and equipment shall be thoroughly cleansed prior to subsequent resident admission;</p> <p><u>FINDINGS</u> Bedroom #3 - Observed unused maxi pads and disposable pull-up underwear in bedside table drawer.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I have removed all unused maxi pads and disposable pull-up from the bedside table drawer of bedroom #3 and is now placed inside the closet.</p>	<p>10-19-2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(1)(B) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>Housekeeping:</p> <p>After discharge of any resident, the bed, bed furnishings, bedside furniture and equipment shall be thoroughly cleansed prior to subsequent resident admission;</p> <p><u>FINDINGS</u> Bedroom #3 – Observed unused maxi pads and disposable pull-up underwear in bedside table drawer.</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 this from happening again - once a resident's room is vacant, I will immediately remove all items from the room. I will check periodically the vacant room, to ensure it remains clear of any items. Myself (PCA) and SCA's will be responsible at the beginning of the month to check the reminder notes of this deficiency.</p>	<p style="text-align: right;">10.13.25</p>

Licensee's/Administrator's Signature: 
Print Name: LIZA N. NABUA
Date: 10.28.2025

Licensee's/Administrator's Signature: 
Print Name: LISA N. NABWA
Date: Dec. 1, 2025