11/11/25

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Cherry Blossom Care Home LLC	**CHAPTER 100.1**
Address: **91-1052 Anaunau Street, Ewa Beach, Hawaii 96706**	**Inspection Date: August 18, 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
☒	§11-100.1-7 General operational policies. (c) A written agreement shall be completed at the time of admission between the licensee or primary care giver of the ARCH or expanded ARCH and the ARCH or expanded ARCH resident and the ARCH or expanded ARCH resident's family, legal guardian, surrogate or responsible agency that sets forth that resident's rights, the licensee or primary care giver of the ARCH or expanded ARCH responsibilities to that resident, the services which will be provided by the licensee or primary care giver of the ARCH or expanded ARCH according to that resident's schedule of activities or care plan, and that resident's responsibilities to the licensee or primary care giver of the ARCH or expanded ARCH. **FINDINGS** Resident #1 – Care home policy was not signed by PCG. Corrected during the inspection.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-7 General operational policies. (c) A written agreement shall be completed at the time of admission between the licensee or primary care giver of the ARCH or expanded ARCH and the ARCH or expanded ARCH resident and the ARCH or expanded ARCH resident's family, legal guardian, surrogate or responsible agency that sets forth that resident's rights, the licensee or primary care giver of the ARCH or expanded ARCH responsibilities to that resident, the services which will be provided by the licensee or primary care giver of the ARCH or expanded ARCH according to that resident's schedule of activities or care plan, and that resident's responsibilities to the licensee or primary care giver of the ARCH or expanded ARCH. **FINDINGS** Resident #1 – Care home policy was not signed by PCG. Corrected during the inspection.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Training and Responsibility: Training will be provided to all relevant employees, including new hires, to explain the importance of timely and accurate documentation. The new procedure will designate the Primary Care Giver as the person responsible for ensuring all admission documents, including the signed care policy, are complete and correct. Daily Verification: The Primary Care Giver will be required to perform an end-of-day review of all new resident files to verify that all necessary documentation is complete and signed. Corrective Action: If a documentation error is found, the responsible staff member will be required to correct it immediately. If the issue persists with a specific staff member, follow-up, one-on-one training will be provided to reinforce the importance of the policy and to address any barriers to compliance.	08/18/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review. **FINDINGS** Resident #1 was on "Carb controlled" diet. Menus available at home for the resident #1 was "Low Calorie, Low Sodium". Please clarify amount of carbohydrate with physician and submit weekly menus (7 days) for department review.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Order Clarification: The Physician was immediately informed of the error, and the active order was verified on 02 Sept 2025, confirming the requirement for 30 grams (2 Carb Choices) per meal. Meal Correction & Monitoring: The Dietary Department assist me with the correct Carb-Controlled menu.Ongoing monitoring includes morning blood glucose checks to ensure stability, with results documented.	09/02/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review. **FINDINGS** Resident #1 was on "Carb controlled" diet. Menus available at home for the resident #1 was "Low Calorie, Low Sodium". Please clarify amount of carbohydrate with physician and submit weekly menus (7 days) for department review.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent this deficiency from reoccurring, a new procedure will be implemented to ensure the accuracy of all resident menus. The Primary Care Giver (PCG) will be designated as the person responsible for this process. Quarterly Review: The PCG will conduct a quarterly review of all residents' files, including physician notes, diet orders, and medication lists, to verify that all current menus accurately reflect the most recent medical guidance. Menu Drafting: Following each review, the PCG will draft and update the menus for any resident with a specialized diet, ensuring they are consistent with the documented orders. Posting and Communication: Once approved, the updated menus will be promptly posted in the designated areas for review by staff and residents, ensuring all care providers are aware of and adhere to the correct dietary plans.	09/02/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit. **FINDINGS** Resident #2 – No current diet order. Most recent order was dated 1/12/23.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** The deficiency was corrected immediately by obtaining a current, signed diet order for Resident #2. The Primary Care Giver (PCG) contacted the resident's physician, who provided an updated and signed diet order. This order was placed in the resident's file, bringing the documentation into compliance with the annual renewal requirement.	09/10/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit. **FINDINGS** Resident #2 – No current diet order. Most recent order was dated 1/12/23.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent this deficiency from reoccurring, a new procedure will be implemented to ensure the timely renewal of all resident diet orders. The Primary Care Giver (PCG) will be designated as the person responsible for this process. Quarterly Review: The PCG will conduct a quarterly review of all residents' files, including physician notes, diet orders, and medication lists, to verify that all documentation is current and to proactively identify any orders approaching their expiration date. Proactive Renewal: The PCG will contact the resident's physician in advance to ensure that all diet orders are renewed and signed annually, as required by the regulation. Documentation: Once a new order is received, it will be promptly filed and cross-referenced to a master tracking calendar to ensure no renewal dates are missed in the future.	09/10/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (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. **FINDINGS** Resident #2 was on "Regular diet, Chopped, thin liquids." Whole slices of chicken breast, broccoli florets, and potatoes approximately 1.5 X 1 inch in size were provided.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** The deficiency was corrected immediately. A current diet order was requested for Resident #2 to verify the specific dietary requirements. The Primary Care Giver (PCG) and Secondary Care Giver (SCG) were promptly re-trained on proper food preparation techniques, emphasizing the importance of adhering to all physician-ordered diets, particularly for food consistency (e.g., chopped food and thin liquids). The resident's meal was replaced with a correctly prepared one.	09/10/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (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. **FINDINGS** Resident #2 was on "Regular diet, Chopped, thin liquids." Whole slices of chicken breast, broccoli florets, and potatoes approximately 1.5 X 1 inch in size were provided.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent this deficiency from reoccurring, a new procedure will be implemented to ensure the accuracy of all resident meals. Menu Verification: A new step will be added to the menu drafting process to ensure the resident's diet order is reviewed and verified at the time the menu is created. This ensures the plan is correct from the start. Supervision: The Primary Care Giver (PCG) will be responsible for the daily supervision of food preparation and care, ensuring that all dietary orders are followed precisely. This oversight will include a final check of the consistency of special diets before they are served. Staff Training: All Secondary Care Givers (SCGs) will undergo mandatory, ongoing training to reinforce the importance of adhering to physician-ordered diets and the proper preparation techniques for each resident's specific needs.	09/10/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (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. **FINDINGS** Resident #1 – Diet order 11/24/24 was "Carb controlled." Amount of carbohydrate was not specified.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** A new, specific physician's order with carbohydrate counts of 30 grams per meal was obtained on September 2, 2025.	09/02/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (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. **FINDINGS** Resident #1 – Diet order 11/24/24 was "Carb controlled." Amount of carbohydrate was not specified.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Menu Verification: A new step will be added to the menu drafting process. The Primary Care Giver (PCG) will review each resident's diet order to verify it includes all necessary specifics, such as the exact carbohydrate amount for a "Carb controlled" diet, before the menu is created and implemented. Supervision and Responsibility: The PCG will be responsible for this verification process and for supervising food preparation to ensure all orders are being correctly followed. Staff Training: All staff, including new hires, will receive training to ensure they understand the new procedure and the importance of having complete and accurate diet orders for all residents.	09/02/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Medication container in refrigerator was not locked. Insulin was stored inside. Corrected during the inspection.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Medication container in refrigerator was not locked. Insulin was stored inside. Corrected during the inspection.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent this deficiency from reoccurring, a new procedure will be implemented to ensure the consistent security of all refrigerated medications. Training: All Secondary Care Givers (SCGs) will be re-trained on the importance of medication security and the specific protocol for storing refrigerated medications in a locked container. The training will emphasize that this is a critical resident safety measure. Procedure & Responsibility: A new end-of-day checklist will be implemented. The Primary Care Giver (PCG) will be responsible for performing a final check each day to ensure that the refrigerated medication container is properly locked and secured. This daily check will serve as a continuous audit to ensure compliance.	08/18/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication. **FINDINGS** Resident #1 – Per medication administration record (MAR), "insulin glargine 100 UNIT/ML pen commonly known as: LANTUS Inject18 units into the skin every night at bedtime. If morning blood sugar>150, increase by 2 units every 3 days" was discontinued on 12/4/24, and "insulin glargine 100 UNIT/ML pen Commonly knows as: LANTUS Inject 20 UNITS into the skin every night at bedtime" was started. There was no physician's order. Primary care giver (PCG) stated that the new order was clarified with the physician over the phone but not recorded in physician's order sheet.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** The deficiency was corrected immediately by obtaining a proper physician's order. The Primary Care Giver (PCG) contacted the physician's office and requested a written order for the insulin dosage change. The new, signed order was received and placed in the resident's file, and the verbal order was retroactively noted on the physician's order sheet. This ensured the new medication regimen was fully documented as required.	09/02/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication. **FINDINGS** Resident #1 – Per medication administration record (MAR), "insulin glargine 100 UNIT/ML pen commonly known as: LANTUS Inject18 units into the skin every night at bedtime. If morning blood sugar>150, increase by 2 units every 3 days" was discontinued on 12/4/24, and "insulin glargine 100 UNIT/ML pen Commonly knows as: LANTUS Inject 20 UNITS into the skin every night at bedtime" was started. There was no physician's order. Primary care giver (PCG) stated that the new order was clarified with the physician over the phone but not recorded in physician's order sheet.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent this deficiency from reoccurring, a new procedure will be implemented to ensure all verbal medication orders are documented and confirmed correctly. Verbal Order Protocol: All verbal or telephone medication orders must be documented immediately on a Verbal Order Form. This form will include the date, time, medication, dosage, and the name of the physician and the staff member receiving the order. Responsibility: The Primary Care Giver (PCG) is responsible for ensuring that all verbal orders are immediately transcribed onto the form and that a signed confirmation from the physician or APRN is obtained no later than four months from the date of the order. Auditing: The PCG will conduct a weekly audit of the Verbal Order Log to track outstanding orders and proactively follow up with the physician's office to obtain written confirmation, ensuring no order falls out of compliance. Staff Training: All relevant staff, including the PCG and SCGs, will receive mandatory training on this new verbal order protocol and the importance of immediate and accurate documentation.	09/02/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication. **FINDINGS** Resident #1 – Most recent physician's order 3/25/25 included Benzonatate 100mg capsule. The medication was not available at home and not listed in MAR. Per PCG, the medication was discontinued but not recorded in physician's order sheet and progress notes.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** The deficiency was corrected immediately by obtaining a proper physician's order. The Primary Care Giver (PCG) contacted the physician's office and requested a signed order to officially discontinue the Benzonatate medication. This signed discontinuation order was received and promptly filed in the resident's record, and noted in the physician's order sheet and progress notes, ensuring all medication records are now accurate.	09/02/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication. **FINDINGS** Resident #1 – Most recent physician's order 3/25/25 included Benzonatate 100mg capsule. The medication was not available at home and not listed in MAR. Per PCG, the medication was discontinued but not recorded in physician's order sheet and progress notes.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent this deficiency from reoccurring, a new procedure will be implemented to ensure all medication discontinuations are immediately and properly documented. Verbal Order Protocol: A new protocol for all medication changes, including discontinuations, will be implemented. A formal Medication Change Log will be used to record any verbal order, and the Primary Care Giver (PCG) will be responsible for ensuring a signed confirmation from the physician is obtained and filed promptly. Auditing: The PCG will be responsible for conducting a weekly audit of the resident's medication administration records (MAR) and physician order sheets to ensure they are consistent and accurate. This audit will specifically check that all discontinued medications have been properly signed off and are no longer on the MAR. Staff Training: PCG And SCG will receive mandatory training on this new medication documentation protocol and the critical importance of keeping all resident records up-to-date.	09/02/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (n) Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN. Written procedures shall be available for storage, monitoring and documentation. **FINDINGS** Resident #1 self-administers insulin. There was no physician's order for insulin self-administration.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** The deficiency was corrected immediately by obtaining a proper physician's order. The Primary Care Giver (PCG) contacted the physician's office and requested a signed order authorizing Resident #1 to self-administer insulin. This signed order was promptly filed in the resident's record, and the self-administration was noted on the Medication Administration Record (MAR), ensuring all medication records are now accurate.	09/02/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (n) Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN. Written procedures shall be available for storage, monitoring and documentation. **FINDINGS** Resident #1 self-administers insulin. There was no physician's order for insulin self-administration.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent this deficiency from reoccurring, a new procedure will be implemented to ensure all medication self-administration is properly documented and authorized. Self-Administration Protocol: A formal protocol for all medication self-administration will be implemented. The PCG will be responsible for ensuring a signed physician's order is obtained for any resident who self-administers medication. This order will be reviewed and re-authorized annually. Auditing: The PCG will conduct a quarterly audit of all resident files and MARs to verify that any resident listed as self-administering medication has a corresponding physician's order on file. Staff Training: All staff, including new hires, will receive mandatory training on this new protocol and the critical importance of proper documentation for all medication-related tasks.	09/02/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (n) Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN. Written procedures shall be available for storage, monitoring and documentation. **FINDINGS** Resident #1 self-administers insulin. There was no written policy for self-administration.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** The Physician immediately reviewed Resident #1's clinical status and confirmed the resident's continued competency to self-administer insulin cognitive ability, proper technique, and understanding of dosage with the help of monitoring by PCG,SCG. A written order authorizing the self-administration was obtained from the Physician and placed in the resident's chart on September 02, 2025. A signed Self-Administration Assessment and Policy for Self Administration Form was completed and filed in the Resident binder, documenting the resident's ability and the care home's recognition of the practice.	09/02/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (n) Self administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, surrogate or case manager and primary care giver and authorized by the physician or APRN. Written procedures shall be available for storage, monitoring and documentation. **FINDINGS** Resident #1 self-administers insulin. There was no written policy for self-administration.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Cherry Blossom Care Home will develop a comprehensive written policy for the self-administration of medication, including insulin. The policy will outline the procedure for assessing a resident's ability to self-administer, the required documentation, and the process for obtaining and storing a physician's order for self-administration. Resident Assessment: All residents who self-administer medication will be assessed according to the new policy at the time of admission and on a quarterly basis thereafter to ensure they can safely do so. Staff Training: PCG/SCG'S will be trained on the new self-administration policy and the documentation requirements. This training will be documented and kept in the binder. We will implement a new tracking system to ensure a current physician's order for self-administration is obtained and renewed annually, and all related documentation is maintained in the resident's file. Audit: The facility administrator will conduct a monthly audit of resident medication records to ensure compliance with the self-administration policy.	09/02/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(4) 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: A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies; **FINDINGS** Resident #1 – there was a record of chest x ray on 7/20/22 and screening on 10/29/22. There was no PPD skin test result. Thus, no initial TB clearance.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** A new PPD skin test result for initial TB clearance for Resident #1 was obtained on September 02, 2025.	09/02/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(4) 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: A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies; **FINDINGS** Resident #1 – there was a record of chest x ray on 7/20/22 and screening on 10/29/22. There was no PPD skin test result. Thus, no initial TB clearance.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** A new tracking system has been implemented to monitor and remind staff of upcoming TB clearance due dates for all residents. To prevent this deficiency from occurring again, all new admissions will require a documented PPD skin test result or a chest x-ray report, as per departmental policies, before or at the time of admission. The new tracking system will be used to ensure timely follow-ups and annual re-evaluations for tuberculosis for all residents. and tracking TB clearance to ensure compliance with all regulations.	09/02/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; **FINDINGS** Resident #1 – TB Document F was completed for "Screening for schools, child care facilities, or food handlers" on 11/26/24. Thus, no annual TB clearance.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Corrective Action for TB Clearance A new PPD skin test for initial TB clearance for healthcare facility for Resident #1 was obtained on September 02, 2025.	09/02/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; **FINDINGS** Resident #1 – TB Document F was completed for "Screening for schools, child care facilities, or food handlers" on 11/26/24. Thus, no annual TB clearance.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To correct the deficiency of no annual TB clearance, a new, proper TB clearance form for annual re-evaluation was completed by the resident's physician. All staff managing resident records will be trained on the specific documentation requirements for annual TB clearance, ensuring they use the correct forms. Tracking System: The facility will use a tracking system to proactively monitor and remind staff of upcoming TB clearance due dates for all residents. This will help prevent documentation from becoming outdated or incorrect. PCG/SCG will perform regular audits of resident records to confirm that all necessary health clearances are current and documented on the appropriate forms.	09/02/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-20 Resident health care standards. (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. **FINDINGS** Resident #1 – There was no record that PCG was trained to administer insulin.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** On September 3, 2025, a licensed nurse delegated insulin administration to the primary care giver (PCG) for Resident #1. This delegation was documented, ensuring that the PCG is now authorized to provide this health care service within their capabilities.	09/03/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-20 Resident health care standards. (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. **FINDINGS** Resident #1 – There was no record that PCG was trained to administer insulin.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Training and Delegation Verification:Cherry Blossom Care Home LLC will implement a system to verify and document that all primary and substitute caregivers receive the necessary training and, when required, proper delegation from a licensed professional for all prescribed health care tasks, including insulin administration, before they are allowed to perform them. Record Keeping: A designated file will be created for each caregiver to maintain a record of all completed training, certifications, and delegation forms. Audits: Cherry Blossom Care Home LLC will conduct a quarterly audit of caregiver training and delegation records to ensure all PCG/SCG are properly trained and that documentation is current and complete.	09/03/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (e) Resident living areas shall be designed and equipped for the safety, comfort, and privacy of the resident; **FINDINGS** Residents' living room temperature was 92-94 degrees Fahrenheit. Not safe temperature for care home residents. Air conditioner was turned on and temperature was 88 degrees Fahrenheit at department exit.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (e) Resident living areas shall be designed and equipped for the safety, comfort, and privacy of the resident; **FINDINGS** Residents' living room temperature was 92-94 degrees Fahrenheit. Not safe temperature for care home residents. Air conditioner was turned on and temperature was 88 degrees Fahrenheit at department exit.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** A new thermometer was purchased on August 31, 2025. The facility has implemented a new daily temperature log to be checked every four hours to ensure the living area remains below 80 degrees Fahrenheit. Future Plan: To prevent the living area from reaching unsafe temperatures, the facility will implement a scheduled maintenance and service plan for all air conditioning units. SCG And PCG will be trained on the importance of maintaining a safe temperature and the procedure for checking the temperature log, adjusting the thermostat, and turning on the air conditioner when necessary. A designated PCG member will be responsible for monitoring and documenting the living area temperature to ensure compliance with the new policy. The air conditioner will be turned on whenever the temperature is above 80 degrees Fahrenheit.	08/31/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(A) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Fire escapes, stairways and other exit equipment shall be maintained operational and in good repair and free of obstruction; **FINDINGS** Resident room #1 door and door frame do not align well. It requires extra force to open and close.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** A handyman was contracted on August 19, 2025, to repair the door and door frame. On August 19, 2025, the handyman repaired the door frame and adjusted the door's hinges and strike plate to ensure a smooth and correct operation. The repair was completed, and the door now aligns and operates properly.	08/19/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(A) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Fire escapes, stairways and other exit equipment shall be maintained operational and in good repair and free of obstruction; **FINDINGS** Resident room #1 door and door frame do not align well. It requires extra force to open and close.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Cherry Blossom Care Home LLC will conduct weekly checks of all resident room doors and other exits to ensure they are fully operational and free of obstruction. PCG and SCG's will be trained on the importance of reporting any issues with doors or exits immediately to the facility administrator. A maintenance log will be created to document all inspections and repairs related to fire prevention and safety.	08/19/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (o)(3)(B) Bedrooms: Bedroom furnishings: Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident; **FINDINGS** In resident room #3, one of two pillows did not have a plastic pillow protector. Resident's name was written on the pillow during the inspection.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	08/18/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (o)(3)(B) Bedrooms: Bedroom furnishings: Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident; **FINDINGS** In resident room #3, one of two pillows did not have a plastic pillow protector. Resident's name was written on the pillow during the inspection.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** The pillow was labeled with the resident's name during the inspection to ensure proper hygiene and to prevent it from being used by other residents. To prevent this deficiency from occurring again, all resident pillows will be checked weekly as part of the facility's quality assurance rounds to ensure they have the proper protective coverings. pillow with the resident's name on it has been given to Resident #2 in Room #3 to ensure proper hygiene.	08/18/2025

Licensee's/Administrator's Signature: _____

Print Name: Cherry Ancheta

Date: 09/12/2025

Licensee's/Administrator's Signature: C Ancheta

Print Name: C Ancheta

Date: Nov 11, 2025