

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Olivia Lewin's EARCH	CHAPTER 100.1
Address: 92-1336 Pueonani Street, Kapolei, Hawaii 96707	Inspection Date: September 10, 2025 Annual

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

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

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

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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> Substitute care giver (SCG) #1 – No documentation of physical examination (PE). <i>Submit a copy with your plan of correction (POC).</i></p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Attached is SCG #'s yearly PE.</p> <p style="text-align: right;"><i>Olivia S. Lewin</i></p>	12/24/25

	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> Substitute care giver (SCG) #1 – No documentation of physical examination (PE).</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Going forward I will make sure to review all received documents in order that they are named and filed with the pertinent file. I will utilize a calendar checklist to check these documents off, since they re-occur yearly anyway.</p> <p>This way will dispel any misunderstanding that documents had not been updated.</p> <p style="text-align: right;"><i>Olivia S. Lewin</i></p>	<p>12/24/2025</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> SCGs #1, #2, and #3 – No documentation SCGs are currently certified in first aid. <i>Submit a copy with your plan of correction (POC).</i></p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Attached are SCG#1, SCG #2, and SCG #3 First Aid certificates.</p> <p style="text-align: right;"><i>Olivia S. Lewin</i></p>	12/24/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p>FINDINGS SCGs #1, #2, and #3 – No documentation SCGs are currently certified in first aid.</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><i>going forward I will make sure that all household members and workers are certified in first aid.</i></p> <p><i>I will also ensure that the expiration dates are noted in the yearly calendar in order to remember when these documents need to be renewed.</i></p> <p><i>Mia J. Spini</i></p>	<p>9/18/25</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)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> SCGs #2 and #3 – No documentation of training provided by PCG to make medications available. <i>Submit a copy with your POC.</i></p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Attached are the Substitute Caregiver Training documents outlining the training that SCG # 2 and SCG # 3 had undergone, which includes the medication instructions.</p> <p style="text-align: center;"><i>Olivia S. Lewin</i></p>	<p>12/24/2025</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)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> SCGs #2 and #3 – No documentation of training provided by PCG to make medications 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>Going forward I will ensure that all caregivers are instructed in the prescribed medication as to when to pass them and in properly recording the medication, with regards to the 5 R's, Right Drug, Right Dose, Right Route Right Time & Right Patient.</p> <p>I will check off this training in SCG checklist in order to ensure it had been completed in a timely manner.</p> <p style="text-align: right;"><i>Olivia S. Lewin</i></p>	<p>12/24/2025</p>

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	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> No documentation SCGs #1, #2, and #3 are currently certified in cardiopulmonary resuscitation. <i>Submit a copy with your POC.</i></p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Attached after page 4 are the CPR certificates of SCG# 1, #2, #3.</p> <p style="text-align: right;"><i>Olivia S. Lewin</i></p>	12/24/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> No documentation SCGs #1, #2, and #3 are currently certified in cardiopulmonary resuscitation.</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>going forward I will make sure that all house hold members and workers are trained and certified in CPR. I will also ensure that all expiration dates are noted in the calendar in order to remember when these documents need to be renewed.</i></p> <p style="text-align: right;"><i>Miss J. Spencer</i></p>	<p style="text-align: right; vertical-align: middle;">2/21/2020</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 #3 – No special diet menu for pureed diet. <i>Submit a copy with your POC.</i></p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Attached is a regular pureed diet.</p> <p style="text-align: right;"><i>Olivia S. Lewin</i></p>	12/24/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #3 – No special diet menu for pureed diet.</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>Going forward I will craft an appropriate regular diet for the pertinent client. If there are any questions or concerns regarding the diet I will go ahead and check with the OCHA dietician. I have since emailed the Regular Pureed diet and forwarded to the dietician.</p> <p style="text-align: right;"><i>Olivia S. Lewin</i></p>	12/24/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> Expired food items (alfredo sauce and black beans) noted in the resident's refrigerator. Primary Care Giver (PCG) discarded expired items 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>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> Expired food items noted in the resident's 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 style="text-align: center;"> <i>going forward I will inspect the contents of the refrigerator and freezer on a weekly schedule, preferably before shopping and discard any and all expired food and/or contents.</i> <i>Miss J. Ser</i> </p>	<p style="text-align: center;">9/11/25</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> Residents' medications were prepared for the week in individual plastic containers stacked together and stored in a vertical file cabinet.</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 since discarded the previously prepared medications by collecting them and taking them to the pharmacy for disposal.</i></p> <p style="text-align: right;"><i>Debra J. Lee</i></p>	<p><i>9/10/25</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> Residents' medications were prepared for the week in individual plastic containers stacked together and stored in a vertical file cabinet.</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>Going forward medications are no longer pre-prepared. Instead, medications are gathered on the time that they need to be administered, checked off the MAR and given to the correct patient via the correct route in order to avoid confusion and uphold the guidance.</p> <p style="text-align: right;"><i>Olivia S. Lewin</i></p>	12/24/2025

	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> Loose pills were observed in the residents' medication cabinet.</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>All the loose pills had since been collected and deposited into the pharmacy.</i></p> <p><i>Alvin S. Sr.</i></p>	<p><i>9/10/25</i></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> Loose pills were observed in the residents' medication cabinet.</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>Going forward all medications are secured in their respective container. The pills, capsules etc are only going to be taken out of their containers when it's time to administer them and only after proper documentation had been completed.</p> <p style="text-align: right;"><i>Olivia S. Lewin</i></p>	<p>9/10/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (c) 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> The following medication orders dated 11/29/24 were not followed as ordered:</p> <ul style="list-style-type: none"> • Order reads, "Acetaminophen 500 mg take 1 tab PO Q4 hours PRN fever/pain; <u>take 2 tabs Q8 H PRN pain</u>." However, the December 2024 and January 2025 MAR did not reflect the underlined instructions. • Order reads, "Losartan 25 mg give 0.5 tabs in the morning, hold if <u>SBP <110</u>." However, the December 2024 and January 2025 MAR reflected "hold if <u>SBP 100</u>." • Order reads, "Salonpas 3.1-10-6% patch apply topically to affected area up to 2x/day PRN pain." However, the December 2024 and January 2025 MAR did not reflect PRN. 	<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>. (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS The following medication orders dated 11/29/24 were not followed as ordered:</p> <ul style="list-style-type: none"> Order reads, "Acetaminophen 500 mg take 1 tab PO Q4 hours PRN fever/pain; <u>take 2 tabs Q8 H PRN pain</u>." However, the December 2024 and January 2025 MAR did not reflect the underlined instructions. Order reads, "Losartan 25 mg give 0.5 tabs in the morning, hold if <u>SBP < 110</u>." However, the December 2024 and January 2025 MAR reflected "hold if <u>SBP 100</u>." Order reads, "Salonpas 3.1-10-6% patch apply topically to affected area up to 2x/day <u>PRN</u> pain." However, the December 2024 and January 2025 MAR did not reflect PRN. 	<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>This chart's MAR had since been corrected to reflect the PCP's orders and the MAR had also been corrected to reflect the correct order. Going forward all orders will be checked off carefully & written in the MAR as it had been written in the PCP order. Ulin / Spi</i></p>	<p><i>9/22/25</i></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 – The following medications appeared in December 2024 to February 2025 MAR, but the order was obtained on 3/13/25: Hydrocortisone cream, Lidocaine 4% topical patch, and Polyethylene glycol.</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>§11-100.1-15 <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 – The following medications appeared in December 2024 to February 2025 MAR, but the order was obtained on 3/13/25: Hydrocortisone cream, Lidocaine 4% topical patch, and Polyethylene glycol.</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>Going forward if a client had been discharged and readmitted all the medications order will be checked with the previous PCP order asap, in order to clarify if there are some medications that will be discharged and/or some that will be reinstated. I will check this off in my admission checklist in order to make sure it is completed in a timely manner..</p> <p style="text-align: right;"><i>Olivia S. Lewin</i></p>	<p>12/24/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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 – Medication list signed by physician on 3/13/25 reads, "Polyethylene glycol 17gr/dose powder give 17 gr daily with 4-8 oz of liquid for constipation. Hold for loose stool." However, April-May 2025 MAR indicates medication was not administered as ordered, and in August 2025, it was only administered from 8/5-8/7.</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>	

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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 list signed by physician on 3/13/25 reads, “Polyethylene glycol 17gr/dose powder give 17 gr daily with 4-8 oz of liquid for constipation. Hold for loose stool.” However, April-May 2025 MAR indicates medication was not administered as ordered, and in August 2025, it was only administered from 8/5-8/7.</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>Going forward this medication will be charted as HOLD when it is held since client moves her bowel quite regularly and sign off when it is administered as per PCP order.</p> <p style="text-align: right;"><i>Olivia S. Lewin</i></p>	<p>12/24/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (c) 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 – A box of Simethicone tablets was observed in the medication bin, but 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 style="text-align: center;"><i>This medication had been disposed of.</i></p> <p style="text-align: center;"><i>Dee L. Lewis</i></p>	<p style="text-align: center;"><i>9/10/25</i></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 – A box of Simethicone tablets was observed in the medication bin, but 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>Going forward all medications will be checked off on the MAR in order to make sure there are no medications in the cabinet without an order or that does not belong there or had been discharged.</p> <p style="text-align: right;"><i>Olivia S. Lewin</i></p>	<p>12/24/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Resident #1 - Medication supply still includes discontinued medication Omeprazole.</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>It is with next med's had been removed & disposed off.</i></p> <p><i>Dir. J. Lewis</i></p>	<p><i>9/20/25</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Resident #1 - Medication supply still includes discontinued medication Omeprazole.</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>Going forward all medications will be checked off on the MAR in order to make sure there are no medications in the cabinet without an order or that does not belong there or had been discharged. Discharged medications can be disposed off in the pharmacy drop box.</p> <p style="text-align: right;"><i>Olivia S. Lewin</i></p>	<p>12/24/2025</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>FINDINGS Resident #1 – Readmission medication orders (listed on hospital discharge document) dated 11/29/24 were not transcribed in the November medication administration records.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: center;">25 11/29/24</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 – Readmission medication orders (listed on hospital discharge document) dated 11/29/24 were not transcribed in the November medication administration records.</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>Going forward all readmission medications and orders will be noted and charted on the day that client had been readmitted. Afterwards this step will be checked off in the admission checklist.</p> <p><i>Olivia S. Lewin</i></p>	<p>12/24/2025</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- No assessment completed by PCG following readmission on 11/29 25.</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 since completed a re-assessment document for this client.</i></p> <p style="text-align: right;"><i>sin P. Spi</i></p>	<p><i>9/17/25</i></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- No assessment completed by PCG following readmission on 11/29/25.</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><i>going forward I will ensure that assessment for a newly re-admitted client is completed on the day of re-admission. Once done it will be checked off on the admission list of client and all documents are accounted off.</i></p> <p style="text-align: right;"><i>Alina L. Spi</i></p>	<p style="text-align: center;"><i>9/17/25</i></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>FINDINGS Residents #1, #2, #4, and #5 – List of valuables/belongings not updated. Submit a copy with your POC.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Attached are the completed list of clients personal clothing & property inventory.</i></p> <p><i>Dein J. Lee</i></p>	<p><i>10/9/25</i></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> Residents #1, #2, #4, and #5 – List of valuables/belongings 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>Going forward all of the clients clothes and valuables will be reinventoried in a new list on the yearly anniversary of their admission. Then this will be checked off in the yearly clients checklist.</p> <p style="text-align: right;"><i>Olivia S. Lewin</i></p>	<p>12/24/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #1 – CXR was completed for the annual tuberculosis (TB) screening, but no documentation of a positive TB test. Resident previously had a blood test (QFT) and a skin test done. <i>Submit TB clearance with appropriate TB screening documentation with your POC.</i></p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I have not been able to correct this because the client had since passed.</p> <p style="text-align: right;"><i>Olivia A. Lewin</i></p>	12/24/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #1 – CXR was completed for the annual tuberculosis (TB) screening, but no documentation of a positive TB test. Resident previously had a blood test (QFT) and a skin test done.</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>Going forward a TB Form F will be filled up by the client's PCP every year when a client under goes a TB test to complete the documents required.</p> <p style="text-align: right;"><i>Olivia S. Lewin</i></p>	<p>12/24/2025</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>FINDINGS Resident #1 – Progress notes did not include the following:</p> <ul style="list-style-type: none"> • Circumstances leading to hospitalization on 11/26/24 and ER visit on 11/30/24. • Monitoring post fall incident on 11/30/24. • Response to antibiotic treatment for UTI from 11/30/24-12/8/24. • Response to home health PT/OT services. 	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: right; vertical-align: bottom;">11/26/24 11:00 AM</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 – Progress notes did not include the following:</p> <ul style="list-style-type: none"> • Circumstances leading to hospitalization on 11/26/24 and ER visit on 11/30/24. • Monitoring post fall incident on 11/30/24. • Response to antibiotic treatment for UTI from 11/30/24-12/8/24. • Response to home health PT/OT services. 	<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>Going forward I will document all follow ups, for situations that affect the client. Instances such as falls, ER visits, hospitalizations and ordered therapy by PCP will be documented and this action will be checked off the monthly client check-list.</p> <p style="text-align: right;"><i>Olivia S. Lewin</i></p>	<p>12/24/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports</u>, (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered:</p> <p>FINDINGS Resident #1 – Physician notes dated 12/6/24 indicate skin breakdown wound on tailbone with a treatment order of duoderm patch, but no documentation resident received this treatment.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>11/10/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #1 – Physician notes dated 12/6/24 indicate skin breakdown wound on tailbone with a treatment order of duoderm patch, but no documentation resident received this treatment.</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>Going forward all medications, or treatment orders will be listed in the MAR or TX form and documented. Results will be documented in the Progress Notes.</p> <p style="text-align: right;"><i>Olivia S. Lewin</i></p>	<p>12/24/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports</u>, (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #1 – Physician order dated 4/11/25 states, “Stage 1 pressure injury cleanse with soap and water, pat dry, apply calmoseptine/triad paste, leave open to air. Frequency of pressure injury wound care: SN to do wound care 1 time a week. Caregiver to do wound care 1-2 times per day and as needed for non nursing days.” However, documentation of the wound care treatment provided by the ARCH facility was unavailable for review.</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)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #1 – Physician order dated 4/11/25 states, “Stage 1 pressure injury cleanse with soap and water, pat dry, apply calmoseptine/triad paste, leave open to air. Frequency of pressure injury wound care: SN to do wound care 1 time a week. Caregiver to do wound care 1-2 times per day and as needed for non nursing days.” However, documentation of the wound care treatment provided by the ARCH facility was unavailable for review.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Going forward all medications, or treatment orders will be listed in the MAR or TX form and documented. Results will be documented in the Progress Notes.</p> <p style="text-align: right;"><i>Olivia S. Lewin</i></p>	12/24/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 – PCG assessment completed on 11/30/24 was not signed by family representative.</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 had since then had the POA sign the Assessment Form.</p> <p style="text-align: right;"><i>Olivia S. Lewin</i></p>	<p>10/5/2025</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 – PCG assessment completed on 11/30/24 was not signed by family representative.</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>Going forward I will fax, email or snail mail the Assessment form and request a signature and return to me in order for the document be signed asap.</p> <p style="text-align: right;"><i>Olivia S. Lewin</i></p>	10/5/2025

	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 – Progress notes entered by PCG on 8/27/25 indicate blister was noted and Calmoseptine was applied, but the physician was not notified of this new skin issue, and there was no order to apply Calmoseptine.</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>§11-100.1-20 <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 – Progress notes entered by PCG on 8/27/25 indicate blister was noted and Calmoseptine was applied, but the physician was not notified of this new skin issue, and there was no order to apply Calmoseptine.</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>Going forward any issue will be reported to PCP and a Plan of Action will be requested to resolve the issue.</p> <p style="text-align: right;"><i>Olivia L. Lewin</i></p>	<p>12/24/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-20 <u>Resident health care standards.</u> (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p>FINDINGS Significant weight gain/loss of > or = to 5 pounds not reported to the physician as follows:</p> <ul style="list-style-type: none"> • Resident #2 – weight loss of 20.5 lbs between January 2025 (112.5 lbs) and February 2025 (92 lbs) and weight loss of 11 lbs between March 2025 (101.5) and April 2025 (90.5 lbs); and weight gain of 9.5 lbs between Feb 2025 (92 lbs) and March 2025 (101.5). • Resident #3 – weight gain of 6.2 lbs between December 2025 (115 lbs) and January 2025 (121.5 lbs) 	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>25-001-100-02</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p><u>FINDINGS</u> Significant weight gain/loss of > or = to 5 pounds not reported to the physician as follows:</p> <ul style="list-style-type: none"> • Resident #2 – weight loss of 20.5 lbs between January 2025 (112.5 lbs) and February 2025 (92 lbs) and weight loss of 11 lbs between March 2025 (101.5) and April 2025 (90.5 lbs); and weight gain of 9.5 lbs between Feb 2025 (92 lbs) and March 2025 (101.5). • Resident #3 – weight gain of 6.2 lbs between December 2025 (115 lbs) and January 2025 (121.5 lbs) 	<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>Going forward any issue that affect or happen to any of the client will be reported to the respective PCP and a Plan of Action to address the issue will be requested to resolve said issue.</p> <p style="text-align: right;"><i>Olivia S. Lewin</i></p>	<p>12/24/2025</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 ARCII's shall be in compliance with, but not limited to, the following provisor:s:</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>FINDINGS Residents #1, #2, and #4 - Three (3) non-self-preserving (NSP) residents residing in the facility, exceeding the maximum (two residents) allowed.</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 submitted the transfer letter to the chart # # POA w/ the 1 month notice</i></p> <p><i>Ann P. Sir</i></p>	<p><i>9/14/25</i></p> <p style="text-align: right;"><i>95 OCT 17 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> Residents #1, #2, and #4 – Three (3) non-self-preserving (NSP) residents residing in the facility, exceeding the maximum (two residents) allowed.</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>Going forward once a client had declined and is no longer appropriate to be in the care home then I will inform the POA and assis them in finding another caregiver that has the space and is able to admit the client in their home.</p> <p style="text-align: right;"><i>Olivia S. Lewin</i></p>	<p>12/24/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-81 <u>Minimum structural requirements.</u> (b) All signaling devices shall be approved by the department and installed at bedside, in bathrooms, toilet rooms, and other areas where expanded ARCH residents may be left alone. All such signaling devices shall be approved by the department. In expanded ARCHs where the primary care giver and expanded ARCH residents do not reside on the same floor or when other signaling mechanisms are deemed inadequate, electronic signaling systems shall be installed.</p> <p>FINDINGS No signaling device installed in the resident's bathroom.</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 installed a call button device.</i></p> <p><i>Ann S. Sp</i></p>	<p><i>10/11/95</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-81 <u>Minimum structural requirements.</u> (b) All signaling devices shall be approved by the department and installed at bedside, in bathrooms, toilet rooms, and other areas where expanded ARCH residents may be left alone. All such signaling devices shall be approved by the department. In expanded ARCHs where the primary care giver and expanded ARCH residents do not reside on the same floor or when other signaling mechanisms are deemed inadequate, electronic signaling systems shall be installed.</p> <p><u>FINDINGS</u> No signaling device installed in the resident's bathroom.</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>Going forward I will ensure that I have the necessary needed equipment as per the Care Home Guidelines.</p> <p style="text-align: right;"><i>Olivia S. Lewin</i></p>	12/24/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements</u>, (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p>FINDINGS SCG #2 and #3 – No record that RN case manager provided delegation training in providing daily personal and specialized care to implement Resident #1's care plan. <i>Submit a copy with your POC.</i></p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>The RN case manager had visited and provided the delegation training needed for all rated skills to both SCG.</i></p> <p><i>see P. 1</i></p>	<p><i>9/23/25</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><u>FINDINGS</u> SCG #2 and #3 – No record that RN case manager provided delegation training in providing daily personal and specialized care to implement Resident #1’s care plan.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Going forward I will ensure that new hired caregiver receive the requisite training for any specilaized skills needed in order to care for a speific client need. Afterwards this action will be documented in the checklist for new hires and kept up to date when/if new training is required.</p> <p style="text-align: right;"><i>Olivia S. Lewin</i></p>	12/24/2025

Licensee's/Administrator's Signature: Olivia S. Lewin

Print Name: Olivia S. Lewin

Date: 12/24/2025

Licensee's/Administrator's Signature: Olivia S. Lewis

Print Name: OLIVIA S. LEWIS

Date: 10/19/25

10/19/25
10/19/25