

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Fajotina ARCH	CHAPTER 100.1
Address: 94-438 Hoaeae Street, Waipahu, Hawaii 96797	Inspection Date: September 9, 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> Two consecutive years of Fieldprint clearances unavailable for the following substitute caregivers (SCGs):</p> <ul style="list-style-type: none"> • SCG #2 – Fieldprint clearances available were 7/25/25 and 9/6/23 • SCG #3 – Fieldprint clearance available was 9/6/23 	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: center;">11/09/24</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> Two consecutive years of Fieldprint clearances unavailable for the following substitute caregivers (SCGs):</p> <ul style="list-style-type: none"> • SCG #2 – Fieldprint clearances available were 7/25/25 and 9/6/23 • SCG #3 – Fieldprint clearance available was 9/6/23 	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I have created a list of all my caregivers with expiration dates of required clearances. The PCG along with another SCG will review the clearances quarterly to ensure they are up to date and that correct clearances are obtained. Fill print clearances will be included in check list.</i></p>	<p style="text-align: right;"><i>12/11/25</i></p> <p style="text-align: right;">23 000 11 100</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> SCG #2 – Current annual Fieldprint clearance unavailable</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 style="text-align: center;"> <i>SCG #2 Fieldprint clearance was obtained and file in care home records. See attach</i> </p>	<p style="text-align: right;"><i>10/22/25</i></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> SCG #2 – Current annual Fieldprint clearance unavailable</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><i>PCG have created a list of all caregivers with expiration dates of required clearances. The PCG along with another SCG will review the clearance quarterly to ensure they are up to date and all that correct clearance are obtained. Annual field print clearance added to checklist.</i></p>	<p style="text-align: right;"><i>12/11/25</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> SCG #3 – Annual physical exam unavailable</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>- SCG #3 was obtained her physical (annual) exam dated (8-6-25). It just missed filed of. Physical exam has been filed in care home record. see attach</p>	<p style="text-align: right;">12/11/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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 #3 – Annual physical exam unavailable</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><i>I have created a list of all my caregivers with expiration dates of required clearances. I will put this list ^{out} at the front of my case home binders and will review quarterly to ensure all clearances are up to date. Physical exam added to check list.</i></p> <p><i>copy submitted</i></p>	<p style="text-align: right; font-size: 2em;"><i>12/11/25</i></p> <p style="text-align: right; font-size: 0.8em;">75 001 11 25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> SCG #1-3 – Initial TB clearance unavailable</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 style="text-align: center;"><i>SCG #1-3 initial TB test obtained and file in care home record.</i></p> <p style="text-align: right;"><i>65-11-11-030 SE.</i></p>	

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<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 #1-3 – Initial TB clearance unavailable</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><i>I have created a list of all my caregivers with expiration dates of required clearances I will put this list at the front of my care home binders and will review it quarterly to ensure all clearances are up to date. I will also have a SCG to double check the clearance quarterly as well.</i></p> <p><i>Initial TB test added to check list.</i></p>	<p style="text-align: right;"><i>12/11/25</i></p> <p style="text-align: right;">25 0011</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> Primar Caregiver (PCG) – Current annual TB clearance unavailable</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 style="text-align: center;"><i>Appt. for TB clearance Schedule for 12/23/25.</i></p>	<p style="text-align: center;"><i>12/22/25</i></p> <p style="text-align: center;">25 DEC 27 11 12</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> PCG – Current annual TB clearance unavailable</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>I have created a list of all caregivers with expiration dates of required clearance. I will put this list at the front of my care home binder and will review it quarterly to ensure all clearances are up to date. I will have a SCC to double check the clearance quarterly as well. Annual TB test added to check list.</p>	<p style="text-align: right;">12/22/25</p> <p style="text-align: right;">25 DEC 22 11:12</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department.</p> <p>FINDINGS Resident #1-3 – Three (3) wheelchair dependent residents confirmed by licensee/PCG to be residing in the facility despite license wheelchair capacity maximum of two (2) 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>one wheelchair resident was discharged from the facility to maintain maximum to 2 wheelchair residents permitted.</p>	<p style="text-align: right;">12/21/23</p> <p style="text-align: right;">25 DEC 22 11:12</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department.</p> <p>FINDINGS Resident #1-3 – Three (3) wheelchair dependent residents confirmed by licensee/PCG to be residing in the facility despite license wheelchair capacity maximum of two (2) 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>A reminder note will be place in my care home folder. Not to exceed more the wheelchair maximum stated on license (2 wheelchair residents) wheelchair residents count will be conducted prior to any admission and quarterly.</p>	<p style="text-align: right;">12/22/25</p>

75 DEC 22 10:12

STATE OF HAWAII

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u> (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.</p> <p><u>FINDINGS</u> The following special diet menus were not available:</p> <ul style="list-style-type: none"> • Resident #1 – regular, soft diet • Resident #2 – Regular, chopped diet • Resident #3 – No concentrated sugar diet <p>Submit a copy of special diet menus 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><i>I have contacted the Registered Dietitian who provides in service for our Association to assist me with this deficiency. Still she informed me that she is busy with previous commitments this month. PCC will contact dietitian again for follow up on 1/2/26</i></p>	<p style="text-align: right; font-size: 2em;"><i>12/11/25</i></p> <p style="text-align: right; font-size: 0.8em;">25 DEC 11 5:01</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (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.</p> <p>FINDINGS The following special diet menus were not available:</p> <ul style="list-style-type: none"> • Resident #1 – regular, soft diet • Resident #2 – Regular, chopped diet • Resident #3 – No concentrated sugar diet <p>Submit a copy of special diet menus 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 make sure all the following special diet menus will be always available at the care home at all time.</p> <p>Remember note will be posted in my care home folder to post special diet menus when prescribed, if un available, PD will be conducted immediately to obtain menu.</p>	<p style="text-align: right;">12/11/25</p> <p style="text-align: right;">25 DEC 11 2011</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (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.</p> <p><u>FINDINGS</u> Resident #1 – On 11/22/24 the conflicting diet orders were prescribed at the same time, "Bite size/chopped, regular" and "regular soft diet"; however, no documented evidence diet orders were clarified with physician until a new order was prescribed on 1/20/25</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>	<p style="text-align: right;">12/11/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (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.</p> <p><u>FINDINGS</u> Resident #1 – On 11/22/24 the conflicting diet orders were prescribed at the same time, "Bite size/chopped, regular" and "regular soft diet"; however, no documented evidence diet orders were clarified with physician until a new order was prescribed on 1/20/25</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>A reminder note has been posted in my care home folder to review all orders upon receiving. if complete conflicting orders are present at the same time to immediately obtain a clarification order from Physician</i></p>	<p><i>12/28/25</i></p>

25 SEP 22 09:13

616 111 111

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> Case of nutritional supplement stored on living room floor</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>PCG already removed the case of nutritional supplement on floor.</i></p>	<p style="text-align: right;"><i>12/11/25</i></p> <p style="text-align: right;">25 FEB 11</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> Case of nutritional supplement stored on living room floor</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>- moving forward, I will store all supplements and any other drinks in a storage area off the floor to prevent contamination. Staff has been instructed on this.</p>	<p style="text-align: right; font-size: 2em;">12/11/25</p> <p style="text-align: right; font-size: 0.8em;">25 DEC 11</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1 – Acetaminophen 325mg bottle label states, "Take 2 tablets by mouth every 6 hours as needed"; however, PRN indication not provided</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I have obtained a new medication order, which includes the reason why the medication is needed. Moving forward, I will ensure that the medication order is clear and readable, with the doctor's name printed and signed.</i></p>	<p style="text-align: right;"><i>12/11/25</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1 – Acetaminophen 325mg bottle label states, "Take 2 tablets by mouth every 6 hours as needed"; however, PRN indication not provided</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, all medications order including PRN meds will ensure that I review the medications order to verify the medication order is clear, ^{complete} and readable, with the doctor's name printed and signed. Reminder note has been posted in my care home note to do this.</p>	<p style="text-align: right;">12/23/25</p> <p style="text-align: center;">25 DEC 11 12:31</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – The following medication orders do not include a PRN indication and thus, incomplete:</p> <ul style="list-style-type: none"> • Physician’s order dated 10/1/25-10/4/25, 10/21/24-10/31/24, 11/22/24-4/3/25, and 4/14/25-present states, “Acetaminophen 325mg. 2 Tabs Q2HRS/PRN” • Physician’s order dated 4/14/25 and 8/6/25 states, “Methocarbamol 500mg. Take 1 tab QD/PRN” • Physician’s order dated 11/22/24, 4/14/25, and 8/6/25 state, “Temazepam 30mg. Take 2 tab QHS/PRN” <p>Submit a copy of updated orders 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><i>Residence is already discharged on 11/15/25. unable to obtain orders.</i></p>	<p style="text-align: right;"><i>12/22/25</i></p> <p style="text-align: center;">STATE OF ALABAMA DEPARTMENT OF SENIORS AND ASSISTIVE SERVICES</p> <p style="text-align: center;">25 DEC 29 11:03</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – The following medication orders do not include a PRN indication and thus, incomplete:</p> <ul style="list-style-type: none"> • Physician's order dated 10/1/25-10/4/25, 10/21/24-10/31/24, 11/22/24-4/3/25, and 4/14/25-present states, "Acetaminophen 325mg. 2 Tabs Q2HRS/PRN" • Physician's order dated 4/14/25 and 8/6/25 states, "Methocarbamol 500mg. Take 1 tab QD/PRN" • Physician's order dated 11/22/24, 4/14/25, and 8/6/25 state, "Temazepam 30mg. Take 2 tab QHS/PRN" <p>Submit a copy of updated orders 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><i>all PR</i></p> <p><i>In the future a reminder note has been posted in my carehome folder to review all orders upon receiving including PRN orders. If PRN indication is not provided to immediately obtain a clarify order that include such.</i></p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT</p>	<p style="text-align: right; font-size: large;"><i>12/22/25</i></p> <p style="text-align: right; font-size: small;">25 DEC 22 11:43</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 – Physician’s order dated 11/22/24 states, “Azo cranberry extract qd”; however, dosage to administer unavailable</p> <p>Submit a copy of updated order 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 style="text-align: center;"><i>Residents discharged on 11/15/25</i></p>	<p style="text-align: center;"><i>12/22/25</i></p> <p style="text-align: center;">25 DEC 27 11:53</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 – Physician’s order dated 11/22/24 states, “Azo cranberry extract qd”; however, dosage to administer unavailable</p> <p>Submit a copy of updated order 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>Reminded note has been posted in my catersone folder to review all orders upon receiving ensuring dosage to administered is included if not included I will immediately obtained a clarifying order that include such</p>	<p style="text-align: right;">12/22/25</p> <p style="text-align: right;">75 DEC 27 11 03</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 – Physician’s order dated 11/22/24 states, “Azo cranberry extract qd”; however, per MAR, medication was administered daily from 11/1/24-4/15/25. Medication administered prior to receiving a physician’s order to administer.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: right;">25 DEN 11 11-29</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 – Physician’s order dated 11/22/24 states, “Azo cranberry extract qd”; however, per MAR, medication was administered daily from 11/1/24-4/15/25. Medication administered prior to receiving a physician’s order to administer.</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>Reminders note has been ^{been} posted in my care home folder to obtain a physician order before administering a medication.</p> <p style="text-align: right; font-size: small;">STATE LICENSURE</p>	<p style="text-align: right; font-size: large;">12/22/25</p> <p style="text-align: right; font-size: small;">25 DEC 22 01:03</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 – Physician’s order dated 11/22/24 states, “Azo cranberry extract qd”; however, per MAR, medication was discontinued on 4/15/25 without a discontinuation order</p> <p>Submit a copy of discontinuation order with plan of correction.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Unable to correct, Residents discharged on 11/15/25</i></p>	<p><i>12/27/25</i></p> <p>25 DEC 27 11:53</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 – Physician’s order dated 11/22/24 states, “Azo cranberry extract qd”; however, per MAR, medication was discontinued on 4/15/25 without a discontinuation order</p> <p>Submit a copy of discontinuation order 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><i>Reminder note posted in my care home folder to obtained O's order before discontinuing any medications</i></p>	<p style="text-align: right;"><i>12/22/25</i></p> <p style="text-align: right;">25 DEC 27 11:03</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – The following physician’s orders dated 10/4/24, 10/10/24, 10/21/24 are incomplete and do not include the frequency and dosage to administer:</p> <ul style="list-style-type: none"> • “calcium/vitamin D3 250-125 mg-unit Tablet” • “Cholecalciferol (vitamin D3) 2,000 unit cap” • “levothyroxine 75mcg Tablet” <p>Submit a copy of updated orders 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 style="text-align: center;"><i>Un able to correct Residents discharged on 11/15/25</i></p>	<p style="text-align: center;"><i>12/27/25</i></p> <p style="text-align: center;"><i>JS</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS Resident #1 – The following physician’s orders dated 10/4/24, 10/10/24, 10/21/24 are incomplete and do not include the frequency and dosage to administer:</p> <ul style="list-style-type: none"> • “calcium/vitamin D3 250-125 mg-unit Tablet” • “Cholecalciferol (vitamin D3) 2,000 unit cap” • “levothyroxine 75mcg Tablet” <p>Submit a copy of updated orders 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>Reminder note has been posted in my care home folder to review all orders upon receiving ensuring dosage and frequency to administer are included if not I will immediately obtained a clarifications order that included such.</p>	<p style="text-align: right;">12/22/25</p> <p style="text-align: right;">25 DEC 22 11:54</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 MARs, the following physician’s orders dated 10/4/24, 10/10/24, 10/21/24 are not being administered as prescribed:</p> <ul style="list-style-type: none"> • “metoprolol succinate 25mg take 0.5 Tabs by mouth daily” • “neomycin-bacitracin-polymyxin 3.5-400-5,000 mg-unite-unit/g Oint Apply to affected area 3 times a day” • “polyethylene glycol 3350 17g/dose Take 17g by mouth daily with breakfast. Dissolve 1 heaping tablespoon (17g) in 8 ounces of liquid” <p>Submit a copy of updated MAR to include medications or discontinuation orders 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 style="font-size: 1.2em; font-family: cursive;">Un able to correaf Resident discharged on 11/15/25.</p>	<p style="font-size: 1.5em; font-family: cursive;">12/22/25</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 MARs, the following physician’s orders dated 10/4/24, 10/10/24, 10/21/24 are not being administered as prescribed:</p> <ul style="list-style-type: none"> • “metoprolol succinate 25mg take 0.5 Tabs by mouth daily” • “neomycin-bacitracin-polymyxin 3.5-400-5,000 mg-unite-unit/g Oint Apply to affected area 3 times a day” • “polyethylene glycol 3350 17g/dose Take 17g by mouth daily with breakfast. Dissolve 1 heaping tablespoon (17g) in 8 ounces of liquid” <p>Submit a copy of updated MAR to include medications or discontinuation orders 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><i>Calendar reminder has been entered on the first of each month to review all medications order against the MAR for each resident to ensure current orders are being administered.</i></p>	<p><i>12/22/25</i></p> <p><i>25 DEC 27 11:40</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 10/4/24 (and renewed on 10/21/24) states, “temazepam 7.5mg Take 1 tab po qam and 1 tab po qhs with 15mg for a total of 22mg qhs”; however, per MAR, medication order was discontinued on 10/7/25; however, discontinuation orders unavailable</p> <p>Submit a copy of discontinuation order 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 style="text-align: center;"><i>Un able to correct Resident discharged on 11/15/25</i></p>	<p style="text-align: right;"><i>12/22/25</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 10/4/24 (and renewed on 10/21/24) states, “temazepam 7.5mg Take 1 tab po qam and 1 tab po qhs with 15mg for a total of 22mg qhs”; however, per MAR, medication order was discontinued on 10/7/25; however, discontinuation orders unavailable</p> <p>Submit a copy of discontinuation order 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 style="text-align: center;"> <i>Reminder note posted in my care home folder to obtain D's order before discontinuing any medications.</i> </p>	<p style="text-align: right; font-size: 2em;"><i>12/28/25</i></p> <p style="text-align: right; font-size: 0.8em;">25 DEC 29 11:44 AM</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 – Physician’s order dated 10/10/24-present states, “temazepam 30mg cap Take 1 capsule by mouth at bedtime as needed for sleep”; however, the medication is being administered as, “Temazepam 30mg. Take 2 tab QHS”. Medication is not being administered as prescribed.</p> <p>Submit a copy of updated order or revised MAR 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 style="font-size: 1.2em; font-family: cursive;">UN able to correct Resident discharged on 11/15/25.</p>	<p style="font-size: 1.5em; font-family: cursive; text-align: right;">12/22/25</p> <p style="text-align: right; font-size: 0.8em;">25 DEC 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 – Physician’s order dated 10/10/24-present states, “temazepam 30mg cap Take 1 capsule by mouth at bedtime as needed for sleep”; however, the medication is being administered as, “Temazepam 30mg. Take 2 tab QHS”. Medication is not being administered as prescribed.</p> <p>Submit a copy of updated order or revised MAR 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><i>calendar reminder has been entered on the first of each month to review all medication order against the MAR for each resident to ensure current orders are being administered.</i></p>	<p style="text-align: right;"><i>12/27/25</i></p> <p style="text-align: right;"><i>PER 22</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 10/21/24-11/22/24 states, “sulfamethoxazole 800mg-trimethoprim 160mg Take 1 tablet by mouth two times per day”; however, no documented evidence medication was ever administered</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>25 DEC 11 24</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 – Physician’s order dated 10/21/24-11/22/24 states, “sulfamethoxazole 800mg-trimethoprim 160mg Take 1 tablet by mouth two times per day”; however, no documented evidence medication was ever administered</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>Calendar reminder has been entered on the first of each month to review all medications order against the MAR for each resident to ensure current orders are being administered.</p>	<p style="text-align: right;">2/22/25</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 – Physician’s order dated 10/1/24, 10/21/24 and 8/6/25 states, “Nutritional Supplement Take 1 can by mouth three times per day with meals”; however, per MAR, between 10/1/24-11/30/24, supplement was administered as “Ensure Take 1 cans daily” and from 12/1/24-present, nutritional supplement has not been administered</p> <p>Submit a copy of updated order or revised MAR 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 style="text-align: center;"><i>Un able to correct Resident discharged on 11/15/25</i></p>	<p style="text-align: center;"><i>12/22/25</i></p> <p style="text-align: right;"><small>STATE OF CONNECTICUT DEPARTMENT OF HUMAN SERVICES 25-08079-21108</small></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 – Physician’s order dated 10/1/24, 10/21/24 and 8/6/25 states, “Nutritional Supplement Take 1 can by mouth three times per day with meals”; however, per MAR, between 10/1/24-11/30/24, supplement was administered as “Ensure Take 1 cans daily” and from 12/1/24-present, nutritional supplement has not been administered</p> <p>Submit a copy of updated order or revised MAR 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><i>Calendar reminder has been entered on the first of each month to review all medications order against the MAR for each resident to ensure current orders are being administered.</i></p>	<p style="text-align: right;"><i>12/22/25</i></p> <p style="text-align: right;">25 DEC 22 10:17</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 – Physician’s order dated 10/21/24-4/14/25 states, “Levothyroxine 25mcg Take 1.5 tabs by mouth daily before breakfast”; however, MAR shows medication was being administered as “Levothyroxine 75mcg Take 1 tabs daily”</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required</p>	<p></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 – Physician’s order dated 10/21/24-4/14/25 states, “Levothyroxine 25mcg Take 1.5 tabs by mouth daily before breakfast”; however, MAR shows medication was being administered as “Levothyroxine 75mcg Take 1 tabs daily”</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>calendar reminder has been entered on the first of each month to review all medication orders against the MAR for each resident to ensure current orders are being administered.</i></p>	<p style="text-align: right;"><i>12/22/25</i></p> <p style="text-align: right;">25 DEC 22 11:44</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 – Physician’s order dated 4/14/25-8/6/25 states, “Levothyroxine 75mcg Take 1 and ½ Tabs daily”; however, MAR shows medication was administered as, “Levothyroxine 25mcg Take 1½ tab daily”</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required</p>	<p>25 10/1</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">75 DEC 22 10:14</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">STATE LICENSURE</p>	<p><input checked="" type="checkbox"/> §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 – Physician’s order dated 4/14/25-8/6/25 states, “Levothyroxine 75mcg Take 1 and ½ Tabs daily”; however, MAR shows medication was administered as, “Levothyroxine 25mcg Take 1½ tab daily”</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>calendar reminder has been entered on the first of each month to review all medications order to against the MAR for each resident to ensure current orders are being administered.</p>	<p style="text-align: right; font-size: 2em;">12/22/25</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 – Physician’s order dated 10/31/24, 11/14/24 and 11/20/24 (and discontinued on 11/22/24) states, “Glycerin adult supp Insert 1 suppository rectally daily as needed for constipation; however, no documented evidence medication was ever made available</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required</p>	<p style="text-align: center;">25 11/11/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (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 – Physician’s order dated 10/31/24, 11/14/24 and 11/20/24 (and discontinued on 11/22/24) states, “Glycerin adult supp Insert 1 suppository rectally daily as needed for constipation; however, no documented evidence medication was ever made available</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>calendar reminder has been entered on the first of each month to review all medications order against the MAR for each residents to ensure current orders are being administered.</i></p>	<p style="text-align: right;"><i>12/22/25</i></p> <p style="text-align: right;">STATE OF MISSISSIPPI DEPARTMENT OF HEALTH 25 DEC 27 11:14 AM</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 – Per MAR, the following medications are being made available to the resident without a specified reason to administer:</p> <ul style="list-style-type: none"> • “Acetaminophen 500mg. Take 2 tabs Q 6hrs/PRN” (10/1/24-present) • “Methocarbamol 500mg. Take 1 tab QD/PRN” (4/3/25-present) <p>Submit a copy of revised MAR 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 style="text-align: center;"><i>un able to correct resident discharged on 11/15/25.</i></p>	<p style="text-align: right;"><i>12/22/25</i></p> <p style="text-align: right;"><i>25</i></p> <p style="text-align: right;"><i>25</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 – Per MAR, the following medications are being made available to the resident without a specified reason to administer:</p> <ul style="list-style-type: none"> • “Acetaminophen 500mg. Take 2 tabs Q 6hrs/PRN” (10/1/24-present) • “Methocarbamol 500mg. Take 1 tab QD/PRN” (4/3/25-present) <p>Submit a copy of revised MAR 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>Reminder note has been posted in my care home folder to include PRN indicating on MAR when making medication available to resident.</p>	<p style="text-align: right;">12/22/25</p> <p style="text-align: right;">25 DEC 27 2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><u>FINDINGS</u> Per daily menu, "Tuesday Snack 9:30 fruit cocktail and WW English muffin", however, snack was not provided timely to residents as indicated on menu. A snack (Uncrustable peanut butter and jelly sandwich) was not offered until 1:45pm.</p> <p>Per daily menu, lunch was not provided as scheduled from "11:30-12:00p". Lunch was not observed throughout duration of inspection from 9:00am-2:30pm.</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>	<p style="text-align: right;">25 08 11 :41</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><u>FINDINGS</u> Per daily menu, "Tuesday Snack 9:30 fruit cocktail and WW English muffin", however, snack was not provided timely to residents as indicated on menu. A snack (Uncrustable peanut butter and jelly sandwich) was not offered until 1:45pm.</p> <p>Per daily menu, lunch was not provided as scheduled from "11:30-12:00p". Lunch was not observed throughout duration of inspection from 9:00am-2:30pm.</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><i>Moving forward, I will ensure that I review the daily menu and follow it as written, unless an earlier arrangement has been made with the patient. Also, I will make sure that I serve my client's meal on time as scheduled. In service has been completed with all staff reminding them to do this as well.</i></p>	<p><i>12/11/25</i></p> <p style="text-align: right;">25 DEC 11 2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><u>FINDINGS</u> Resident #1 – The only in-house facility provided activity for resident is watching TV per daily schedule of activities</p> <p>Submit a copy of revised daily schedule of activities 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 style="text-align: center;"><i>Un able to correct Resident discharged on 11/15/25.</i></p>	<p style="text-align: right;"><i>12/22/25</i></p> <p style="text-align: right;"><small>25 DEC 22 11:15</small></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><u>FINDINGS</u> Resident #1 – The only in-house facility provided activity for resident is watching TV per daily schedule of activities</p> <p>Submit a copy of revised daily schedule of activities 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>Reminder note has been placed in my carehome folder to create and alternative schedule of activity for residents if they can not attend Day program. Schedule will be reviewed every six months.</p>	<p style="text-align: right;">12/22/25</p> <p style="text-align: right;">25 DEC 22 11:15</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Physician's order dated 4/3/25 and 8/6/25 states, "Methocarbamol 500mg. Take 1 tab QD/PRN"; however, medication is being administered without documentation of resident's response to as needed 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>	<p>25 APR 11 51</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Physician's order dated 4/3/25 and 8/6/25 states, "Methocarbamol 500mg. Take 1 tab QD/PRN"; however, medication is being administered without documentation of resident's response to as needed 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><i>moving forward, I will ensure that I document the patient's response to the as needed (PRN) medications that I administer. A reminding note has been posted in my care home folder to do this</i></p>	<p><i>12/11/25</i></p> <p style="text-align: right;">25 11 25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Resident administered methocarbamol daily as needed (for spasms – as indicated by physician) from 4/4/25; however, no documented evidence facility is/was monitoring spasms (location, frequency, pain intensity), current state of spasms, and if physician was notified of ongoing spasms necessitating daily administration of 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>	<p>10/11/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Resident administered methocarbamol daily as needed (for spasms – as indicated by physician) from 4/4/25; however, no documented evidence facility is/was monitoring spasms (location, frequency, pain intensity), current state of spasms, and if physician was notified of ongoing spasms necessitating daily administration of 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><i>moving forward, I will make sure that I document the patient's response, including the location, frequency, and pain intensity of spasms. I will also notify the doctor of the effectiveness or ineffectiveness of the prescribed medication. A Reminder note has been posted in my care home folder to do this.</i></p>	<p style="text-align: right;"><i>12/11/25</i></p> <p style="text-align: right;">25 DEC 11 21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 -- No documented evidence of resident's monthly observed response to medications</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>10/11/11</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence of resident's monthly observed response to medications</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future, I will utilize the Progress Notes to document the patient's response to PRN and daily medication, treatment, diet and any changes in her condition or behavior, or any adverse event. I will make sure I include the date, time and all actions I took.</i></p> <p><i>A reminder note has been posted in my carehome folder to do this.</i></p>	<p style="text-align: right;"><i>12/11/25</i></p> <p style="text-align: right;">25 DEC 11 21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 – Admission assessment for admission on 10/1/24 was not signed by resident/resident representative</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>25 FEB 11 11:31</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 – Admission assessment for admission on 10/1/24 was not signed by resident/resident representative</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>Moving forward, upon admission make sure resident/resident representative will sign the admission assessment form.</i></p> <p><i>A reminder note has been posted in my carehome folder to do this.</i></p>	<p style="text-align: right;"><i>12/11/25</i></p> <p style="text-align: right;">25 NOV 11 21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(1) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>FINDINGS Resident #1-3 – Three (3) non-self-preserving (NSP) residents residing in facility, exceeding maximum permitted of two (2) NSP 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><i>one NSP resident was discharged from the facility to comply with maximum to NSP resident permitted.</i></p>	<p style="text-align: right;"><i>12/22/25</i></p> <p style="text-align: right;">STATE OF MARYLAND DEPARTMENT OF HEALTH & GENERAL SERVICES</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p><u>FINDINGS</u> Resident #1-3 – Three (3) non-self-preserving (NSP) residents residing in facility, exceeding maximum permitted of two (2) NSP 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>A reminder note is been placed in my care home folder not to exceed the NSP maximum allowed. Self preservation status count will be conducted prior to any admissions and quarterly.</p>	<p style="text-align: right; font-size: 2em;">12/22/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><u>FINDINGS</u> Smoke alarm heard chirping in facility throughout duration of inspection</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>PCG already changed the battery.</i></p>	<p style="text-align: right;"><i>12/11/25</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><u>FINDINGS</u> Smoke alarm heard chirping in facility throughout duration of 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>Moving forward, I will ensure that the battery of the Smoke alarm is changed. I have also instructed all my SCC's to check all the Smoke Alarm batteries every six months and change them as needed. Staff notify to inform PCG if low battery chirping is heard.</p>	<p style="text-align: right;">12/11/25</p> <p style="text-align: right;">25 DEC 11 2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence SCG #1-4 have been trained by CM on personal and specialized care for resident</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 style="font-size: 1.2em; font-family: cursive;">We able to correct resident discharged on 11/15/25.</p>	<p style="font-size: 1.5em; font-family: cursive; text-align: right;">12/22/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence SCG #1-4 have been trained by CM on personal and specialized care for resident</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><i>Reminder note has been posted in my carehome folder to ensure case manager for all expanded residents provide training to all staff on personal and specialized care for the resident immediately upon becoming expanded level of care</i></p>	<p style="text-align: right;"><i>12/23/25</i></p> <p style="text-align: right; font-size: small;">2025 DEC 23 10:00 AM</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 10/31/24, 11/14/24 and 11/20/24 (and discontinued on 11/22/24) states, “Glycerin adult supp Insert 1 suppository rectally daily as needed for constipation; however, no documented evidence any caregivers were ever trained by CM on administration of suppositories despite visit on 11/17/24</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: right;">25 10/11/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
25 0000 1 116	<p><input checked="" type="checkbox"/> §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 – Physician’s order dated 10/31/24, 11/14/24 and 11/20/24 (and discontinued on 11/22/24) states, “Glycerin adult supp Insert 1 suppository rectally daily as needed for constipation; however, no documented evidence any caregivers were ever trained by CM on administration of suppositories despite visit on 11/17/24</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN’T HAPPEN AGAIN?</p> <p><i>Reminder note has been posted in my case home folder to ensure case manager expanded residents provide training to all staff on personal and specialized care for the resident immediately upon becoming expanded level of care.</i></p>	<p><i>12/22/25</i></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 care plan does not include current medication orders</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> <p style="text-align: center;"><i>Unable to correct resident discharged on 11/15/25.</i></p>	<p style="text-align: center;"><i>12/22/25</i></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 care plan does not include current medication orders</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> <p>A reminder note has been placed in my care home folder to review care plan with CM at monthly visit to ensure current medications order are reflected in the care plan.</p>	<p style="text-align: right;">12/22/13</p> <p style="text-align: right;">B</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 care plan states current diet order as “bite sized chopped”; however, current diet order was updated to “regular soft diet” on 1/20/25</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> <p style="text-align: center;"><i>Un able to correct resident discharged on 1/15/25.</i></p>	<p style="text-align: right; vertical-align: bottom;">13 11 2025</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 care plan states current diet order as “bite sized chopped”; however, current diet order was updated to “regular soft diet” on 1/20/25</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> <p><i>A reminder has been placed in my care home folder to review care plan with CM at monthly visit to ensure current diet order is reflected in the care plan.</i></p>	<p style="text-align: right;"><i>12/22/25</i></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 care plan states, "Limit the following foods and beverages; fried and processed foods, dairy and meat products, and soda, coffee, and tea since she is on cholesterol medication; however, physician did not prescribe any food restrictions nor is resident on any cholesterol medications. Pravastatin discontinued on 4/14/25.</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> <p><i>un able to correct resident discharged on 11/15/25.</i></p>	<p style="text-align: right;"><i>12/22/23</i></p> <p style="text-align: center;">25 09 11 02</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 care plan states, "Limit the following foods and beverages; fried and processed foods, dairy and meat products, and soda, coffee, and tea since she is on cholesterol medication; however, physician did not prescribe any food restrictions nor is resident on any cholesterol medications. Pravastatin discontinued on 4/14/25.</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> <p><i>A reminder has been placed in my carehome folder to review care plan with CM at monthly visit to ensure any dietary restrictions are accompanied by a physician order</i></p>	<p style="text-align: right;"><i>12/22/25</i></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 care plan states, "PCG/IC will remind ████████ to drink water to ensure she is hydrated through the day to avoid dehydration, constipation and urinary tract infection. (Minimum of 8-12 8 oz glasses of water daily). PCG/IC will flavor the water or add cranberry juice"; however, physicians order/resident request to flavor water unavailable and PCG reports flavored water is not being provided.</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> <p style="font-size: 1.5em; text-align: center;"><i>Un able to correct resident discharged on 11/15/25</i></p>	<p style="text-align: right; font-size: 1.5em;"><i>12/22/25</i></p> <p style="text-align: right; font-size: 0.8em;">25 09 11 09</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)(9) 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>Provide ongoing evaluation and monitoring of the expanded ARCH resident's status, care giver's skills, competency and quality of services being provided;</p> <p>FINDINGS Resident #1 – Case manager is not providing adequate ongoing evaluation and monitoring of the and quality of services being provided by the facility to the resident as evidenced by the significant number of medication related deficiencies identified from 10/1/24-9/9/25 during the annual inspection (9/9/25); proper and adequate training on personal and specialized care not provided to caregivers by case manager to ensure competency; care plan not being carried out as instructed in the following ways – PCG reports water is not being flavored and no documented evidence of intake of liquids is being monitored to ensure adequate hydration; and food restrictions due to hyperlipidemia are not being followed as indicated in care plan per PCG</p> <p>Submit a plan by case manager on how the case manager will ensure adequate evaluation and monitoring of caregivers skills and competency, and quality of services will be provided.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Un able to corre ct resident discharged on 11/15/25</i></p>	<p style="text-align: right;"><i>12/22/25</i></p> <p style="text-align: right;">25 DEC 27 7 27</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)(9) 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>Provide ongoing evaluation and monitoring of the expanded ARCH resident's status, care giver's skills, competency and quality of services being provided;</p> <p><u>FINDINGS</u> Resident #1 – Case manager is not providing adequate ongoing evaluation and monitoring of the and quality of services being provided by the facility to the resident as evidenced by the significant number of medication related deficiencies identified from 10/1/24-9/9/25 during the annual inspection (9/9/25); proper and adequate training on personal and specialized care not provided to caregivers by case manager to ensure competency; care plan not being carried out as instructed in the following ways – PCG reports water is not being flavored and no documented evidence of intake of liquids is being monitored to ensure adequate hydration; and food restrictions due to hyperlipidemia are not being followed as indicated in care plan per PCG</p> <p>Submit a plan by case manager on how the case manager will ensure adequate evaluation and monitoring of caregivers skills and competency, and quality of services will be provided.</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>A reminder note has been placed in my carehome folder to review the CM, role and responsibilities set forth in chapter 100.11 to ensure the CM is aware of their responsibilities to monitor and evaluate the quality of services provided by the facility.</p>	<p style="text-align: right;">12/22/25</p> <p style="text-align: right;">25 DEC 27 11:27</p>

Licensee's/Administrator's Signature: _____

[Handwritten Signature]

Print Name: Lilia Fajoina

Date: _____

10/27/25

STATE OF HAWAII
BUREAU OF
STATE LICENSING

25 OCT 28 AM 1:20

Licensee's/Administrator's Signature: *Liliana*
Print Name: Liliana FASOTIX/A
Date: 12/11/25

STATE OF TEXAS

25 DEC 11 37

Licensee's/Administrator's Signature: *Ljajic*
Print Name: LJAJIC RASOTIHA
Date: 12/22/25

25 DEC 22 PM 5:17
SARAJEVO