

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ruby Paradise Wellness Care Inc.	CHAPTER 100.1
Address: 46-329 Kumoo Loop, Kaneohe, Hawaii 96744	Inspection Date: September 11, 2025 Annual

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

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

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

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><u>FINDINGS</u> Substitute care giver (SCG) #1, #2, Household member (HM) #1 – No Fieldprint results.</p> <p>Please submit copies of the results with your plan of correction (POC).</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>Fieldprint results for Substitute Caregiver (SCG) #1 have been obtained and accomplished. Please see attached. Household Member (HM) #1 has moved out of the home to reside near his school and no longer has access to the ARCH.</p> <p>Substitute Caregiver (SCG) #2 is no longer employed at the facility and no longer has access to the ARCH</p>	<p>11/12/2025</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> Substitute care giver (SCG) #1, #2, Household member (HM) #1 – No Fieldprint results.</p> <p>Please submit copies of the results with your plan of correction (POC).</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To ensure this issue does not occur again, all substitute caregivers and household members will be required to complete and submit their Fieldprint background checks before having any access to the ARCH. I will maintain a tracking log to monitor due dates, submission dates, and completion of all required clearances. Additionally, I will review all personnel and household changes promptly and report them to the department as required. No individual will be allowed access to the ARCH until all documentation is fully completed and verified.</p>	11/14/2025

	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 #1 & #2 – No annual physical exam.</p> <p>Please submit copies 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>The annual physical exam for Substitute Caregiver (SCG) #1 has been completed. Substitute Caregiver & (SCG) #2 is no longer employed at the facility and no longer has access to the ARCH.</p>	11/14/2025

	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 #1 & #2 – No annual physical exam.</p> <p>Please submit copies with your POC.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To ensure this deficiency does not occur again, I will maintain a tracking system for all required annual physical exams for substitute caregivers and household members. The tracking log will include due dates and reminders 30 days in advance of expiration. I will review all personnel files monthly to confirm that current documentation is on file. No individual will be permitted to work or have contact with residents unless all required annual exams are completed and verified.</p>	<p>11/14/2025</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><u>FINDINGS</u> SCG #1 & #2 – No initial/annual tuberculosis (TB) clearance. HM #1 – No TB initial clearance.</p> <p>Please submit copies 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>The tuberculosis (TB) clearance for Substitute Caregiver (SCG) #1 has been completed and is attached. Household Member (HM) #1 has moved out of the home and no longer resides in or has access to the ARCH.</p> <p>Substitute Caregiver (SCG) #2 is no longer employed at the facility and no longer has access to the ARCH</p>	<p>11/20/2025</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><u>FINDINGS</u> SCG #1 & #2 – No initial/annual tuberculosis (TB) clearance. HM #1 – No TB initial clearance.</p> <p>Please submit copies with your POC.</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 issue from occurring again, I will maintain a tracking system to monitor all required initial and annual TB clearances for substitute caregivers and household members. The log will include due dates and reminders issued 30 days prior to expiration. I will conduct monthly file reviews to ensure all health clearances are current and properly documented. No individual will be allowed access to the ARCH or to work in the home until all required TB clearances are completed and verified.</p>	11/20/2025

	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><u>FINDINGS</u> SCG #2 – No first aid certificate.</p> <p>Please 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>Substitute Caregiver (SCG) #2 is no longer employed at the facility and no longer has access to the ARCH</p>	11/14/2025

	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><u>FINDINGS</u> SCG #2 – No first aid certificate.</p> <p>Please submit a copy with your POC.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To ensure this does not happen again, I will verify that all substitute caregivers have a current first aid certification before they are scheduled to provide any coverage. I will keep a checklist in each personnel file and maintain a tracking log with expiration dates. I will also review personnel files monthly to ensure all required certifications remain current. No individual will be allowed to work or provide coverage without a valid first aid certificate.</p>	11/14/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(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> SCG #1 & #2 – No record that primary care giver (PCG) trained SCG to make medication available to residents.</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>Substitute Caregiver (SCG) #1 & #2 has now been trained by the Primary Care Giver (PCG) on how to make prescribed medications available to residents and how to properly document medication administration. A signed training record has been completed and is included with this POC.</p>	09/30/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(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> SCG #1 & #2 – No record that primary care giver (PCG) trained SCG to make medication available to residents.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To ensure this deficiency does not happen again, I will provide medication administration training to all substitute caregivers before they are allowed to provide any coverage. I will keep a signed training record in each personnel file. A training log will also be maintained, and I will review it monthly to ensure all required trainings are current and completed. No caregiver will be permitted to make medications available to residents unless they have been properly trained and verified by the Primary Care Giver (PCG).</p>	11/14/2025

	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> SCG #2 – No cardiopulmonary resuscitation certificate.</p> <p>Please 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>Substitute Caregiver (SCG) #2 is no longer employed at the facility and no longer has access to the ARCH</p>	<p>11/14/2025</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 – No cardiopulmonary resuscitation certificate.</p> <p>Please submit a copy with your POC.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To ensure this does not happen again, I will require that all substitute caregivers maintain current CPR certification before providing any care. I will verify and keep copies of all CPR certificates on file and will not schedule any substitute caregiver without confirmed, up-to-date certification. I will implement a tracking system with expiration reminders 60 days before certificates expire to ensure ongoing compliance.</p>	<p>11/14/2025</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><u>FINDINGS</u> Resident #1 – external and internal medications were stored in the same container. Corrected during the inspection.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <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><u>FINDINGS</u> Resident #1 – external and internal medications were stored in the same container. Corrected during the inspection.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To ensure this does not happen again, I will maintain clearly labeled and separate storage compartments for all internal and external medications for each resident. I will conduct weekly medication storage checks to verify proper separation and organization. Additionally, I will retrain all caregivers on medication storage requirements and reinforce that medications must never be combined in the same container. Any issues identified during checks will be corrected immediately.</p>	11/14/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – “LORAZEPAM 0.5MG TAB, TAKE 1 TAB PO QIS NEED FOR ANXIETY” was listed in medication administration record (MAR) as current. Recent orders dated 8/12/25 and 7/23/25 do not include the medication. Please obtain an 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>An updated physician order for Resident #1’s Lorazepam 0.5 mg medication has been obtained to ensure the prescription is current and accurately reflects the resident’s medication needs. The medication administration record (MAR) has been updated to match the new order. All outdated or incorrect information has been removed to maintain compliance.</p>	<p>09/11/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – “LORAZEPAM 0.5MG TAB, TAKE 1 TAB PO QIS NEED FOR ANXIETY” was listed in medication administration record (MAR) as current. Recent orders dated 8/12/25 and 7/23/25 do not include the medication. Please obtain an 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>To ensure this does not happen again, I will review all physician orders and compare them with each resident's medication administration record (MAR) on a monthly basis. Any PRN or scheduled medications listed on the MAR will be confirmed against current, valid physician or APRN orders. I will also update the MAR immediately whenever a new order is received or an old order is discontinued. Caregivers will be reminded that medications may only be made available as written on a current order. This process will prevent outdated or missing orders from appearing on the MAR.</p>	<p>09/16/2025</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 – Per MAR, Trelegy Ellipta 100mcg 1puff qd inhalation powder was refused by family starting March 2025 and not listed in MAR since. No physician’s order to stop the medication or no record that family’s refusal of the medication was reported to physician. Recent order does not include the medication.</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 – Per MAR, Trelegy Ellipta 100mcg 1puff qd inhalation powder was refused by family starting March 2025 and not listed in MAR since. No physician’s order to stop the medication or no record that family’s refusal of the medication was reported to physician. Recent order does not include the medication.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN’T HAPPEN AGAIN?</p> <p>To ensure this does not happen again, I will immediately notify the resident’s physician or APRN whenever a medication is refused, discontinued, or not administered as ordered. I will request a written order reflecting any change in treatment and update the medication administration record (MAR) as soon as the order is received. I will review all MARs weekly to ensure they match current physician orders. Caregivers will be reminded that family refusal of a medication must always be reported to the physician and documented. This process will ensure all medications are accurately managed and administered only as ordered.</p>	<p>09/20/2025</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 – Order is “Felodipine ER 10mg Tab ER 24hr sig: 1 tablet orally daily. Hold for SBP<110.” BP was recorded 108/62 (9/6/25), 92/53 (7/30/25), 109/89 (5/23/25), 104/87 (3/22/25). MAR was initialed as given on those days.</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>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Order is “Felodipine ER 10mg Tab ER 24hr sig: 1 tablet orally daily. Hold for SBP<110.” BP was recorded 108/62 (9/6/25), 92/53 (7/30/25), 109/89 (5/23/25), 104/87 (3/22/25). MAR was initialed as given on those days.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To ensure this does not happen again, all caregivers will be retrained on the requirement to verify blood pressure before administering medications with hold parameters. I will implement a BP–medication verification checklist that must be completed before signing the MAR. I will review all MARs daily to confirm that medication initials match the recorded blood pressure and comply with the physician’s order to hold the medication when SBP is below 110. Any discrepancies will be corrected immediately and caregivers will be re-educated as needed. This process will help ensure medications are administered safely and only as ordered.</p>	<p>09/19/2025</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 – current order dated 7/23/25 included Clopidogrel Bisulfate 75mg Tab sig: 1 tablet orally daily. Hold for SBP<110. Medication was not available at home. Per PCG, medication will be available by this evening.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The ordered medication (Clopidogrel Bisulfate 75mg) has been obtained and is now available in the home as required. The medication administration record (MAR) has been updated to reflect the current order dated 7/23/25. Caregivers have been informed that all prescribed medications must remain available at all times unless discontinued by the physician.</p>	09/19/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – current order dated 7/23/25 included Clopidogrel Bisulfate 75mg Tab sig: 1 tablet orally daily. Hold for SBP<110. Medication was not available at home. Per PCG, medication will be available by this evening.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To ensure this does not happen again, I will review all medication orders as soon as they are received and verify that each ordered medication is available in the home within the same day. I will maintain a medication inventory checklist to track supply levels and expiration dates. Caregivers will be instructed to notify me immediately if a medication is running low or missing so it can be refilled promptly. I will also review the MAR weekly to ensure medications listed match current physician orders and are present in the home at all times.</p>	<p style="text-align: center;">09/30/2025</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 – No annual TB clearance.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Resident #1 has completed the required annual tuberculosis (TB) clearance. The updated TB result has been added to the resident's file to ensure compliance with annual re-evaluation requirements.</p>	11/20/2025

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<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 – No annual TB clearance.</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>o ensure this does not happen again, I will require that all residents maintain current annual TB clearances as mandated. I will immediately obtain the overdue TB clearance for Resident #1 and place the documentation in the resident's file. I will implement a tracking system that logs all annual medical requirements, including TB evaluations, with automatic reminders 30 and 60 days before due dates. I will review this log monthly to ensure no annual requirements are missed going forward.</p>	<p>11/11/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> Resident #1 – records show resident visited Emergency Department (ED) on 8/12/25 for syncope and 4/3/25 for dehydration/vasovagal episode. No incident report generated.</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> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p>FINDINGS Resident #1 – records show resident visited Emergency Department (ED) on 8/12/25 for syncope and 4/3/25 for dehydration/vasovagal episode. No incident report generated.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To ensure this does not happen again, I will document an incident report for any emergency department (ED) visit, fall, injury, sudden illness, or other unusual event affecting any resident. Caregivers will be reminded that all unusual incidents—whether they occur inside or outside the home—must be reported to me immediately. I will review incident requirements with all staff and maintain an incident report log. Each report will be completed on the same day of the event and filed in the resident's record, and the physician/APRN will be notified when medical care may be necessary. This process will ensure all incidents are properly recorded and communicated.</p>	11/18/2025

	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 – Emergency information sheet is not up to date.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Resident #1's emergency information sheet has been updated to include current contacts, medical information, and provider details. The updated form has been placed in the resident's file and is now accurate and complete.</p>	11/12/2025

	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 – Emergency information sheet is not up to date.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To ensure this does not happen again, I will review each resident's emergency information sheet every six months and immediately update it whenever there is a change in contact information, medical providers, or health status. I will maintain a checklist to verify that all required information remains accurate and current. Caregivers will be instructed to notify me right away if they become aware of any change so the resident's records can be updated without delay. This process will ensure that emergency information is always accurate and readily available.</p>	<p>11/12/2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><u>FINDINGS</u> Fire drills were conducted between 3pm and 7:30pm.</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>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><u>FINDINGS</u> Fire drills were conducted between 3pm and 7:30pm.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To ensure this does not happen again, I will schedule fire drills at varying times throughout the day and night, as required. I will maintain a fire drill calendar to ensure that drills are spaced at least three months apart and conducted during different shifts. Each drill will be documented with the date, time, personnel participating, drill description, and evacuation time. I will also review the fire drill requirements with all caregivers so they understand the importance of completing drills at different times. This process will ensure full compliance with fire safety regulations.</p>	<p>11/11/2025</p>

Licensee's/Administrator's Signature: Ruby Endres

Print Name: Ruby Endres

Date: Nov 28, 2025