

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Esamya Koh Care Home LLC	CHAPTER 100.1
Address: 94-229 Moena Place, Waipahu, Hawaii 96797	Inspection Date: October 8, 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).

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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> (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 (TB) clearance.</p> <p><u>FINDINGS</u> SCG #1 – Initial 2-step TB clearance unavailable for review</p> <p>Submit a copy with plan of correction.</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>- We will obtain the 2-step PPD clearance once the SCG#1 is back from their vacation. - Documents to be submitted after SCG#1 obtains the 2-step PPD clearance.</p>	10/28/25

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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> (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 (TB) clearance.</p> <p><u>FINDINGS</u> SCG #1 – Initial 2-step TB clearance unavailable for review</p> <p>Submit a copy with plan of correction.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>- PCG will review all SCG requirements, such as the 2-step PPD, for the completion of all documents prior to taking care of the residents in the care home based on the care home standard protocol.</p> <p>- The Caregivers checklist will be required for all necessary documents, such as TB clearance, as a reminder to ensure completion before their first day of work. The checklist should be made at least 2 months prior to the expiration date of the documents.</p> <p>- Documents will be submitted once obtained. We will follow up on the documents by the time SCG#1 is back from their vacation.</p>	10/28/24

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> Cans of Lysol disinfecting spray stored unsecured in hallway closet</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>- All cleansing solutions, like Lysol disinfectant spray, were stored in a locked cabinet for the residents' safety. This has been corrected on the day of inspection.</p>	<p>10/08/25</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> Cans of Lysol disinfecting spray stored unsecured in hallway closet</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> <ul style="list-style-type: none"> - All cleansing solutions, like Lysol disinfectant spray, are to be stored in a locked cabinet for the residents' safety. - The PCG and SCG will make sure all the disinfectant solutions are locked for residents' safety based on the care home standard practice. - To ensure this protocol remains, we will implement a poster board reminder of items such as Lysol that must be kept in secure areas for the safety of the residents. 	10/08/25

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1 – Bottles of Vitamin C (500mg) and Vitamin D3 (50mcg) stored in medication inventory without a name on label</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>- All over-the-counter medications, such as Vit C (500mg) or Vit D3 (500mg), have been labeled correctly with the resident's name and medication instructions as ordered by their MD/APRN. It was stored in the locked medication drawer.</p>	<p>10/08/25</p>

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<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> Resident #1 – Bottles of Vitamin C (500mg) and Vitamin D3 (50mcg) stored in medication inventory without a name on label</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>- All over-the-counter medications, such as Vit C (500mg) or Vit D3 (500mg), will be labeled correctly with the resident's name and medication instructions as ordered by their MD/APRN. It will be stored in the locked medication drawer.</p> <p>- Always check that medication bottles are properly labeled with the residents' names and medication instructions as ordered by their MD/APRN regularly.</p> <p>- PCG and SCG will make sure the over-the-counter medication bottles will have the residents' names as their identification to prevent any medication errors and for the residents to have medication administered safely. A phone reminder will be used to ensure that whenever new medication for residents is received, they are given the proper labeling as soon as possible, to prevent confusion with any of the SCGs present. The PCG will conduct in-service training for all SCGs every 6 months to ensure they understand how to read these labels and know how to notify us if they have any uncertainty with the labels.</p>	10/08/25

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Per MAR from 7/1/25-7/31/25, “Zyrtec 10mg Take 1 tablet by mouth once a day PRN”; medication was made available during this time without a specified reason</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 – Per MAR from 7/1/25-7/31/25, “Zyrtec 10mg Take 1 tablet by mouth once a day PRN”; medication was made available during this time without a specified reason</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> <ul style="list-style-type: none"> - Standard procedure will be performed to check all medication for all residents who will be admitted to the care home as ordered by their MD/APRN. - All the PRN medications have instructions on when to administer and indications of symptoms, so that all the caregivers will know when to give PRN medication to such residents. For example, "Zyrtec (10mg) take 1 tab by mouth once a day PRN for allergies." - All caregivers will know when to give PRN medication based on the manifestation of the listed symptoms - Phone reminders will be used to notify us when the medication needs to be reassessed for effectiveness. PCG or case manager will conduct in-services to assess PRN medication and its effectiveness. As well as notifying the MD/APRN of any changes in the residents' response to the medication. 	<p style="text-align: center;">10/09/25</p>

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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 #2 – Current annual TB clearance unavailable for review</p> <p>Submit a copy with plan of correction.</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 #2 was brought to the primary care physician to obtain a valid copy of his TB Clearance. TB Clearance was filed in the resident's binder.</p> <p>- Quantiferon results have been shown to the assigned inspector on 10/08/25.</p> <p>- Copy Submitted.</p>	<p>10/21/25</p>

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<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 – Response to medication for PRN Flonase administered between 8/1/25-9/10/25 was not documented in progress notes</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>§11-100.1-17 <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 – Response to medication for PRN Flonase administered between 8/1/25-9/10/25 was not documented in progress notes</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>- All caregivers will make sure all PRN medications that are given to residents will be assessed, whether or not it was effective, and if symptoms are relieved. The PCG will conduct training for SCGs to ensure SCGs know how to properly document progress notes and MAR for the residents.</p> <p>- If the PRN medication is not effective, the caregiver or PCG needs to contact the residents' MD/APRN for further orders/ instructions.</p>	10/08/25

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<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 – No documented evidence fluid intake is being monitored to ensure 1L fluid restriction per day is maintained</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>- PCG provided a resident fluid intake flow sheet to monitor the residents' fluid intake for the hemodialysis resident as ordered by the MD/APRN.</p>	10/08/25

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☒	<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 – No documented evidence fluid intake is being monitored to ensure 1L fluid restriction per day is maintained</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> <ul style="list-style-type: none"> - PCG will ensure that residents' orders, including special diets and fluid restrictions, will be followed based on the MD/APRN instructions/orders. - The case manager will conduct training for PCG and SCGs to ensure they are informed and capable of monitoring and documenting special diet requirements, such as fluid intake, to ensure the safety of the residents. - A daily checklist will be used to ensure that these fluid intakes are documented at all times throughout the day. This is to maintain accurate documentation of fluid intake. - All orders that include residents' special diet and their fluid restrictions need to be recorded to keep track of fluid intake and output as ordered by their physician to prevent fluid overload, especially with the hemodialysis resident. 	<p style="text-align: center;">10/08/25</p>

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<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 – No documented evidence caregiver has been trained by case manager on personal and specialized care for Resident #1</p> <p>Submit evidence of completed training with plan of correction</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 case management agency was contacted to conduct training for SCG#2 to ensure SCG#2 is capable and knowledgeable in the personal and specialized care of resident #1.</p> <p>- SCG#2 has been trained by the case manager RN for resident #1. This training was completed on 10/09/25.</p> <p>- Submitted, see attached sheet.</p>	10/09/25

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<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> Resident #1 – No documented evidence case manger provided training on monitoring of fistula/permacath and preparation of special diet (renal diet with 1L fluid restriction/day)</p> <p>Submit evidence of completed training with plan of correction</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>- PCG contacted the case management agency to conduct training for the caregivers regarding fistula/perma cath monitoring and preparing special diets like renal diets with 1 liter fluid restrictions per day.</p> <p>- We called the case management and collected to missing delegation sheet for the dialysis resident.</p> <p>- For a refreshment training, a care manager RN came to the care home site and provided the needed training on how to monitor HD Fistula/ perma cath for all caregivers present. This includes monitoring signs and symptoms of infection, like fever and drainage to the site of HD access.</p> <p>- Submitted completed training, see attached sheet.</p>	10/08/25

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<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> Resident #1 – No documented evidence case manger provided training on monitoring of fistula/permacath and preparation of special diet (renal diet with 1L fluid restriction/day)</p> <p>Submit evidence of completed training with plan of correction</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>- PCG will contact the case management agency to conduct training for the caregivers regarding fistula/perma cath monitoring and preparing special diets like renal diets with 1 liter fluid restrictions per day.</p> <p>- PCG needs to coordinate with the case manager promptly if the resident is admitted to the care home with special access like HD fistula/ perma cath, in the event the resident has been admitted to the care home, to ensure that all the caregivers have qualified training and education for such monitoring.</p> <p>- To ensure all caregivers are knowledgeable and qualified, we will use digital calendars/ phone reminders to make sure all the caregivers for the expanded residents have their current caregiver skills and competency up to date to provide quality care to the residents based on their needs. Training will be done yearly, and these reminders will notify us at least 2 months prior to the expiration date of their training.</p> <p>- Submitted completed training, see attached sheet.</p>	10/09/25

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(1) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects;</p> <p><u>FINDINGS</u> Resident #1 – Preadmission assessment by case manager unavailable for admission as expanded resident on 6/30/25</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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☒	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(1) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects;</p> <p><u>FINDINGS</u> Resident #1 – Preadmission assessment by case manager unavailable for admission as expanded resident on 6/30/25</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> <ul style="list-style-type: none"> - The PCG will ensure all documents are completed before the admission of the expanded resident. This includes documents such as the preadmission assessment. - The case management agency is responsible for the pre-admission assessment of all expanded residents before admission. Subsequently, the agency will perform a follow-up assessment sooner or as needed for any resident changes to their level of care, to maintain an accurate and updated assessment. - PCG will create and use a checklist for all required paperwork to ensure that these documents are completed promptly before resident admission to provide proper care to the residents based on their own care plans. - We will continue to communicate with the case management agency for any needed documentation. 	<p style="text-align: center;">10/09/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 – Current medication orders are not included in current care plan</p> <p>Submit a copy of revised care plan with plan of correction</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> <ul style="list-style-type: none"> - The medication orders for Resident #1 have been updated to her current care plan. - PCG has already contacted the case management agency to include all medications for the expanded residents to address in their care plan as part of the residents' care. - The updated care plan was obtained and filed in Resident #1's binder. - Copy of the revised care plan is submitted. 	<p>10/09/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 – Current medication orders are not included in current care plan</p> <p>Submit a copy of revised care plan with plan of correction</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> <ul style="list-style-type: none"> - The medication orders for residents will be up to date for their current care plans. - PCG will ensure all the medications are included in the residents' care plans, as well as residents' needs, to give the residents adequate care based on their care plan. - We will continue to communicate with the case management agency for any significant changes to the residents to keep the care plan updated as needed. - PCG will use phone reminders and a checklist to ensure that all care plans for residents are updated to their current care plans every month during case management visits. - Submitted a revised care plan/ correction copy. See attached. 	10/09/25

